



Prevention of and fight against crime:
a new initiative to identify best practices
in the alternative measures & treatment
programs and to organize a
European prevention campaign for youth - SPRING

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1. Introduction

Drug addiction is a problem of great importance at European level due to the causes of implications for the health and social consequences.

Accordingly, the new EU drugs strategy (2013–20) outlines a model for EU drugs policy that is: integrated, combining all aspects of drugs activities, balanced, concentrating equally on demand and supply reduction measures, and evidence based, drawing on scientific findings. Plus, it aims for an improved understanding of the impact of drug policy measures, the adoption of quality standards and best practice in drug demand reduction alongside the implementation of key indicators to measure success in the area of drug supply reduction.**(1)**

Available information at this stage indicate that in order to effectively cope with the problem, it is essential for individual countries, not only to take measures to reduce the supply and demand of abused drugs, but also to put into practice a wide range of policies in the areas of criminal, medical, social, economic and welfare policy etc.

Psychosocial interventions, opioid substitution and detoxification are the main drug treatment modalities in Europe, and most treatment is provided in outpatient settings, such as specialized centres, general practitioners' surgeries and low-threshold facilities. A significant, although decreasing proportion of drug treatment is also provided in inpatient settings.**(2)**

Judging from the main results of case reports and evidence-based research carried out throughout Europe in the past years, the programs for drug-abuse prevention are only effective when they are mutually combined and integrated.

Due to the alarming rise in drug related crime and drug abusers in many European countries, the establishment of effective countermeasures for demand and supply reduction and the implementation of effective rehabilitation and social recovery paths are at the moment pressing issues.

Within this serious problem, the link between drug use and crime is more evident and worrisome and it is fundamental an in deep thinking on the dynamics of the phenomenon and methods of intervention implemented by practitioners and policy makers. The drug addicted inmate is a subject with a complex problematic within which coexist different issues and problems. Drug related offenders present both social and legal problems related to the judicial situation as well as psychological, relational and health problems related to addiction. The





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Drug offenders represent the majority of the inmates and represent a high cost for the society in terms of lost productivity, in terms of cost of treatment and rehabilitation, is a threat to the social security and costs for the fight against crime. Besides, many studies highlight the effect of mutual reinforcement between participation in criminal activity and drug use, so that people living in a delinquent deviant subculture are at high risk of developing drug problems, while those who have problems with drugs are at high risk of being involved in crimes.

These complex starting conditions require a type of intervention, in turn, multidimensional and articulated. The actions to stop the crime and law enforcement to drug trafficking alone can not be a solution to such a complex problem whilst a combination of repression and recovery is necessary, according to which, the penal approach is the channel for the therapeutic one. Alternative measures to detention allow the drug addicted inmates to turn detention in a chance of recovery by providing therapeutic-rehabilitative opportunities.

Drug addiction is a chronic relapsing disease for which the risk of relapse and consequently of criminal recidivism is very high.

Some studies (Berto, 2006) have shown that drug addicts who benefit from alternative measures to detention, supported by a program of therapy, have a lower risk of recidivism and re-lapse. The major predictive factor turns out to be the length of the treatment.

As the number of days of treatment increases, in fact, the probability of abandoning the programme decreases. Community treatment seems to have a greater effect on the patient than the non-residential one.

Another study (Giansanti, 2004) stressed the benefits of alternative measures concerning the actual social "reintegration" of the convicted person. An essential role is played by the social, relational and emotional factors, as well as by the possibility for the sentenced person to use integrated networks of support made by the social services, training, non-profit organizations and charities. All these public and private agencies facilitate a successful reintegration and make it possible to balance the demands of "social defence" with the needs of inmates. The consistency of training and adherence to the needs of the labour market is very important. This study has also highlighted the economic advantage for prison administrations, as detention costs are about five times higher than the alternative measures to detention (Giansanti, 2004).

The employment of alternative measures to detention is the channel of choice through which promote normalization paths for drug addicts offenders that enable an effective retrieval of the person and his reintegration into the society.





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2. SPRING Project

Due to the need to reduce drugs-related crimes, recognized as an important policy objective in Europe, SPRING project aims to contribute to prevention of this kind of crimes, in order to guarantee security and public order, and to reduce its social costs.

The European project “SPRING - Prevention of and fight against crime: a new initiative to identify best practices in the alternative measures and treatment programs and to organize a European prevention campaign for youth” aims to fight recidivism of drug related crimes committed by young people in urban contexts, through the identification of best practices in alternative measures and treatment programs to detention for drug addicted offenders and prevention campaigns for youth.

In particular, SPRING actions will contribute to:

- fight recidivism of crimes committed by IDUs and drug addicted in urban contexts and in juvenile age;
- to reduce the number of new potentials drug users and therefore to reduce new potentials drug law offenders;
- to disseminate and exchange best practices about alternative measures & treatment programs (with a special attention to music therapy) and about prevention campaigns;
- and to promote the understanding of EU policies in this field, among local authorities and NGOs.

The project activities are divided into several phases:

- Analysis of local contexts relating to treatment programs and measures alternative to detention and prevention campaigns for young people in urban contexts;
- Identification of best practices in the field of alternatives measures for drug offenders, with particular reference to the use of music therapy and prevention campaigns;
- Testing of the best practices identified through pilot action that will be conducted in all participating countries.
- Construction of a prevention campaign against drugs. SPRING intends to achieve these objectives by realizing firstly activities of analysis and research (in order to identify the best practices to exchange). The results of the research will be applied into: a pilot action to validate the best practices identified in the use of music therapy and a European prevention campaign on information and awareness on drug risks addressed to young people. The project activities





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will directly involve youngest adults (15-24 years old) drug law offenders under alternative measures & treatment programs, youngest adults in urban contexts to prevent them to drug use, national authorities and NGOs operating directly with drug law offenders.

The European project “SPRING - Prevention of and fight against crime: a new initiative to identify best practices in the alternative measures and treatment programs and to organize a European prevention campaign for youth” involved three European countries: Cyprus (Interfusion Services Ltd – IF), Bulgaria (Bulgarian Gender Research Foundation – BGRF)and Italy (Therapeutic Community “Maria Fanelli”, project coordinator, and Associazione ISES).

The partners worked together to elaborate and implement this analysis aiming at the detection, promotion and dissemination of transnational best practices in treatment programs alternative to detention for drug addicted offenders and in drug prevention campaign for youth.





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3. Spring Project partners

Therapeutic Community M. Fanelli is a no-profit organization which main purpose is social solidarity towards any situation of unease, both in adults and minors, with an enhanced focus on pathological subjects with drug—dependence and physical or psychical unease.

According to its statute and objective, the Community has the faculty to:

- a) Realize and manage local care centres for subjects with pathological dependences, or affected by psychic unease, psychiatric pathologies or other forms of pathologic dependence;
- b) Operate for the prevention of psychic unease and pathological dependence, acting in connection with public structures and educative agencies present on the local territory, in order to implement strategies of care, prevention and rehabilitation for the unease;
- c) Offer assets and services directed to achieve social goals;
- d) Manage activities in the sector of agriculture, zootechnis, and crafts aiming to implement therapeutic rehabilitation programs, including farming or realization of products and their commercialization;
- e) Promote and organize training courses addressed to who operates or wants to operate in the field of unease;
- f) Promote and organize professional training courses for the subjects drop-out, encouraging the creation of entrepreneurial activities in the field of agriculture, crafts or services;
- g) Participate to programs and initiatives - at local, national or European level – to realize its statute aims;
- h) Promote and organize research activities, giving any contribution to analysis and clearness of emerging problems;
- i) Publish reviews or books with scientific orientation, related to the activities realized;
- j) Collaborate with private or public structures that manage social services;
- k) Offer services of support and therapy to families;
- l) Stipulate agreement with public entities, locals, economical, private, associations and societies.

The Community, since its beginning in 1993, has offered support and rehabilitation to 2000 patients, thanks to the job of its highly specialized staff and the capacity of its social housing structure (30 places).

In the last years, Comunità Fanelli has realized specialized training courses in the framework of the European Social Found.

InterFusion's manages to sustain a strong and close collaboration with a number of





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municipalities and communities in the island (Pegeia, Strovolos Paphos etc.). In this way its individual departments maintain the ability of constantly monitoring a variety of funding opportunities while processing a number of related activities on their behalf. Interfusion financing comes from various sources like various R&D activities, surveys and consulting services to its clients.

Bulgarian Gender Research Foundation (BGRF) is an NGO of public utility that promotes social equality and women's human rights in Bulgaria through research, education and advocacy programs.

The BGRF is founded in June 1998 in Sofia. The team of the Foundation consists of lawyers, academics, experts in advocacy, education, monitoring violations of human rights, lobbying for legislative changes, preparing publications, networking.

The BGRF has branches in Plovdiv, Haskovo, Gorna Oryahovitza. Since 2001 the BGRF has a youth department.

Our vision is the recognition of the organisation as an established international center of professionals in the field of gender equality, antidiscrimination law, domestic violence and reproductive rights.

We are guided by the European and universal values for human rights protection and we are working to implement good practices in our field of activity.

The most valuable resource for the BGRF from its establishment are the involved human resources. The BGRF has a dynamic team of people with common interests and goals – advocates, led by the principles of equality and human rights.

Most of the associates (co-operators) (lawyers, psychologists, social workers) have role and responsibilities in various projects and key involvement for their successful realization.

The organization has an established network of lawyers – mainly attorneys-at-law, women and men from Sofia and other Bulgarian cities. They are qualified to conduct consultations and legal proceedings for victims of domestic violence and discrimination. They are professionals with significant experience in this field.

The BGRF counts on a strong team of young people in Sofia and in the country, who initiate social dialogue on major issues such as human rights protection and equality.

The main principles of our work are:

- implementation of gender approach and social justice approach in all activities of the organization;
- development of innovative strategies for protection of groups vulnerable to discrimination, violence, poverty and social isolation;
- development of opportunities for the stimulation of the potential of the individuals





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working for the BGRF through establishment of contacts at national and international level and broad opportunities for education;

- acknowledgement of the priority importance of the development of partnerships with organizations and individuals in Bulgaria and abroad.

The **Istituto Europeo per lo Sviluppo Socio-Economico** is a no profit association founded in Piedmont in order to support the business and the academic worlds in the fundamental research process, starting point of the decision making.

The association aims to promote the Italian participation in research and development programmes financed by the European Commission and the realisation of initiatives aimed to encourage the development and the valorisation, also abroad, of all the Italian economy branches.

To realise its mission, ISES suggests, thanks to its activities, to guarantee the continued improvement of the characteristics of international attraction of the region considering the possible direct investments and the valorisation of the regional economy; the development of the relations between the economic and productive sector and the regional, national and European institutions involved in the technological development of the most specialised sector of the territory.

ISES works on the management of institutional relations and the accreditation at local and central level exploiting the public funding leverage and the socio-economic research tools. The use of direct and indirect funds stimulates the relation with the institutional and decision-making centres, offers an opportunity to build new partnerships and enable stable relations at local level. The use of direct and indirect funds increase the relationship with institutional and decision-making centers, develop the opportunity to build new partnerships and activate stable relationships at local level.

The Institute's activities consist mainly in the promotion, design and implementation of studies and researches in social and economic areas. Deeply inspired by spirit and interdisciplinary approach, the economic and sociological analysis wants to intersect with the legal one and the industrial relations, with a constant attention to the comparative profiles and to the increasingly critical international and European dimension of globalization processes. Also ISES, as main applicant or project partner, prepares and manages activities funded at European, national and regional level, supporting public or private entities in the design, implementation, administration and financial management, reporting, monitoring and evaluation of tasks.

The main themes on which ISES intervenes include:

- Approaching the socio-economic Italian context to the European Institutions;





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- Territorial marketing;
- Benchmarking analysis;
- Economic and social business evaluation;
- Support of the decision making process.

Among the main activities in which ISES has participated as main applicant or partner are included:

- Community Programmes
- Calls for proposals (ministries, regions, provinces)
- Community Initiative - Interreg III.

The assistance provided by ISES includes:

- The identification of opportunities for potential programme participants;
- The orientation of potential participants to the best suited programme to the individual project idea;
- Research and identification of potential project partners at European and national level, selected according to their institutional requirements and their responsibilities;
- Support to the definition of the project and preparation of forms, with special reference to the procedural and financial aspects;
- Final assessment of the proposed project in accordance with the fund eligibility requirements;
- Preparation of the contract negotiation phase;
- Technical support during the operational phase of management, reporting and dissemination of results.

The primary aim of this analysis was to identify the most effective alternative measures & treatment programs applied to drug law offenders, with particular attention given to prevention campaigns aimed for young people found in urban contexts as well as to the use of music therapy during the healing process. In addition, the research aimed to the better understanding of the ways in which those measures, programs and campaigns were implemented and internalized by young people in urban contexts between all three participating countries (Cyprus, Italy, Bulgaria).

The intention of this present analysis, based upon the findings of the identification of best practices conducted first, aimed to identify common themes across the three participating countries and any local differences in attitude that might result from the variety of approaches





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taken locally. This, in turn, can directly inform prevention practices at a local level and contribute to national and the Europe wide debate on drugs and substance misuse.

In doing so, the analysis directs itself into examining a number of issues closely concerned with the context of all three participating countries. Among others it seeks to clarify:

- Which are the legal frameworks of each county regarding alternative measures to detention?
- Which are the needs of the target groups?
- Which types of drug treatment services are most prevalent and why?
- Which are the most effective and widespread treatment programs for drug addicts in alternative measure to detention?
- How music therapy is employed within these treatment programs?
- Which factors determine the effectiveness of drug offender services?
- Which are the most relevant factors of an effective prevention campaign?





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4. Identification of best practices methodology

Drug addiction is a complex problem and precautionary measures are an expression of the high social impact that the issue generates.

Addiction represents a complex problem, so in the first analysis of the context the project partners highlighted a multiplicity of approaches that required a work of comparison and reflection among the countries partner of the project with the sharing of the experiences in the contexts and the experiences of professionals involved in the project.

The methodology for the identification of good practices is part of a general project methodological approach based fundamentally on the integration of professional experiences of the various operators that treat drug addicted people (medical staff of justice and social services), the scientific literature as well as national and international programmes.

These exchanges of experiences, knowledge and thoughts have occurred through various meetings (face to face and via Skype) and exchange in the course of the project implementation: firstly during the conference entitled "Good practices in measures alternative to detention" held during the kick-off meeting of the project we presented SPRING experiences and analysed problems related to the topic of the project with the collaboration and participation of all the teams from the participating countries in the project, another important moment of sharing and analysis of the problem was the activity of research in local contexts that preceded the present analysis and that has allowed us to know and share the state of the art in the various participating countries (data on the use of substances, legal and regulatory framework; structuring of health and social services for drug users, types of treatments in an alternative measure to detention, etc. ..); another moment of confrontation was the organisation of focus groups in each partner country that led to the identification and validation of data collection tools used for the identification and analysis of good practices, and finally, consultation and study of the national and international guidelines on alternative treatments to detention and prevention campaigns represented a further step of the methodology.

In each partner country was organised an interdisciplinary team responsible for the identification and analysis of best practices and supported by external experts on legal and health care.

WP 5 Leader is Interfusion, the methodology and content of this analysis have been agreed and shared by all the partners involved in the project. The lead partner of the project has over





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twenty years of experience in the field of diagnosis, treatment and rehabilitation of addictions and oversaw all stages of this analysis.

In order to achieve the objectives of this analysis were developed the following tools for detection:

- grid for the identification of the practice (see Annex A);
- grid of criteria and indicators (see Annex B);
- grid of the summary of the practices with quantitative indicators (see Annex C).

The methodological starting point was to identify good practices about treatments and prevention (campaigns) dealing with the project issue and in terms of understanding of the complex needs of the target group of the project. In particular, they were treatment programs and campaigns based on programs and care protocols and validated with the presence of skilled and qualified personnel and adequate structures.

The methodological tools used for the identification and selection of good practice have been developed according to the main criteria of quality and effectiveness.

Quality standards are generally accepted principles or sets of rules for the best/most appropriate way to implement an intervention. Frequently they refer to structural (formal) aspects of quality assurance, such as environment and staff composition. However, they may also refer to process aspects such as *adequacy* of *content*, *process* of the intervention or *evaluation* processes. (6)

Spring's identification of best practices has been based upon the European drug prevention quality standards which represent the European framework on the appropriate ways to conduct high quality drug prevention. Reflecting an internally consistent and long-term view on prevention, supporting the importance of integrated approaches to working with young people, valuing and rewarding the contributions of professionals in the field, these indicators were explored in order to outline the necessary steps in *planning*, *implementing*, and *evaluating* drug prevention activities. Moreover, they meant to provide an understanding of how people, interventions, organisations, and (governmental) strategies can contribute to drug prevention whilst they enable us to examine how existing efforts can be improved in order to obtain (even) better and sustainable results.(7)

The concept of **Quality** was, in the case of our be case being regarded as the degree to which Treatment and Prevention initiatives increase the likelihood of desired outcomes and are consistent with current professional knowledge. Certain **Criteria** and **Indicators** have been both





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utilized for collecting information and with the intention of drawing conclusions about the *quality* of Measures, Programmes and Prevention Campaigns implemented and more specifically on the issues of performance, treatment outcome and/or efficiency. **(8)**

By exploiting a series of criteria and indicators throughout our research we aimed, first and foremost, to provide evidence of a certain condition existing or of certain results being achieved or not. Moreover, these quality standards meant to provide empirical evidence showing, with a great degree of accuracy and reliability, the nature and extent of the changes produced by a particular Measure or Campaign as well as the broader impact of an initiative, including any unexpected or unintended effects.

In that sense Criteria & Indicators were used in order to assess any progress towards the achievement of intended outputs, outcomes, goals, and objectives. As such, they represent an integral part of our results-based research **(9)**, acting as the gauge of whether, and to what degree, a measure/program or a campaign is making progress. In that sense, progress is being examined in two distinct ways:

- Firstly, the quantity and quality of the activities delivered
- Secondly, the quantity and quality of the outcomes being achieved. **(10)**

Quality standards used during the research stage the Spring project were not prescriptive. Instead they meant to provide a benchmark for the high standards of practice that target populations deserve and which can be achieved by all types of organizations. These Criteria & indicators will furthermore be utilized in order to develop best practices guidance and to review/update existing criteria or guidance, in line with local, regional, and/or national circumstances.

More specifically, for the first table concerning “Access to measures and programmes of alternative treatment and detention for offences linked to substances abuse and addiction”, the criteria of **Coverage, Procedures** and **Equal access by Sex and Marginalised groups** were being exploited.

Regarding the table for “Drug prevention campaigns aimed at young people from urban contexts”, analysis was based upon the Criteria of **Coverage, Involvement of Young people, Sustainability of the Action, Cost Effectiveness, Evaluation and Transparency**.

The criterion of **Coverage** meant to show if a Programme can be considered effective after being analysed. This process is being implemented on the basis of the final results showing whether or not the intervention reached its targets according to the indicators of coverage with a





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determined agreed extent. Indicators used at this case referred to the numbers of 1) Young people reached through outreach activities, 2) Measures /programmes of alternative treatment in the country, 3) Young people involved, 4) Accessible measures/programmes in relation to the number of persons in need in the region and 5) The percentage of females and males.

The criterion of **Procedures** meant to identify the established forms or methods for conducting the Programme under investigation. The indicators seen here were 1) The existence of pre & post-testing counselling, 2) Whether if training of the services exists, 3) The number of continuous trainings of the service providers, 4) Whether if coordination of referral procedures exists on place, 5) How many times per year the service staff is being trained, 6) Whether if any procedures on place exist in order to guarantee the anonymity of the attendants.

Lastly the criterion of **Equal Access by Sex and Marginalized groups** was meant to determine exactly what it says by exploiting the indicators of 1) Existing programs for marginalized groups, 2) Number of cultural mediators involved, 3) The percentage for female and male participants and 4) Number of NGOs involved in info provision.

Regarding the table for “Drug prevention campaigns aimed at young people from urban contexts” analysis was based upon the Criteria of Coverage, Involvement Of Young People, Sustainability Of The Action, Cost-Effectiveness, Evaluation and Transparency.

The criterion of **Coverage** meant to measure the Campaign’s ability to reach its target audience. At this case indicators used were 1) The Number of hints on the actions website and 2) The level of coverage with the options being: national, regional, local.

The criterion of the **Involvement of young people** was based upon specific indicators exploiting their involvement in the design of the initiative, the implementation of the initiative, as well as the internal procedures established in order to guarantee young participation.

The criterion of **Sustainability** refers to the probability of continued long-term benefits, and the resilience to risk of the net benefit flows over the intended useful campaign life. The indicators used here were 1) The duration (Number of weeks) and 2) The number of repetition of the activities.

The following criterion of **Cost Effectiveness** is being defined by the Indicators of 1) The Budget value, 2) The number of young people reached and 3) The number of young people positively benefited.





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The criterion of **Evaluation** refers to the feasibility of the monitoring system and its ability to evaluate parameters that are being defined by the indicators of 1) The presence of a pre and post questionnaire, 2) The number of questionnaires distributed, 3) The Number of young people interviewed and 4) The Number of questionnaires with feedback (answered questionnaires).

At the end of the table, there is the criterion of **Transparency**, pointing out exclusively on the main outcomes of the indicated intervention. Indicators in place seek to define first if there is access to the results of the intervention to stakeholders and secondly if there is access to the same results for the public.

The identification the best means for supporting young drug users, and providing help through difficult times in their lives is one of the main objectives of contemporary drug prevention. Herein drug prevention interventions are those that promote health; help people make healthy and informed choices; reduce vulnerabilities and risk behaviours; and/or increase inclusion and social/health equity.(11)

In that sense, Quality standards can consequently be applicable to a wide range of drug prevention activities (e.g. drug education, structured programs, outreach work, brief interventions) while providing useful guidance for the wider drug prevention and health promotion field.





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5. Individual analysis of Participating Countries

This section analyses the main practices in each participating country, and selected as good practices for the treatment of drug addicted in alternative measures to detention and prevention campaigns for young people. It also includes the justification why each country partner has identified and shared that practice, in the framework of SPRING, for treatment or prevention campaign, explaining the background of regulatory, socio-cultural and professional at the base of the selection. The analysis of the practices identified by each country represented the starting point for developing an intervention model that draws from the experiences of different countries and summarizes a proposal for good practice in the topics of project SPRING.





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6. Best Practices - Cyprus

6.1 Alternative measure to detention in Cyprus

Regarding The Prevention of the Use and Dissemination of Drugs and Other Addictive Substances (Amendment) Law, 2004 (L. 222(I)/2004), the reprieve of imprisonment in Cyprus is usually used for young persons (up to 22 years old) who are charged (for the first time) for possession for personal use and have no criminal record. After recommendation by the DLEU to the General Attorney, judges have the jurisdiction to suspend imprisonment for a two-year period, with the precondition that the offender will not commit any offence in the assessed time period. Otherwise, the Court will charge the offender for both offences

Typology of alternative measure to detention	Law and articles	Brief Description
Monitoring and treatment of addicts	The Care and Treatment of Drug Addicts Law of 1992 1992 (L. 57(I)/1992)	Establishment of detoxification and rehabilitation centres
Probation	The Prevention of the Use and Dissemination of Drugs and Other Addictive Substances (Amendment) Law, 2004 (L. 222(I)/2004)	Probation under the supervision of the Social Welfare Services

6.2 Treatment programs in alternative measure to detention

The current therapeutic continuum in the island claims to ensure suitable and specialized treatment, providing targeted and differentiated programs, following an interdisciplinary approach which tackles the issue of addiction from a number of different angles and approaches while offering a number of choices.





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The same logic also follows the issue of addiction treatment within the Criminal Justice System. Accordingly, offences within the criminal justice system are mostly dealt on the basis of penalties other than imprisonment, and provide suitable treatment within the therapeutic continuum and in prison when that is the case, as well as after release from prison, connecting in that way individuals with the therapeutic continuum.

Effective adolescent treatments of alternative approaches identified, includes multi-systemic therapy and multidimensional psychosocial therapies. In a few words, interventions that demonstrate the ability of strengthening individuals physically and psychologically while decreasing juvenile substance abuse and delinquent behaviour.

Without neglecting the state of physical dependence of the individual, the basic idea is that young people who are productive, engaged and satisfied are less likely to turn to substance use. And that is why the main body of the programs identified engages individuals in responsible activities that seek to relieve boredom, increase self-esteem and commitment to social values.

Furthermore, a significant factor noted through the treatment research over the last 5 years in Cyprus is that lasting reductions in criminal activity and drug abuse are related to the length of the treatment applied. Specifically, better outcomes are associated with treatment that lasts longer than 90 days, with treatment completers achieving the greatest reductions in drug abuse and criminal behaviour.

Lastly, by acknowledging the fact that because addiction is a chronic disease and consequently drug relapse and return to treatment are common features of recovery, special attention is placed to the psychological dependence of the individual (*feeling of deep relationship with another person or with mankind, improvement of self-knowledge and autonomy, pleasant experiences, physical, mental or emotional etc.*).

MEASURES AND PROGRAMMES OF ALTERNATIVE TREATMENT	
Country: Cyprus	
Main partner	Center for Counselling Adolescents and Family PERSEAS
Goals of the programme	Special attention is given to the psychological/physical state of the dependent. The objective is protecting the persons while strengthening their willingness to avoid drug abuse.
Brief description (methodology, tasks, place...etc.) (maximum	The purpose under consideration here is to apply a holistic treatment approach and manage to reverse those main characteristics of addictive behaviour which are the compulsive





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100 words)	propensity of individuals to substances, objects or processes, the inability to control his/her behaviour even when admitting their absurd nature, a constant tendency to increase the use of substances or engaging in activities (e.g. gambling, internet etc.) in order to derive the subjective sense of satisfaction, discomfort and show withdrawal syndrome when controlled, negative affect on his/her bio-psychological health, social and economic status.
Comments (results, obstacles, opportunities...) (maximum 100 words)	The programme keeps in mind the fact that the psychological dependence translates into a user who desperately wants to make use of the substance and does not feel comfortable without it anymore. So the incentive for resumption becomes stronger in order to intensify pleasure or avoid discomfort from the possible deprivation of the substance. Similarly physical dependence is a state of the body, expressed in the presence of somatic and psychopathological symptoms in cases where the amount of the substance which is being abused decreases significantly. The body will "react" when an individual discontinues the use of the substance (withdrawal symptoms). Thus, special attention is given both to the psychological as well as the physical state of the user so that to protect persons and at the same time strengthen their determination to reject or avoid the selection of drug use.

ACCESS TO MEASURES AND PROGRAMMES OF ALTERNATIVE TREATMENT	
Country: Cyprus	
Main partner	Centre for Prevention and Counselling PROMETHEUS
Goals of the programme	Encourage individuals into various activities thus promoting a positive lifestyle outside the circle of abusive substances.
Brief description (methodology, tasks, place...etc) (maximum 100 words)	The basic idea is that young people who are productive, engaged and satisfied are less likely to turn to substance use. The programme promotes engagement in responsible activities that will relieve boredom, increase self-esteem and commitment to social values. The main purposes of these activities are: 1. To provide a feeling of deep relationship with another person or with mankind, 2. To contribute to self-knowledge and autonomy and 3. To offer pleasant experiences, physical, mental or emotional. Available measures and programmes included group psycho-education interventions and individual and group counselling





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	interventions, supportive psychotherapy, occupational therapy and art therapy in adolescents and young users of addictive substances and individual or group interventions.
Comments (results, obstacles, opportunities...) (maximum 100 words)	Despite the fact that a preoccupation with one or all of these activities are psychologically healthy for adolescents, there is little evidence to confirm their importance in the prevention of substance use dependence making this approach less <<popular>> whilst creating a sense a scepticism around them. Accordingly, opinions concerning the effectiveness of such activities as a means for treatment still range from optimistic to rather sceptical and are often connected with divergent views on how one should practice and which methods are best suited. It should be noted that at this point politicians, police officers, media people and the general public are still reluctant into preferring methods of this kind against more traditional ones.

ACCESS TO MEASURES AND PROGRAMMES OF ALTERNATIVE TREATMENT	
Country: Cyprus	
Main partner	Rehabilitation Unit "Anosis" – Limassol
Goals of the programme	Encouraging health, learning skills for resisting social influences while empowering the individuals with strong interpersonal skills.
Brief description (methodology, tasks, place...etc) (maximum 100 words)	This specific programmes based on the theory that people are driven to substance abuse due to the lack of psychosocial skills that allow their needs to be fulfilled in a socially acceptable manner. The main techniques followed for the implementation processes here are: shaping behaviours that promote health, learning skills for resisting social influences that promote substance abuse and strengthening interpersonal skills (communication, problem solving). It is a holistic approach that does not isolate the behaviour of drug addiction, but instead places it in the broader context of individual behaviours, which are closely linked to the values, attitudes and decisions regarding the lifestyle.
Comments (results, obstacles, opportunities...) (maximum 100 words)	The philosophy underlying this preventive program follows the psychosocial and sociocultural approach opposed to medical or legal approach to the problem of drug addiction. What is taken under great consideration is that the individual is part





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	of a social system and seeks to treat the person within the context of those groups that he/she belongs to. Methods include group therapy, family/couple therapy, and self-help support groups. Social relationships here are considered crucial in succeeding; therefore, group interaction may be more beneficial than individual therapy.
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ACCESS TO MEASURES AND PROGRAMMES OF ALTERNATIVE TREATMENT	
Country: Cyprus	
Main partner	Centre for Occupational Therapy
Goals of the programme	Developing personal accountability and responsibility.
Brief description (methodology, tasks, place...etc) (maximum 100 words)	Addiction is viewed in the context of an individual's social and psychological deficits while treatment focuses on developing personal accountability and responsibility as well as socially productive lives. Treatment is highly structured and confrontational at times, with activities designed to help residents examine damaging beliefs, self-concepts, and destructive patterns of behaviour and adopt new, more harmonious and constructive ways to interact within the society. The programme is structured in such a way so that to treat individuals with special needs, including adolescents, women and individuals.
Comments (results, obstacles, opportunities...) (maximum 100 words)	Often, drug abusers come into contact with the criminal justice system earlier than other health or social systems, presenting opportunities for intervention and treatment prior to, during, after, or in lieu of incarceration—which may ultimately interrupt and shorten a career of drug use. Occupational therapy aims to help dependents to develop, acquire and maintain skills that will enable them to improve their quality of life and increase the level of functionality to the fullest extent possible.

MEASURES AND PROGRAMMES OF ALTERNATIVE TREATMENT	
Country: Cyprus	
Main partner	Community Treatment "The Holy Shelter"
Project title	Increasing life skills to handle stressful circumstances and environmental cues which will most probably trigger compulsive drug





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	abuse.
Goals of the programme	Engage people in drug abuse treatment, provide incentives for them to remain abstinent, modify their attitudes and behaviours related to drug abuse, and increase their life skills to handle stressful circumstances and environmental cues that may trigger intense craving for drugs and prompt another cycle of compulsive abuse.
Brief description (methodology, tasks, place...etc) (maximum 100 words)	The programme is based on the theory that learning processes play a critical role in the development of maladaptive behavioural patterns. Individuals learn to identify and correct problematic behaviours by applying a range of different skills that can be used to stop drug abuse and to address a range of other problems that often co-occur with it. It consists of a collection of strategies intended to enhance self-control. Specific techniques include exploring the positive and negative consequences of continued use, self-monitoring to recognize drug cravings early on and to identify high-risk situations for use, and developing strategies for coping with and avoiding high-risk situations and the desire to use.
Comments (results, obstacles, opportunities...) (maximum 100 words)	Overall results indicate that the skills individuals learn through cognitive-behavioural approaches remain after the completion of treatment. In several studies, most people receiving a behavioural approach maintained the gains they made in treatment throughout the following year. The issue at this point is how to produce even more powerful effects by combining cognitive-behavioural therapy with medications for drug abuse and with other types of behavioural therapies. It is also crucial evaluating how best to train treatment providers to deliver cognitive-behavioural therapy.

6.3 Prevention Campaigns for youth

The most important forms of Prevention campaigns targeting youth population analysed in the report include in their various mediums, a compilation of methods, the most noticeable of which are:

- Mass media campaigns at national, regional, local levels, broadcasting anti-drug spots on television and/or radio;





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- Television and radio programs: drug information series, drug education, drug treatment, interviews with drug users, ex-addicts, drug experts; - Newspaper advertisements (or in weekly, monthly magazines);
- Magazines for young people with background information, interviews, prevention and education materials;
- Educational materials containing drug information distributed house-to-house;
- Posters, booklets, stickers, leaflets, distributed to the general public in the streets, stations, markets, etc.;
- Audio or audio-visual material (audio tapes, videos);

These methods include a number of approaches: *negative consequences of drug use, positive aspects of refraining from use, and attempts to teach skills to resist use*. Their objective is to convince younger users to stop using, prevent non-users from taking up the habit, and inspire citizens to act in collective drug prevention efforts. Still, what the message manages to get across depends on the manner it is delivered, as upon what was meant by the messenger.

Current information drawn from the analysis indicates that utilizing mass media mediums has a potentially wider range of public exposure, but the relationship between the source (educator or educational organization) and the target audience is often rather weak. Therefore dramatic changes in attitudes or behaviour through mass media education cannot be expected.

Moreover, it is clear that additional methods could be utilized through the mediums mentioned above. More specifically, supporting drug education activities initiated in a community through the "news and agenda setting" function to announce information on those activities, interviewing key persons involved in relevant programs and broadcast statements of opinion by community leaders about their attitudes towards drug treatment and education.

DRUG PREVENTION CAMPAIGNS AIMED AT YOUNG PEOPLE FROM URBAN CONTEXTS.	
Country: Cyprus	
Main partner	Ministry of Education and Culture
Project title	Preventing Drug abuse in Schools
Goals of the programme	Elevating personal skills (e.g. self-esteem, responsibility, autonomy, decision making, problem solving, managing emotions)Improving social skills (e.g. communication, conflict resolution, relations)Providing objective, comprehensive information on the subject of addiction without arousing the curiosity of the student test





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Brief description (methodology, tasks, place...etc) (maximum 100 words)	<p>In response to the increased awareness of alcohol and other drug abuse among youth, the campaign aimed to strengthen drug and alcohol abuse education and prevention in on the school-aged youth throughout the island. This was a national, school based, prevention campaign which addressed all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g., tobacco or alcohol); the use of illegal drugs (e.g., marijuana or heroin); and the inappropriate use of legally obtained substances (e.g., inhalants), prescription medications, or over-the-counter drugs.</p>
Comments (results, obstacles, opportunities...) (maximum 100 words)	<p>The campaign reached out to the school-aged youth of gymnasiums and lyceums (ages between 12 and 18 years old) in order to encourage and support broadly based cooperation among schools, communities, parents, and governmental agencies to bring the nation significantly closer to the goal of a drug-free generation and a drug-free society. The means for achieving this goal contained a variety of approaches including the distribution of raising awareness material, talks by representatives of related departments (anti-drug council, police etc.) and school based short term seminars</p>

DRUG PREVENTION CAMPAIGNS AIMED AT YOUNG PEOPLE FROM URBAN CONTEXTS.	
Country: Cyprus	
Main partner	Ministry of Defence in Cyprus
Project title	“You have a lot to see, You have a lot to live”
Goals of the programme	<p>The main goal was preventing substance abuse from occurring rather than dealing with the consequences benefits everyone.</p>
Brief description (methodology, tasks, place...etc) (maximum 100 words)	<p>In the context of the International Day Against Drugs, the Ministry of Defence, and specifically the National Guard, broadcast the message “You have a lot to see, You have a lot to live” through television, radio spots and printed media with the overall message being that “Substance abuse puts lives and missions at risk, undercuts unit readiness and morale”.</p> <p>The campaign aimed at educating soldiers (ages between 18 to 20 years old) on the negative effects of substance abuse, particularly focusing on how their absence would affect their friends and families.</p>
Comments (results,	Overall results of the campaign revolved around developing the





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obstacles, opportunities...) (maximum 100 words)	capacity to identify, express, understanding and management of emotions related to substances abuse. Additionally, enhancing traits such as cooperation, responsibility and ability to understand and resolve conflicts, respect, develop social skills and positive interpersonal relationships. The campaign is considered as a chance to reach out a certain and relatively large part of the youth population, since in Cyprus military service between the ages of 18 to 20 years old is obligatory.
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ACCESS TO DRUG PREVENTION CAMPAIGNS AIMED AT YOUNG PEOPLE FROM URBAN CONTEXTS.	
Country: Cyprus	
Main partner	Police of Cyprus
Project title	Proseggisi
Goals of the programme	Raising awareness around drug abuse thus promoting healthy attitudes and the culture of teamwork, proposing creative proposals, cooperation and solidarity.
Brief description (methodology, tasks, place...etc) (maximum 100 words)	The annual prevention campaign "Proseggisi" (Gr.: "approach"), which is designed and implemented by a special department of the police dealing with drug abuse provides information to youngsters regarding the use of illicit substances and addictive behaviour it is applied in certain areas each year at a national level. The purpose here is improving knowledge on the issue of dependency, psychoactive substances and the reasons of the problem while enhancing to younger population the aggravating and protective factors against the risk of dependence.
Comments (results, obstacles, opportunities...) (maximum 100 words)	During its course "Proseggisi" has fewer and fewer campaigns compared previous years, due to the reduced number of police staff involved in this programme. Despite these difficulties care making on-going efforts to obtain better results each year especially since this programme is included as part of an objective in the NDS 2009-2012 for promoting selective and indicated actions in high risk groups and areas, such as recreational settings.





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DRUG PREVENTION CAMPAIGNS AIMED AT YOUNG PEOPLE FROM URBAN CONTEXTS.	
Country: Cyprus	
Main partner	Youth Board of Cyprus
Project title	Promoting prevention of Substance Use
Goals of the programme	Promoting the understanding of dependency social parameters to the younger population while promoting certain services/programmes available for dealing with substance abuse.
Brief description (methodology, tasks, place...etc) (maximum 100 words)	Specifically, during December 2008, the Prevention Sector promoted the creation of four radio spots regarding i) Helpline 1410, ii) Counselling Services "Protasi" iii) Prevention Centre "MikriArktos" and iv) a general messages regarding the prevention of substance use. This was part of a large-scale national campaign during 2008 of the Youth Board of Cyprus. The purpose here was to promote from one side the measures available by the Youth Board of Cyprus regarding certain services and programmes dealing issues of substances abuse at a young age. Additionally it aimed at improving knowledge on the issue of dependency, psychoactive substances, aetiology and treatment of problem, getting younger population acquainted with the basic principles of prevention and understanding while supporting alternative modes of communication and active listening.
Comments (results, obstacles, opportunities...) (maximum 100 words)	As current literature indicates, incorporating certain elements into a prevention message often has more to do with how the message arguments are presented rather than with the content of the persuasive elements themselves (although content can also be involved, as in depicting graphic physical consequences of heroin use). The important principle here is that the drug prevention practitioner should use those theoretical schemes deemed most appropriate and effective for a particular audience when developing persuasive messages, but should target the messages at high-sensation seekers using the appropriate principles. Opinions around the kind of mass media campaigns indicated here are centralized around the thought that certain attention should be given to the communication needs of the audience (in this instance the younger one). This is particularly crucial when those needs are tied so closely to the behaviours we wish to prevent.





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DRUG PREVENTION CAMPAIGNS AIMED AT YOUNG PEOPLE FROM URBAN CONTEXTS.	
Country: Cyprus	
Main partner	Strovolos Municipality and the Youth Board of Cyprus
Project title	"Live your Life without Addictions"
Goals of the programme	Enhancing knowledge regarding aggravating and protective factors both within the family and the wider community, the emergence and awareness of their role in the prevention of addiction while promoting a common language for the phenomenon of addiction through activities of recreational nature.
Brief description (methodology, tasks, place...etc) (maximum 100 words)	Specifically, the Strovolos Municipality in Nicosia in direct cooperation with the Cyprus Youth Board, organized a campaign titled "Live your life free without addictions". The campaign included creative and recreational activities such as climbing, cycling, archery, photography, painting, table games, live radio station music, and live music by various bands. The issue here was for those messages to have as high reach in the community as possible (proportion of target audience members exposed to the message of the campaign) whilst promoting an alternative and positive lifestyle especially within the younger ones. Besides the traditional media such as print and broadcast, the campaign has also been promoted online and through less conventional means.
Comments (results, obstacles, opportunities...) (maximum 100 words)	The campaign aimed to gather community support for anti-drug abuse programmes, promote and educate the public on the dangers of drug addiction, and provide a link between the government and the community in this area. The importance of this specific campaign extends beyond the level of reach within the community. While most of the campaigns implemented over the past years in the island maintain a certain focus on traditional methods of reach, this community based campaign outreaches its target group through recreational activities thus setting the example of more alternative and community based approaches. Additionally, the campaign which had a focus on younger ages indicated that by starting drug awareness activities at an early age establishes a healthy attitude toward anti-drug campaigns. Young people learn both the reasons to avoid drugs as well as the tools to resist peer pressure.





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7. Best Practices - Italy

7.1 Alternative measures to detention in Italy

The main alternative measures to detention for adults are the entrustment to social services, the entrustment to social services in special cases, house arrest and day release.

The definition of "alternative measure" seems to properly fit only the entrustment to social services, which makes an integral form alternative to detention allowing, maybe more than any other measure, a real work of education, in reference to Article 27. 3 of the Italian Constitution.

A particular form of custody is the entrustment for special cases, aimed at drug and alcohol addicts and wishing to undertake or continue a treatment program, provided by art. 94 of the Presidential Decree n. 309/90. By means of this measure, the legislator recognizes the special condition of the drug used and provide for his recovery and rehabilitation even within a criminal path. The Law 49/2006 has modified the procedures for access, increasing the maximum sentence to be served for the grant of the measure and establishing that the measure cannot be granted for more than twice.

The Director of the Penal Institute transmits the request for the measure to the Surveillance Court and to the Prosecutor who issued the execution order. The measure is granted by the Court under the jurisdiction of the public prosecutor. The measure begins from the moment the person signs the minutes with the requirements prepared by the Court requiring the commitment to respect them. Essential requirements are those relating to the implementation of the treatment program and to the forms of control to ensure that the person continues the same program. The other requirements are, as for entrustment to social services:

- Relations with the Office of External Penal Execution;
- Home and work;
- Freedom of movement and a prohibition from entering certain premises;
- Prohibition of activities or having personal relationships that can lead to commit other crimes;
- Prohibition to stay in a whole or in part in one or more city;
- Obligation to stay in a particular city;
- Ensure, as far as possible, in favour of the victim of the offense;
- Duly fulfil the obligations of family assistance.





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During the measure, requirements may be modified by the Surveillance Magistrate, taking into account the information of operators in the UEPE. The suspension of the measure is carried out by the Surveillance Magistrate in the following cases:

- When the Office of External Penal Execution informs him of a new detention sentence which removes the conditions for a continuation of the measures;
- When the entrusted person behaves up to the revocation of the measure.

The measure can end with a positive outcome dismissing the penalty and any other penal effect. Alternative measures to detention for minor offenders need particular attention given that for a growing personality, as the minor one, the single transgression cannot be considered indicative of a deviant lifestyle choice.

Probation tries, in fact, not to interrupt the processes of growth of the child, focusing on his social recovery. In this case, the court may order the suspension of the trial and the probation when he feels the need to assess the personality of the minor. The applicability of the measures is not undermined neither by the possible existence of a criminal record, nor by previous applications, nor by the type of offense. The personality traits of the child who suggest the possible recovery, through the activation of his and appropriate environmental resources are very important. It is precisely from the evaluation of these resources that social services develop the project of probation that must be necessarily shared by minor.

Typology of alternative measure to detention	Law and articles	Brief Description
Taken in care by social services	Art. 47 Prison System Art. 96, 97, 98 R.E.	For the social rehabilitation of prisoners and prevent recidivism
Taken in care by social services in particular cases	DPR 309/90 Art.94	For drug users who intend to pursue or continue a program of recovery/rehab
Day release	Law 354/75 Art.48	The inmate spends part of the day outside the prison to facilitate the social reintegration.
House Arrest	Law 354/75 Art. 47	Possibility of continuation of care and social rehabilitation even when the conviction becomes final
Probation	D.P.R. 448/88; art. 27 Art. 28 and 29; Law Decree 272/89 Art.27	Suspension of the trial and probation for the minors





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7.2 Treatment programs in alternative measure to detention

Information derived out of the research conducted in Italy, concerning treatments programs reveal first the selection of different types of treatment programs and intervention; the differences regard both the setting and the nature of the treatment itself. This choice is due to the belief that the best practices should be considered in relation to the starting situation, both clinical and judicial, of drug addicted offenders.

More specifically, subjects with severe compulsion and long prison sentences may benefit more from intensive residential treatment such as therapeutic communities, which offer more protection for the drug addict and more guarantees for the Judge who is appointed to grant the alternative measure.

Instead, subjects who have a more favourable situation from a legal point of view, for example, who must serve short prison terms or for minor offenses, and maintain a level of social and relational functioning generally adequate, can be most profitably placed in semi-residential or outpatient treatment programs, offering, at the same time, protection to drug addicts and guarantees to the court, thus relying on resources already present within the individual and / or family and social context that surrounds it.

Finally, particular attention must be paid, within the recovery paths of addicted people, to the process of social and occupational reintegration, which should represent a natural continuation of the processes of care and rehabilitation; for example, people who have a remaining sentence to be served after finishing treatment, instead of returning to prison may continue to serve the sentence in alternative measures through vocational training and job placement programs.

Within these types of treatment have been chosen treatment programs that are rooted in the territory and allow a gradual reintegration of the person in his social context; the territoriality of treatments is also very important for the after care service and for the prevention and management of relapse.

The treatments considered, put into the foreground the activation of processes of change, which don't concern only the suspension of the symptomatic behaviour, namely the abuse of psychotropic substances, but especially aiming to change the person within his context of life. The person during the overall timeframe of the treatment is considered as an active subject in a position to decide and think about what to do; the treatments are structured to allow the person gradually reclaiming some areas previously filled by the addiction. The "person's centrality" is a prerequisite of the treatments taken into account, so every decision is examined from time to time considering the person's need and the situation in which the person is





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located. Another factor taken into consideration is the inclusion of the family in the therapeutic process through therapy groups and regular meetings, in order to act on the relational context of the person being treated as well.

It's important to note, moreover, that, from a clinical point of view, there is no difference between a drug addict with or without judicial measures, as the strategies of treatment and rehabilitation adopted are the same; however it's necessary, from the beginning of the taken in charge, to agree upon the conditions and restrictions to which the person in an alternative measure is submitted by the court

Within the treatment programs identified as good practices, the music therapy paths are integrated into the therapeutic-rehabilitative activities and constitute a part of the whole therapeutic process that is much more complex and articulated; music therapy sessions are usually carried out in groups at the presence of an expert music therapist and a psychologist.

The reason for implementing this practice within rehabilitation paths as an alternative to detention lies in the need to provide the drug addict with tools that will enable him/her to acquire adequate levels of awareness and ability to manage the emotions and relationships as well as the management of the behavioural impulses.

The intervention methodology mainly employed in the treatment programs identified uses sound and music to produce regressive effects and to open communication channels in order to activate through them the process of the patient's opening up as well as his/her social reintegration.

Within the treatment programs identified as good practices, music therapy paths are implemented mainly in residential settings (such as Therapeutic Communities), while they are less used in outpatient treatments.





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MEASURES AND PROGRAMMES OF ALTERNATIVE TREATMENT	
Country: Italy	
Main partner	Residential Therapeutic Community for drug addicts "Maria Fanelli"
Project title	
Goals of the programme	Rehabilitation and care of drug addicts
Brief description (methodology, tasks, place...etc) (maximum 100 words)	The treatment program is carried out in a residential setting and lasts about 18 months. The main activities of the practice include: occupational therapy, psychotherapy, social-therapy meetings, feedback groups, teaching groups, individual support. Occupational therapy aims to recover ability, creativity and sense of responsibility. Psychotherapy group sessions are carried weekly, the psychotherapy approach used is the Transactional Analysis. During the Social-therapy meetings, carried out monthly, staff and users meet each other equally on the issues of the community setting and its time structuring. The Educational groups aim to strengthen the membership of the Community, through discussions and listening. Music- therapy groups are conducted by a trained music therapist in order to help users to release stress and to express emotions. Throughout the whole treatment process, random drug testing are weekly administrated. Finally, the "IV step groups" aim to promote the social reintegration of the person. These groups are managed by the group members themselves and is supervised by an operator staff.
Comments (results, obstacles, opportunities...) (maximum 100 words)	<p>The main strengths of the practice are:</p> <ul style="list-style-type: none"> - the way the treatment program is organized: during the whole duration of the treatment the person is considered as an active subject in a position to decide and think about what to do. The steps of the program are structured so as to allow the person the gradual appropriation of some areas of his life previously filled by addiction. -The "centrality of the person": every decision is examined from time to time considering the condition of the person; -The host's family is taken in charge during the whole duration of his treatment, through self-help groups every two week; -After care services with random drug tests and support group. <p>Regarding users in alternative measure to detention weaknesses could be:</p>





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	<ul style="list-style-type: none"> - the release of the person before the end of the treatment period and a consequent risk of treatment drop-out - lack of direct coordination with the Court in relation to the therapeutic program. <p>The practice is sustainable because the Italian regulatory framework provides for special laws on substance abuse. It is promoted by Health National System (Sert) and has a good costs-benefits ratio through the involvement of non-profit sector.</p>
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MEASURES AND PROGRAMMES OF ALTERNATIVE TREATMENT	
Country: Italy	
Main partner	Partial-residential Therapeutic Community for drug addicts “La Stella”
Project title	
Goals of the programme	The treatment responds to the drug addicts’ need of developing higher levels of awareness of their addiction, emphasizing the importance of make sense to their distress rather than to propose a passive acceptance of pre-packaged therapeutic paths.
Brief description (methodology, tasks, place...etc) (maximum 100 words)	<p>The semi-residential therapeutic community “La Stella” in Naples, along with its outpatient reception shelter, is a focal point for the therapeutic paths for drug addicts and a reference point for the families of the guests.</p> <p>It is located in one of the most degraded areas of the city and can host up to 20 guests with various problems in the field of addictions: cocaine, heroin addicts, alcoholics, drug addicts, gamblers, dual diagnosis, etc.. The treatment program is addressed to persons of both sexes from the regional territory, foreigners with residential permit and sentenced persons in alternative measure to detention up to the 30% of users.</p> <p>The treatment program “La Stella” is opened from Monday to Friday, from 9,00 a.m. to 6.00 p.m. These schedules allow, on the one hand a therapeutic continuity essential for the attainment of the rehabilitation objectives and, at the same time, a relief from the pressure of the therapeutic work in the weekends.</p> <p>Random drug tests are carried out mainly at the request of the judicial authority and at least once a week, but are also often agreed with the users themselves and / or their families since they never</p>





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	<p>have a sense of control (at least for therapeutic team) but are used as a basis to check for any difficulties.</p> <p>The therapeutic program is so composed:</p> <ul style="list-style-type: none"> - 1 individual psychotherapy session every week; - 1 family therapy session every two weeks; - 2 support groups every week. - Meditation groups. <p>The treatment program is also able to accompany the person through his crises, interruptions and returns.</p>
<p>Comments (results, obstacles, opportunities...) (maximum 100 words)</p>	<p>The main strengths of the practice are:</p> <ul style="list-style-type: none"> - Proximity to the life context of the user that avoids an abrupt separation from everyday life and allows the activation of the user's emotional and relational resources which are still functioning; - Opportunity to work with the network of services that knows and supports the addicted person; - Therapeutic work with family environments; - Perception of the user to live a "normal" life not affected by the use of substances. <p>The main weaknesses are:</p> <ul style="list-style-type: none"> - Difficulties in the social acceptability of a partial-residential community for drug addicts included in a urban context; - Poor protection in times and situations of high involvement with substances; - Risks derived from the family environment in situations of great conflicts. <p>The effectiveness of the individual therapy sessions and support groups is related to the multidimensional and institutional (Community team, UEPE, SERT) monitoring concerning the remission of the drug addiction, increased capacity for resolution of family conflicts, improving the relationship with the others. This monitoring is very important since the treatment setting is partially protected and strongly integrated into its territory, at a social and emotional level.</p> <p>Regarding the efficiency of aftercare interventions, both public and private services should facilitate the social and occupational reintegration of the person in alternative measures. They are generally efficient in terms of taking in charge but unable to meet the demands due to lack of resources allocated for social welfare.</p>





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MEASURES AND PROGRAMMES OF ALTERNATIVE TREATMENT	
Country: Italy	
Main partner	Therapeutic-rehabilitative Community for drug addicts "Mauro Rostagno"
Project title	
Goals of the programme	The treatment responds to the drug addicts' need of psychological and physical recovery, by promoting the compliance with the rules of the community and the development of the user's creativity and personal resources. It aims to reconstruct the personal history of the drug addicts and facilitate the approximation to their household.
Brief description (methodology, tasks, place...etc) (maximum 100 words)	<p>The facility of the service, located in the region of Calabria, was one of the first property confiscated from the mafia (in 1990) and awarded to a No-profit Association for social purposes. The therapeutic community is a first asylum community for the social rehabilitation of addicts and accommodates up to 30 users of all sexes (male, female, transgender), without distinction of race and religion; it is open to anyone who needs help in relation to the abuse of drugs and alcohol as well as the psychological dynamics related. The community also accommodates people undergoing alternative measures to detention for offenses related to drug use: the places provided for them are the 50% of those available.</p> <p>The community is part of a national network of therapeutic communities, shelters and facilities that manage a semi-integrated and continuous taking care of the persons sent.</p> <p>The therapeutic program is structured as follow:</p> <ul style="list-style-type: none"> - 1 individual psychotherapy session every week; - 1 family therapy session every two weeks; - 2 support groups every week; - daily nonverbal groups such as meditation with various techniques as music-therapy, Zen cathartic, bio-energetic. <p>Random drug tests are made every time the person return from a period spent at home, and if so requested by the Surveillance Court. Drug tests are also administrated when there is a suspicion that some guests have introduced drugs within the facility.</p>
Comments (results,	The main strengths of the practice are:





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<p>obstacles, opportunities...) (maximum 100 words)</p>	<ul style="list-style-type: none"> - Large availability of reception of drug addicts in alternative measures; - Adequate protection of the residential setting from the possibility to find narcotic substances; - The residential setting provides a rest space from the daily troubles; - The taking in charge of the family system promote the continuity of the therapeutic effects of the treatment. <p>The main weaknesses are:</p> <ul style="list-style-type: none"> - High percentage of addicts in alternative measure that may not promote the social inclusion of these users; - Difficulties in the social reintegration path after the end of the treatment; - Attenuation of the privacy which a community life involves; <p>The residential treatments for drug addictions, are still one of the cornerstones of the recovery and rehabilitation of compulsive consumers. This intervention is financed by NHS; nevertheless, even in the presence of this severe crisis, it is possible to envisage the opening of new facilities not completely free of charge but providing forms of co-financing.</p> <p>Regarding the efficiency of aftercare interventions, both public and private services should facilitate the social and occupational reintegration of the person in alternative measures. They are generally efficient in terms of taking in charge but unable to meet the demands due to lack of resources allocated for social welfare.</p>
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MEASURES AND PROGRAMMES OF ALTERNATIVE TREATMENT	
Country: Italy	
Main partner	Educational program: "Beyond the fragment"
Project title	
Goals of the programme	The education program aims to promote the social and occupational reintegration of drug addicted offenders in alternative measures to detention through vocational trainings.
Brief description (methodology, tasks, place...etc) (maximum 100 words)	The practice has been implemented in 1999, 2006 and 2009 with an annual duration, by the SERT of Nocera Inferiore in the region of Campania and was addressed to male and female users in alternative measures to detention registered to the SERT of Nocera





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	<p>Inferiore.</p> <p>The practice consists in carrying out a training course to a group of drug addicts in alternative measure to detention selected by a team of experts. The clinical conditions of the users are assessed and monitored through support groups and sharing group and through health screening and random drug tests. The educational program required a physical presence of two days per week and it's made up of the following steps:</p> <ul style="list-style-type: none"> - Selection of the users in alternative measure to detention registered to the SERT of Torre Annunziata; - Implementation of a training course for the users selected on ceramic manufacturing called "Ceramic Laboratory". The course has been held in the SERT facility, in a laboratory specially established; - Monitoring of the clinical conditions through monthly random drug tests and support group; - The program aimed to allow the users the acquisition of technical skills in ceramic processing; - Exposure of the hand-worked ceramic ware at trade fairs and exhibitions in the territory of the region Campania.
<p>Comments (results, obstacles, opportunities...) (maximum 100 words)</p>	<p>The main strengths of the practice are:</p> <ul style="list-style-type: none"> - Creating a social, health and occupational network to enable the full integration of the user; - Promote and strengthen the drive to independence and to the activation of the personal resources of the person; - Proximity to the life context of the user that avoids an abrupt separation from everyday life. <p>The main weaknesses are:</p> <ul style="list-style-type: none"> - Difficulties in the coordination of the team experts involved; - Difficulties in the communication with the judiciary authorities. - Poor protection in times and situations of high involvement with substances; <p>The effectiveness of the practice in promoting social inclusion of the users is evaluated by the quality of their work. The unwanted effect of the relapse into drugs during the training course can be warned strengthening the support network by performing interviews, support groups and drug tests</p>





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MEASURES AND PROGRAMMES OF ALTERNATIVE TREATMENT	
Country: Italy	
Main partner	Educational program: "The seagull....in the rainbow area"
Project title	
Goals of the programme	The education program aims to promote the social and occupational reintegration of drug addicted offenders in alternative measures to detention through vocational trainings.
Brief description (methodology, tasks, place...etc) (maximum 100 words)	<p>The practice has been implemented in 2003 with an annual duration, by the SERT of Torre Annunziata in the region of Campania and was addressed to male and female users in alternative measures to detention registered to the SERT of Torre Annunziata made up of the following steps:</p> <ul style="list-style-type: none"> -Selection of the users in alternative measure to detention registered in the SERT; -Implementation of a training course for the users selected on ceramic manufacturing called "Ceramic Laboratory". The course has been held in the SERT facility, in a laboratory specially established; - Monitoring of the clinical conditions through monthly random drug tests and support group; -The program aimed to allow the users the acquisition of technical skills in ceramic processing; -Exposure of the hand-worked ceramic ware at trade fairs and exhibitions in the territory of the region Campania. <p>2days per week from 4.00 p.m. to 6.00 p.m.</p>
Comments (results, obstacles, opportunities...) (maximum 100 words)	<p>The main strengths of the practice are:</p> <ul style="list-style-type: none"> - Promotion of social inclusion paths. - High economical sustainability, since the practice make it possible the users to attain the acquisition of work skills with a limited budget thank to the collaboration of professionals in several working field. - Promotion and strengthening of the drive to independence and to the activation of the personal resources of the person. - Proximity to the life context of the user that avoids an abrupt separation from everyday life. The main weaknesses are: the lack of





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	<p>a temporal continuity. The physical presence required of two days per week allows a continuous contact with the service and an adequate training experience for the users.</p>
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7.3 Prevention campaigns for youth

The Italian project team has identified five prevention campaigns for youth in urban context, including 3 school based campaigns characterized by a regional outreach and a direct dissemination, one national campaign with a spread over the whole national territory through the mass media and one national campaign with a dissemination through the social media.

Particular attention has been paid to the direct dissemination campaigns since they allow to get in touch directly with the target group both in the design and in the implementation of the campaign. The involvement of the target group make it possible to better understand the types of language and how to convey the information that are more effective among young people; moreover, the target group participation in the action stimulate the young person's capacities for autonomy and responsibility in the care of himself and of the peer group. Besides, direct dissemination campaigns also provide a more immediate feedback about the implementation of the campaign.

The campaigns taken into account are characterized not only by information but also by social and recreational actions, in order to attract and stimulate the target group; in this way the campaigns aim not only to convey information but also to promote the development of a culture of well-being and personal care.

In fact, the matter of the prevention of drug addictions fits into a broader discussion of a healthy lifestyle and of the awareness and management of the control of impulses; the difficulty in controlling impulses is generally the basis of the compulsive behaviours of which drug addiction is only one of the possible symptomatic expression.

To be incisive, prevention campaigns should also have a cyclic and permanent structure, involving a network of organizations, services and local agencies. They should also provide for races, competitions and competitive activities which have proved effective tools since they require a medium-long term period in order to attain a prize that gratifies the youth; these



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activities make the youth have fun and, at the same time, feel an active part in the preventive action against drugs.

In the prevention campaigns with a national dissemination through the mass media, the target group is not directly involved in the action, but becomes a passive and often occasional subject of the messages conveyed. For this reason, we have not taken into account prevention campaigns with messages based on negative emotions such as fear, disgust or anxiety that are likely to repel the viewer and elicit escape responses towards the contents of the message. The national campaigns identified use languages at the same time able to attract and retain the viewer's attention and to convey both information on drugs and messages to promote one's own ability to care for oneself through productive and aware lifestyle choices.

DRUG PREVENTION CAMPAIGNS AIMED AT YOUNG PEOPLE FROM URBAN CONTEXTS.	
Country: Italy	
Main partner	Zancan Foundation – Padova
Project title	Smoke Free Class
Goals of the programme	The prevention campaign aims to prevent or delay smoking initiation, eliminate or reduce the cigarettes consumption and promote a "no-smoking" culture.
Brief description (methodology, tasks, place...etc) (maximum 100 words)	This prevention campaign starts in Finland in 1989. Smoke Free Class arrives in Italy during the school year 1997/1998. The national contact is the Zancan Foundation in Padova. From the school year 1997/1998 to the school year 2008/2009 the prevention campaign has been financed by the European Union. The campaign is addressed to 11- 15 years old students. Through the campaign the students are asked to commit, by signing a contract, to be smoke-free for a period of six months from November the 1 st to April the 30 th . The deadline for the registration is November the 30 th . Later, teachers accompany the students in this freedom from smoking path, sending the class contract and the monthly monitoring form at local contact. At the end of the competition are given two lotteries: <ul style="list-style-type: none"> • National: a € 2,000 prize usable in cultural or educational material. • Regional: to all pupils of the first class extracted for each participant region is awarded as prize a school bag.



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	<p>To all the students who finish the contest is given a gadget for the participation.</p> <p>In the school year 2008-2009 a novelty element has been Introduced: any student who is a member of Smoke Free Class may also involve in the competition sympathizers or relatives, such as parents, friends, teachers, etc.. who agree to be smoke-free for at least 6 months.</p> <p>Besides, within the campaign's activities, the students participate in a competition for the composition of a slogan against smoking. In the end, a project blog has been built, with a space to exchange ideas, opinions and contributions on the issue of the prevention campaign.</p>
<p>Comments (results, obstacles, opportunities...) (maximum 100 words)</p>	<p>The main strengths of the practice are:</p> <ul style="list-style-type: none"> - Personal involvement of students, teachers and "sympathizers"; - Relatively easy to implement; - Annual continuity of the practice; - Delay of the smoking initiation in adolescence; - Increase the positive influence of the peer group and reduce the likelihood to start smoking among adolescents. <p>The main weaknesses are:</p> <ul style="list-style-type: none"> - Difficulty in maintaining the commitment of being smoke free. especially for 14 and 15 years old students; - Difficulty in managing the dynamics of the group that develop in the school classes; - Lack of efficacy for classes with a high number of regular smokers <p>The target population consists of all classes of secondary schools of first degree and classes I and II of secondary schools of second degree, that is students aged between 11 and 15 years, for a total of about 3 million students.</p> <p>The target population reached consists of 901 school classes registered at the competition for a total of 19.546 students in the school year 2009/2010; The number of classes which have successfully completed the program is 809 with 17.494 students who have reached higher levels of awareness about the issue.</p>

ACCESS TO DRUG PREVENTION CAMPAIGNS AIMED AT YOUNG PEOPLE FROM URBAN



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CONTEXTS.	
Country: Italy	
Main partner	Drug Policy Department and Regione Campania
Project title	Signals 3
Goals of the programme	SIGNALS PROJECT aims to meet the youth population's need to have tools, values, ideas and resources to build their own paths to autonomy, empowerment and personal growth.
Brief description (methodology, tasks, place...etc) (maximum 100 words)	<p>This prevention campaign intends to intervene early on the segment of youth population most at risk, by activating both awareness and information on the drug and drug addiction issues and by identifying those aid and self-help paths among young people that can detect and accept a peer group member who has just began to use drugs.</p> <p>The main objectives of the project are:</p> <ul style="list-style-type: none"> - Awareness and information on substance use; - Promotion of decision making paths that can produce attitudes of autonomy and emancipation against all forms of addiction; - Provision of incentives for the construction of a healthy lifestyle; - Possibility to intercept the young people who use substances at the earliest experiences (early detection); <p>The specific tasks are:</p> <ul style="list-style-type: none"> - Involvement of all the secondary schools of the second degree and first degree (third class) in Campania; - Training activities for teachers; - Training activities for students; - Training activities for students' parents; - Preparation of the educational material to be used in the meetings with students; - Distribution of educational materials; - Sharing of the educational materials among the scholar institutes; - Dissemination of the material through the mass media; - Organization of a regional festival for the material. <p>Young people are involved in the implementation of the prevention project both in the construction of paths, materials and tools, and in the implementation of the interventions with the peer group. This is also a way to open a dialogue with the</p>





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	students, to learn about their expectations and demands and act accordingly, involving them and sharing with them the choices made in the planning of the action.
Comments (results, obstacles, opportunities...) (maximum 100 words)	<p>The main strengths of the practice are:</p> <ul style="list-style-type: none"> - Involvement of the target population in the design and implementation of the practice; - Widespread over the territory of Campania; - Empowerment of the target population through peer education; - Well-being and healthy lifestyle promotion; - Emphasis on youth languages as vehicle of communication. <p>The main weaknesses are:</p> <ul style="list-style-type: none"> - Difficulty in managing the dynamics of the group that develop in the school classes; - Risk of poor involvement of the students since they should consider the school as an instructional and unequal context. <p>The target population of the campaign consists of all high school students in the Campania Region aged between 13 and 17 years. The target population currently achieved by the practice amounts to approximately 66.500 students spread across 95 schools that have joined the initiative. Data on the population that has acquired higher levels of awareness are not yet available since the project is still being implemented.</p>

DRUG PREVENTION CAMPAIGNS AIMED AT YOUNG PEOPLE FROM URBAN CONTEXTS.	
Country: Italy	
Main partner	Drug Policy Department – Regione Veneto
Project title	Up&Go and DreamOn
Goals of the programme	The general objective of the practice has been the realization of a well-structured information/awareness intervention among young people and general population, through a social communication campaign on the dangers and damages resulting from the drug use, in order to empower the individual to attain healthy behaviours.
Brief description (methodology, tasks,	The communication of the contents was achieved by multi-channel and multi-faceted ways. The major places of youth



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place...etc) (maximum 100 words)	<p>aggregation have been the dissemination points of the campaign (schools, libraries, youth information, sports societies, parish centers etc..).</p> <p>The main tasks to achieve the aims of the prevention campaign are:</p> <ul style="list-style-type: none"> - Production / Dissemination of highly communicative information materials, which were disseminated to two main target groups: the "junior" (young people aged between 9 and 15 years) and the "senior" (people aged from 16 years onwards). This choice allows to intervene both on those who do not have the problem, promoting "behavior and health rules" and not prohibitions and on who is already adult or is having to educate children and young people, empowering his educational models; - Dissemination of models of healthy and positive lifestyles through dance, music and other creative multimedia disciplines, in order to spread a positive lifestyles model and recreational activities. This action is called "Dream On". <p>Dream On consists of many activities for young people that cover three main areas: music, dance and video images:</p> <p>Music Area: Music and Technology laboratories based on the use of software for music composition and editing were carried out. These activities have been associated with moments of discussion on the harmfulness of all drugs;</p> <p>Dance Area: through a regional competition young people aged 6 to 20 years have had access to a casting for participation in a dance show and free internships held by international professionals or get dance scholarships. These activities have been associated with moments of discussion on the harmfulness of all drugs;</p> <p>Video images and Creativity Area: professionals in the creation of video clips have held training course for young people which have been involved in the creation of a video clip on drugs and on its harmful effects.</p>
Comments (results, obstacles, opportunities...) (maximum 100 words)	<p>The main strengths of the practice are:</p> <ul style="list-style-type: none"> - Empowerment of the target population through DreamOn activities; - Well-being and healthy lifestyle promotion; - Widespread over the region territory; - Coordination between the prevention campaign Up & Go and





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	<p>the DreamOn initiatives;</p> <ul style="list-style-type: none"> - Involvement of the target population in the design and implementation of the campaign. <p>The main weaknesses are:</p> <ul style="list-style-type: none"> - Risk of developing curiosity in the use of illicit substances in people who have a predisposition to addiction; - Regional extension; <p>The information did not use the ban as a form of communication, but has promoted a rational and intelligent non-consumption choice. It was carried out an ex-ante and ex-post analysis of the aesthetic appeal and effectiveness of messages designed, prior to the construction of the materials, but also after its release. The results were discussed during a brainstorming session. The material has been revised on the basis of the results.</p> <p>The target population reached is large. All informational materials has been distributed in many contexts: school, sports, volunteering, economic, occupational and recreational environment and public bodies.</p> <p>All the seven provinces of Veneto have been reached through newspapers, internet (national portals and precise target), static and dynamic billpostings, regional and national events (concerts, exhibitions, sporting events), entertainment places, public institutions, associations, General Practitioners and pharmacies.</p>
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ACCESS TO DRUG PREVENTION CAMPAIGNS AIMED AT YOUNG PEOPLE FROM URBAN CONTEXTS.	
Country: Italy	
Main partner	Drug Policy Department
Project title	PINS – Are you against drugs?
Goals of the programme	The project intends to involve students in order to build an information campaign promoted by the target group itself..



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<p>Brief description (methodology, tasks, place...etc) (maximum 100 words)</p>	<p>PINS is a prevention campaign against drug use, addressed to students of secondary schools of first and second degree and spread throughout the national territory. This campaign provides the direct involvement of young people in the creation of slogans and graphic ideas on the issues of drugs and drug addictions. Students are encouraged to think about and submit slogans and graphic ideas in order to implement an information campaign by the Drugs Policy Department through the creation of new gadgets and information materials. These materials can be voted and viewed at www.lovenodrugs.it. The gadgets and the materials created will be distributed in the secondary schools of first and second grade of the country.</p>
<p>Comments (results, obstacles, opportunities...) (maximum 100 words)</p>	<p>The main strengths of the practice are: a. Empowerment of the target population; b. Widespread over the national territory; c. Poor use of economic resources.</p> <p>The main weaknesses are:</p> <ul style="list-style-type: none"> - Each school is free to join or not the initiative; - Information moments are left to the good will of individual teachers who may not be trained in the field of drugs. <p>Involving directly students, the campaign awakens interest among young people about the drug addiction issue, leading them to think and learn about it. The opportunity to vote for the slogan and graphics preferred, through widespread means such as the internet site, allows also young people who don't attend school to reflect on what could be the most meaningful prevention message. As a national prevention campaign, Pins use a good strategy of grassroots involvement, reducing costs at the same time (schools joined for free to the initiative and the slogan and materials created are not covered by copyright).</p> <p>The involvement of schools by a governmental authority as the Drug Policy Department, reduces costs to a minimum, because apart the construction and management of the site and the production of gadgets, everything else was free of charge..</p>

DRUG PREVENTION CAMPAIGNS AIMED AT YOUNG PEOPLE FROM URBAN CONTEXTS.

Country: Italy

Main partner

Drug Policy Department



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Project title	Wisen up, don't hurt yourself!
Goals of the programme	This national campaign intends to prevent drug use and abuse.
Brief description (methodology, tasks, place...etc) (maximum 100 words)	<p>Communication is passed either through television spots and printed materials, and gadget, such as T-shirts with the slogan "no excess", distributed on the street and out of the discos from the prevention street units.</p> <p>The slogans are incisive and clear. The messages "Wisen put, don't hurt yourself!" and "No excess" have formed a good combination of risk reduction without the use of psychological terrorism. The basic philosophy of the campaign was: substances are harmful, especially if you overdo it. This approach is much closer to the adolescent attitude which are disinclined to accept a generic message such as "Drugs kill".</p>
Comments (results, obstacles, opportunities...) (maximum 100 words)	<p>The main strengths of the practice are:</p> <ul style="list-style-type: none"> - The message is easily repeatable, short and convincing; - Direct language, there are young people who tell their stories; - Presentation of a clear behaviour to be taken (decide not to use substances to have fun); - Widespread distribution of printed materials, and gadget even in "strategic locations" (eg. discos) <p>The main weaknesses are:</p> <ul style="list-style-type: none"> - Need to update contents and languages, since It was implemented in 1998 . <p>The prevention projects financed after this campaign showed that the focus on communication means is a key point to bring about a change in the target group. This campaign is the result of a direct observation of the target population that has been continuing at a local level. Many information campaigns and local prevention projects took inspiration from the message of this campaign.</p>





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8. Best Practices - Bulgaria

8.1 Alternative measure to detention in Bulgaria

According to the legislation of the Republic of Bulgaria there are no measures or programmes alternative to the punishment “deprivation of liberty” as regards to persons who have committed drug-related crimes and persons dependant on drug substances.

According to Art. 92, Par. 1, 2 and 3 of the Criminal Code of the Republic of Bulgaria, “Where the crime was committed by a person suffering from alcoholism or another type of narcomania, the court may, along with the punishment, rule also compulsory treatment. Where punishment has been imposed without deprivation of liberty, compulsory treatment shall be implemented at medical establishments with special curative and working regime. The compulsory treatment of those sentenced to deprivation of liberty shall be effected during the serving of the punishment. The term for compulsory treatment shall be deducted from the term of deprivation of liberty.” The specific measures in terms of the ordered treatment are described in Section II “Compulsory accommodation and treatment” of the Health Act.

Inclusion in a social intervention program may be assigned as a probation measure for the time of the probation period and upon release on parole from service of the un-served portion of the sentence (Article 70 (6) of the PC in conjunction with Item 4 of Article 42a (2) of the PC).

All social intervention programs are endorsed by the Director General of the Directorate General “Execution of Penal Sanctions”, and the resources for implementation of such programs are endorsed by the Minister of Justice on a motion of the Director General of the Directorate General “Execution of Penal Sanctions”. A contractor is selected by the Regional Service of Implementation of Penal Sanctions according to the procedure established by the Ordinance on the Award of Small Public Procurements.

When the implementation of a particular program presupposes possession of specialized knowledge and skills, say, in the sphere of drug dependence, the services of specialized centers, non-governmental organizations or medical treatment facilities may be resorted to (Article 250 of the LEPSDC) whether the sentenced person is a drug user. In practice, the only tool available to the probation officer for this purpose is the interview conducted with the sentenced person immediately after commencement of the execution of the penal sanction. During that interview,



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the probation officer must identify the needs of the sentenced person and the so-called “deficiencies to be addressed by correctional work”. An evaluation of the sentenced person and an individual plan for execution of the probation measures are prepared after conduct of the interview (Article 242 of the LEPSDC).

Typology of alternative measure to detention	Law and articles	Brief Description
Execution of punishment out of prison	Law for Execution of Punishments and Detention Art. 59	The court may order the convicted person is not serving a custodial sentence in a prison dormitory of open type, where: A. been hiding from the authorities of criminal proceedings and declared a national search; B. suffers from alcoholism or drug addiction;
Social Intervention	Item 4 of Article 42a (2) of the PC	Social intervention is a kind of measure for probation including measures for programs for social impact and performing work in public utility.

8.2 Treatment Programs in alternative measure to detention

As regard programmes and services rendered to minor and underage persons experimenting with or misusing narcotic substances, the applicable activities are according to the Criminal Code and the Law on combating anti-social behaviour of minor and underage persons.

There haven't been created specialized services in the country, directed towards young people (under 18) at risk of use or with problematic use of drugs; the only daily programmes for work with children and young people (and their families) experimenting with or misusing psychoactive substances are at the Preventive and Information Centres in Sofia and Varna.

Currently a proposal for amendment of the statutory provisions related to the treatment and psychosocial rehabilitation of minor and underage persons problematically using and/or



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dependant on narcotic substances has been developed. A working group created by the Minister of Health has been developing an Algorithm of direction towards treatment or support services for children and youth misusing or dependant on psychoactive substances.

On the territory of the country there are two telephone information lines related to the problems of misuse of psychoactive substances: National information line for drugs and alcohol of the Association for rehabilitation of drug and alcohol dependent people "Solidarity" and Free telephone line for consulting and direction on the issues related to dependency on narcotic drugs and alcohol at the National Centre for Addictions.

Centres for consultation and direction to treatment and rehabilitation programmes have been working at the National Centre for Addictions and two NGOs. In these Centres consultations and assessment of the severers of the dependency of the clients are performed after which they are redirected to the appropriate programmes for treatment and/or psychosocial rehabilitation. With respect to programs for treatment and psychosocial rehabilitation of persons from marginalized groups, there is a Program for HIV/AIDS prevention and control at the Ministry of Health, funded by the Global fund for combat with AIDS, tuberculosis and malaria; one of iys component directed towards reduction of the susceptibility to HIV of injecting drug users (IDUs) by means of expanding the scope of the group with a full package of preventive interventions.

There are eleven functioning NGOs in the country which develop their activities related to elimination of the damages among the injecting drug users; ten of the programs are funded by the Ministry of Health through the Global fund for combat with AIDS, tuberculosis and malaria. Nine low-threshold centres for intravenous addicts have been created to these organizations where health, social and psychological services are offered, as well as sterile injection sets and information materials. Mobile medical offices are maintained by 7 NGOs.

Within the period 2009 – 2011 the National Centre for Addictions implemented Project BG0011 "Listen to the Child" – improvement of the prevention and access to services of children and youth experimenting with and using drugs" funded under the financial mechanism of the European Economic Area (EEA FM). Trainings in screening, early and brief interventions for professionals working in the sphere of provision of social services, probation, children's pedagogical room, specialists working in school environment have been implemented.

Practice in the treatment programs and psycho-social rehabilitation requires guarantee of anonymity and confidentiality in terms of patient's/client's health and psychological status, as



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well as carrying out regular meetings of the program team (interviews, team meetings) and supervisions from an external specialist on a regular basis.

ACCESS TO MEASURES AND PROGRAMMES OF ALTERNATIVE TREATMENT	
Country: Bulgaria	
Main partner	“Solidarnost” Association for rehabilitation of dependent people.
Project title	Bulgarian Drugs Helpline and Interactive Information Website
Goals of the programme	<ul style="list-style-type: none"> •rehabilitation and social integration of dependant people in order for them to have an autonomous life •giving support and consultancy to parents and people who are close to the dependant person •informative and consultant work, popularizing the cause of „Solidarnost” and having an impact on social attitudes towards dependant people.
Brief description (methodology, tasks, place...etc) (maximum 100 words)	<p>The National Drugs and Alcohol Helpline has been established through project “Establishing a Bulgarian drugs helpline and Interactive Information website”. Since March 2008 till November 2010 the project was financed by the MATRA Programme of the Ministry of Foreign Affairs of the Netherlands. The aim of the helpline is to raise awareness about drugs, prevention, treatment and rehabilitation in Bulgarian society. More specifically, young people and parents and family of psychoactive substance users can get information on drugs and related problems. They can also receive consultation through telephone, e-mail and chat interaction, a public Internet forum and a drugs information website. The helpline is anonymous and strives to be as objective, evidence-based and accessible as possible. The helpline is developed in cooperation with the Bulgarian NGO Solidarnost.</p> <p>During the period 01 August 2013-01 June 2014 the telephone line 0888 991 866 will be funded with resources according to the National Programme for execution of the Action Plan of the National Strategy for fight with the drugs (2009-2013). The funds are granted by the Ministry of Health through National Centre of Addictions.</p>





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Comments (results, obstacles, opportunities...) (maximum 100 words)	<p>The National Drugs and Alcohol Helpline is the first of its kind in Bulgaria and has the following advantages:</p> <ul style="list-style-type: none"> • Anonymity – each of you can call the hot telephone line or use the chat, e-mail and forum in order to contact us without risk of personality revealing and without fear of conviction; • Accessibility – the info line is accessible 24 hours a day – the work time of our team is from 9 to 17 h, during the other 16 h you can see information on our website or listen to the tapes on our “hot answering machine”; • Objectivity – we are not “for” or “against” drug use, we can only help you make your choice and answer your difficult and sometimes painful questions; • Professionalism – our team consists of professionals, who are taught at work in the field of addictions.
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ACCESS TO MEASURES AND PROGRAMMES OF ALTERNATIVE TREATMENT	
Country: Bulgaria	
Main partner	Sofia Municipality
Project title	Center for addictions prevention and information counselling and treatment programmes
Goals of the programme	<p>The goal of the programmes are:</p> <ul style="list-style-type: none"> - to identify drug abuse in early stage, to motivate for treatment, and harm reduction; - To promote the cessation of the drug abuse.
Brief description (methodology, tasks, place...etc) (maximum 100 words)	<p>Sofia Municipality Center for Addictions is a specialized health unit, working in the field of drug abuse and drug addiction. The director of the Center is a member of Sofia District Council on Drugs. Counseling is provided every working day from 8.00 a.m. to 18.00 p.m. after preliminary call on or by a personal visit in the Center. The Center employs psychiatrists, clinical psychologists, social workers, pedagogue, nurses, administrative and finance staff.</p> <p>The main activities are:</p> <ul style="list-style-type: none"> • Assessment of the severity of the drug addiction problem and motivational interviewing; • Counseling of parents and relatives of drug users/ addicted people;





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	<ul style="list-style-type: none"> • Outpatient detoxification in cases of an addiction with alcohol, heroin and other psychoactive substances; • Relapse prevention – psychological counselling after the cessation the drug use and overcoming the withdrawal syndrome.
Comments (results, obstacles, opportunities...) (maximum 100 words)	<p>The activities under the treatment programmes are implemented in partnership with the City Psychiatry Dispensary – Sofia. Leading principles of these activities work are voluntarism and confidentiality. Everybody has the opportunity to contact anonymously the specialists in the Center on the e-mail address info@sofiamca.org.</p> <p>The Center facilitates the implementation of the municipal policy on the various problems arising from substance use and abuse, as well as the addiction to it.</p>

ACCESS TO MEASURES AND PROGRAMMES OF ALTERNATIVE TREATMENT	
Country: Bulgaria	
Main partner	
Project title	Orthodox center for spiritual caring of drug addicts (PTSDON) "St. Boyan Enravota "
Goals of the programme	Rehabilitation and re-socialization of dependent people by demonstrating the basics of the Orthodox faith and philosophy of life.
Brief description (methodology, tasks, place...etc) (maximum 100 words)	<p>Orthodox spiritual center for care of drug addicts (PTSDON) "St. Bojan Enravota " is located in Varna.</p> <p>The program includes two stages:</p> <ol style="list-style-type: none"> 1. Rehabilitation program, which is a non-stop mode (constant supervision) with occupational therapy and interviews with caregivers dependents priests adapted according to the needs of the target group plan, including Orthodox religion and philosophy of life. 2 . Rehabilitation program is followed by re-socialization , which also lasts for several months. It takes place in a sheltered home , located in Varna, and is made up of care sessions and working.





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	<p>Once a week, the treating of youth drug abuse takes place talk of "spiritual care ," which is adapted to the new conditions of life outside of the daily regime program. Thanks to the social skills they acquire cured from various addictions successfully integrate into society. To participate in the program pay a monthly fee.</p> <p>The main project activities provide:</p> <ul style="list-style-type: none"> - labour-therapy and spiritual therapy, - specialized training in painting, - training skills for the realization of finished products in the market, - "Workshop - sea": training young people to work with natural materials / by sea / ; specialized training in painting / painting of / , training in skills for the realization of finished products on the market.
<p>Comments (results, obstacles, opportunities...) (maximum 100 words)</p>	<p>Promotion of Christian Orthodox values and presenting churchliness as possible and reasonable alternative hedonism and secularism. Real assistance to the state and society in the fight against drug abuse and related crime.</p> <p>The basic principles</p> <ul style="list-style-type: none"> - Honesty - Openness - Sharing - Mutual - Teamwork - Transparency - Trust - Obedience - Tolerance

ACCESS TO MEASURES AND PROGRAMMES OF ALTERNATIVE TREATMENT	
Country: Bulgaria	
Main partner	Initiative for Health Foundation
Project title	Initiative for Health Foundation
Goals of the programme	Drug harm reduction
Brief description (methodology, tasks,	Initiative for Health Foundation is a non-governmental organization working for reduction of the harms to health among





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<p>place...etc) (maximum 100 words)</p>	<p>the drug users and the sex workers, as well as for their acceptance and equality in the society. We carry out direct services for the target groups, training of professionals and advocacy actions for change of policies.</p> <p>Main activities:</p> <ul style="list-style-type: none"> - HIV prevention among injecting drug users – exchange of syringes and needles, HIV testing, health education, case management of people living with HIV or persons in adverse health and social condition, and other activities. It is financed by the Ministry of Health in the frames of a project, funded by the Global Fund against AIDS, Tuberculosis and Malaria; - HIV prevention among vulnerable groups of the Roma community in Sofia. Trained Roma teams provide health education, HIV testing, case management of clients, living with HIV or such in adverse health and social condition, and other activities. - optimization of the Bulgarian drug policy from criminalization towards evidence-based and humane approaches. An initiative group of activists and civil society representatives was created to evaluate current drug policy and draft a platform for change. A media campaign will be organized to provide publicity to the platform and sensitize the society about the need for change.
<p>Comments (results, obstacles, opportunities...) (maximum 100 words)</p>	<p>The approach of harm reduction is based on the pragmatic comprehension that the drug free society is an unrealistic goal and in parallel with the efforts to achieve abstinence, specialized interventions must be applied for those, who are active drug users at the moment, aimed to minimize the risks of drugs for the individual and for the society. The sharing of needles and syringes, the poor hygiene, the unsafe sex, the low health culture and the risky behavior in general lead to the spreading of blood and sexually transmitted infections, including HIV, in the community of injecting drug users and outside of it. There are easily applicable and effective ways to reduce these risks significantly, by training, motivating and supporting drug users to take responsibility for their own health.</p> <p>In our work we believe that our clients are our partners. Respecting them and their needs is a basic principle, when structuring our activities. We esteem everyone's dignity and choice and we believe that only the cooperation with people</p>





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	<p>from our target group could lead to good solutions for all – them, us and society.</p> <p>Our values:</p> <ul style="list-style-type: none"> - Tolerance; - Equal rights; - Justice; - Respect to personal choices; - Respect to rights; - Equal and informal approach; - Health for people; - Trust; - Confidentiality / Anonymity; - Support giving; - Transparency.
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8.3 Prevention campaigns for youth

In Bulgaria the predominant factors for implementation of the campaigns are availability of finance and the necessity of providing information on the types of substances and the risks related to their use.

Predominantly the campaigns aim at giving information about the types of substances, effects and risks related to their usage, promotion of a healthy lifestyle and giving alternatives for the spare time. Although as a very small share (the ratio is 20:2 in favour of the information campaigns), there are also campaigns aiming at developing skills for positive behaviour among the young people, as well as such directed towards increase in the professional knowledge and skills for work with problematic youth of the school specialists (psychologists, pedagogical counsels, teachers).

The campaigns are implemented for a period of one month and the one-day campaigns are usually on the occasion of 26th June – International day for combat with the use and illegal trafficking of drugs. The teams which implement the campaigns consist of the employees of the relevant organization and the employees of its partners. It is obvious that the use of professionals (media and marketing experts, psychologists, sociologists), as well as inclusion of representatives of the target group in the area of planning, organization and conduct of campaigns has not become an established practice yet, which leads to the lack of studies of the



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needs of the target groups and assessment of the efficiency and the results of the campaign. The representatives of the target group are not engaged in planning and organization of the campaigns, they only participate in their implementation by spreading out leaflets and other information material. This on its turn leads to inconsistency between the goals and methods of implementation of the campaigns and the expectations, needs and values of the target group. There is a definite tendency for inclusion of representatives of the Roma community at local level in the implementation of the campaigns.

The target groups of the preventive campaigns are defined in a very wide range (for example from 30 to 50 years of age, from 14 to 20 years of age, parents and teachers, etc.) This leads to inefficiency of the campaigns since only a part of the target group discerns the messages and methods of implementation of the campaign. The values, lifestyle, social and economic status, spending of the spare time, problems and needs of information differ from group to group. In part of the campaigns the target group is the Roma community (Peshtera), children deprived of parental care (village of ShirokaLaka) and Injecting Drug Users (IDUs) (Sandanski). Predominantly partners are Regional health inspections, Local committees for combat with anti-social behaviour of minor and underage persons, Regional Inspectorates of Education and Schools – i.e. state institutions, professionals who work for corrective and educational units and who do not predispose the target group to trust and problem sharing.

The indicated number normally corresponds to the number of spread information materials. There is not an exact number of visited Internet websites or forums with preventive content. The local printed and electronic media are predominant, Internet media for spreading of information are limited in number.

There are no data for external assessments of the efficiency of the campaigns. It has been predominantly indicated that an internal assessment has been made by the team and the partners who have organized and conducted the campaign. The number of questionnaires related to satisfaction of the target group is very small.

In the National campaigns for the implementation of which advertising agencies have been used, it is obvious that a marketing strategy has been developed and the results from the activity are traced by means of: number of reached people, efficiency of the team work, visits to thematic websites, reflection in the media, efficiency of the methods of work and of the channels of distribution of information. Developed in this way, the campaigns may be assessed and lead to development of further programmes for work with the target group, to





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identification of new needs of the group or of a new target group to work with. The assessment tools employed are questionnaires, number of distributed information materials, number of media publications.

The main method of work is “Peers teach peers” which is assessed by the organizers as extremely efficient for teenagers because it not only predisposes peers to share their problems but also because the participants in similar programs develop their communication, organization and social skills. There are campaigns as part of these programs which aim at attracting young volunteers.

The messages are mostly directed towards prohibition/giving up the psychoactive substance/risk behaviour. The use of substances and the users respectively are represented in an unfavourable light which is in contrast to the goals of the campaigns for creation of tolerant attitude towards the users of psychoactive substances. The denial of a given substance or behaviour as well as the clarification of the impact of the substances rather tends to provoke the curiosity of teenagers, than imposing a model of non-use.

Frequently the campaigns aim at providing information, prevention, change in the public opinion and formation of attitudes and behaviour. There is a necessity of equalization of the concepts and introduction of the novelties and good practices in the field of preventive work. Presentation of some campaigns implemented by NGOs which are structured and conducted in accordance with the European practices. Familiarization with marketing strategies and market research. Necessity of assessment of the efficiency by external experts.

DRUG PREVENTION CAMPAIGNS AIMED AT YOUNG PEOPLE FROM URBAN CONTEXTS.	
Country: Bulgaria	
Main partner	Bulgaria
Project title	When you take drugs you are not the same person
Goals of the programme	Synthetic drug use prevention
Brief description (methodology, tasks, place...etc) (maximum 100 words)	National campaign against synthetic drugs with the slogan “When you take drugs you are not the same person” targeting young people aged 15-25. Leading organization is Youth media network and National resource center “Multiyouth”.
Comments (results, obstacles, opportunities...) (maximum 100 words)	Project results: 5 movies on the harm of psychoactive substances (hashish, heroin, cocaine, amphetamine, ecstasy), for every movie there will be 3 video-clips. A variety of



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	information materials are produced: posters, brochures, flyers, t-shirts, hats etc.
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DRUG PREVENTION CAMPAIGNS AIMED AT YOUNG PEOPLE FROM URBAN CONTEXTS.	
Country: Bulgaria	
Main partner	Implementing institutions Bulgarian editing company", Reklama consult company, Odit consult and Media expert group 2011
Project title	Project "Informed and healthy" (start date 21.05.2009- end date 21.05.2013), under the EU programme Human resources development.
Goals of the programme	Main goals are to raise public awareness on the negative effects of the use of salt, psychoactive substances, smoking and traumatism. Main activities include: national representative survey on the awareness of the target groups on the project issues. On the issues related to drug use there will be a national campaign targeting diminution of the use of psychoactive substances among young people.
Brief description (methodology, tasks, place...etc)(maximum 100 words)	Regional seminars and conferences with stakeholders are conducted in the main Bulgarian cities with the slogan "Life is priceless! Do not change it for drugs". Guidebooks for prevention and with good practices for prevention will be elaborated (to be used by the experts and specialists working for prevention of drug use)
Comments (results, obstacles, opportunities...)(maximum 100 words)	Project results: 5 movies on the harm of psychoactive substances (hashish, heroin, cocaine, amphetamine, ecstasy), for every movie there will be 3 video-clips. A variety of information materials are produced: posters, brochures, flyers, t-shirts, hats etc.





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DRUG PREVENTION CAMPAIGNS AIMED AT YOUNG PEOPLE FROM URBAN CONTEXTS.	
Country: Bulgaria	
Main partner	Youth media network and National resource center "Multiyouth"
Project title	"When you take drugs you are not the same person"
Goals of the programme	National campaign against synthetic drugs with the slogan "When you take drugs you are not the same person" targeting young people aged 15-25. Leading organization is Youth media network and National resource center "Multiyouth".
Brief description (methodology, tasks, place...etc) (maximum 100 words)	National campaign against synthetic drugs with the slogan "When you take drugs you are not the same person" targeting young people aged 15-25. Leading organisation is Youth media network and National resource center "Multiyouth". Starting date 02.02.2011 – end date 01.12.2012. The campaign consists of three trainings and four round tables with experts and ex-drug users. 3 short movies, official website, 3 music clips are also planned. Target audience: about 25 000 young people.
Comments (results, obstacles, opportunities...) (maximum 100 words)	Elaborated and disseminated information materials and conducted round tables in the big cities.



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9. Research Challenges

9.1 Cyprus

Some challenges have been met during the data collection course in Cyprus for the purposes of WP5 "Identification of Best Practices". Firstly, due to the fact that field based research on drug prevention does not frequently occur in the island, researchers have been confronted with a generally high level of scepticism by the organizations approached. Consequently, more time than expected was consumed in the process of convincing the prevention measures and campaign's administrators who could provide the information needed, that they would not be negatively affected in any way.

Even though Interfusion, which was responsible for conducting the research, initially approached the Cyprus National Focal Point in order to retrieve any relevant data, unfortunately these were not available and therefore could not be provided by this specific authority. Still, a contact with the island's only and official authority responsible for monitoring the phenomenon of illicit addictive substances would enable the research team to eventually convince the organizations/initiatives approached to cooperate.

Furthermore, we should mention here that the prevalent distrust for most comes partly as a result to their limited involvement in policymaking. As stated in the latest EMCDDA's National Report for Cyprus (2012) concerning the "New Developments & Trends", civil society initiatives do not play a very significant role in drug policy developments, mostly due to the relative absence of organised pressure groups even though an NGO support organisation exists, www.ngo-sc.org, which describes civil society as "traditionally weak" in Cyprus. Still, a certain number of the requested data could not be retrieved as they were not been made available due to reasons of confidentiality, as stated at the time. **(12)**

Plus, some of the data could not be collected due to the fact that they did not exist in the first place. The most common procedure, as we noticed, is to evaluate and keep track only for the most obvious elements.

The general image that the research team has perceived during this process is the one of mistrust for sharing any kind of information with outsiders regardless of the cause. This realization is mostly based upon the fact that similar assessments such as the one of the SPRING



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project have not being implemented before by any official authority or unofficial initiative in the island.

9.2 Italy

The research activities for working package 5 “Identification of Best Practices in treatment programs and prevention campaigns” have been very interesting and stimulating for the project Italian team. It has allowed us to better organize and make accessible practical experiences, data and contacts that were already existing at local level and to open new and profitable channels of communication at national level with the relevant authorities in the matter of the project.

Regarding the identification of treatment programs for drug addicts in alternative measure to detention the Italian team did not encounter any particular problems to identify treatments and to retrieve information and data from the private and public services and organizations providing them. In this area, the network of non-profit organizations and public services (SERT) is very active and established throughout the country. The involvement of the organizations and services contacted for the research was adequate and a positive interest on the topics of the project has been recorded. Some delays have occurred, however, in the collection of data on the treatment effectiveness. The evaluation and monitoring of the outcomes of the treatment in terms of effectiveness is not very widespread; moreover, these evaluations sometimes follow procedures and standards not comparable. The main indicator considered was the time of retention in treatment as recommended by the Drug Policy Department. **(13)**

With regard to the identification of prevention campaigns it is necessary to distinguish between the local and regional campaigns and the national ones. In the first case, the Italian team was able to identify the campaigns and retrieve data without difficulties, since the local campaigns are mainly school based and so the evaluation of the outcomes is easier to accomplish. We met some difficulties in the collection of data about national campaigns since they were in some cases non available; the monitoring of the effectiveness of the mass media campaigns is much more difficult to accomplish and so these data are not available.

9.3 Bulgaria

The problems faced during the research are related to the lack of enough initiatives/services that could be evaluated as good practices. This problem is acknowledged officially in a letter



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from The National centre for addictions (dated 21 January 2013) to the BGRF, with the following statement:

There haven't been created specialized services in the country, directed towards young people (under 18) at risk of use or with problematic use of drugs; the only daily programmes for work with children and young people (and their families) experimenting with or misusing psychoactive substances are at the Preventive and Information Centres in Sofia and Varna.

The target group of the project is specific: young people, offenders who committed drug-related crimes. According to the legislation of the Republic of Bulgaria there are no measures or programmes alternative to the punishment "deprivation of liberty" as regards to persons who have committed drug-related crimes and persons dependant on drug substances. So it was difficult to find specific programs/measures directed to the project target group and that can be classified as good practices.

Other problem for classification of the described good practices by BGRF in the WS5 was the fact that in order to classify something as a good practice, this should be proven, sustainable and provided at a long-term basis. Also, it has to be subject of evaluation. Most of the good practices described as such are implemented on a project basis in Bulgaria. However the BGRF team, by confirmation of the National Center for Addictions, included in the analysis the two telephone lines and several consultative centers in Sofia and Varna.

In their annual report for 2012 the National Focal Point(14) indicated that in 2011:

"The results from the available and described programs (in this report) are not subject to evaluation. The State does not finance research activities related to the monitoring of the implemented interventions in the medical and rehabilitation programs. Research for evaluation if the interventions are effective or not for the Bulgarian population was never done in the country. This fact influences directly the quality of work with the patients/drug users and deprives the specialists of the opportunity to stop the work on ineffective programs and limits the development or approval of the efficacy of other interventions."

In brief, it is difficult to provide evaluation of the measures being an NGO, when there is no consistent State policy for services (and no evaluation/monitoring of the State institutions regarding the existing policies/programs/measures) towards the studied target group.



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All measures/program/services/initiatives/campaigns described by BGRF in WS 5 are in compliance with the information provided by the Ministry of Health, the National Centre for Addictions and accessible information provided by some municipalities (Varna) and NGOs.

Regarding the access to treatment in the prisons (programs and initiatives): “Almost all drug dependent prisoners have access to low levels of care activities (medical assistance and psychological counselling), but for them are not available medium and high-level intensive care (such as therapeutic communities or special units for treatment in the prison). In Bulgarian prisons there are no specialized programs for initiating or continuation of substitute treatment for prisoners.” **(15)**

Regarding the existing campaigns described in WP5:

- There are no enough public campaigns towards the specific project target group and the existing campaigns are on a project basis.
- There is no specific target on young offenders.
- In general there are no enough campaigns on the issue of drug use, risks and related issues.
- It was difficult to collect data about the exact age of the targeted young people, difficult to receive information about the monitoring and effects of the campaigns, the total budget and the total number of people reached.

There are no enough sources of information and lack of enough feedback by the inquired institutions and NGOs.

However the project team managed to analyse all the available information and provided the most pertinent available information for the WP 5.





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10. Conclusions

Many different conclusions can be drawn from a comparative analysis. Some concern good practices related to the relative efficiency of various types of programming or how their efficiency can be improved (i.e., what is the best and most effective way of achieving certain outputs and outcomes). Other concern the kind of programming activities and outputs that are most likely to produce particular desired outcomes (i.e., good practices likely to yield a certain desired outcome). Other may concern the undesired impact of certain measures or programming approaches or what makes a practice sustainable or transferable to another context/environment.

As already indicated in the introduction, this present analysis focuses on three European countries (Italy, Bulgaria, Cyprus), each of which faces continuing drug abuse issues and have developed over the past years programs and established government agencies specializing in drug abuse. As seen through the information derived from the research, these countries have put various treatment programs/campaigns into practice by adopting either policies introduced from other countries or those developed in their own countries.

The main focus here lies on the countermeasures to drug-abuse problems from the viewpoint of criminal policy, as with the existence of alternative approaches for reducing the demand on illegal substances and the adverse effects of their abuse.

A clear general conclusion drawn from a first overview is the obvious need for the development of an effective drug abuse prevention strategy in which the major emphasis can be shifted from imprisonment to treatment. Further, a through-care system including integrating treatment in institutional and community based settings/aftercare, is essential for drug abusers, since the recovery process from drug addiction requires a long period while at the same time, the promotion of many types of drug-abuse treatment programs is necessary.

Most of the data gathered establish that recovery from drug abuse constitutes an interactional phenomenon involving client factors with non-treatment factors, such as social climate, as well as treatment itself. The most crucially identified factors include external pressure and internal pressure. Legal referrals belong in the external pressure category. A stable recovery cannot be maintained by external (legal) pressure only; motivation and commitment must come from internal pressure. The role of external pressure from this point of view is to influence a person to enter treatment and commit to the therapeutic process.

Surely enough there is no simplistic summary for this body of work. Strong evidence demonstrates the fact that treatment programs have the ability to meet their goals and



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objectives while conferring important benefits for the dependents, their families as well as their wider community and society. Yet, consequently they will be differences in outcome associated with different types of treatment approach, setting, medication and patient group.

Most of the treatments and programs out of the correctional facilities work across treatment modalities and offenders show a wide range of positive outcomes. The most significant of these are:

- Decrease of relapse and increase of times between treatments
- Improvement of pro-social behaviour
- Decrease of criminal recidivism
- Decrease of high-risk behaviours
- Improvement of prospects for employment
- Improvement of family and other social relations

Successful treatments methods include but are not limited to cognitive-behavioural, social learning, incentive-based, and pharmacological approaches. Promising approaches include therapeutic communities and certain types of individualized treatment programming.

Specifically, the main elements for Effective Treatment, as these are being recognized in the Best Practices analysis, can be summarized below:

- Targeting dynamic/criminogenic needs.
- Providing multimodal treatment.
- Incorporating treatment responsively.
- Addressing risk differentiation.
- Providing skills-oriented and cognitive-behavioural treatment.
- Providing integrated and comprehensive treatment.
- Providing continuity of care.
- Drawing on external sources to promote completion of treatment.
- Applying appropriate dosages/levels of intervention.
- Providing effective program design, implementation, and monitoring.
- Involving researchers in program design, implementation, and evaluation.

Regarding re-entry programs for offenders into the Community these seem to vary according to the types of services provided and the types of offenders targeted. The main goals for these programs are to reduce recidivism among ex-offenders and to help them adjust to life in the community. In the countries examined, post-incarceration services range from providing educational and vocational services to programs specifically geared towards drug treatment.

The most conventional post-incarceration services usually include one or more of the following:





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- Vocational training and job placement services
- Life skills programs
- Family therapy
- Housing assistance
- Drug treatment
- Intensive community supervision

Some programs offering comprehensive post-release services include drug treatment, employment and housing assistance, family strengthening services, and physical/mental health services.

Research also indicates that post-release programs may decrease recidivism and prevent relapse. In overall, those dependents who receive aftercare services fare significantly better along many dimensions, including recidivism, oppose to those not receiving aftercare. Additionally, vocational training and job placement programs appear to have a positive effect on employment for ex-offenders. However, there is not substantial evidence according to which these types of programs can succeed in decreasing recidivism. The increased surveillance and control of supervised probation or parole does not appear to result in reduced recidivism. Still, a possible combination of drug treatment with supervised probation may have a positive impact. Despite significant advances in research, additional information is still needed about which programs, including drug treatment, can result in the greatest benefits, are the most cost-effective, and can be feasibly implemented in a correctional setting.

The involvement of experienced treatment providers is also crucial at all stages of implementation, including design and monitoring of both the program and its budget. Without this involvement, programs frequently suffer from a wide range of challenges, including failure to implement the appropriate methods and an inability to anticipate and address fluctuations in available resources.

Counselling (group and individual) is among the most common intensive treatment methods presented. Individual counselling is an available practice but one of the least common ones, mainly because of the little evidence on its ability to reduce recidivism, despite the positive psychological changes demonstrated. Group counselling, led by a trained professional, is more common opposed to individual counselling led by a psychologist, a social worker, or in some cases a psychiatrist.

Results demonstrate that when structured well, group counselling is able to establish a supportive and psychologically safe setting in order to discuss problems in a group environment. Good program structure and a dedicated leader can also contribute into alleviating this problem. Group counselling/therapy frequently includes:



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- Life skills rehearsal
- Role reversal
- Stress management
- Social skills practice
- Problem-solving skills training
- Relapse prevention

Additional approaches to individual counselling such as addiction counselling and psychotherapy are also being recognized. These approaches fit into a variety of other treatment plans designed to be a component of a comprehensive treatment plan. Some of the most common counselling and treatment approaches in the participating countries include psychoanalytical strategies, conditioning techniques, social learning models, and cognitive therapies.

Within the treatment programs identified as good practices, the music therapy paths are integrated into the therapeutic-rehabilitative activities and constitute a part of the whole therapeutic process that is much more complex and articulated.

The music therapy technique in rehabilitation paths intends to guide the subject towards the perception of his/her both cognitive and emotional experience. The reason for implementing this practice within rehabilitation paths as an alternative to detention lies in the need to provide the drug addict with tools that will enable him/her to acquire adequate levels of awareness and ability to manage the emotions and relationships as well as the management of the behavioural impulses.

Music therapy also offers a space of non-verbal communication to help users to release stress and to express emotions. The intervention methodology therefore uses sound and music to produce regressive effects and to open communication channels in order to activate through them the process of the patient's opening up as well as his/her social reintegration.

The adopted strategies are those in which the subject is integrated in rehabilitation paths where the music therapy is used within groups at the presence of an expert music therapist and a psychologist.

Within the treatment programs identified as good practices, music therapy paths are implemented mainly in residential settings (such as Therapeutic Communities), while they are less used in outpatient treatments.

When it comes to prevention campaigns, analysis has demonstrated both effective and ineffective practices between the participating countries. The promise of reaching large audiences leads into continued efforts, sharpening of design methodologies, and more realistic campaign expectations.





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Those more sophisticated efforts, combined with more powerful evaluation methodologies, provide evidence that media health campaigns can be effective in changing beliefs, attitudes, intentions, and even behaviours, when properly designed.

Still, a number of campaigns are unable to effectively contribute into reducing substance. These seem to share similar elements that enable us to group them into the categories presented below:

- Information dissemination campaigns which teach primarily about drugs and their effects;
- Fear arousal programs that emphasize risks associated with drug use;
- Moral appeal programs that teach about the evils of use and;
- Affective education campaigns which focus on building self-esteem, responsible decision-making and interpersonal growth.

On the other hand, campaigns made up of resistance-skills trainings, teaching about social influences and how not to engage in substance, empowering in the process individuals with specific skills for effectively resisting these pressures, appear to effectively reduce substance use.

Information derived out of the analysis suggests that the reason why certain components of drug prevention campaigns work is because they begin from the premise that behaviours in regards to drug use and dependence are strongly affected by social context, biological and emotional needs, real and imaginary pressure from peers and others.

Actions that focus solely on healthy attitudes and provide factual information, fail to take environmental pressures into account at their own risk.

Moreover, using audience segmentation strategies to target messages to at-risk audiences seems to be quite effective. Targeting can lead to more efficient and effective dissemination of campaign messages for those most in need of prevention information.

While demographic data can provide a rudimentary beginning, targeting also needs to be based on psychographic variables (such as attitudes, values, beliefs and personality characteristics) linked both to the behaviour of interest and to the communication channels and message styles, most preferred by target audience members.

In addition, formative research throughout the audience segmentation, message design, and channel selection phases seems to be an essential element for effective campaigns. Specifically, this kind of research might be both qualitative and quantitative and can help to determine the relevant needs, beliefs, behaviours, and attitudes of the target audience; in designing messages to attract the attention of and persuade audience members; and in determining the media channels and vehicles most used by the audience.





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This process of research should involve careful pretesting of prevention message ideas at the concept stage, the "storyboard" stage, and the final production stage. Ideally, the testing must be done with members of the target audience, media professionals, and behavioural scientists knowledgeable in both the behaviour of interest and theory-based approaches to message design.

Consequently, those design elements able to contribute into a successful drug prevention campaign are the sophisticated audience segmentation and targeting, the use of formative research in message creation, the development of professional-quality messages that compete effectively with product ads and other features of the communication environment for the attention of the audience, the use of appropriate channels of communication (*different mediums*), and the incorporation of more sophisticated theories of persuasion in campaign design. The element of sensation seeking can also truly be useful in drug abuse prevention campaigns from the social-marketing perspective of audience.

Overall Assessment indicates that mass communication holds substantial promise as a tool for reaching and persuading people to adopt new and healthier lifestyles.

Design elements that seem to actively contribute into successful campaigns in the participating countries, include:

- Audience segmentation and targeting,
- the use of formative research in message creation,
- the development of professional-quality messages that compete effectively with product ads and other features of the communication environment for the attention of the audience,
- the use of appropriate channels of communication, and
- the incorporation of more sophisticated theories of persuasion in campaign design.

Moreover, rigorous applied techniques of formative, process, and summative evaluation, results in a variety of campaign effects. Evidence also demonstrates that, when used correctly, media alone can have significant positive impacts on health-related attitudes, beliefs, and behaviors.

Media campaign messages in the country pursue having a high reach (the proportion of target audience members exposed to a message at least once) and a high frequency (the average number of exposures per audience member reached).

In order to accomplish that, campaign practitioners develop messages that can elicit high levels of attention from the target audience and disseminate the message through media channels actually used by audience members. That off course translates into the apparent and continuous need for sufficient financial resources in order to purchase adequate amounts of time or space in desired media vehicles (such as TV and radio, newspapers, magazines), while considerable





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salesmanship skills are in need for persuading media gatekeepers to donate these precious resources in times or locations that are likely to be seen by the target audiences.



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12. ANNEX A

IDENTIFICATION OF GOOD PRACTICES

“In alternative measures and treatment programs for drug law offenders and prevention campaign for youth”

1. Type of practice and indicators related

Mass Media Campaigns on Substance Abuse and Addiction

Target population reached

Estimated size of population reached

Estimated size of population aware

Other:

School based Campaigns on Substance Abuse and Addiction

Target population reached

Estimated size of population reached

Estimated size of population aware

Other:

Outpatient Alternative Drug Rehabilitation (partial-residential on a daily basis without overnight stay)

Duration of physical presence required per day and per week.

Specify:

Efficacy of Personal therapy sessions/Support groups



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Number of random drug testing

Efficiency of aftercare Services.

Specify:

Educational programs for reintegration of drug addicts as alternatives to detention.

Duration of physical presence required per day and per week.

Specify:

Efficacy of Personal therapy sessions/Support groups

Number of random drug testing

Efficiency of Services.

Specify:

Outpatient Alternative Drug Rehabilitation (outpatient weekly)

Duration of physical presence required per day and per week.

Specify:

Efficacy of Personal therapy sessions/Support groups

Number of random drug testing

Efficiency of aftercare Services.

Specify:

Inpatient Alternative Drug Rehabilitation (in hospital)

Network of support (onsite staff, peers, etc).

Specify:

Duration of physical presence required.





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Specify:

Efficacy of Personal therapy sessions/Support groups.

Number of random drug testing.

Efficiency of Aftercare Services.

Specify:

Inpatient Alternative Drug Rehabilitation (residential eg. Therapeutic Community)

Network of support (onsite staff, peers, etc).

Specify:

Duration of physical presence required.

Specify:

Efficacy of Personal therapy sessions/Support groups.

Number of random drug testing.

Efficiency of Aftercare Services.

Specify:

Educational and Training Programmes for drug-users offenders aiming to the social and working reintegration

Efficacy in modification of professional conduct.

Other:

Training courses for professionals in Rehabilitation Practices

Verification test on knowledge acquired





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Other:

2. Title of practice

3. Timeframe of practice

4. Brief description for the practice

5. Coverage of the practice

- National
 Regional
 Local

6. Target population

- General population

Specify:

- Parents Educators Communities
 Young people

- Decision makers

- Other:



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7. Size of target population

- < 10,000
- 10,000 – 50,000
- 50,000 – 100,000
- 100,000 – 500,000
- 500,000 – 2,000,000
- > 2,000,000

8. Financial sponsor

Public

Private (specify):

9. Institution/Body providing the practices (only if different from the financing institution)

Name

Legal status

Experiences in
the field

Numbers of years: _____

10. The human and financial cost of the treatment program

Cost

€

Cost

€

Human resources (number of staff)

Treatment per each single user

11. Dissemination methods used, if applicable (tick all boxes that apply)

Postal letter



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- Mass media
- Internet /social media
- Information services
- Flyers
- Other:

12. Describe the indicators marked in Question 1 together with their efficiency in detail

13. Before the practice began, was there an analysis carried out to identify the target group's needs?

- No (go to question 14)
- Yes, using these methods (tick all boxes that apply)
 - Statistical analysis
 - Experts consulted
 - Members (or representatives) of the target group involved in the planning of the intervention
 - Other:

14. Needs assessment covered the following areas

- Identification of the problem
- Valuing the size and nature of the problem
- Current services/facilities available
- Identification of target group's needs
- Identification of most appropriate and effective solutions
- Identification of resources
- Identification of outcomes to evaluate change and the criteria to audit success
- Other:





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15. Have any barriers to the success of the practice been identified?

- No attempts have been made to identify any potential barriers (go to question 16)
- Potential barriers have been looked for but none have been found (go to question 16)
- Yes, specific barriers were identified (tick all boxes that apply)
- Cultural
- Language
- Religious
- Other:

16. If barriers to success have been identified, have any strategies been developed to minimize or eliminate them?

- No
- Yes (specify):

17. If the implementation of the practice was monitored (or evaluated), rank the practice along the following dimensions (1 = very poor, 5 = very good):

	Not monitored	1	2	3	4	5
Coverage of the practice (how much of the target group is reached by the intervention)	<input type="checkbox"/>					
Assessment of the level of execution of the practice (to what extent have the planned activities been carried out?)	<input type="checkbox"/>					
Satisfaction of the participants	<input type="checkbox"/>					
Assessment of material resources used	<input type="checkbox"/>					
Other: <input style="width: 300px;" type="text"/>		<input type="checkbox"/>				

18. Rate the success of the practice along the following dimensions (1 = completely unsuccessful, 5 = very successful):

	Not applicable	1	2	3	4	5
Target population reached	<input type="checkbox"/>					





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Expected outcomes have been achieved

Outcomes correspond with the practice objectives

Other:

19. List particular effects of the practice (tick all boxes that apply)

- Unwanted effects (specify):
- Corrective action needed (specify):
- Unexpected side effects (specify):
- Other:

20. In your opinion, the sustainability (the continuity over time) of the practice is:

- High
- Low
- Not sustainable

Additional comments regarding sustainability

21. Factors affecting sustainability (-2 = strong negative effect, -1 = negative effect, 0 = neutral, 1 = positive effect, 2 = strong positive effect)

	-2	-1	0	1	2
Technical soundness	<input type="checkbox"/>				
Regulatory framework	<input type="checkbox"/>				
Socio-political support	<input type="checkbox"/>				





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Economic viability	<input type="checkbox"/>				
Financial viability	<input type="checkbox"/>				
Institutional management	<input type="checkbox"/>				
Other: <input type="text"/>	<input type="checkbox"/>				

22. In your opinion, the transferability of the practice is:

- High
 Low
 Not transferable

Comments about transferability

23. Factors affecting transferability (-2 = strong negative effect, -1 = negative effect, 0 = neutral, 1 = positive effect, 2 = strong positive effect)

Characteristics of the target group	<input type="checkbox"/>				
Capacity to implement the practice	<input type="checkbox"/>				
Social acceptability	<input type="checkbox"/>				
Resources	<input type="checkbox"/>				
Organizational structure	<input type="checkbox"/>				
Skills of local providers	<input type="checkbox"/>				
Other: <input type="text"/>	<input type="checkbox"/>				

24. Main strengths

25. Main weaknesses



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26. Attach documents which provide details about the practice carried out:

Type of attached document	Title	Web-link (if applicable)
<input type="checkbox"/> Practice report		
<input type="checkbox"/> Evaluation report		
<input type="checkbox"/> Indicators report		
<input type="checkbox"/> Publication		
<input type="checkbox"/> Media article		
<input type="checkbox"/> Information booklet / flyer		
<input type="checkbox"/> Website		
<input type="checkbox"/> Audio / video		
<input type="checkbox"/> Images of posters		
<input type="checkbox"/> Photos of campaign events		
<input type="checkbox"/> Other:		





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13. ANNEX B

Evaluation criteria for good practices

Relevance:

A practice is considered relevant when it falls within the framework of a general policy or strategy and there is a report identifying the target group's need for that specific kind of measure or programme. Furthermore, that target group has been involved both in identifying the needs and in designing the practice, whilst its aims correspond with the needs and priorities identified for the target group

		Yes	No
There is an existing strategy for alternative treatment and detention for offences linked to substance abuse and addiction/			
Analysis carried out to identify the target group's needs			
Methods of needs assessment analysis	statistics		
	professional expertise		
	involvement of target group		
Needs assessment covered the following areas	identification of the problem		
	valuing the size and nature of the problem		
	evaluation of the resources		
	current measures/programmes available		
	identification of target group's needs		

Appropriateness:

The practice is considered to be appropriate when the activities correspond with its aims and are based on the evidence available. The activities and actions described should not be simple when the problems that the practice aims to tackle are complex.

	Yes	No
Are there any governmental arrangements for the practice?		
Does the operator have a former experience in that type of practice?		



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Is the therapeutic program structured ex ante and based on scientific evidence?		
Is the therapeutic program object of an ongoing monitoring and re-planning?		

	Rank (1-5)
<i>Assessment of the level of execution of the practice</i>	
<i>Satisfaction of the participants</i>	

Multidisciplinary

Multidisciplinary practices are those in which combinations of sectors play a role. They have a multidisciplinary approach, involve a creative or novel element, and they empower the target group in some way.

	Yes	No
Are there more than one sector involved		
If yes, list them?		
There are regular coordination meetings between representatives of the different sectors involved?		
Novel element in the practice		
Empowerment of the target group		

Feasibility

A practice is considered to be feasible when all the material, human and financial resources required to carry it out are available, all the potential barriers to successful achievement of the



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aims have been identified, and the target group has helped to develop the whole practice or parts of it.

		Yes	No
Financial sponsor: public			
Financial sponsor: private			
Other resources			
Feasibility analysis performed before the practice?			
Have been analysed the motivation of the user of the treatment?			
Have the operators the requested skills and trained to implement the treatment?			
Have any barriers to the success of the practice been identified?			
Types of barriers identified	Cultural		
	Language		
	Religious		
	Political		
	Educational		
If barriers to success have been identified, have any strategies been developed to minimize or eliminate them?	Cultural		
	Language		
	Religious		
	Political		
	Educational		

Adequacy

The practice is considered to be adequate when the human, material and financial resources required are quantified prior to the practice, and enough of the actual resources are/were available for the planned activities to be carried out.

		Yes	No
Need assessment carried out prior to the practice?			
Are there specific financial resources/budget/funding for the practice?			
Need assessment covered the following	Identification of most appropriate and effective solutions		
	Identification of resources		
	Identification of outcomes to evaluate		





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	change and the criteria to audit success		
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	Rank 1-5
Assessment of material resources used	

Quality

The quality of the practice is evaluated and the final results show to have reached its target for specific indicators of quality with a determined agreed tolerance such as satisfaction, level of non-conformance in execution.

	Yes	No
Unwanted effects		
Corrective action needed		
Unexpected side effects		

	Rank 1-5
Coverage of the practice	

Effectiveness

A practice is considered to be effective when it has been evaluated and the final results show to have reached its target for specific indicators of effectiveness with a determined agreed tolerance.

	Rank 1-5	
Dissemination methods used		
Success of the intervention along the following dimensions	Target population reached	
	Expected outcomes have been achieved	
	Outcomes correspond with the intervention objectives	





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Sustainability

The probability of continued long-term benefits, and the resilience to risk of the net benefit flows over the intended useful project life.

	High	Low	Not sustainable
Sustainability			

		Rank 1-5
Factors affecting sustainability	Technical soundness	
	Regulatory framework	
	Socio-political support	
	Economic viability	
	Financial viability	
	Institutional management	

	Yes	No
Are the outcomes of the practice to continue after the project is finished?		
Are the results of the project to monitor after the project is finished?		

Transferability

Transferability can be defined as the extent to which the measured effectiveness of an applicable practice could be achieved in another setting. In other words: If it is to be run in this local setting, can it achieve the same effectiveness as it did in the study setting?

	High	Low	Not transferable
Transferability			





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		Rank 1-5
Factors affecting transferability	Characteristics of the target group	
	Capacity to implement the practice	
	Social acceptability	
	Resources	
	Organizational structure	
	Skills of local providers	

	Yes	No
Will different characteristics of target population have an impact on the results of the practice?		
Will different characteristics of different settings have an impact on the results of the practice?		

Measurability

The practice plan includes the monitoring system feasible and able to evaluate parameters such as effectiveness of the practice, quality and efficiency to the given budget.

	Yes	No
Evaluation system exists		
Is the practice monitored periodically?		
Measurable indicators used		
Corrections planned if targets are not met		





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14. ANNEX C

ACCESS TO MEASURES AND PROGRAMMES OF ALTERNATIVE TREATMENT AND DETENTION FOR OFFENCES LINKED TO SUBSTANCES ABUSE AND ADDICTION

Please, complete the table below analysing according to the indicators at least 5 target in your country.

	INDICATORS	NAME OF THE PRACTICE				
COVERAGE	Number of young-adults (15-24 years) reached through outreach activities					
	Number of measures /programmes of alternative treatment in the					



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	country					
	Number of young people involved					
	Percentage of females and males					
	Number of accessible measures/programmes in relation to the number of persons in need in the region					





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PROCEDURES	Existence of pre & post-testing counselling? Y/N					
	Is there training of the services?					
	Number of continuous trainings of the service providers.					
	Coordination of referral procedures on place? Y/N					





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	Is there a coordination of procedures for the implementation of the treatment (e.g. regular meetings of staff)					
	How many times per year is the service staff being trained?					
	Are there any procedures on place to guarantee of the anonymity? Y/N					





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	Do you provide to the users comprehensive and detailed information about the treatment?					
EQUAL ACCESS BY SEX AND MARGINALISED GROUPS	Number of existing programs for marginalized groups					
	Number of cultural mediators involved					





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	Percentage for female and male participants					
	Number of NGOs involved in info provision					
EVALUATION OF PROCEDURES AND RESULTS BY EXTERNAL BODIES	There is a quality certification system by accredited external bodies?					





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ACCESS TO MEASURES AND PROGRAMMES OF ALTERNATIVE TREATMENT	
Country:	
Main partner	
Project title	
Goals of the programme	
Brief description (methodology, tasks, place...etc) (maximum 100 words)	
Comments (results, obstacles, opportunities...) (maximum 100 words)	





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DRUG PREVENTION CAMPAIGNS AIMED AT YOUNG PEOPLE FROM URBAN CONTEXTS.

Please, complete the table below analysing according to the indicators at least 5 target campaigns in your country.

CRITERIA	INDICATORS	NAME OF THE PRACTICE				
COVERAGE	<ul style="list-style-type: none"> • Number of hints on the actions websites • Indicate the level: national, regional, local 					
INVOLVEMENT OF YOUNG PEOPLE	<ul style="list-style-type: none"> • Is there any involvement of young people in the design of the initiative? • Is there any involvement of young people in the implementation of the initiative • Number of involved young people in the design of the initiative • Number of involved young people in the implementation of the initiative • Are there internal procedures on place to guarantee young participation in the 					





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	governance?					
SUSTAINABILITY OF THE ACTION	<ul style="list-style-type: none"> • Duration (Number of weeks). • Number of repetition of the activities 					
COST-EFFECTIVENESS	<ul style="list-style-type: none"> • Budget value • Number of young people reached • Number of young people positively benefited 					
EVALUATION	<ul style="list-style-type: none"> • Is there a pre and post questionnaire? Y/N • Number of questionnaires distributed • Number of young people interviewed • Number of questionnaires with feedback (answered questionnaires) 					
TRANSPARENCY	<ul style="list-style-type: none"> • Is there access to the results of the intervention to stakeholders • Is there access to the results of the intervention to the public 					





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ACCESS TO DRUG PREVENTION CAMPAIGNS AIMED AT YOUNG PEOPLE FROM URBAN CONTEXTS.	
Country:	
Main partner	
Project title	
Goals of the programme	
Brief description (methodology, tasks, place...etc) (maximum 100 words)	
Comments (results, obstacles, opportunities...) (maximum 100 words)	





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