Review scientific paper
UDK:613.83:343.81/.83
DOI:10.7251/ZND2601716T

DRUG ABUSE IN PRISONS AS A SECURITY RISK: CHALLENGES OF CONTROL AND PREVENTION

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Abstract: *Drug use, mental health problems and blood-borne viral infections (including HIV/AIDS and viral hepatitis) are serious health problems in prison populations across the criminal justice system. This makes the prison environment an important base for the provision of effective rehabilitation services related to addictions, in order to reduce the harm that drug use has on health, security in prison, and the community at large (through increased recidivism and infections after release). A large number of people entering the criminal justice system and prison have a history of drug use and injection. Many of these people continue to use drugs while in prison. The prison environment can have a positive impact on some drug users, helping them to stop or reduce their drug use, but for others, prison will be an environment in which they will shift to more harmful patterns of drug use. This paper aims to objectively present this penal and health problem in the prison population, but also to address the complex problem of drug abuse in prisons.*

Key words: *drugs, prisons, prisoners, rehabilitation, prison security*

Introduction

Drug abuse in prison is one of the greatest challenges facing the criminal justice system today. Drug abuse is widespread and contributes to violence and crime within prisons, which undermines security and the ability of authorities and prison staff to implement effective regimes. We will not be able to improve security, prevent recidivism and tackle serious and organised crime without reducing drug abuse in prisons. This is a complex, multifaceted problem with no simple answer – it requires coordinated efforts to restrict the supply of drugs both inside and outside prisons, encourage people to live lives free from drug abuse, engage in positive and productive activities and support those who need treatment. A whole-of-system approach to addressing the problem, working across government, national, regional and local levels, is therefore essential (Fazel, 2017).

Up to 50% of people in prison use or inject drugs. In prison, unsafe drug injection is a major risk factor for the transmission of blood-borne infections, such as HIV and hepatitis C. The prevalence of shared needles and syringes has been documented to be very high among people who inject drugs in prisons. The emergence of hepatitis C among prisoners is a major public health problem. The global response to hepatitis C in prison settings has been limited, with few countries implementing the necessary preventive interventions or providing treatment for people with hepatitis C in prison. Greater attention is urgently needed to hepatitis C prevention, diagnosis and effective treatment provision in the detained population (UNDOC, 2017). The scale of the drug abuse problem in prisons has become a growing challenge in recent years. Between 2012/13 and 2017/18, positive test rates for

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'traditional' drugs in prisons rose by 50%, and drug use in prisons is now widespread, particularly in male local and category C prisons. The emergence of psychoactive substances such as synthetic cannabinoids has exacerbated the problem, as they are often used in combination with other drugs, while we remain aware of the problems with the diversion and misuse of prescription drugs (HM Prison and Probation Service, 2018).

Ways to address the complex problem of drug abuse in prisons

Research and statistics show us that prisons with the highest rates of positive drug tests are actually the least stable prisons. Drug abuse contributes to a cycle of addiction, crime and violence, leading to an unstable regime. The debt that arises from the acquisition, distribution and use of drugs is also a significant cause of violence, intimidation, physical conflict and self-harm throughout prisons, endangering both staff and other prisoners. Accordingly, to address drug abuse, we need to change all elements of this cycle, enabling prisoners to engage positively in rehabilitation, in a peaceful and safe environment. Reducing drug abuse is crucial to the safety of our prisons and the rehabilitation of prisoners. Addressing the complex problem of drug abuse in prisons involves: limiting the supply of drugs - by improving security, building intelligence and targeting criminal networks that aim to bring drugs into prison. We also need to reduce the demand for drugs in prison by developing more meaningful regimes, providing more constructive ways for prisoners to spend their time and ensuring that prisoners are given incentives to make the right choices. Close cooperation with the health and justice systems is essential to ensure that prisoners have adequate support and resources to overcome their addiction (Ministry of Justice, 2016).

The three objectives of the fight against drug abuse are: limiting supply, reducing demand and building recovery. The overall aim is to reduce drug abuse in prisons, which will increase safety for both staff and prisoners, and to contribute to prisons being places of opportunity for change for prisoners. The priorities are to reduce activities that cause serious harm, enable prisoners to live law-abiding lives and support them to overcome addiction. This requires commitment at national, regional and local levels; therefore, all prisons should implement their own Drug Strategy, tailored to their specific needs and challenges (EMCDDA, 2011).

To achieve these goals, we focus on five areas that influence the level of drug misuse in prisons.

- People – that prisons are adequately staffed, with the right skills, knowledge and support for prisoners
- Procedural – that prison processes are clear, fair and efficient
- Physical – that prison conditions are safe, clean, decent and promote well-being and recovery
- Population – that prisoners have positive relationships with each other, with staff and engage in constructive activities
- Partnership – that all organisations that contribute to achieving our goals work together and effectively (Home Office, 2017).

The availability of drugs in prisons poses a threat to security, hinders recovery for prisoners with drug misuse problems and leads others to develop addiction while in prison. Drugs enter prisons in a variety of ways, including entering through the front gate, being smuggled over walls, fences, entering through visits, post and deliveries. Many cases involve collusion using illicit mobile phones, particularly as phones have become smaller and harder to detect with traditional scanning tools. To address this, continuous improvement is needed across all barriers to the supply of drugs, including technology and processes to minimise the opportunities for drugs to be smuggled in. Often, the smuggling of drugs into prisons forms part of a complex illegal economy, partly run by sophisticated and organised crime groups. Identifying those at the centre of this organised crime is therefore crucial, as is tracing any drugs that enter prisons. In 2017/18, the number of incidents where drugs were found

in prisons across the UK increased from 10,666 to 13,119; an increase of 23%. The quantity of drugs found reflects not only the number of attempts to smuggle illicit substances into prisons but also the (un)success in finding these substances (HM Prison and Probation Service, 2018).

Minimizing the delivery of drugs into prisons – whether through the gate or the perimeter – is the first step in reducing their prevalence, and there are a number of techniques to prevent smuggling. For example, the use of body searches, metal detectors, scanners and drug-sniffing dogs, and the screening of visitors and incoming prisoners before entry (UNODC, 2015).

Models of treatment of prisoners - addicts in the penal system

Many prison doctors believe that it is possible to cure drug problems in prisoners by forcing them to temporarily stop using drugs. However, such a sudden change in their daily drug use pattern leads to drug crises, psychological and physical consequences. It is therefore obvious why it is difficult to deal with people who are addicted to drugs in prison. The justice system and authorities in many countries are faced not only with the increasing use of drugs among prisoners, but also with political and economic circumstances that make it even more difficult to deal with drug problems (Stover, 2003).

Many drug users in prison come from disadvantaged groups in society, with high rates of: illiteracy, unemployment, physical or sexual abuse, or mental disorders. Many drug users lead chaotic lives and have experienced a range of problems with housing, employment, education and health. Many of these prisoners have never had access to social and health care, services and assistance before prison.

Decades of research have shown that providing comprehensive substance use treatment to offenders while they are incarcerated works, reducing both drug use and crime rates once the inmate returns to the community. Treatment in prison is critical to reducing overall crime and other societal burdens associated with drugs—such as lost career and productivity, family breakdown, and repeated returns to prison, known as recidivism. Inadequate treatment in prison also contributes to overdoses and deaths once prisoners leave the prison system (Shahani, 2017). To be effective for this population, treatment must begin in prison and be maintained after release through participation in community-based treatment programs. By engaging in an ongoing therapeutic process, people can learn how to avoid relapse and withdraw from a life of crime. However, only a small percentage of those who need treatment while behind bars actually receive it, and the treatment provided is often inadequate (Binswanger, Blatchford, Mueller, & Stern, 2013).

Most people who experience imprisonment have a history of harmful use of alcohol, tobacco and/or illicit drugs. Some stop using these substances while in prison. Others – particularly including people who inject drugs – continue to use drugs in prison, usually in high-risk, avoidable circumstances. Rapid relapse to risky substance use after release from prison is common and is associated with a range of health and social problems, as well as increased risk of death and re-incarceration. Effective measures are urgently needed to reduce the incarceration of people who use drugs and to minimise drug-related harm both in prison and after release. However, the evidence base to inform effective responses remains weak, and the implementation of evidence-based responses remains uneven (Sakoman, 2009). The following treatments are most commonly provided in prison settings for drug addicts: methadone maintenance treatment, health care treatment and medical therapy. Each of the therapies is successful in its field of action, and in combination with other approaches and treatments, it represents a higher quality and more complete way of treating addiction in the prison population. Given that the prison population of opiate addicts represents a characteristic population with many specificities, approaches to addiction treatment should be a combination of the

above in order to be more successful in achieving goals. We will give a brief overview of each of the aforementioned treatments.

Psychosocial treatment

Psychosocial interventions are primarily aimed at improving and advancing life situations and interpersonal relationships. Over time, there have been certain changes, but despite this, the psychosocial approach continues to emphasize the importance of psychological processes, external physical and social conditions, and the interaction of these factors and their mutual influence. The principles on which the psychosocial approach is based refer to the fact that each individual is responsible for his or her own life, then that the environment is responsible for the individual as well as the individual for the environment, and finally that there is mutual responsibility of the environment and the individual for their mutual relationship (Žižak, 2010). Psychosocial treatment includes interventions such as individual and group psychotherapy, learning social skills, counseling and sociotherapy, and crisis intervention. The main feature of these interventions is the systematic and organized application of techniques that come from psychological principles, which are carried out by trained and educated personnel with the aim of modifying personal characteristics such as attitudes, values, beliefs, feelings, and behavior that are judged as inappropriate or inappropriate (Losel, 1995; according to Ajduković, 2004).

In order to bring about the desired changes and reduce the risk of addictive behavior and criminal activity, it is not enough just to influence the reduction of cravings for opiates, but to bring about key changes in lifestyle. It is necessary to encourage the addict to learn new patterns of behavior and thinking, the internalization and adoption of which will lead to significant changes in the value system. Only when this happens can we talk about a certain reduction in addictive and criminal activity, as well as a reduction in the risk of criminal recidivism.

Significant scientific studies have shown an exceptional effect and progress in the treatment of opiate addicts and criminals through the model of criminogenic risks and needs. Countries such as the USA, Canada, Scotland, England and Australia have implemented this model in the scheme of their national strategies which is used in the treatment of addicts at liberty, but also addicts who are serving prison sentences. The application of the criminogenic risk and needs model shows a reduction in recidivism by 25 to 60% (Andrews & Dowden, 2007).

Within the psychosocial treatments of addiction, cognitive behavioral therapy stands out as the dominant approach. The starting point or foundation of this therapy is the principle of addictive behavior as learned that can be modified and changed. The cognitive-behavioral approach is focused largely on how a person expresses himself through his behavior, and in general on the social skills he has (Farrington, 1992; according to Ajduković, 2004). This approach seeks to influence wrong cognitions such as dysfunctional beliefs and convictions, which encourage wrong behaviors, or through the development of motivation to change and the promotion of positive cognition (Drummond & Perryman, 2007; according to the European Monitoring Center for Drugs and Drug Addiction, 2014).

Cognitive behavioral therapy is based on the principle of perception, according to which the way an individual perceives the world around him affects how he behaves or feels. Through the elements of cognitive behavioral therapy, we try to help prisoners to recognize the causes of their problem, to identify the factors that lead them to take opiates, to adopt problem-solving strategies, to build self-esteem and self-confidence. Psychosocial approaches also include motivational interviewing. As the name suggests, its purpose is to increase and strengthen personal motivation on the way to change, and it is used in conversations with addicts to stimulate thinking and the need for change. It is used in different stages of addiction treatment. Motivational interviewing can be used to

encourage a person to take a step towards change or to decide on treatment, it can be used during pharmacological therapy to maintain motivation or as an independent psychological treatment. Brief interventions have segments of motivational interviewing but themselves last significantly less (on average about twenty-five minutes). Within brief interventions there are five phases known as the "5Ps" (ask, advise, assess, support and plan) (European Monitoring Centre for Drugs and Drug Addiction, 2016).

Modified therapeutic communities

For those addicts who show motivation to approach the so-called "drug free" method, it is important to ensure treatment in therapeutic communities, which when implemented in a prison institution are called modified therapeutic communities. Modified therapeutic communities are based on the principles of self-help but also togetherness, and use group support on the path to change (European Monitoring Centre for Drugs and Drug Addiction, 2014)

Modified therapeutic communities are the name for therapeutic communities that are implemented in a prison environment, and are intended for the most severe opiate addicts. They represent a community of prisoners/addicts and all other members of the therapeutic team, who, under the influence of the principles of self-government and democracy, work on the maximum activation of addicts within the therapeutic process and encourage them to take responsibility for their behavior for the purpose of successful treatment (Gruber, Sušić, 2013). Unlike the previously mentioned approaches and treatments, modified therapeutic community programs provide intensive therapy and long-term programming for those prisoners who are considered to be most severely affected by the consequences of opiate addiction (Doležal, Jandrić, 2002).

The implementation of therapeutic communities has been empirically confirmed by many studies that have shown that the principles on which it is based work equally successfully in a prison environment as in non-prison conditions (Wexler, 1994; according to Gruber, Sušić, 2013), and that it is justified to implement such treatment and approach in prison institutions with a high level of success (Bubić, 2006).

By participating in modified therapeutic communities, prisoners/addicts are taught social skills and through the teaching process they receive feedback on their beliefs, attitudes and behavior, on the consequences of their decisions and functioning in various social roles. Through constant interaction among the members of the modified therapeutic community, an open exchange of information on diverse topics is encouraged, and through this process of mutual influence, more positive attitudes and a change in opinion occur. Through the interaction process, release from emotional brakes and barriers is encouraged, problems are verbalized and insight is gained, which is necessary on the way to change and recovery. The treatment is carried out in an atmosphere of positive emotional climate, mutual acceptance and respect, which greatly supports the successful adaptation of prisoners/addicts to the context in which they are, reduction of dissatisfaction and frustration, creation of resistance to criminogenic provoking factors and situations (Gruber, Sušić, 2013).

Within modified therapeutic communities as well as in therapeutic communities in public health, drug addicts spend many years together and among them there are also "older members" who represent a good model for identification. New members see them as role models and adopt socially acceptable ways of behaving from them, as well as adopting work habits, responsibility for performing work duties, ways of dealing with problems, and the like (Fiestas, 2012; according to Gruber, Sušić 2013).

Modified therapeutic communities are implemented through group and individual work with addicts. Group work is carried out by gathering the entire community or working in smaller groups. Work in smaller groups has several goals, the most important of which are enabling adaptation to the

prison context, monitoring and insight into one's own behavior, adopting functional ways of solving life challenges and problems arising from the development of addiction, developing social skills, preserving personal integrity and respecting the psychophysical integrity of other people, accepting a positive value system, developing creativity, and using the group as support. Individual work with addicts is useful in cases where there is a need to bring up certain problems that one does not want to talk about in a group. Individual work is important for getting a person to cooperate, for solving crisis situations and problems, and ultimately for obtaining information (Videc, 2005).

In addition to a number of positive effects and high efficiency in application, modified therapeutic communities also have certain shortcomings and problems. One of the biggest shortcomings is the existence of two contradictory systems, which operate simultaneously and in parallel: the penal and medical systems. The conflict comes from the differences in their attitudes and principles, certain ethical problems and conflicts of interest (Burdon, 2001; according to Gruber, Sušić, 2013).

Health treatment and medical therapy

In order to adequately address the health needs of opiate-dependent prisoners, it is necessary for health workers to identify such prisoners upon admission to prison and during the medical examination (Lehtments, Pont, 2014). A medical examination upon admission to prison is of great benefit, first of all, to determine the health status of prisoners in a timely manner and to detect the presence of infectious diseases and infections in order to protect the well-being of the new prisoner and the rest of the prison population. A medical examination is a good tool for gaining the trust of prisoners and encouraging cooperation, and in this regard, health workers who come into first contact with a new prisoner should convey a message of trust, acting according to a code of ethics, information about their professional independence, inform the prisoner about his rights and duties regarding health, and inform them about how and from whom they can obtain medical assistance and information about treatment (European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, 1998).

Timely identification of opiate-addicted prisoners is the primary procedure for adequate future treatment, mainly due to possible emergency situations that are common in this population. This primarily refers to the special vulnerability of this group of prisoners to the prison context, the occurrence of abstinence syndrome, and suicide attempts. After identifying opiate-addicted prisoners, it is necessary to provide information and educate the addict about blood-borne infections and diseases, and invite them to voluntarily test for HIV and viral hepatitis (Lehtmets, Pont, 2014).

What is particularly worrying and makes the treatment process more difficult is the occurrence and abuse of opiates within prison institutions. Despite the implementation of security measures and checks, a certain amount of drugs is still present and available to prisoners. One of the most common preventive measures taken is to control the abstinence of addicts and test for the presence of drugs in the body. A procedure of unannounced and periodic testing of prisoners using the random selection method is also being introduced. This procedure is initiated at the initiative of the therapist, or at the request of a judicial police officer or another member of the professional team.

Opiate-addicted prisoners represent one of the most health-demanding groups within the prison institution due to specific difficulties and health problems related to addiction, but also due to a significant number of diseases such as hepatitis (Videc, 2005). Intravenous drug use carries a high risk of infectious diseases and blood-borne infections. Addicts often suffer from hepatitis B and C, as well as HIV/AIDS. In addition, other disorders that occur with drug addiction are common. Opiate addicts are also diagnosed with various behavioral disorders, personality disorders and neurotic disorders

during health interventions and examinations in the prison environment, which represents an additional challenge in designing adequate treatment (Katalinić, Huskić, 2013).

In addition to determining the degree and type of addiction to psychoactive substances and the presence of infectious diseases, prison medical staff devote significant attention to detecting signs of mental disorders, depression and anxiety, as well as risk factors for suicide. Those addicted prisoners who, for example, are diagnosed with severe depression should, in addition to addiction treatment, also receive treatment in a psychiatric institution that may be part of the prison service. Those addicted prisoners who show signs that indicate possible attempts or completion of suicide are placed under special monitoring and supervision and are provided with special psychological support (European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, 1998). Research has shown that opiate addicts often show signs of personality disorders and mood disorders, and that as many as 3-11% of the prison population have other mental health disorders in addition to addiction.

Dual diagnoses are common in the prison population, and most often involve mental disorders and opiate addiction disorders. Dual diagnoses occur in various forms. Primarily, it can be a mental health disorder that leads to the use of opiates and consequently to addiction (if a person with schizophrenia reaches for opiates and sees that some unwanted symptoms are alleviated under the influence of opiates, he will be motivated to continue consumption and as a result, opiate addiction occurs). Another combination of dual diagnosis can be from opiate addiction itself and abstinence that leads to a mental health disorder such as severe depression or anxiety. Then, the person may have one of the mental disorders that can be significantly worsened and complicated by the use of opiates. Finally, dual diagnosis can occur in the form of a mental health disorder that is dependent on the addictive disorder (Edens, Peters, Hills, 1997).

Opiate substitution therapy (OST)

The most effective approach to treating opiate addiction is actually a combination of pharmacotherapy and psychosocial interventions, and counseling related to life after prison that should be started before leaving the prison institution (Mehić - Basara, Kučukalić, Jabandžić, Martinac, Kovačević, 2014). Substitution therapy in combination with psychosocial treatment gives good results in the treatment of addiction to psychoactive substances, and it is also one of the most commonly used addiction treatments in Europe (European monitoring centre for drugs and drug addiction, 2016).

In order to successfully start the process of treating addicts in prison, it is necessary to prepare the addict for release and continue treatment in the community. In order to successfully implement this step, it is necessary, first of all, to motivate the addict to continue his path to change. For every prisoner after the end of his prison sentence, an important step is psychological preparation for release and the support he needs to continue a functional life in freedom. This support and preparation is extremely important for prisoners who are classified as opiate addicts upon arrival in prison (World Health Organization, 2010).

In order for this treatment process to continue successfully outside prison, it is necessary to establish cooperation with other key institutions in the community, as well as with family members, who are an indispensable form of support. If cooperation with addiction treatment centers is established during the execution of the prison sentence, the greater the likelihood that the addict will continue treatment after being released from prison. Cooperation and communication with addiction treatment centers and institutions is important for several reasons. First of all, in order to motivate the addict to continue treatment while still serving the sentence, in order to provide addicts with adequate information about treatment and the options offered by various institutions upon release, and in order

for the addict to receive the necessary support and assistance with reintegration upon release (Videc, 2005).

Persons who undergo opioid substitution therapy must continue treatment during post-penal treatment. One of the reasons for the necessity and importance of post-penal treatment for this prison population is that many studies around the world have shown an extremely high mortality rate for opiate addicts upon release. This mortality rate is highest in the first weeks of life outside prison. Addicts in prisons who have undergone treatment upon release have a lower tolerance to opiates and taking earlier amounts of the drug often leads to overdose and intoxication (World Health Organization, 2010).

In order to prevent relapse to opiates, it is important to provide education and information about the risks of relapse into opiates and possible intoxications in addition to support within the community (housing and financial support, resolution of family conflicts and problems, assistance with employment, etc.). What is recommended after release is the continuation of opioid therapy because research shows that its continuation significantly reduces the frequency of overdose and mortality (MacDonald, Weilandt, Popov, Joost, Alijev, Berto, Parausanu, 2012).

There are certain rules and protocols for the application of opioid substitution therapy in prisons. An addict who decides to undergo treatment is required to first notify the prison health service, after which an authorized doctor, most often a neuropsychiatrist, performs an examination and interview to determine the diagnosis and degree of addiction with the aim of developing an individual diagnostic and treatment plan. As a rule, diagnostic tests are also performed, including laboratory blood tests, testing for infectious diseases, an examination by an internist and infectious disease specialist, and a screening test. A person applying for addiction treatment must be over 18 years of age and have a drug use history of at least two years. If all conditions are met, the addict is required to sign an informed consent indicating voluntary inclusion in the treatment and committing to comply with the rules of the therapy (Dennis, 2014).

Approach to the problem of addiction and the treatment of addicts in probation

Treatment of opiate addicts in a prison environment is somewhat different from the treatment of addicts who are at large. However, there is another group of addicts who do not belong to the prison population and cannot be included in the population with “full freedom” or at large. This special group, which is located in the middle of the continuum from prison to freedom, is the group of addicts on probation. Many countries, recognizing the problems of overcrowded prisons and the consequent reduced possibilities of adequate access to treatment, have resorted to alternative forms of sanctions such as probation or conditional sentence. This decision seems reasonable for three reasons: it reduces prison overcrowding, addicts are provided with more adequate treatment in the community, which also requires less costs than institutional treatment (European Monitoring Centre for Drugs and Drug Addiction, 2004).

European Union countries and the USA are increasingly implementing alternative sanctions instead of prison sentences, in which addicts are referred to mandatory addiction treatment in the community and the prison sentence or criminal proceedings against them are postponed. In the USA, specialized courts have been established that are required to be involved in monitoring addicts in treatment through regular hearings and such courts are called "drug courts" and their task is to deal exclusively with drug addicts who have been sentenced to probation instead of prison (Jandrić, 2006). In this way, the stigmatization of addicts and their treatment as criminals and outcasts of society is largely avoided, and instead they are treated as people suffering from an illness and in need of treatment. With this approach to addicts who have committed a criminal offense, the focus is shifted from punishment and punishment to treatment and assistance. The addict is given the opportunity to

treat his addiction and is not deprived of his freedom completely. He has the opportunity for education and employment, and inclusion in social networks and contacts. Therefore, punishment is no longer superior to treatment. In addition to all the benefits and emphasis on the value of treatment, there is also a segment of supervision with all its principles and rules of conduct for addicts in probation. If an addict in any way disrupts, refuses, interrupts or violates the postulates of the probation system, he is transferred to the prison system to serve a prison sentence (Marlowe, 2002).

The probation service has several different work paradigms at its disposal, on which the approach to the problem of addiction and the treatment of addicts depends.

- The non-treatment paradigm is based on strict supervision of compliance with the rules of treatment and execution of the sentence. Any violation of the rules leads a person to serve a sentence in prison, and the observation of undisciplined behavior represents success for the probation service. Within this paradigm, frequent controls and testing for psychoactive substances have been established and regular reporting to the probation service premises has been established.
- The paradigm of supervision and assistance combines the control implemented in the non-treatment paradigm but also offers assistance. Risk and criminogenic needs are assessed through standardized tests and structured intervention programs are planned. The emphasis is on the professionalism of probation officers who focus on the convict and work with him in their work with the aim of reducing recidivism, relapse and working on protecting the community.
- The paradigm of stopping criminal acts is based on the importance of motivation and the quality of the relationship between the addict and the probation officer in creating significant progress towards change. It is important to work on removing social obstacles that hinder the addict from progressing and stopping committing criminal acts, and to strengthen his personal strengths and qualities. For change, it is important to create a social context that will support change and prevent recidivism (McNeill and Weaver, 2006).

Research has shown that the motivation for change in substance abusers increases significantly if they are immediately sent for treatment after their arrest (Jandrić, 2006). Within the probation system and interventions, there are certain rules and guidelines whose application leads to positive and expected results. The frequency and intensity of supervision and treatment interventions should depend on the estimated likelihood of recidivism. In other words, the higher the likelihood of recidivism, the stronger the intensity of intervention and supervision should be. Planning to reduce the occurrence of recidivism should be guided by the findings of research that cognitive-behavioral therapy and social learning techniques are most effective in reducing recidivism. Interventions should be focused on problems or needs whose lack of fulfillment leads to criminal activity and the use of psychoactive substances. In addition, they should be individually adapted and planned for each offender. Interventions should correspond to their abilities, capabilities, limitations and learning style. It is very important to include the offender in the process of designing and planning a change program, such as determining constructive and achievable goals. Within the interventions, the emphasis is on what should be done and not on what is not allowed or what is prohibited. It has been shown that interventions with such goals lead to fewer relapses than those interventions based on defining prohibitions (Bosker, Witteman & Hermanns, 2013).

What is in favor of the probationary form of punishment and treatment is the finding of studies that such an approach reduces the use of psychoactive substances and the commission of criminal acts by 40% to 60%. In addition, a significant fact is that the employment of convicted addicts in the probation system increases by 40%. For working with offenders who are addicted to psychoactive substances, it is important to know that they are a heterogeneous group with a wide range of different

needs and ways in which they can be motivated to change (McNeill and Weaver, 2010). In general, this group of offenders expresses health needs, needs for education and increased employment opportunities, needs for housing, development of social and life skills, resolution of family problems, and the like (Buchanan, 2006).

Working on these needs and their realization, along with planning and interventions to reduce recidivism in the use of psychoactive substances and the commission of criminal acts, requires the probation officer to have a clear knowledge of community resources and to establish close cooperation with other services (American Probation and Parole Association, 1996).

In order to ensure the resocialization and reintegration of addicts on release, it is necessary to implement rehabilitation programs that are individually adapted and planned according to the needs of each addict. The implementation of such programs requires close cooperation with other institutions and the community. Social protection systems should enable the continuation of treatment and determine its form and intensity according to the current state of the addict, to support the employment of former addicts in cooperation with employment agencies and employers, to enable education and professional development in cooperation with educational institutions, and to provide accommodation in shelters for those individuals who, for various reasons, are unable to return to their families. Such institutions would help the adaptation of addicts to life outside prison, provide support and prevent addicts from returning to the streets (Mehić-Basara et al., 2014).

For addicts who return from prison to their old everyday life with their specific life problems, there is a high probability that they will again engage in unacceptable behavior, criminal acts in order to obtain money for living and to consume opiates again. These are all reasons that tell us how necessary post-penal treatment is in order to prevent relapse in breaking the law and using opiates. Post-penal treatment should provide various types of education aimed at making it easier to find a job, support groups, counseling, but also include the addict's family so that the damaged relationships between them become supportive and functional again (Koller-Trbović, Mirosavljević, 2005).

Conclusion:

Drug abuse is undoubtedly one of the most complex problems of contemporary policy for combating criminal behavior (the so-called criminal policy) and criminal law today in the world and in our country. In the last few decades of this and the last century, the problem of addicts in penitentiary systems around the world has become increasingly pronounced. No matter how much we invest in security systems and staff education, certain amounts of drugs are always in circulation among the prison population. Unfortunately, the increasing number of addicts in prisons complicates the problem of their rehabilitation and resocialization. One of the biggest problems is the implementation of reeducational treatment and the reintegration of this population into society. The presence of drugs in prisons makes it difficult to implement institutional treatment not only for addicts but also for other persons serving prison sentences with them, and this situation is also reflected in the overall psychological atmosphere in prisons. The characteristics and contradictions of the formal and informal system further complicate the rehabilitation of addicts. Addicts are always inclined to the informal system because of satisfying their needs for narcotic drugs, but also because of the security and protection from other informal groups that this system offers them. Daily punishment of convicts for violating house rules, consumption of soft and hard drugs, fights, frequent riots, riots and obstructions are just some of the indicators that point to the fact that there are no ideal prison systems, and therefore no peaceful prisons. Such a situation very often casts doubt on the achievement of the purpose of punishment, i.e. the resocialization of convicted persons in general. Addicts often do not receive adequate treatment in prisons, which also negatively affects their resocialization in general. Penal policies related to drugs label people who use them as criminals, always putting their problem and

treatment in the background. Prisoners who are addicts, especially those who inject drugs, are often not trusted when they turn to a health institution, including in prison. They are often treated in a humiliating and dehumanizing manner. Often, doctors themselves have stigmatizing attitudes when it comes to addicts, and many in prison believe that they have applied for an examination because they were granted a pardon in order to avoid some work obligations that day. All this speaks to the position of addict prisoners while serving their prison sentence and the facts that indicate the stigma of this category of convicted persons.

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ZLOUPOTREBA DROGE U ZATVORIMA KAO BEZBJEDONOSNI RIZIK: IZAZOVI KONTROLE I PREVENCIJE

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Apstrakt: *Upotreba droga, problemi mentalnog zdravlja i krvno prenosive virusne infekcije (uključujući HIV/AIDS i virusni hepatitis) su ozbiljni zdravstveni problemi u zatvorskoj populaciji širom sistema krivičnog pravosuđa. Ovo čini zatvorsko okruženje važnom osnovom za pružanje djelotvornih rehabilitacijskih usluga vezanih za bolesti zavisnosti, kako bi se smanjila šteta koju upotreba droga snosi na zdravlje, sigurnost u zatvoru, kao i na zajednicu u cjelini (kroz povećan broj ponovljenih prestupa i infekcija nakon puštanja na slobodu). Veliki broj ljudi koji ulaze u sistem krivičnog pravosuđa i zatvor imaju istoriju upotrebe droga i ubrizgavanja. Mnogi od ovih ljudi nastavljaju da koriste droge dok su unutar zatvora. Zatvorsko okruženje može pozitivno uticati na neke korisnike droga, pomažući im da prestanu ili smanje upotrebu droga, ali za druge će zatvor biti okruženje u kojem će preći na štetnije obrasce upotrebe droga. Upravo ovaj rad je i usmjeren na objektivno predstavljanje ovog penalnog i zdravstvenog problema u zatvorskoj populaciji, ali i na rješavanje kompleksnog problema zloupotrebe droge u zatvorima.*

Ključne riječi: *droga, zatvori, zatvorenici, rehabilitacija, sigurnost u zatvoru*

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