

# Treatment in an Unfavourable Setting: Specialized Departments for Drug Users in Czech Prisons

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**Abstract:** The Institute of Criminology and Social Prevention in Prague is currently carrying out research focused on therapeutic treatment programs implemented in specialised departments for drug users in Czech prisons. Description of the specialised departments' operation and particular implemented treatment programs forms an important part of the research. For this purpose, an analysis of official documents and statistical data from the Czech Prison Service was performed, and semi-structured interviews with staff working in specialised departments for drug users were conducted. The paper summarizes findings from this part of the research and offers an insight into the functioning of this key component of drug policy in the Czech prison system. Voluntary prison-based drug treatment is available in eight prisons in the Czech Republic. The overall capacity is almost 300 persons. Specialised departments for court-ordered treatment operate in three prisons; the capacity is approximately 130 persons. Interviews with 22 workers were conducted between November 2016 and January 2017. Special programs for drug users in prisons are perceived as a potentially promising tool in the prevention of recidivism. Programs are well established; however, there are some differences stemming from the form of treatment (voluntary/compulsory). Staff capacity, lack of out-of-prison activities, lack of program standardization, and lack of systematic evaluation are perceived as the main areas for improvement.

**Keywords:** drug treatment; prisons; therapeutic program; prison staff, interviews

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## Introduction

The use of addictive substances including illegal drugs is a generally recognised criminogenic factor. The existence of a relationship between drug use and offending is well documented; although, the nature of this relationship is ambiguous (Carpentier, 2007). Expert studies repeatedly show that the proportion of drug users among prisoners is significantly higher than in the general (age relevant) population (Griffiths, Nilson, Carpentier & Merino, 2003). This suggests that an effective system of interventions for drug users in prisons, leading to abstinence, restriction of drug use, or at least the willingness of the user to enter treatment, has the potential to reduce criminal recidivism among convicts after their release from prison; however, there are factors that strengthen or weaken this potential. The effectiveness of interventions in a prison environment may be enhanced by the fact that participants in the respective program are “available” during their sentence, meaning their presence need not be secured further, and they may see their participation in the program as a sort of diversification of prison life. On the other hand, it is necessary to foresee the counteractive consequences of the prisonization process, meaning the specific individual’s adaptation to the prison environment (Bosworth, 2004), which may urge users to maintain their existing usage patterns or progress to riskier ones, and those who never or rarely used drugs before commencing their sentence, to start their drug career.

As in the world outside of prison, drug users in the prison population represent a largely heterogeneous group, be it in terms of age, use patterns, personality, criminal career or other characteristics. The situation, of course, differs between countries, regions and individual prisons. It is thus impossible to find a single effective approach to the drug user population in prison environments as a whole (Griffiths, Nilson, Carpentier & Merino, 2003). Nevertheless, certain findings can be identified in literature, indicating that drug users who commit crimes have common features, a knowledge of which can be exploited in creating suitable interventions for convicted users. For instance, an American study examining 2,877 men convicted and given prison sentences, using the Psychological Inventory of Criminal Thinking Styles (PICTS) (Walters, 1995), found *inter alia* a strong link of drug use and criminal behaviour to reactive criminal thinking.<sup>2</sup> Based on the results, the author recommends the integration of techniques to weaken reactive criminal thinking into the program for imprisoned drug users (intervention focussed on anger management, etc.) as a potentially promising method of reducing recidivism and institutional violence (Walters, 2012).

Hence, interventions should be based on the available research findings and practical experience, taking into account local conditions and situations. The programs implemented must then be regularly evaluated, in order to assess their effectiveness, and further expanded, modified, or replaced, depending on the evaluation results. The effectiveness of programs for drug users in prisons can be assessed according to a range of various criteria – criminal recidivism after release from prison; relapse or return to regular drug use; impact on perception, experience, attitudes or values; re/integration into society after being released from prison; cost efficiency, etc. In a number of cases, it may depend on the selection of evaluation criteria whether a specific program will appear effective or ineffective.

A study by the European Monitoring Centre for Drugs and Drug Addiction came to the conclusion, based on a thorough comparison of the situation in EU Member States, that there are two basic obstacles to the development of effective prison-based drug services. First is the difficulty of finding a balance between medical objectives and practical security aspects of prison operation and management of the prison population; the second is the fact that the prison management and staff do not always fully accept their key role in solving the drug issue in prisons. The study’s authors also came to

<sup>2</sup> Reactive criminal thinking is associated with impulsive, “hot blooded”, reactive, uncontrolled, unplanned behaviour, lack of restraint, imprudence, rashness, paranoia (Blatníková, Faridová & Vranka, 2016).

the conclusion that a substantial part of the imprisoned users are not adequately ready to be released from prison and do not remain in contact with medical and social services once at liberty (Griffiths, Nilson, Carpentier & Merino, 2003).

The main purpose of this paper is to present findings on the operation of the specialised departments and treatment programs for drug users in Czech prisons, resulting from semi-structured interviews with staff working in these departments. The interviews, along with an analysis of official documents and statistical data from the Czech Prison Service, were conducted as a part of current penological research carried out by the Institute of Criminology and Social Prevention in Prague.

### **Drug use in prison settings in the Czech Republic**

The Prison Service of the Czech Republic administered 35 prisons in 2016. As of 31 December 2016, there were 22,481 prisoners, of whom 20,501 had been sentenced. Women accounted for 7% of the prison population and juveniles 0.4%. The share of foreign nationals was 8% of the prison population. Prison capacity is exceeded by an average of 6% (Vězeňská služba ČR, 2017).

According to the results of a representative questionnaire study conducted in the prison population in 2016, 57% of the sentenced prisoners reported lifetime illicit drug use prior to imprisonment (all drugs including medicines with a sedative effect and painkillers obtained without a prescription). In addition to alcohol, the prisoners' experience was mostly with cannabis, methamphetamine (pervitin), or amphetamines and ecstasy. A total of 42% had used cannabis, 41% pervitin or amphetamines, 23% ecstasy, 19% hallucinogenic mushrooms, 18% LSD, 18% cocaine, and 14% heroin at least once in their lifetime. Eighteen percent of respondents reported having used medicines with a sedative effect, and 17% painkillers obtained without a prescription. Ten percent of respondents had used synthetic cathinones and 8% synthetic cannabinoids. Over 46% had used an illegal drug in the 12 months prior to imprisonment, and 36% in the 30 days prior to imprisonment. Most commonly, this concerned the use of cannabis, pervitin, or amphetamine, as well as self-medicated sedatives used in the 30 days prior to imprisonment (Grohmannová, 2017).

A total of 31% of respondents admitted having injected a drug at least once in their life. Twenty three percent of respondents had injected a drug in the month before entering prison to serve their current prison sentence. A total of 12% of respondents had shared a needle or a syringe at least once in their life (i.e., 38% of those who reported a history of injection drug use). Injection drug use while serving a prison sentence was reported by 7% of respondents. Six percent of respondents had shared a needle/syringe in prison (i.e., 65% of those who reported injection drug use in prison) (Grohmannová, 2017).

Estimates of the number of problem drug users have been conducted in the Czech Republic regularly since 2002. To estimate the number of problem drug users in the prison population, variables describing drug use prior to imprisonment were used. Thus, prisoners who reported use of heroin, buprenorphine (without prescription) or pervitin 4 times and more during the 30 days prior to their current prison sentence and/or those who injected drugs in the same time horizon (injecting drug users) were considered problem drug users. Regular use of heroin, buprenorphine or pervitin in the 30 days prior to imprisonment was reported by 22% of respondents, with opioids regularly used by 6% of respondents. Injection drug use in the same time horizon was reported by 23% of respondents. According to the above definition, more than 30% of the prisoners were problem drug users, amounting to approximately 6,100 people in the prison population (Grohmannová, 2017).

## Drug services in prison settings in the Czech Republic

Drug users and drug abuse in prisons are perceived as major problems in the Czech Republic. The recently approved Prison System Concept to 2025 devotes Chapter VI to the issue of drugs, and also addresses drug issues in several other parts, focussed primarily on other areas. Chapter VI deals with a series of aspects of drug use in the prison environment, both in terms of security and prison-based addiction treatment. The Concept stipulates a strategic objective for the treatment of drug users: “A functional and adequately linked standardised system of effective professional treatment for addictive substance users, motivating them to abstain not only during their prison sentence but even after its termination.” (Ministerstvo spravedlnosti ČR, 2016). The Concept also reflects the importance of research findings for fulfilling the stated strategic objective. One of the specific objectives of the Concept is “to ensure sufficient information and specialised data in the fields of addictology and security”, while, according to the Concept, the tools for achieving this include, in particular, “support of research in the area of addiction and treatment of drug users in the prison environment and evaluation of the impacts and effectiveness of individual programs” (Ministerstvo spravedlnosti ČR, 2016).

The specialised treatment of drug users in Czech prisons is ensured by specific interventions, which include drug counselling centres, drug-free zones (standard and therapeutic) and specialised departments for the treatment of drug addiction. The drug policy of the Prison Service also includes services for drug users, such as detoxification and substitution treatment for opiate addicts.

Nevertheless, the core of work with imprisoned drug users consists of specialised departments for the treatment of drug addiction (SDDA) run by the Prison Service. Their mission is to reduce the risk and probability of recidivism among high-risk offenders who are serving prison sentences, and to contribute to protecting society after their return to civilian life. The aim of treatment in specialised departments is to strengthen introspection and change the high-risk attitudes, values, thinking patterns and behaviour of convicts towards socially acceptable forms (Jiříčka & Kejřová, 2015). Prisoners assigned to SDDA undergo an extended treatment program (usually in the scope of 21 hours per week), the key component of which is therapeutic work. The therapeutic program at SDDA usually lasts 10 to 18 months.

There are two types of specialised departments: (a) “specialised departments for prisoners with personality and behavioural disorders caused by the use of addictive substances” (i.e., the department for voluntary treatment – SDVT); and (b) “specialised departments for compulsory treatment of addiction” (i.e., the department for court-ordered treatment – SDCT).

Departments for voluntary treatment are currently located in eight prisons (Bělušice, Kuřim, Nové Sedlo, Ostrov, Plzeň, Příbram, Valdice, and Všeřdy), and departments for court-ordered treatment are located in three prisons (Opava, Rýnovice, and Znojmo).<sup>3</sup> It should be mentioned that no standardised program<sup>4</sup> specifically designed for convicted drug users is currently being applied at Czech prisons (Jiříčka & Kejřová, 2015; Mravčík et al., 2015). This means that the specific form of the therapeutic program in SDDA is defined individually by each prison, whereas the only guideline is the general provisions of the Prison Service internal regulations, in particular, General Director of the Prison Service Regulation No. 41/2017, which regulates the basic principles of operation of specialised departments in prisons - not only for the treatment of drug addiction, but also departments

3 Of the total of 35 prisons operating in the Czech Republic.

4 A standardised program is a program which can be transposed from one prison to another whilst maintaining all the implementation conditions and criteria, which is considered to be adequate and effective with respect to up-to-date findings.

for convicts with mental disorders, mental retardation or departments for the provision of other types of compulsory treatment than the treatment of drug addiction (sexological treatment, treatment of alcoholism, gambling treatment).

### Specialised departments in numbers

Voluntary prison-based drug treatment is available in eight prisons in the Czech Republic. The overall capacity of specialised departments for voluntary treatment (SDVT) is almost 300 persons (285 in 2016, 287 in 2015, and 287 in 2014). In reality, 262 prisoners were placed in these departments as at the end of 2016.<sup>5</sup> As at 31 December 2015, there were 239 prisoners in the departments, and during 2016 another 271 were newly assigned to the therapeutic program. In the course of 2016, there was a total of 510 prisoners in the care of specialised departments for voluntary treatment (in 2015, it was 484 individuals). A total of 205 individuals successfully completed the SDVT therapeutic treatment program in 2016 – see Table 1.

**Table 1. Number of prisoners in SDVT in 2014-2016**

Indicators	2014	2015	2016
Unit capacity	287	287	285
Number of prisoners in SDVT as at 31 Dec.	249	239	262
Prisoners entering the program during the year	270	245	271
Prisoners in SDVT care during the year	519	484	510
Prisoners who duly completed the program during the year	160	136	205
Prisoners excluded for violating rules during the year	35	20	33

Source: Generální ředitelství Vězeňské služby ČR, 2017.

The Prison Service is currently monitoring data about which drug can be considered the basic/primary drug among individual prisoners (although polydrug users represent a substantial part of the population of imprisoned drug users). Among prisoners entering a SDVT therapeutic program in 2016, 83% reported amphetamine type substances (in particular methamphetamine - pervitin) as their primary drug, 8% reported opiates, and 8% cannabis.<sup>6</sup> Almost three-quarters of those entering treatment were injecting drug users (189 prisoners).

The professional staff in specialised departments for voluntary treatment (i.e., excluding guards) consists of psychologists, special pedagogues, social workers, educators, educators - therapists, physicians, and nurses. In 2016, a total of 64 professional staff worked in SDVT – see Table 2.

<sup>5</sup> For illustration, as at 31 December 2016 there was a total of 20,501 convicts in Czech prisons (in addition to these, the prison population consisted of another 1,907 accused being held in pre-trial custody and 73 inmates serving security detention, but therapy programs at SDDA are designated only for convicted persons serving prison sentences) (Vězeňská služba ČR, 2017).

<sup>6</sup> Among problem drug users in the entire Czech population, the ratio of pervitin to opiates users in 2016 was ca. 73% : 27% (Mravčík, a další, 2016).

**Table 2. Number of professional staff in SDVT in 2014-2016**

Profession	2014	2015	2016
Psychologist	12	8	12
Special pedagogue	12	11	12
Social worker	7	7	7
Educator – therapist	11	12	12
Educator	17	16	18
Physician	1	1	1
Nurse	4	3	2
<b>Total</b>	<b>64</b>	<b>58</b>	<b>64</b>

Source: Generální ředitelství Vězeňské služby ČR, 2017.

The capacity of the specialised departments for court-ordered treatment (SDCT) in three prisons<sup>7</sup> where they currently operate was 131 inmates in 2014-2016. In reality, 109 prisoners were placed in these departments as at the end of 2016. As at 31 December 2015, there were 105 convicts in the departments, and during 2016 another 108 entered the therapeutic program. In the course of 2016 there were a total of 213 prisoners in the care of specialised departments for court-ordered treatment (in 2015, it was 218 individuals). A total of 93 individuals successfully completed the SDCT program in 2016 – see Table 3.

**Table 3. Number of prisoners in SDCT in 2014-2016**

Indicators	2014	2015	2016
Unit capacity	131	131	131
Number of prisoners in SDCT as at 31 Dec.	102	105	109
Prisoners entering the program during the year	92	113	108
Prisoners in SDCT care during the year	194	218	213
Prisoners who duly completed the program during the year	76	96	93
Prisoners excluded for violating rules during the year	2	3	2

Source: Generální ředitelství Vězeňské služby ČR, 2017.

Among the convicted drug users entering SDCT drug treatment during the course of 2016, the vast majority (96%) reported amphetamine, or methamphetamine (pervitin) as their primary drug. The remaining 4% of convicts preferred the opioids. More than 90% of drug users entering SDCT drug treatment in 2016 were injecting drug users. The number of professional staff in all SDCT in 2016 was 24 – see Table 4.

<sup>7</sup> Until 3 September 2015, a therapeutic program for drug users was also provided by the specialised department in Heřmanice Prison, but since then only treatment for pathological gambling has been provided there, which is why this prison is not included in the research.

**Table 4. Number of professional staff in SDCT in 2014-2016**

Profession	2014	2015	2016
Psychologist	7	5	5
Special pedagogue	3	3	3
Social worker	3	3	2
Educator - therapist	5	5	4
Educator	4	5	4
Physician	3	3	3
Nurse	3	3	3
<b>Total</b>	<b>28</b>	<b>27</b>	<b>24</b>

Source: Generální ředitelství Vězeňské služby ČR, 2017.

### Reality of specialised departments – face-to-face interviews with staff

As an important part of our ongoing research, semi-structured interviews with the employees of specialised departments for drug users were conducted, to obtain a practical insight into the functioning of specialised departments in individual prisons. The interviews with 22 respondents were conducted between November 2016 and January 2017 in all SDDA operating in the Czech Republic, meaning in a total of 11 prisons. Respondents were primarily the guarantors of the therapeutic programs of the respective departments or other specialists. In terms of profession, 8 respondents were psychologists, 7 special pedagogues, 5 educators – therapists, and 2 educators. There were 17 men and 5 women among respondents. Participants could be considered quite experienced in the field. Their average length of employment in SDDA was 9 years. In most prisons, more than one employee of the given SDDA participated in the interview.

An interview script was compiled for the purpose of structured data collection. It included 45 items grouped in three thematic areas - form and operation of the specialised department; therapeutic program; respondent's experience and opinions on the issue of dealing with imprisoned drug users. The respondent's answers were noted by members of the research team into the record sheet. In nine prisons, an audio recording of the interview was made, while in the remaining two the recording was rejected. All audio recordings and notes in record sheets were fully transcribed. Various written materials provided by respondents (e.g., description of therapeutic activities, etc.) served also as a source of information for this expert survey.

Following the transcription of the recordings and notes, content analysis, oriented towards the variables determined by the individual items of the structure of the interview, was performed (Hendl, 1999). Content analysis was carried out in the following steps:

- compilation of a list of general thoughts and ideas related to the questions asked as part of the interviews;
- formulation of categories and the assignment of selected quotations and ideas from the interview documentation to such categories; and
- clustering of categories and topics and the subsequent identification of general topics.

Selected summary results of the analysis are presented below.

### Operation of the specialised department

- in all the prisons, SDDA operation is governed by a special internal regulation - SDDA handbook approved by the prison director (in one prison, the handbook was being compiled at the time of the interview), at some there are other regulations (department organisation rules, etc.). These handbooks regulate the main objectives of the therapeutic program, the forms and methods of dealing with program participants, the eligibility and exclusion criteria, procedure for acceptance to the program, contract for participation in the therapeutic program, informing convicts, motivation system, drop-out criteria, program evaluation methods, documentation, system of external supervision of specialists, SDDA staffing, material and equipment needs, etc.;
- SDDA are managed within all prisons as a special part of the “division of prison sentence execution (ensures prison conditions in line with legal requirements), which in fact means that they are not independent in terms of decision-making competences concerning staff or material supplies. Specific conditions in the department thus largely depend on the approach of the “division of prison sentence execution” management;
- material conditions (premises, equipment, etc.) of SDDA are generally quite good and correspond to the needs of therapeutic program implementation. This is *inter alia* related to the fact that the internal regulations of the Prison Service generally stipulate better conditions for SDDA than those for standard cell blocks (lower number of prisoners per cell, fewer convicts per specialist, greater access to leisure activities, etc.). However, there are differences among individual prisons, arising *inter alia* from the type of prison (a degree of security);
- as for SDDA capacity, the departments for voluntary treatment generally register a much higher number of applications for admission to the program than they can accept. Although some part of the applications comes from prisoners who do not meet the basic inclusion criteria for the program, not even all those who do meet the criteria can be satisfied. In this regard, there is a lack of not only spatial capacity, but above all the aforementioned staff capacity;
- SDDA staff is aware of the fact that the primary motivation for convicts to apply for inclusion into the program is their effort to get to a unit with better conditions than the rest of the prison and to obtain an argument for subsequent application for conditional release. At the same time, the experience of SDDA staff shows that a large number of these prisoners take a real interest in solving their drug problem in the course of the program;
- SDDA in all the prisons cooperate to some degree with non-governmental, non-profit organisations (NGOs). The cooperation focusing on the post-release phase - in particular through care services, housing, employment, and solving personal and family relationships, etc. is assessed as particularly promising;
- when accepting convicts into SDDA, the staff strive to take into account the remaining part of the applicant’s sentence, so that time interval left between program completion and release is minimal. For a number of reasons (the gradual imposing of new sentences, serving of long-term sentences, conditions of court decisions ordering the treatment, etc.), this is successful only to a limited degree, which reduces the positive impacts of the program. Therefore, in some prisons the graduates from the program do not return to the common cell blocks, but are placed in a special unit to await their release – for this purpose, drug-free zones are used, for instance;

- there are substantial differences between the departments for voluntary treatment and those for court-ordered treatment. SDVT have a much greater possibility to decide about the inclusion of specific prisoners into the program, whereas the court decides about inclusion in SDCT, which naturally affects the composition of program participants (in addition to the fact itself that SDCT involve mandatory treatment, not voluntary treatment);
- in terms of the therapeutic content of the program, group activities are predominant at all the prisons (community meetings, group psychotherapy, sport activities, etc.); however, individual activities are also included (individual psychotherapy).
- the therapeutic program generally has several phases (usually 3-4) through which the prisoners progress, depending on how they manage to fulfil the program conditions. Within the program, prisoners are assigned to the groups. In some prisons, the groups are closed, i.e., a certain number of prisoners are always assigned to the group at once, whereas in other prisons the groups are open, and prisoners are assigned to the program (group) gradually;
- concerning the objectives of the program and its benefits for prisoners, the staff think that the program helps to change the inmates' self-perception, their patterns of thinking, and brings them to rethink their life attitudes and values, which all are preconditions for positive change; however, the intention to change, itself, is not enough, as the clash with post-release reality is always hard. One of the respondents summarized it as follows: *"We each started in life from somewhere. I have also started at 17, with a guitar on my back, and I remember it still today. And it was ok. But it took a long time. And should I tell this to that guy? He decides to change his life when he is almost 35 or 40 years old. He has moved back to the level of the 17-18-year-old, who no one knows. He must be tested and stepped forward as soon as possible. But he will be 40, right. For him, this is completely unacceptable. Or I'm speaking with another one who has found a job for 20,000 gross. Well, that could be good to start, as he has no big debts. But he suddenly realizes how he lived before - he cooked and sold drugs. That's a very big business. When he told me: but I was used to having 50-60,000 weekly. So I tell him: you will not have that. You can go back to the prison. It will last only for a while and then it will turn back and you will be back here soon. You must get used to a lower standard of living. And now he's resolving in his head how he'll live. I will only have for food and rent. I say: Well, yes, for nothing else. You will have to look for some little pleasures elsewhere. Not at the disco and between guys with big cars. For them, it is such a cold shower, and they are people where one thinks that their life attitudes are somehow mature. No. They never experienced it in their lives. They are only getting this experience now. It's really only at that age. It's strange, but that's how it is. Nobody has taught them ... they can survive, but nobody has taught them to live in life. That's what I say."* That is the reason why preparation for the life after release from prison is seen as crucial;
- one of the program objectives is also to improve relationship building; both with loved ones and within the process of resocialization. *"At the beginning, the attitude is demanding, for example, toward a partner or parents. Take care of me, arrange everything for me, and I will again, for the tenth time, promise I will not take drugs anymore. And at the end, ideally, they realize it and take over the responsibility, for example, mother will no longer pay the debts for him or he simply moves away from her";*

- the program helps inmates abstain, operate in the daily regime, teaches them to spend time meaningfully. *“They jump into a relatively normal life. Here they go to work, have some interests, learn again what it means to have those interests, except drugs. Doing something other than looking for a dose. So, the usual daily routine, which is for us quite normal and standard, is something new to them. They have to discover it again and start rejoicing over everyday things, ordinary things. What they have forgotten a long time ago. So this is the biggest benefit in this respect.”* Nevertheless, respondents add that life in prison is very different from what comes after release, and without aftercare, the positive effect of the program could be easily crushed. *“It is abstinence and motivation for aftercare. Abstaining in prison is something different than abstaining at liberty. That is why we emphasize that the person has to go through a therapeutic community or some other aftercare.”*

### Perceived challenges

- a major problem in practically all the prisons is a lack of professional staff, especially psychologists, who should hold the position of program chief administrator. Not only does the present state of specialists lack the numbers foreseen by prison service regulations, but with a few exceptions SDDA specialists must also regularly help out in other parts of the prison (where the situation is even worse in terms of staff numbers). *“Personnel occupation is at the present time a tragedy, we are underestimated personally, and now, faced with those holidays, vacations, the educator is in charge of 4 units and he circles.”* The problem in recruiting new professionals to prisons is a general one in the Czech prison system. *“Prisons are over feminized, men do not want to do this job, because the money is not motivational”;*
- the problems also stem from the special character of departments. Respondents often encounter misunderstanding among the rest of the prison. Especially guards make it sometimes very difficult. Participants would appreciate more independence from the rest of the prison. *“So, I think a great benefit would be if we were really separated from the rest. From the standard division for serving the sentence. To have people who will not bring chaos there. This means not to have always different guards, but to have people who understand what it is about, are able to cooperate and are not spiteful. And then I think if we were not pulled out of our work by other duties.”;*
- in most prisons, the SDDA staff is satisfied with the support they get from the prison management in terms of specialised education, external supervision, etc. The problem is the manner of planning spending in the public sector, where specific expenses must be reported fairly far in advance (up to a year beforehand), which is complicated for expenses such as participation fees at professional and educational events - therefore, a number of professional staff pay for their participation themselves;
- respondents see a drawback in the fact that prison management do not allow more activities outside the prison, which would serve as connection between prison and freedom. Connection to aftercare was also rated as insufficient;
- respondents working in SDCT struggle with the limited possibility to decide about the inclusion of specific prisoners into the program. This affects the composition of program participants and overall tuning of the group. The system of exclusion of problematic program participants is very complicated and slow, depending on the court order.

- SDDA staffs feel the deficiencies limiting evaluations of the results (effectiveness) of the programs. Given that a systematic and uniform evaluation of SDDA program effectiveness does not take place, most prisons try to obtain findings about the later lives of their inmates themselves, for which they have very limited resources. Therefore, they distinctly lack feedback for their work;
- some SDDA staff see a particular problem in the fact that there is no standardised (unified) therapeutic program in the Czech Republic for imprisoned drug users, as that limits comparability of results.

## Conclusion

The semi-structured interviews with the professional staff in specialised departments for drug users in Czech prisons provided a large volume of information on the form and implementation of drug treatment programs in prison, which will allow for the main research results to be put into proper context, in order to ensure their correct interpretation. They also form the basis of a separate sub-study on how SDDA operate in practice, from the perspective of their professional staff. Personal visits by the research team to SDDA, including the option of viewing SDDA premises and communicating with convicts, contributed to this.

According to the interviewees, special programs for drug users in prisons are perceived as a potentially promising tool in prevention of recidivism. We can summarize that programs in all prisons are well established, while in the same way, there are some differences stemming from the form of treatment (voluntary/compulsory). Lack of standardisation is seen as a certain drawback. Evaluation of effectiveness is very problematic, as there is neither a mechanism for feedback from inmates who left the prison, nor a systematic evaluation from the prison service or other official evaluator. Improvement is also needed in post penitentiary care. Last but not least, lack of specialist staff has been mentioned as a significant problem.<sup>8</sup>

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<sup>8</sup> The detailed results of this sub-study will be part of the overall research outputs upon its completion (first half of 2019).

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