



DRUG USERS IN PRISON: NORWAY'S EXPERIENCE AND BULGARIA'S CHALLENGES

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The share of drug users in Bulgarian prisons is between 10 and 15 per cent. The courts can impose compulsory treatment on drug using offenders, but this is an addition rather than an alternative to the penalty. Rehabilitation is delivered by prison psychiatrists and social workers not specialised in the treatment of dependencies. The share of drug users, who voluntarily submit to special treatment while in prison, is very low. Such treatment is usually the result of sporadic initiatives of the prison administration or NGOs. The lack of consistent policy addressing the issue is exacerbated by shortage of specialists and drug tests. The health condition of drug users is considerably worse than that of the rest of the prison population and there is an increased risk of infectious diseases, including HIV, hepatitis B and C, and tuberculosis. Bulgaria needs to further improve its penal legislation by adding new types of penalties, including more alternatives to imprisonment, which would increase the impact of non-custodial sanctions. Such a reform would help with the resolution of non-serious drug crimes.

Norway has had contrasting approaches in the handling of drug problems in prisons. Until the 1970s penal policy combined both punishment and treatment. However, after numerous reforms, a model was introduced based on the principle that prisons are responsible for punishment and rehabilitation, while the health system is tasked with treatment. In terms of rehabilitation, Norway has executed contracts that oblige prisoners to comply with certain constraints in exchange of rewards and group programmes that prepare inmates for treatment while serving their

KEY POINTS

- For all criminal offences related to drugs, even for possession of small quantities intended for personal use, the main sanction according to Bulgarian criminal law is imprisonment. Unlike in Norway, non-custodial penalties in Bulgaria such as probation have extremely limited scope of application for drug-related offences. At the same time, other alternatives to imprisonment are virtually non-existent.
- In prisons, the measures targeting drug users follow three different approaches: prohibition and punishment, rehabilitation, and harm reduction. Compared to Norway, however, the living conditions in Bulgarian penitentiary institutions are far worse and the existing specialised programmes for drug users are much more limited.
- To increase the efficiency of the criminal justice policy against the use and distribution of drugs and to improve the situation of prisoners suffering from drug addiction, it is necessary to undertake a set of measures. These include the adoption of amendments to the criminal law provisions on drug-related crime, harmonisation of jurisprudence, implementation of measures related to the enforcement of custodial sentences and introduction of mechanisms for support and integration of individuals released from prison.

sentence or upon release. Overall, prisoners are encouraged to seek help after release and obtain access to social services like housing, financial assistance, job seeking opportunities, etc. The Norwegian experience highlights the cooperation between prison authorities and non-governmental organisations specialising in social and therapeutic activities outside prisons, which are equally beneficial for inmates.

In a wider European context, an important part of the EU drug control policy focuses on the sentencing of drug users. The latest EU Drugs Strategy (2013-2020) reaffirmed the EU stance of encouraging measures such as education, treatment, rehabilitation, aftercare and social integration, believing it will enhance the efficiency of the criminal justice system and secure lower levels of crime and recidivism.

Historical background and political system

To better understand the different approaches towards the punishment of drug users in Norway and Bulgaria one needs to take into account the different historical and political background in the two countries, despite them being comparable in size and population, suggesting the important role of the political, economic and social stability for the sustainable development of policies, including those directed to drug abuse.

In **Bulgaria** the fall of the Communist regime was followed by a long period of **transition from totalitarian government to democracy** and since then the political system has been influenced by the constant effort to liberalise the country's economy. The development of democratic values and transition to market economy in Bulgaria has come with the high costs of political instability, organised crime, bureaucracy and corruption, inflation and bankruptcies, high unemployment rate and poverty. This environment created the basis for a stable symbiosis between the state policy and private bodies' interests, leaving the average Bulgarian with less opportunities for development.

On the other end of the spectrum, **Norway** is a constitutional monarchy with a parliamentary system. It is a **welfare state based on social democratic policies**. Recent decades have seen an increased income inequality among inhabitants, which in return influences policies of integration. From a criminological perspective, the policy of providing income, housing, education and waged labour secures low levels of crime, conflicts and drug abuse. On the other hand, expanding the economic and social gap increases the risk of crime and of disproportionate imprisonment.

Criminal justice systems

The criminal justice systems of Norway and Bulgaria differ greatly in terms of both structure and philosophy. The Norwegian one is directed towards rehabilitation, thus punishment and repression are just means towards its achievement, which is hardly the case in Bulgaria.

The structural distinctions are most visible when comparing the investigative authorities. In Norway police and prosecuting authorities are organised according to a dual-track system, where the lowest level is the police district. The chief police officer is also the lower prosecution authority, administratively and politically managed by the Ministry of Justice and Public Security. The higher prosecution authority comprises two internal levels, the Director of Public Prosecutions and the public prosecutors. These are administratively led by the Ministry of Justice and Public Security.

Although in both countries the judiciary consists of three autonomous branches – the courts, the prosecutor's offices and the investigative services, in Bulgaria the police are part of the Ministry of the Interior and altogether with the Ministry of Justice (including its subordinate prison system) belong to the executive branch, while the Prosecutor's Office is an independent authority within the judiciary responsible for supervising the investigation and pressing charges. A criminal case in Bulgaria usually undergoes two phases, set by law: 1) pre-trial phase, led by the police and prosecutors, and 2) trial phase led by court.

Sanctions in society

In **Norway**, there are **non-custodial penal sanctions** such as application of control and supervision or attending specific programmes or courses. Some of them are imposed by courts as separate penalties, others are alternatives to imprisonment. In **Bulgaria**, the only sanction in society is practically **probation**. Where allowed by law, Bulgarian court could issue a suspended prison sentence, but probation is a separate penalty and can be imposed only if it is among the sanctions listed in the law for the specific offence. Yet, so far, the probation's potential has been scarcely utilised by the Bulgarian criminal justice system.

Statistics on crime and punishment

Available figures on crime in Norway and Bulgaria cannot be viewed in a comparative way, because the data of the two countries is gathered in a different manner. Yet, it can illustrate the scale of all committed crimes and drug crime rate particularly. In Norway, in 2014, there were 253,000 reported felonies, 48,100 of which were drug-related. After reaching 440,000 in 2002, the number of reported crimes has been decreasing. For the same year (2014), in Bulgaria, there were 114,004 reported crimes in total, where 3,239 of them were related to drugs.

Despite the higher number of offences registered in Norway compared to Bulgaria, the number of prisoners is approximately three times lower. As of 1 January 2013, there were 3,869 prisoners in Norway, making up a rate of 71 prisoners per 100,000 of the population. The crime that dominated among those sentenced was drug-related crime. For several years, between 25 % and 30 % of all inmates have been serving drug sentences. The corresponding rate for prisoners in custody in 2015, however, was 34 %.

Although the prison population is gradually decreasing, some 10,000 people end up in Bulgarian prisons every year. Of these, some 65 % serve their first sentence and men significantly outnumber women with a ratio of 97 % to 3 %. Prisoners aged between 25 and 39 years form 57 % of the prison

population. In 2015, out of a total of 8,713 inmates, 445 were sentenced for drug crime, excluding those sentenced for drug smuggling.

Policies on drug use

Both Norway and Bulgaria have applied a twofold approach in dealing with drug use, the repressive measure being a common feature. However, **Norway consistently differentiates between drug use, possession, holding, storing**, on the one hand, **and commercial activities such as selling, production, trafficking and dealing**, on the other hand, and prosecutes them by two different laws. In **Bulgaria**, all of these activities are illegal under different articles of the Penal Code and **the only difference is the severity of applicable sanctions**. The other part of the drug policy is a licensing regime that defines which substances are illegal or forbidden to be produced, owned and used, and also lays down the regimes under which some of them can be used and in which occasions. The repressive side prosecutes the violations of these rules.

Contrary to **Norway's health and welfare approach**, **Bulgaria** went a long way of changing the public attitude from stigmatisation of drug users and neglecting their problems to **slowly recognizing the health approach** as a necessary part of the national drug policy. This process has resulted over time into unbalanced policies and practices. In Bulgaria, the overall responsibility for the implementation of the national drug policies belongs to the National Drug Council, which is an interdepartmental body established under the *Control of Narcotic Substances and Precursors Act*. The National Drug Addictions Centre is the specialised body responsible for providing methodological guidance on prevention, treatment, reduction of medical harm and rehabilitation of drug users and addicts.

Since the beginning of the 20th century, the Norwegian drug policy has consisted of two main approaches: health & welfare approach and control & punishment approach. They have appeared at the same time, but have varied in their predominance throughout time. The first approach was aimed at drug users, while the second targeted dealers. Until

1965, dealing and possessing were criminalised, and dependence was seen as an illness needing cure. Today, two laws mirror this dual approach: one is criminalising drug use and possession, while the other is guaranteeing drug users the right to treatment. In addition, there is the *Penal Code*, which criminalises production, storage, smuggling and dealing. Currently, the debate in Norway is whether the government should criminalise use, possession and dealing of small amounts of drugs, or rather allow and regulate use and possession, altogether with small scale selling, buying and production.

The **Norwegian drug policy comprises four main approaches** with accompanying sanctions and measures. The first one is **criminalisation, control and punishment**; the second – **socio-educational treatment**. These two approaches, both aiming at restraint, had different views on the methods to be used, which were imprisonment, control and sanctions, or treatment in the sense of learning a new way of living without drugs. A third approach appeared – **opiate maintenance treatment**. However, even if this was a rehabilitative measure, several of the rules were based on non-medical fundament, and some turned out to have the same justification as punishment. Little by little, a fourth approach on **harm reduction** measures has filtered through to Norwegian drug policy, with some impact on both policy and practice. It promotes the access to clean syringes, established injection rooms, drop-in centres or heroin for those who have a heavy drug addiction and cannot benefit from treatment.

Even if these new measures are based on other approaches and values than punishment of drug users, and offer help and rehabilitation to improve drug user's living conditions, they have not taken over the criminalisation, control and punishment approach and there has not been any paradigm shift. **Health and social welfare approaches have been added to the ongoing prohibition line**. The drug policy can be seen as consisting of several layers of approaches, each from a different period of time and none of them considered outdated. The result today is a manifold and contradictive drug policy.

Drug-related crime

Criminalisation, control and punishment constitute a substantial part of the drug policies in both Norway and Bulgaria. In **both countries**, it is a **felony to own, use, distribute and produce substances** explicitly defined as illegal. However, the penal policy approaches followed by the two countries are different. The **Norwegian penal system applies differentiation**, less strict sanctions for drug possession and some alternatives to imprisonment. **Bulgaria**, on the other hand, still **relies predominantly on imprisonment** with few alternatives available for minor cases.

In 2014, in **Norway**, there were 48,100 reported drug crimes, a bit less than in 2013. These two years showed **record high numbers of reported drug crimes**. The 49,000 reported drug crimes in 2013 amount to 9.8 reports per 1,000 inhabitants. Yet, most of the reported drug crimes were not among the most serious ones. In 2014, only half of the reported drug crimes were within the scope of the *Penal Code*, and only 6 % of them were classified as serious. In 2014, the number of crimes falling under the more lenient law on drug use and possession was 24,700. Of these, 58 % had to do with use, and 36 % with possession. Almost all drug crimes reported in 2014 belonged to the so-called "police-initiated reports". When the police apprehend a person carrying drugs, the crime is practically resolved as it is not necessary to seek the offender. Drug crimes have a resolution rate of 83 %, which is by far the highest rate compared to all other crimes.

Reported cases in Norway may comprise more than one crime. Such cases are registered under the most serious crime. This means that there are hidden drug crimes in the public statistics and drug crimes might make up an even larger part of the reported and investigated crimes than what the immediate figures show.

In 2013, there were 17,300 sanctions for drug crimes, which is a record number that constitutes 50 % of all sanctions for crimes (felonies). In the majority of these cases (73 %), the sanction was imposed by the prosecution authorities. The most

often applied penalty, imposed in 2/3 of the cases, was fine. Conditional dismissal of charges was the other usual outcome, particularly in proceedings against young persons between 15 and 18 years of age.

The courts in Norway impose: community sentence, fine, conditional and unconditional imprisonment, the so-called 'youth punishment' and 'youth monitoring'.

In Norway, for serious drug crimes the maximum punishment is between 10 and 21 years of imprisonment. In 2013, there were 711 sanctions for serious drug crimes. The least severe of them were community service (1 %) and conditional sentences (2 %), while the most severe was the unconditional sentence (85 %). For less serious drug crimes, the punishment is fine or imprisonment of up to two years, or both. In 2013, 7,992 sanctions were imposed for such crimes. In 57 % of these cases, the sanction was a fine imposed by the prosecution authorities. This leads to the conclusion that these acts were not considered serious. Conditional and unconditional imprisonment was imposed in 17 % and 15 % of the cases, respectively.

The prosecution authorities or the court decide whether an act is to be considered a less serious drug crime or a serious drug crime. Some of the criteria are the kind of drug, the amount and the purity. To possess drugs means to have a small amount of drugs intended for personal use. If even a rather small amount of drugs is considered kept for selling, then it is categorised as storing and subsumed under the *Penal Code*.

In **Bulgaria, penal policy with regard to drug-related offences** has been **inconsistent** and based on **no clear strategy** in terms of expected results and ways to achieve them. Most legislative amendments made between 2000 and 2010 show lack of long-term priorities and failure to reckon with the specificities of this type of crime, especially regarding the difference between distribution and possession for personal use.

A package of amendments in 2000 was the only one that left the impression of being somewhat purposeful. It decriminalised the so-called 'single dose', which clearly showed the legislator's understanding that drug use in itself should not be treated as a crime and that penal policy should target only the producers and

dealers. Yet, this law survived only a couple of years before the re-criminalisation of the single dose in 2004. The amendments of 2004 re-criminalised all drug-related acts, regardless of the quantity of drugs involved and the offender's drug dependence. Worse yet, the heavy sanctions introduced by the preceding amendments were left unchanged, and the severe penalties became automatically applicable also to those possessing small amounts of drugs for personal use. Thus, the penal policy was entirely retargeted from drug dealers to end users even though users are usually victims rather than offenders. The amendment found almost immediate reflection in case-law and the number of convicted persons more than doubled in the following years. The increase was due mainly to the large number of cases for possession of small quantities of drugs. At the same time, the amendment's pre-declared main goal – intensified penal repression of drug producers and distributors – was not achieved.

The criminalisation of the single dose was expected to result in an even bigger increase in the number of convictions, but this never happened. This was due to two main reasons: the obvious impossibility of the police to launch criminal proceedings against every drug user and the refusals of the Prosecutor's Office to bring charges in minor cases on the grounds of the so-called 'insignificance of the case'.

Just two years later, in 2006, the length and amount of sanctions for most drug-related offences were reduced substantially, the distinction between distribution and personal use was reintroduced and, even though the single dose was not decriminalised, a provision was added providing a very light penalty for minor cases. Despite this relaxation, the number of people convicted remained high, mostly because the Bulgarian criminal law continued to treat the possession for personal use as a criminal offence.

The system of sanctions for drug-related crimes clearly shows that Bulgaria's penal policy on drugs is exclusively focused on detention and financial penalties and entirely ignores non-custodial measures such as probation. Imprisonment is still perceived as the only effective method for the correction and re-education of drug offenders, regardless of the specificities of each particular case.

This approach might be justified with regard to the serious cases of drug crimes like trafficking and distribution, but less serious cases are a different matter altogether. With offenders suffering from drug addiction, neither imprisonment nor a fine seems adequate for their correction and re-education. The poor conditions in Bulgarian prisons additionally deteriorate the situation and have negative impact on the convicts.

The Bulgarian *Penal Code* makes no difference as to whether the offender or the victim of a crime was under the influence of drugs, whether the offender's motive was to obtain such drugs or whether the offence is related to the drug market. This assessment is left to the court in each particular case.

In Bulgaria, the *Penal Code* includes several categories of drug-related acts: (1) acts related to distribution, including unauthorised production, processing, acquisition or holding of drugs for the purpose of distribution; (2) unauthorised acquisition or holding of drugs; (3) breach of rules for handling drugs; (4) encouragement of others to use drugs; (5) giving a lethal dose of a drug; (6) creation of conditions for use of drugs; (7) cultivation of plants for the production of drugs; and (8) smuggling of drugs.

Case-law on drug-related crime in Bulgaria

Drug abuse appears in a number of criminal offences in Bulgaria. Drug-users and drug-dependents can be found among the offenders of both drug-related crime as possession, dealing, smuggling, growing, etc., and other crimes such as property crimes.

Some behavioural scientists believe there are links between the use of specific substances and particular forms of criminal acts. By any means, drug abusers have cravings which urge them to intentionally break the law. The most common drugs in Bulgaria are cannabis, heroin, cocaine, and amphetamine-type drugs (amphetamine, methamphetamine and ecstasy). When it comes to criminal cases, drug addiction or drug use are mainly taken into account in two aspects: (1) whether the offender was under the influence of drugs when the crime was committed, and

(2) how the offender's use of or addiction to drugs relates to the crime in terms of motives.

Bulgarian courts usually differentiate between drug addiction, substance abuse and occasional use. Experts are usually assigned with the task to assess the offenders' mental condition and their ability to understand the consequences of their actions. This forensic psychological and psychiatric examination further helps clarifying the motives and reveals the peculiarities of the offender's personality and the degree of public danger.

Cases of drug-related crimes are numerous, but most of them belong to one of the two general groups defined on the basis of the offender's motivation. The first group includes economic-related crimes which are usually committed in order to fund a drug habit. These include primarily theft and prostitution. Despite that, the link between drugs and prostitution is missing in Bulgarian law, although the incitement to prostitution is illegal under the Bulgarian *Penal Code*. The second group includes use-related crimes, which are usually transgressions perpetrated as a result of the effect of the drug on the offender's behaviour.

Alternatives to imprisonment for drug users

Alternatives to imprisonment for drug users can be particularly important when choosing the most appropriate penalty. Despite that in **Bulgaria** the law **does not allow for alternative sanctions for drug crime** except for the fine imposed in minor cases. Drug users, who have committed another type of crime, can be sanctioned to an alternative measure, if such a measure is explicitly listed by the *Penal Code* for that particular offence.

Alternatives to imprisonment existing in both Bulgaria and Norway are, for instance, waiver of prosecution or suspended sentence. The Norwegian prosecution authorities impose youth monitoring as a condition for waiver of prosecution and also put forward youth punishment altogether with community sentence and special 'drug court' review as an alternative to imprisonment. In Bulgaria the

main alternative sanction is probation, but for most drug-related crimes it is not applicable. Drug users can only be sentenced to probation if they have committed another type of crime (not drug-related crime), for which probation is explicitly listed in the law as an applicable sanction.

Prisons

The prison systems of Bulgaria and Norway differ significantly. The **Norwegian prison system** consists of a **higher number of small prisons**, which practically allows local authorities, as for example healthcare providers, to offer higher quality services to inmates. The same is valid for the integration of released prisoners. In **Bulgaria**, on the contrary, **prisons are fewer in number but much bigger in size** and the distribution of the prison population is disproportionate. This results in poor material conditions, persistent overcrowding, heavy centralisation, understaffing, inadequate security and dissatisfactory medical and educational services.

Norwegian prisons are considered as having **high standards** when it comes to living conditions, prisoners' security in relation to staff, to other prisoners and to dangerous illnesses. Prisoners also have access to health care and social welfare services. On the other side, **Bulgarian prisons** are suffering **overcrowding and poor conditions**, caused by the economic crisis. Thus, in Bulgaria imprisonment is still viewed by the public as retaliation for the crime committed and as a tool for repression rather than for rehabilitation. Although there are rehabilitative measures, they are not among the government's priorities.

The prison policy in Norway, similarly to the one in Bulgaria, is built on the principles of repression. However, Norwegian authorities view imprisonment and repression in much more humane way; hence, there are efforts to secure humane prison conditions, but always within the limits set by security considerations. Another characteristic of Norwegian prison policy that constitutes a heavy source of strain is solitary confinement. Although the state has been broadly criticised for its use by various human rights committees, in return it has acknowledged five

characteristics of penal policy that may contribute to prison conditions globally. These political guidelines are as follows:

- Few prisoners, short sentences: to be a prisoner, in a Norwegian context, is a temporary position;
- No treatment, but motivating and preparing for health and care after release: treatment, education or any rehabilitation measure shall not be a justification for imprisonment; any punishment must be based in the fact that a convict is found guilty in having committed a crime;
- The citizen rights of prisoners: 'the principle of normality', which proclaims that prison conditions should be similar to basic living conditions outside bars;
- The import model: prisoners are entitled to the same services as people outside, delivered by the same professionals;
- The principle of return to society: continuity between rehabilitative measures within prison and subsequent provisions in the community.

Measures for drug users in prison

In Norway, in the beginning of 1970s about 7 % of prisoners were estimated to have a drug problem; by 1976 the estimate was 18 % and in 2003 about 60 % of all prisoners reported to have used drugs during the year before their incarceration. According to a similar study from 2015, more than 50 % of prisoners reported to have used drugs during the year preceding their imprisonment. In Bulgaria, the number of drug-using prisoners cannot be accurately established because regular and reliable examinations and medical tests are rarely carried out.

Both in Norway and in Bulgaria, policy on drugs in prison comprises **three main approaches** similar to the drug policy approaches in society: the **control** line, the **rehabilitation** line and the **harm reduction**

line. Despite the overall similarity, there are major differences in their application in practice.

In terms of **control**, similar security measures on prisoners and/or visitors apply in both Norway and Bulgaria. These measures can be divided into three categories: (1) control of the environment: control exercised by prison officers or the police who examine rooms, cells and other premises; (2) control of the outside of prisoners' bodies: search of clothes and prisoners stripped of clothes, which is done before and after visits and prison leaves; and (3) control of the inside of prisoners' bodies: tests of body fluids like blood, saliva and urine, use of special toilets and internal examination of the body.

Rehabilitation measures are much more advanced in Norway where four generations of such measures have already been introduced since 1980s. All of them are drug-free and are aimed to start rehabilitation and to motivate and encourage prisoners to enter treatment after release. These measures include:

- **Contracts.** A contract is signed between the prisoner and the prison, according to which the prisoner undertakes the obligation to abstain from drugs, agrees to random urine tests and control and, in return, obtains certain benefits like, for example, increased number of leave days.
- **Pathfinder.** Pathfinder is part of a progressive programme where step one, lasting around six months, applies inside prison, and step two and three take place outside prison. The group work is essential to the Pathfinder, relying on a strong commitment among the group's members, obligation to share experiences, problems and insights, and solidarity and supportive strength between group members. The group, consisting of staff and participants, is built up and united by activities such as hiking in the mountains, work, social activities and group meetings. A significant message is that everyone depends on the others.
- **Programmes.** All programmes are again group based, but their influence is limited as the group activity is a few meetings during the week, and the programmes last for a few months. The aim is to motivate prisoners to recognise their problems and plan for treatment after release. Breaking the rules leads to expulsion from the programme.
- **Drug management units.** The main aim is to prepare the participants to enter treatment after release or while serving parts of the sentence outside prison in a treatment institution. The units build on contracts so that participants are required to remain drug-free. Situated inside a prison, control and sanctions are significant parts of the set-up. The usual prison controls are used, like urine tests, raids and strip-searches after visits and leaves. The sanctions used are drug conversations, which may lead to another attempt to stay in the unit or to dismissal and being moved to an ordinary prison wing, solitary confinement etc. Prison staff are running the everyday life of the units. Health care personnel, like psychologists and nurses, and socio-educational professionals most often take care of the group sessions and sensitive conversations.

In **Bulgaria**, the correctional intervention that targets drug addiction is also in the form of programmes similar to those in Norway. There are two main types of programmes: short-term and mid-term. Yet, the more progressive approaches belong to the Bulgarian non-government organisations. Their initiatives to implement modern and ground-breaking programmes have the disadvantage of being of limited duration, dependent on external funding and in constant need of political support in order to be able to expand their implementation at national level.

At the same time, in Bulgarian prisons, drug users are accommodated with all other inmates. The law allows the setting up of separate unit for inmates addicted to drugs but such units do not exist. Only when the court has ordered mandatory treatment or the prisoner has asked for such treatment, he/she is transferred to the psychiatric hospital of the prison in Lovech. This hospital accommodates inmates with mental problems or addictions, but it is part of the local prison and does not represent an alternative to imprisonment.

The last approach, **harm reduction**, has a different ideological fundament from control-punishment and drug-free treatment, having its basis in the same values as health and social care: to save lives, promote health and lessen pain. In Norway, harm reduction measures include primarily substitute medication distributed by health personnel. The provision of clean syringes is not allowed for security reasons. In Bulgaria, substitute treatment is available only in some prisons, while the provision of clean needles and syringes faces strong opposition, as it is perceived in contradiction to the principle of drug-free prisons.

Recommendations

In order to increase the efficiency of the criminal justice policy against the use and distribution of drugs and to improve the situation of drug users in prisons it is necessary to undertake the following measures:

- **Decriminalisation of acquisition, storage, possession and transportation of drugs in small quantities for personal use.** Drug use, unlike production and distribution, should not be a crime because its public danger is not so high to entail criminal responsibility. Drug use should be dealt with by different kind of measures (administrative sanctions, treatment, care, etc.), while criminal repression should target producers and dealers.
- **Introduction of probation as an alternative to imprisonment for drug-related crime.** Currently the penalties for drug-related crime are imprisonment and fine. Thus, the court is limited when assessing the most appropriate sanction, because the law has already limited its choice only to imprisonment and/or fine.
- **Introduction of treatment as a probation measure.** Currently, treatment is not explicitly listed as probation measure. However, for offenders suffering from drug or other addiction, it might be an appropriate solution. Since mandatory treatment is subject to constitutional constraints, it should not be part of the mandatory measures (those, which the court must always impose), but should depend on the court's discretion and, where necessary, the convict's consent.
- **Harmonisation of case law and development of guidelines for qualification of drug-related crime.** Jurisprudence in cases of drug-related crimes is very diverse. There are severe sentences for small amount of drug and lighter sentences for larger quantity of the same substance, often issued by the same court. This can be overcome by using the Norwegian experience of applying guidelines linking the type and quantity of drug to the amount of the penalty. Such standards cannot be binding, but would facilitate the prosecution and the courts. With regard to the prosecution, they can be introduced by instruction of the Prosecutor General, and for the courts – by interpretative decision of the Supreme Court of Cassation.
- **Measures for drug users in prison.** Such measures may include broadening the scope of substitution therapy, especially with regard to people who, before entering the prison, were already on such therapy; harm reduction measures, including needles and syringes exchange programmes; incentives for inmates participating in programmes to overcome drug addiction; etc. The introduction of wards for inmates suffering from drug addiction and the possibility for such inmates to serve part of the sentence in institutions outside the prison if they refrain from using drugs should also be considered.
- **Measures after serving the sentence of imprisonment.** A major problem in dealing with prisoners using drugs is that after their release there are no support and social integration mechanisms. Thus, even those who have undergone certain programmes and achieved results, are easily tempted once released to resume using drugs, often forced by the inability to successfully return to free life. This requires active engagement of the stakeholders in the field of health and social policy and development of adequate programmes for adaptation and integration of released prisoners, including the continuation of activities aimed at overcoming addiction (treatment, counselling, support, social work etc.), started in prison.