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Descriptions of innovative approaches including
professionals' and young peoples'
perceptions and narratives

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Introduction

The aims of this report are to provide in-depth descriptions of two innovative interventions that either aim at or can accommodate young people in touch with the criminal justice system and who use drugs. The two interventions, which are subject to in-depth description in this report, are selected on basis of activities related to WP4.

A key finding from the Danish WP4 report was that there are few interventions that aim directly at young people in touch with the criminal justice system and who uses drugs. WP4 also showed that in Denmark, overall, there is a holistic approach to prevention, early intervention and treatment of young people. This means that the focus of such interventions is typically not exclusively on drug use or crime, but also on the everyday lives of these young people, including work, education, social relationships and housing. This approach is differently represented between the two innovative interventions, which are presented and described in this report: POM (Da.: Projekt Over Muren / Eng.: Project over the Wall) and *Fundamentet* (Eng.: The Foundation). The two interventions differ in various ways: POM is placed within the Prison Service and is run by the Prison Service; *Fundamentet* is a privately run community based intervention. The young people enrolled in POM are remand prisoners. If the young people enrolled in *Fundamentet* are in touch with the CJS it is in other ways (they have an electronic tag, or are under supervision, etc.). Fuller descriptions of the two interventions and why they were selected for in-depth description in the WP5 report will follow below.

WP5 is divided into two major areas. One regarding young peoples' drug use and offending behaviour trajectories. This will be the focus of the next WP5 report. The other area is innovative interventions in relation to young people in touch with CJS and who use drugs. The present report will focus on the latter and concentrate on the following aims and tasks from the EPPIC proposal:

- Select 1-2 innovative interventions aiming to prevent/delay the onset or escalation of further drug use/polydrug use/use of NPS by young people in contact with the CJS, and to provide in-depth descriptions of these innovations.

- Investigate the perceptions of a) young people and b) professionals or other relevant stakeholders regarding intervention approaches, and specifically regarding the selected innovative interventions.
- Investigate the experiences of young people of different interventions and, in particular, their experiences of the selected innovative interventions.

Intervention A: POM

POM (Da.: Projekt over Muren / Eng: Project over the Wall) is a custody prison-based pre-treatment program aimed at creating and improving inmates' motivation to continue drug-treatment after they have received their sentence. POM is a large program in the Danish context, but at the same time, it is the only program with an explicit focus on young people (all male) in the CJS with drug use problems. While this age group is well represented in other prison-based drug programs across the country, we have not been able to identify programs with an explicit focus on youth. In relation to the EPPIC project, this is a key reason for the involvement of POM: Its' innovative approach to young people with drug use experiences enrolled, as inmates, in the criminal justice system. Furthermore, it is the only program in Denmark which is organizationally situated within the CJS. In all other cases, drug-related services are externally bought.

POM is located in Copenhagen, the capital of Denmark.

Intervention B: Fundamentet

Fundamentet (Eng.: the Foundation) is a community-based social program with a focus on citizens with a broad range of challenges, including young people in touch with the criminal justice system and who use drugs. It defines itself as a 'social-philosophical organization for vulnerable, exposed or despaired citizens who need help'. Furthermore, Fundamentet claims to be explicitly oriented towards rethinking existing social interventions. It offers various types of services, including different arrangements aimed at social inclusion, assistance navigating the social system, and different kinds of therapy. Fundamentet is based in Aarhus, the second largest city in Denmark.

1.0 Data

The in-depth description of POM draws on a number of official documents: The accreditation report (2009), which is based on external evaluation; the newest annual report (2016) based on internal data; the initial project plan (2007); as well as information drawn from the webpage <http://www.koebenhavnsfaengsler.dk/>, inter-alia treatment manuals, description of staff, and quarterly internal evaluation reports. Furthermore, descriptions are based on in-depth face-to-face interviews with 3 CJS employed POM treatment providers, and 12 POM users between 19-25 years of age, all male due to the all-male population in POM, and all in custody. The young interviewees were selected by our contact person in POM. Besides being enrolled in POM and having a maximum age of 25, a primary selection criteria was their voluntary willingness to be interviewed. Furthermore, according to prison regulations, no POM participants with gang affiliations, letter- and visitation control was interviewed. Also according to prison regulations, and for investigation reasons, questions or discussions about their current crime were not raised in the interviews. All interviews, with staff as well as users, were carried out in the prison setting, and all interview persons, staff and users alike, were granted full anonymity.

The in-depth description of Fundamentet draws on information and descriptions from the project webpage <http://fundamentet.org/> a brochure and newspaper articles. Furthermore, the description is based on face-to-face semistructured interviews with one staff member of the daily management as well as one treatment provider; one informal group interview with two staff members; and 3 semi-structured interviews with users between 23-24 years of age, one female and two male. The young interviewees were selected by members of staff on the basis of their contact with the CJS, their drug use experiences, and age. As with POM, the interviews took place in private meeting rooms at the intervention, all participation was voluntary and all interviewees were granted full anonymity. Therefore, and due to the sensitive content of the interviews, we have only, when citing an interview person below, indicated whether it was a 'professional' or a 'participant'.

Due to a number of structural circumstances in Fundamentet combined with the factor that young people in contact with the CJS and who use drugs are not an explicit target group in Fundamentet, the interview process have been delayed. Also, due to the all-male focus of POM, we have prioritized to recruit female interviewees from Fundamentet. As there are generally far more young men than women in our target group, as well as in the Danish context, this priority has potentially delayed the process further.

	POM	Fundamentet
Semi-structured youth interviews	12	3
Semi-structured professional interviews	3	2
Informal staff interviews	1	1 (with two staff members)
Written materials	Project description (2007) Accreditation report (2009) Annual reports	Brochures Newspaper articles
Webpages	http://www.koebenhavnsfaengsler.dk/	http://fundamentet.org

Table 1: Data

The next section of the report takes as its point of departure in the descriptive overviews of the two interventions, first POM then Fundamentet. The overviews are based on both the written material described above and the interviews with professionals and young people. This is followed by a discussion where we summarize and compare these interventions' problem understanding and views on prevention approaches and 'best practice', but also the challenges faced in initiating, delivering and sustaining the interventions. The comparison is based on the main organizational difference between the two interventions – delivered within the Prison Service and in a community setting.

2.0 Description of intervention A: POM

2.1/ Main aim / objective of POM

POM is defined as a pre-treatment drug initiative aimed at preparing inmates in custody in Copenhagen's Prisons (Da.: *Københavns Fængsler*) to enter drug treatment programs once they have received their sentence and are either released or transferred to their detention place.

The long term and overall objective of POM is to prevent relapse into drug misuse as well as criminal behavior. These aims are in congruence with the Danish Prison Service's (Da.: *Kriminalforsorgen*) aim of providing prison-based drug treatment (see WP4 report for further description). In sum, the overall and official aims of POM is thus to build and improve its participants' opportunities to live a crime-free and drug-free life, and to reduce the amount of drugs in prison. The short term objectives of POM is to optimize treatment attendance and minimize dropout (referred to as process aims), and that at least 50 % of POM's participants continue into community treatment services after release, and 90 % continues in prison based drug treatment when sentenced (referred to as result aims).

It is emphasized in official documents as well as in staff interviews that participation in POM is voluntary. The only requirement is that participants are "*motivated to change*". Thus, the aim is not to ensure that its participants become drug-free through participation in POM, but rather to support and strengthen their motivation to continue into regular treatment. In order to document its effect, POM systematically collects information on its' participants' future treatment involvement, both within the CJS and after release.

Several POM participants underscore that they find it helpful that POM provides them with information about how and where they can get in touch with municipal drug interventions following their release:

Getting these information papers are very helpful. It has been taken care of, that if I want drug treatment, then it is possible. Therefore, I hold that in mind (Participant, POM).

In some instances, this is also the case for participants who, at the moment, are not inclined to become drug free, but are still motivated to change:

I am a POM participant, but I am not ready to stop using all together. I participate to see how far I am able to push my own limits in that regard. [...] If I begin to experience that my drug use affects me negatively, I will make contact (Participant, POM).

However, professionals generally express that due to a strengthened focus on anonymous municipal ambulant drug treatment offers for young people, gaining this information is becoming increasingly difficult (this is elaborated further in the section “Challenges of delivering the intervention”).

Treatment structure in POM:

As described in the accreditation report (2009), treatment in POM consists of a ‘basis program’ (Da.: *basis forløb*) focusing on establishing a good relationship between participant and treatment provider; motivational work; and cognitive treatment. This is followed by a ‘follow-up program’ (Da.: *opfølgingsforløb*) focusing on maintenance of motivation to receive treatment after release/when transferred to another prison unit. According to professionals, in order to strengthen treatment participation, POM’s cognitive basis is decreased in favor of motivational interviewing (MI) at this point (see also below). Finally, contact is established to a drug treatment facility in- or outside CJS.

The flow in POM’s treatment structure begins with visitation. The following steps depend on whether the participant are expected to be released following from sentence; how long he will be waiting for a sentence, and if he is already sentenced and is thus receiving treatment according to the treatment guarantee (see below). In any case, future treatment possibilities will be mapped out, and in cases of release, there will be focus on establishing treatment contact outside the prison setting.

The following treatment elements are present in POM:

- Individual sessions focusing first on individual goals and sub-goals in terms of change by means of MI (1-2 sessions). In

the following 6 sessions once a week, focus is on pathways out of drug use, and other everyday life changes by means of MI and cognitive approaches (6 sessions have been enhanced to 12 during the period of WP5 data collection). Treatment manuals are available at www.kfkk.dk. In practice, use of manuals are adapted to meet the individual needs of the participant.

- Focus on treatment possibilities under further imprisonment as well as bridging between CJS and life outside the prison, e.g. in terms of collaboration with municipalities and local treatment institutions. Contacts / collaborations are gathered in a 'knowledge bank'.
- Group sessions focusing on change, values, and personal resources.
- Drug education, psychosocial education and communication education / conflict management.
- NADA ear acupuncture.
- Sports (if the participant is located in the Motivational unit).

2.2/ Short history of POM

In January 2007, the Danish drug treatment guarantee for inmates in prisons was passed (Frank & Kolind 2008). This meant that all inmates were entitled to receive psychosocial (not medically assisted) drug treatment *if* they had received their sentence *and* had more than three months left to serve. Following from this, POM was initiated in July 2007 as a collaborative treatment project between Copenhagen's Prisons funded by the Danish Ministry of Social Affairs and Copenhagen Municipality. In 2011, the original treatment guarantee was extended so that it also includes prisoners with short sentences and people in custody. In 2009, POM was accredited in first attempt by the Danish Prison Service's accreditation panel. It is thus no longer temporarily funded by the Special Pool for the Social Area (Da.: *Satspuljen*), but is a permanent initiative.

2.3/ Funding

POM is now part of the permanent treatment services on offer in Copenhagen's Prisons and hence funded by the Prison Service.

2.4/ Target group description

POM's overall target group is all inmates in Copenhagen's Prisons who are motivated to change their drug use patterns. It is therefore very broad. Three basic target groups are mentioned in the project description:

- Inmates with cannabis misuse who are motivated to cease or minimize their use.
- Inmates in maintenance treatment who are motivated to attain a more stable social situation, e.g. receive support in ceasing/minimizing any supplementary use of drugs.
- Inmates with drug misuse who are not prone to seek treatment (in order to constitute or reinforce any existing treatment motivation).

However, since POM was initiated, there has been changes in the target group definition as it turns out that more than 50 % of POM's participants were not known to or familiar with the treatment system. Furthermore, POM data showed that this group was mainly below the age of 25, mainly cannabis users and from other ethnic backgrounds than Danish. These two characteristics are also reflected in staff interviews. Ethnicity, however, is not described by staff as something that makes much of a difference in terms of how the pre/treatment process is approached.

I don't do anything different, not intentionally, based on ethnicity. To me, it is all about respect for the human being in front of me. It is not about where you come from. For example, it does not matter to me if they want to shake my hand or not (for religious reasons), what matters is that they let me in. Sometimes, we talk about what it means to be a young man with ethnic minority background in a Danish culture, but overall, it takes up very little time (Professional, POM).

However, it is stressed that participants with ethnic minority backgrounds may be differently challenged than ethnic young Danish participants, e.g. in terms of feeling marginalized and in terms of family expectations.

In terms of the other characteristic, POM is the only drug treatment initiative with a specific focus on and approach towards imprisoned youth within the Danish Prison Service:

What is unique about us is that we have an emphasized focus on young people under the age of 25, and that we aim to have interdisciplinary collaborations with the prison guards around it, social workers, teachers, and so on. [...]. The rationale behind reaching out to the young inmates is that we wish to introduce the drug treatment system to those who are not familiar with it beforehand, and who would

not want to seek it out on their own. We want to show them that it's not dangerous (Professional, POM).

Also, POM is no longer strictly focused on drug treatment, but now also offers alcohol treatment.

2.5/ Short description of the locality

POM is located in the Copenhagen based prison, *Vestre Fængsel*. Whenever possible, for POM participants under 25 years of age, treatment and imprisonment take place at Vestre Fængsel's Motivational unit, where all POM participants are gathered in the same wing, and where POM workers collaborate closely with the prison guards. In spite of this, POM participants rarely describe their relationships with the guards in a positive manner.

Just as in the other prison wings, drug use is prohibited, which means that drug availability is experienced differently by POM's participants than outside of prison. Whilst it is stressed in the interviews with participants that it is possible to get drugs in the prison, many at the same time underscore that their use of drugs are lower than when in freedom. Thus, despite a general expression of dislike of the prison systems' rules and regulation and a general tendency not to associate this system with changes in their use of drugs, availability is nonetheless brought forth as an important factor in terms of levels of in-prison drug use.

There is a greater focus on sports and social activities, which some POM participants experience as highly valuable, also in relation to minimizing their drug use, because it allows them to focus on their body.

Individual treatment sessions usually takes place in the (small) prison cells, which according to professionals can be experienced as somewhat challenging due to issues of anonymity. This, however, is not commented on by any POM participants. Group rooms for group sessions are also available. Young people under 25 are offered more treatment sessions, and they are subjects to a higher degree of cross-sectorial collaboration.

The prison (*Vestre Fængsel*) is the largest remand prison in Denmark, and currently, about 100 inmates are part of POM. This is app. 25 % of the total number of inmates. The prison is described as a place with....:

... a lot of coming and going. Many are only here for a short period of time. Sometimes we have to move

people from the Motivational unit because it gets overcrowded [...]. It is a special period right now because of the gang conflict in Copenhagen, and many of the young guys, who are registered as gang members are not allowed in the Motivational unit. They are allowed to participate in POM, but have to sit in special gang units (Professional, POM).

On average, inmates spend 70 days in the prison, but time spent varies from a few days to several years. As another professional says, “*it is a big house with a huge flow*”. This condition can make it difficult to follow the treatment plan.

All inmates in the Motivational unit are male. Female inmates with drug problems, who are under the age of 25 are rare, and are according to professionals (informal interviews) in many instances too affected by other life circumstances (e.g. prostitution) to be in the same premises as the young male participants.

2.6/ Who delivers the intervention

Treatment is delivered by ‘in house’ professionals with different educational backgrounds and professional experiences. Currently, treatment staff consists of social workers as well as social pedagogues with special drug treatment training, and in some cases also other relevant training, e.g. in relation to mental health / psychiatric issues. It is repeatedly emphasized by the POM staff that treatment services are delivered ‘in house’ and not bought externally – which is the usual way in the Danish Prison Service. According to professionals, being anchored in the CJS means that they are more familiar with, and knowledgeable of the prison context, and also that they have access to CJS information about their participants (e.g. previous drug treatment experiences) from the CJS monitoring systems.

It is fair to consider if the fact that POM professionals are employed by the CJS means that POM participants are less likely to trust their treatment providers? However, participants generally gives the impression that they distinguish sharply between prison guards/CJS staff and POM professionals. Whereas the former are associated with ‘the system’, most often in a negative way, the latter are presented in an overall positive way. We will elaborate further on this in the section “The solution to the problem – and the methods used”.

Besides trained professionals, three student assistants are employed, two work as sports coach and one with project documentation.

2.7/ Theoretical basis of POM

Prochaska & DiClementes (1986) concept of change is fundamental in POM ('the wheel of change'). So is an emphasis on relationship formation/therapeutic alliance. Together with motivation for change and voluntariness, motivational interviewing (MI) (Miller & Rollnick, 2004) and cognitive therapy (Beck, 2007) are put forth as central methods in the accreditation report (2009). Especially MI and cognitive therapy are emphasized as central by professionals. However, it also stands out that how these approaches are actually utilized varies between professionals. Furthermore, professionals also draw on their experience, expertise and knowledge of alternative treatment approaches, depending on the need and situation of the individual participant. It is, at the same time, stressed that as a professional working with people in custody, has to be careful and very aware of the vulnerability of the situation they are in, e.g.:

On paper, we work with cognitive therapy and MI. This is always our starting point. Whether it is mostly one or the other depends on the specific participant. As a treatment provider, you need to see the little steps; in a 30 minutes session, maybe only a third has actually to do with drugs. The rest is often care and support. Sometimes it is possible to be strictly focused on the goal by means of cognitive therapeutic tools. But it depends so much of the state of the participant and their experience with being in here...
(Professional, POM).

While some professionals emphasize that MI is now more pronounced than earlier (due to goals on keeping participants in treatment), at the expense of cognitive therapy, the cognitive framework is officially described as the overall treatment framework in POM due to its strong evidence base. The cognitive framework embraces a focus on good therapeutic alliance, and clarifying motivational efforts in cases of change/treatment ambivalence.

However, the described approaches are thought of, both by professionals and in official documents such as the accreditation report (2009), as mixed up in practice. The actual weighing of theories is assessed in relation to individual participants' readiness for change. Furthermore, professionals mention that some aspects of the cogni-

tive treatment manual/work assignments can in some cases be difficult to use if participants do not have a proper level of education (reading, writing etc.). Thus, professionals explain that they need to be somewhat creative in their adaptation of the cognitive framework to the individual participant.

2.8/ Quality standards and evaluations

POM was accredited in 2009, and thus evaluated by external evaluators in relation to the quality standards of the Danish Prison Service, regarding: Theory/model of change; ethics; target groups; methods/concrete approaches; duration/structure/intensity; individual planning and coordination; documentation and quality assurance; staff, corporation and working environment. In terms of ongoing evaluations, the most recent annual report is from 2016. The report builds on data collected systematically by POM. Quarterly reports are available at POM's homepage (<http://www.koebenhavnsfaengsler.dk/>). In January 2017, new evaluation forms were introduced in order to obtain more qualitative responses from participants regarding their experiences of participation in POM. The aim is to gain further knowledge on two of POM's five success criteria¹ of which criteria four is that minimum 75% of participants have experienced positive treatment effect following the basis program, and criteria five is that at least 75% of participants who follow group sessions find them recommendable. Furthermore, there is project steering group meetings every 6th month, with the participation of POM's manager, two professionals, one external counsellor, one external researcher, and two representatives from the Prison Service. The aim of the steering group is primarily to provide external feedback from different stakeholder- and professional perspectives.

It should be noted that POM representatives emphasize that the growing number of community based anonymous treatment initiatives makes it difficult for them to evaluate and register how many of POM's participants are enrolled in drug treatment after they are released from prison.

According to professional interviews, the fact that POM is accredited is not something that mark their everyday work in any significant way. When it does, it is mostly in terms of registration and documentation of their work, as well as an overall awareness of POM

¹ Success criteria 1: minimum 90% of participants who are transferred to another institution in the CJS continue in a relevant treatment initiative. Success criteria 2: Minimum 50% of participants who are released to freedom continue in a relevant treatment program. Success criteria 3: Minimum 300 participants a year finish a minimum 6-week treatment program in POM.

results (flow of participants and their continuation into other interventions after POM). In terms of intervention content, cognitive therapy and MI are pointed out as an overall CJS demand.

3.0 Defining the problem and identifying the challenges and opportunities: POM

3.1/ What is the problem understanding and its perceived causes

In POM, drug misuse (including addiction) is officially seen as a solvable issue, and treatment as a process which may involve periods of relapse. It is underscored that types of and reasons for drug misuse differ across the target group, and that this requires high levels of flexibility in terms of treatment methods and theoretical understanding. These official views are also reflected in interviews with POM professionals.

Furthermore, they repeatedly underscore that being in prison, especially for the first time, is a vulnerable situation, and that this circumstance needs to be considered in terms of how they approach the young POM participants:

Every time an inmate leaves their cell, they will have to keep themselves together, so I need to be careful in terms of what we go into (in the treatment session). Therefore, I am very considerate in terms of how far I go into personal stuff, simply because they may become too exposed in relation to the other inmates. (Professional, POM).

Similarly, other professionals stress that care and support are important aspects in their sessions, and that learning how to navigate in prison life and the prison setting is a big challenge for some of their young participants. This experience is also largely reflected in the interviews with POM participants, many of whom stress that what is helpful to them is to have the opportunity to talk about what is going on in their lives and how to “*move on in life*” more generally, e.g. in terms of personal life, family relations and education, and to get emotional support:

I use POM to get a hold on my thoughts, right. To get rid of some of my frustrations (Participant, POM).

Furthermore, aspects such as poor schooling, mental health issues / psychiatric diagnosis, problematic family and peer networks play a key part in the professionals' problem understanding. Drug use, in other words, are considered as a 'symptom' of other problems, e.g.:

I definitely view drug misuse as a symptom of other problems. It might not always be the case, but it usually is. Those who are easiest to help are those who do not carry a big load of other issues. I know them from my experience outside of prison. [...] They are not as fixed in their habits and ways of life. So, I often think that drug misuse is a symptom, but with a persistent effect (Professional, POM).

As mentioned earlier in this report, POM data shows that approximately half of its participants were not known or familiar with the treatment system before entering POM. This group was mainly below the age of 25, mainly cannabis users and from non-Danish ethnic background. Cannabis, but also amphetamine, heroin, cocaine and alcohol are the drugs most frequently used by POM participants. NPS appears to be absent, both in POM statistics and in the experience of POM treatment providers. Also, there is no mentioning of NPS in the interviews with POM participants.

Contrary to the overall view on the relationship between drug use and crime in POM (that addiction 'in itself' leads to criminal behavior), for this group it is the 'criminal lifestyle' more than the use of drugs that constitute their main problems. The relationship between drug use and crime is, in other words, perceived to be quite different in official POM documents and by treatment providers. In order to accommodate the needs of this group of participants, POM has experimented with not per se working with drugs as a main treatment fulcrum point. Similarly, POM participants emphasize that it is more helpful for them to focus more broadly on their life situation than to focus only on drug use:

At first, she (treatment provider) was very keen on the whole treatment issue. But, then I told her to cut it off. If you want to catch my attention, we will have to focus on my life, my person, what has happened to me (Participant, POM).

Solutions and methods are elaborated below.

3.2/ The solution to the problem – and the methods used

The accreditation report stresses that POM is not based on any religious assumptions, but is based in a so-called humanistic understanding implying that change is enacted in relation to thoughts, emotions, body and behavior. POM is oriented towards treatment adaptations to the needs of individual participants, e.g. by mapping

out individual wishes in relation to change. In terms of the relationship between participant and treatment provider, respect, equal worth, non-prejudice and trust are emphasized as central values and connected with an aim to 'empower' the participants. This approach is also reflected in different ways in the interviews with POM treatment providers, e.g.:

I prefer to see them instead of placing them in some box or category. Actually, I aim to be neutral around their problems with crime. I want to work with it, yes, and it is often closely connected with their drug issues [...]. But you have to focus on the sum rather than the parts, right. (Professional, POM).

As part of this, being met in a trustful, caring and unprejudiced manner is experienced as crucial by POM participants, many of whom stress that having a positive relationship with POM professionals who are able to meet them in a flexible way, and are able to 'bend the rules', is key:

The counselor I have now does not always play it by the book, she is not as square. We just talk things through, what my view on it is, which means that it is actually possible for me to get it all out [...]. She listens. I like that. [...]. Let me put it like this: I have come to hate the system while I have been in here [...] and when she works around the system. I like persons who can do that [...], we get a closer relationship (Participant, POM).

And:

I see her every week, she comes into my cell, and we talk about my drug use. She asks a lot of critical questions, gives me some assignments to work on. And then we talk about life in general. I like her a lot. She doesn't see me as a bad person. [...]. And that is how I feel: if you treat me with respect, I treat you with respect (Participant, POM).

Also professionals emphasize that it is important to have a positive relationship with the participants, and that it is important that the participants become aware of their problems themselves, rather than having them pointed out by professionals. This implies not being judgmental towards their lifestyles, including their use of drugs,

and accepting that sometimes drug use can have a positive meaning. In the same way, it is important to stress that recovery...:

...is a process, and that it is not something that will just happen overnight in here. Otherwise, they will be disappointed. [...] You have to remember their young age, and in my opinion, if we (POM) are able to lay the ground and maybe facilitate that they cut down on their use or start thinking differently about it, we are well on our way (Professional, POM).

POM is described as holistically oriented (Da.: *helhedsorienteret indsats*) which e.g. means that treatment providers collaborate with other sectors and professionals, both internally and outside the prison setting, such as social workers, health professionals, schools, other prison staff, priests/imams. This is especially emphasized in the context of participants under 25 years of age. Also according to treatment providers, this is important, simply because many of POM participants do not have proper schooling, and because their use of drugs are not a delineated problem, but rather part of a more complex nexus of crime, social relationships, and their general everyday milieu.

3.3/ Involvement of young people in the design, implementation and delivery (user involvement)

User involvement (besides being motivated and oriented towards change) is not described, either in official documents or in the staff or user interviews.

3.4/ How is it to work within the CJS context/being enrolled in an intervention within the CJS

Delivering a drug related intervention in a CJS context is related to a number of challenges. These are described under the headings 'challenges of delivering the intervention' as well as 'problem understandings and perceived causes'. However, one thing which is emphasized by treatment providers as a major benefit is that the structured everyday lives of their participants in prison prevents cancellations and ensures high treatment attendance. It is also stressed as an advantage that drugs are simply less accessible in the prison than outside. This is also emphasized by POM participants.

3.5/ Partnership with other agencies

One of POM's main aims is to ensure bridge-building between its' own pre-treatment initiative and drug treatment either in other prison sections or in municipal contexts.

3.6/ Transition between youth and adult services and/or from prison to alternative measures

Transition-related issues are described under the heading "challenges of delivering the interventions" which follows below.

3.7/ Challenges of delivering the intervention

We have been able to identify a number of challenges related to deliverance of the intervention. These are listed below. Overall, these challenges have to do with the circumstance, that the intervention is carried out in a prison setting and that it is therefore also subject to the general rules and regulations of the prison. In effect, it is at times experienced as difficult for professionals to act and intervene according to their training and professional standards.

- 1) The only requirement to participate in POM is some level of motivation for change. However, it is brought up by professionals that the actual assessment of motivation in the CJS is difficult. One main reason for this is that participating in POM may benefit the participants in different ways, e.g. in terms of release or leave.
- 2) Professionals describe the prison in which POM is situated as "a big house with a huge flow". This condition can make it difficult to follow the intervention plan, e.g. because inmates are moved to other locations with little (if any) notice.
- 3) A key aim in POM is to construct and support participants' future treatment participation. This require close collaboration with partners outside of the prison setting. However, it is experienced as difficult to maintain the wished level of collaboration between the 'closed' prison world and the world outside:

We simply have a challenge in terms of getting them (municipal treatment professionals) to come in here for meetings, and to make them trust our assessments of our participants. They want to make their own visitations in order to evaluate whether they are entitled to treatment despite that we know that they are. [...] Sometimes it feels like we lose our

participants in the process. [...] It is in the transition it gets difficult, even if they become drug-free in here. (Professional, POM).

One way that POM professionals try to compensate for this is to get hold of a mentor, often from a volunteer organization (e.g. Café Exit) or through the municipality. However these volunteers are often not trained in drug use/addiction counseling.

- 4) In the same vein, working within the Prison Service in some cases prevents treatment providers from doing what they, based on their professional expertise, believe is right to do, because it is not possible due to prison and CJS regulations.
- 5) Also, it is stressed that being an inmate have consequences / effects on one's enrollment in other welfare systems and/or which again effects the collaboration between POM and external partners. For example, it challenges the bridge-building process that participants' possibilities in terms of housing after release, are poor, or in terms of ensuring a good match between the individual participant and future treatment possibilities.
- 6) Ethical considerations in terms of what/how treatment providers report on their participants (in the prison service system) and which consequences their statements might have for participants in relation to e.g. probation.
- 7) Being sensitive towards the extreme situation, it is to be in custody and what this does to their participants, e.g. in terms of frustration, sadness, sorrow and anger. As one treatment provider puts it: "*This is a pre-treatment intervention, a motivation oriented intervention, but we are working under extreme conditions*". Similarly, participants expresses a lot of frustration towards the inflexibility of the prison system.

The system is too intricate. If you want something, if there is something you are really motivated to do, and which means something to you in here, you are always told 'no', because it is the easiest for them, I think. You can't do anything about that. [...]. All they do is tell you no, no, no, no. They don't think it's important, perhaps. Or they don't have the resources (Participant, POM).

Thus, some of the motivation for change, which POM aims to build, is potentially counterbalanced by the inflexibility of the prison system.

4.0 Description of intervention B: Fundamentet

Fundamentet (Eng.: The Foundation) is an organization for vulnerable and marginalized citizens or just citizens in despair, as is written on their homepage and in a brochure about the organization (Fundamentet.org, Fundamentet, nn). Fundamentet was founded by Steffen Rasmussen and has existed since 2014 (Fundamentet.org; steffenrasmussen.dk).

Fundamentet is established to rethink social interventions. This is the main objective of what we do. And we do it in different ways. I think we gradually have developed into a place to go, if you do not know where else to go. We are a place to go, if the established (public) system is not sufficient (Professional).

The intervention is housed in a 400 m² venue in the outskirts of inner city Aarhus. Opening hours are on weekdays between 9 am to 3 pm. The venue consist of a homely common area with couches and carpets, looking like a living room, of several rooms used for therapy and counseling, a kitchen and an open office space where the employees have their desk, computer and phone.

There is nothing secret as such here at Fundamentet. That is why we have open office spaces. If we need to talk privately, we can use one of the rooms. Of course, there are things that cannot be talked about on the phone in public, and we have to keep our client confidentiality. But it is also good for our users to hear that we stand up for them, that we speak on their behalf when we for example contact other welfare services (Professional).

There are 8 part time employees (30 hours/week) at Fundamentet, who are there during opening hours, and who are responsible for the different elements that the intervention consists of. Additionally, there are about 75 volunteers who are affiliated with Fundamentet and spend at least 1 hour a week providing counselling, different kinds of therapy, etc. All volunteers are educated and use their skill (for example social worker, physiotherapist, occupational therapist,

psychologist, masseuse) in the work they voluntarily do at Fundamentet. Volunteers commit to work at Fundamentet a minimum 1/2 a year. During the volunteer period they will be offered supervision and can attend the lectures and workshops that Fundamentet organizes.

It is easy to get volunteers. Especially because there is also focus on supervision as further training, lectures and workshops. So there is a lot to gain personally also by being a volunteer here (Professional).

At the time of the interviews, there were about 100 users of Fundamentet and 20-30 daily users.

4.1/ Aim and objective:

The main aim of Fundamentet is to 'take a point of departure in the individual citizen', as one of the professionals notes, to create a space for change for the individual citizen, and to make sure that there is always an open door at Fundamentet.

Of course we have particular elements in the intervention, with staff and volunteers connected to these elements. But our point of departure is always where the individual is in his or her life. Therefore, the elements in the intervention might change according to what is needed by our users (Professional).

The professional continues to explain how users need very different things and need to be met in different ways.

It is important to offer users as many ways as possible to participate here at Fundamentet. To make the intervention as broad as possible. We set the bar low to start with, so all can participate (Professional).

Therefore, Fundamentet also consists of three main elements focusing on different ways of creating opportunities for change.

The three main elements:

In order to meet new comers in Fundamentet on 'their terms' there are three different elements in the intervention. Two of these interventions aim at helping the user on an individual basis, the third one is based on social activities. The reason is to accommodate that some users are not ready to be integrated into social activities,

but need individual therapy or counselling and help to navigate in the other welfare systems he or she is also enrolled in. Others are not ready to look inwards and go into e.g. therapy, but need to get out every day and see other people.

The three elements are: 'The treatment space' (Da.: behandlingsrummet), 'Help for citizens' (Da.: Borgerhjælpen) and 'Space for change' (Da.: Forandringsrummet). And, of course citizens are also welcome in the opening hours, just to hang out and drink coffee for a while.

The idea with the 'Treatment space' is to: a) offer different kinds of physical and psychological counseling to citizens who do not have the means to attend regular treatment facilities but are in great need of help; and b) that therapy can help facilitate change in ways that other kinds of interventions cannot.

Therapy can solve a lot of different things that cannot be solved by an employment consultant or a social worker. Therefore offering therapy is one of the greatest successes at Fundamentet (Steffen Rasmussen in Stiftstidende 2016).

There are more than 50 therapy sessions each week at Fundamentet, including psychotherapy, occupational therapy, and massage. It is free of charge and users can be anonymous if they prefer. Also, users do not need a referral from a General Practitioner. At the time of the interview, there were about 65 users enrolled in some kind of therapy in 'The treatment space'

'Help for citizens' is a service where citizens can get practical help (e.g. help to move), but also ask for help to navigate in the public welfare systems they are enrolled in (have a staff or volunteer from Fundamentet to participate in meetings with the municipality, the Prison Service, educational information, or the like).

I often think of our job as a translation job. We are clearly on the citizen's side, but try to translate what the reason for e.g. not getting a service is. That it is about resources or that our user do not fit the target group of a certain intervention. If it is explained properly, we often experience that the user accept this. Especially if it is about economic recourses. Translating between the system and our users can avoid a lot of conflicts between the user and the system (Professional).

The kind of help Fundamentet offers can be for a 'here and now'-problem or more long term help, e.g. to be sure there is always a person from Fundamentet that attends meetings with the user. Again, users can be anonymous, there is no waiting lists (only for therapeutic counseling), and no 'ordinary case management' – meaning no monitoring or journalizing. This is one of the important points where Fundamentet differs from most municipal social and prevention services. They do not have to monitor their clients and keep records (see also below). 'Help for citizens' take a point of departure in what the user wants. As one of the professionals says:

We simply start out with asking what the user dreams of. What is it he or she wants? Whatever it is - contact with the system, get the different systems to talk to each other, or get a doctor's appointment - we start there. We help the citizens to walk the steps, make the phone calls, and set up a meeting with the social worker or the doctor, or set up a network meeting with relevant professionals from different systems. Get a good cooperation going, and help the user to get on from there. This can be quite overwhelming if you are a citizen in a vulnerable situation (Professional).

At the time of the interviews there were about 50-60 users using the 'Help for citizens' element of Fundamentet.

'Space for change' (Da.: Forandringsrummet) is a course with a holistic approach that focus on helping users with complex problems, get the young person closer to get a job or in education, as well as increase quality of life, self-insight, decrease drug use, and secure a more stable economic situation. The point of departure is trust, openness and care for the young people. The initiative consist of different kinds of social activities, including fitness training, outings, common meals, etc. But also counselling with a social worker and getting a contact person. It is possible to participate in mindfulness training, learn to play a guitar, or other activities where the user interacts with other users and staff and/or volunteers. Most young people enrolled in the 'space for change' struggle with loneliness and the idea is to create a 'healthy community' that is not centered around drugs or being in groups where no one is in a job or enrolled in the education system.

Space for change can be seen as a 'practice track' in relation to be able to attend and participate in a

course – as all participation in Fundamentet is. If a user is enrolled in a course in the psychiatric system, for example, poor attendance can result in discharge from the course. So, if you are not able to attend, the user will not get the help he or she needs. So, we work with attendance and if they do not show up, we contact them and talk with them about what prevented them from attending and how we can help them with this, without battering them on their heads. They know that too well. But it is an immensely difficult task to do (Professional).

At the time of the interviews there were about 35 young people connected to 'space for change'.

4.2/ Target group description

The target group at Fundamentet is very wide, however, according to the professionals, the majority of users of the initiative are young people.

The 'target group' is a bit special here at Fundamentet, since we do not actually operate with a specific target group. Besides being over 18 years of age. But when this is said, 99,9 % of our users are young people who receive some kind of welfare benefit (Professional).

Users at Fundamentet are voluntarily there. They have heard of Fundamentet, e.g. from others in their network, and show up because they want help to something in their life. Only a few (maximum 10 young people) are referred to by municipal services. Therefore, the users' motivation and willingness for being there is their own.

I tell you, the users are really keen, but it is so hard for them. So hard! So, support and help is the way to go. It is small steps, and it takes time. It is also therefore we do not have a limit on how long time they can be connected with us and that they can come again, if they discontinued (Professional).

The professionals also highlight other characteristics of the target group: that they have been in and out of welfare services most of their lives, resulting in that many of these young people have experiences of having many and constantly changing social workers, that they have told their story (too) many times and often have had

experiences of not being listened to, understood or taken seriously. Because of their lack of secure and stable upbringings they have not learned 'basic social rules' or 'manners' which make them appear as non-co-operative and difficult to work with. And, as one of the professionals also highlight, the ones that have used drugs since they were teenagers are emotionally still teenagers, even though they are in their twenties.

While many of the participants in Fundamentet have used or use drugs, not all do. Also, not all have been in touch with the criminal justice system, but it is not uncommon that users have been in prison and are in supervision at the Prison Service or have electronic tag.

4.3/ Funding and organization of the intervention

Fundamentet is a voluntary organisation consisting of members and a board. The board is the main governing body in Fundamentet. All members can run for the board and be elected for a 2 year period. The chairman of the board is elected for a 3 year period. All can become a member of the organization as long as one subscribes to the by-laws. The minimum member fee is 3 € per month. At the time of the interview, there were about 300 members.

The board, however, became a working board only recently. Fundamentet started only four years ago. Many things had to develop and grow, so getting the board to work was not our first priority. But it is working now, and we are also working on setting up member democracy so that members can have a say in what Fundamentet should be. I think that will create a lot of energy and dynamic between the members, volunteers and the staff (Professional).

There are several important reasons for being a volunteer organization: that it sets Fundamentet free to try out new and innovative approaches to social work; and, importantly, that they can offer users anonymity and that they do not have to monitor any users. By not being subjected to The Public Administration Act because they are a voluntary organization, means that they can decide a lot themselves about how to run the place (e.g. not journalizing, not monitoring).

Being known is important since Fundamentet is based on external funding and donations. They have a 5 year funding scheme from Aarhus Municipality (100.000 € pr. year), but the rest of the 500.000 € budget comes from private funds and donations, especially from

the business community. Besides the funding from Aarhus Municipality, Fundamentet is also funded with a considerable amount every year from a private business, which makes them able to plan and organize 5-7 years ahead.

It is a privilege to be able to plan ahead, especially since it is a huge responsibility to start up a lot of things for this group of citizen. If we were not here tomorrow we would leave a big hole for our users. So it is important for us to become a stable and long lasting organization (Professional).

As we shall see below, the way Fundamentet is organized and funded releases them (almost, but not quite) from being subjected to demands of monitoring, evaluations and following particular quality standards. This is a deliberate chosen position, they want to be independent, decide their own target group, and have freedom of methods.

We see it as a strength that anyone can come without being registered and get a record. They can be anonymous, and it has a huge effect that we help them with what they want to be helped with. We do not start by reading their record. But we see a human being asking for help (Professional).

Freedom of methods does not mean that they do not use any methods at all, but rather as one of the professionals say: the freedom to see the individual, and together with him or her plan what is needed.

4.4/ Theoretical basis of the intervention

It is not just about us helping out the young people that come here. It is basically about the young people's interest in being and becoming part of the society they live in. If you believe in that you have a value, then things are possible, then change can happen (Professional).

The employees at Fundamentet do not work with a particular method or particular sets of methods. But the employees use their educational skills (e.g. social work) and the team of employees represent different kinds of educations. The volunteers use their education as well and their voluntary work is based on what their educational background is.

We represent very different disciplines and approaches, and each of us come with different theoretical backgrounds. We see this as a strength. But it does not mean that the initiatives we offer are not goal oriented, efficient and coherent. Our target group is very varied, so we need very varied approaches in order to tailor individual offers for our users (Professional).

Fundamentet works with a set of values. The most important values are compassion, presence and empathy. And according to the two interviewed professionals subscribing to these values are very important when both new employees and volunteers are hired. The idea is to create a trustful relationship with the young person that shows up at Fundamentet, and make the user feel that he or she is listened to and taken seriously.

We think a lot about how we can do our job in a responsible and proper manner. It is a huge trust that the users show us, by coming here voluntarily and ask for help. We do our best to live up to this. But of course we can make mistakes. But when we do, we reflect on what went wrong and how we can change these processes so we can learn from it (Professional).

You need to dare enter into relations with these young people, emotionally. Not in an intimidating or personal manner. But with a deeper more intense form of empathy (Professional).

Another factor that is highlighted in the interviews with professionals is that many – both employees and volunteers – have a personal motivation for working there. Many grew up in homes with abuse, alcohol or drug misuse. So they have experiences of the same kind as the users they help. In this way, as one of the professionals says in the interview, it is easier to meet the young person where they are, but also to act as role models, since they were given similar conditions when they grew up, but made changes, followed possibilities, and now live ‘ordinary’ lives. While the staff’s background is not enough to be employed or a volunteer at Fundamentet, it can support the way that Fundamentet wants to approach the users, create trust and understand their conditions, and work with them (slowly) on the users’ own terms.

As any employee in welfare services in Denmark, staff and volunteers at Fundamentet have an obligation to report to social services.

The two professionals also emphasize that the most important features when choosing new staff or volunteers is a genuine interest in the young people and that they share and can work with a point of departure in Fundamentet's basic values.

4.5/ Quality standards

As mentioned above, Fundamentet does not have to comply with particular quality standards since they are a voluntary organisation. They have, however, a cooperation agreement with Aarhus Municipality, who can make surprise inspections, because of the funding from the Municipality. They have not been subjected to inspection, but are also not worried about it, as they try to be as transparent an organization as possible.

4.6/ Where delivered

Please see above in the Introduction to Fundamentet.

4.7/ Short history

Please see above in the Introduction to Fundamentet.

4.8/ Who delivers the intervention

Please see above in the Introduction to Fundamentet.

5.0 Defining the problem and identifying the challenges and opportunities: Fundamentet

5.1/ What is the problem understanding and its perceived causes

There is a focus on *complex problems* at Fundamentet. The young people that show up and ask for help do not have one problem, but often several. Drug use is not in general seen as the cause of problem, but more often recognized as a way to deal with a troubled life and upbringing.

The problems users have often fall between two chairs in the public system. There is a focus on the way that public services often categorises singular problems (e.g. drug use, psychiatric problems, social problems) and are often only geared to take care of that problem (e.g. drug use or criminality). But young people with complex problems are then either enrolled in several welfare services which requires coordination, or they cannot be enrolled since they have too many other problems (e.g. not being enrolled in the psychiatric system, because they have a drug misuse), or the service they are enrolled in do not take care of other problems than the one they are supposed to handle.

The Prison Service, for example. If a user cannot be drug free, it is not possible to serve a sentence with an electronic tag, since this must be without a hitch. But the Prison Service is not interested in why the person uses drugs. I have experienced with one of our users that as soon as the electronic tag was off, he was back on drugs. So, we see our job to create a cooperation between drug treatment service, the Prison service and the young person (Professional).

The problem understanding is not only related to the user, but also to the welfare services and the fact that these often have particular purposes that do not fit the complex problems young people might have.

Drug use and poly drug use is part of the complex problems that users struggle with. It can be daily cannabis use with use of other drugs at the weekend. It can be an extensive use of alcohol. Or it can be use of more hard drugs and/or prescription drugs. The users

can be enrolled in drug treatment, including substitution drug treatment. The understanding of drug problems at Fundamentet is that it goes up and down for the users, they use more or less in particular periods, or they change their (poly)drug use habits. Drug use is not a constant practice. If users show up at Fundamentet under the influence of alcohol or drugs an employee will have a private conversation with him or her and if necessary drive him or her home to sleep it off. The conversation will especially be about how to treasure the community at Fundamentet and to avoid being intoxicated when participating in activities at Fundamentet.

Overall Fundamentet is not focusing a lot on 'causes', but more on the variety and differences in the complex problems that the young people show up with. Fundamentet focuses more on the conditions that the young people are in and what this requires of the intervention.

5.2/ What will the solution be to the problem understanding

The solution to complex problems is for Fundamentet to take a point of departure in what the young person wants and finds most pressing, and to tailor the intervention individually from this. This is where the 'window' is, the opportunity to create a way for change. The solution to the experience that users often fall between two chairs, is to act as a kind of case managers and/or 'translators' as described above and participate together with the user in meetings and/or setting up network meetings between the relevant welfare services and try to make them co-operate.

In relation to drug use, the general approach to this at Fundamentet is that drug use is not the main problem. Therefore, the point of departure is seldom the drug use. But if the user wishes, Fundamentet will also help the user to contact drug treatment services.

5.3/ What methods are suitable to prevent this

As described above this depends on the individual user's needs. Whether it is an individual or social intervention, and also what the first and most pressing problem, the individual wants to get help to solve, is.

5.4/ Challenges of delivering the intervention(s)

Since almost all users at Fundamentet are there voluntarily, the professionals do not experience a lot of challenges delivering the service. However, professionals do mention challenges in cooperating with other welfare services. Especially focusing on the challenge

described above, that welfare services often function in relation to a singular problem (e.g. drug use or criminality), not to handle citizens with complex problems.

5.5/ Partnership with other agencies

Fundamentet has a formal partnership with the job centre (the municipal employment service), who is the agency that refer young people to Fundamentet.

5.6/ Involvement of young people in the design, implementation and delivery (user involvement)

Users are not involved explicitly in the design of the Fundamentet. But users' needs and wishes are taken as point of departure in the intervention.

6.0 Conclusion

We will in the following highlight, compare the most important characteristics and findings from the two chosen interventions.

Organization and basic funding sources

On this point Fundamentet and POM differs:

- Fundamentet is a voluntary organization based primarily on private funding organized with a board and paying members. Fundamentet operates in the community and is run by 8 employed staff and about 75 volunteers. There is about 100 young people participating in Fundamentet at the time of the interviews. Participants are there on a voluntary basis. Only a few (about 10) are referred to by the municipal services.
- POM is run and funded by the Prison Service. POM has a steering committee which act as an advisory board. Staff are employed by the Prison Service, but specifically to run POM. There is about 150 enrolled in POM at the time of the interviews. All participants are volunteers.

Basic approaches to the participants

- The only requirement of participants in both interventions are that they are motivated for a change. It can be whatever change. It does not have to become drug free or getting out of a criminal trajectory. The important thing is that the young person wants a change. Both initiatives see this as an opening for more long terms changes.
 - Both interventions operate with a holistic approach (Da.: helhedsorienteret tilgang) to the young people participating in the interventions. This means in particular, to take a point of departure in the young person's everyday life and how to help the young person to manage everyday life. Therefore, professionals (try to) collaborate with other sectors and professionals in the community/municipal social, educational and health services that can provide help for the participant (a place to live, treatment, education, job, etc.). POM also
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collaborate with other professionals internally in the prison setting. This is combined with:

- Both interventions take a point of departure in the individual and his or her needs and wishes. This means in particular that there is no predefined point of departure in the intervention, but that both interventions offer a wide range of initiatives.
- Both operate – but define and talk about it in slightly different ways – from or with a set of values. Trust is (the most) highlighted by both interventions. Creating a trustful relationship with the participant is basic for change. Trust is also highlighted by participants as important for them. Other values highlighted by POM are respect, equal worth and unprejudice. Fundamentet highlights values as compassion, presence and empathy. While the values are not necessarily alike, both initiatives take a point of departure in a set of values that is important for the way professionals approach and creates relationships with participants.

Theoretical approaches

- POM and Fundamentet operate in very different ways, when it comes to theoretical approaches.
- Fundamentet operate with what they call ‘freedom of methods’. This implies that they do not employ and base their work on particular evidence based methods (as POM). They base their work on the educational skills of both staff and volunteers, and the approaches he or she is trained in. Freedom of methods does not mean, however, that Fundamentet is not ‘goal oriented, efficient and coherent’, as one of the professionals said.
- POM take a point of departure in cognitive therapy and motivational interviewing, the latter being the dominant method used at the moment. Evidently, as one of the professionals said, since POM is a pre-treatment program that should motivate participants to go into treatment.

Evaluations and quality standards

Here POM and Fundamentet differs.

- POM as part of the public sector is subjected to evaluations and are obliged to monitor and keep records of participants.
 - Fundamentet, as a voluntary organization, do not have to monitor or keep records of participants, but can offer full anonymity for participants. Fundamentet do not have to be
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evaluated either, but in order to get funded, as the professionals underline, Fundamentet needs to deliver results with their participants.

Challenges in delivering the intervention

The challenges experienced by POM and Fundamentet differ, but challenges are experienced by both initiatives:

A common challenge that both initiatives experience is the issue when a young person turns 18 of age. Then the person is transferred from services for adolescents to services for adults. Since many of the participants in both initiatives were in contact with services for adolescents, it is experienced as a huge transition to go to adult services. This means, e.g. going from secured institutional settings to prison (for details see WP4 national report), to go from care to own home, from one treatment system to another, etc. Especially Fundamentet is dealing with these kinds of transitions in their service 'help for citizens'.

Specific challenges for POM are:

- Being placed within a prison and under the Prison Service sets a particular framework for POM and the delivery of POM as a service.
 - One of the main challenges is that POM is placed in a remand prison and that participants can either be released or moved to another prison when they receive their sentences. The uncertainty of the participants' near future is a challenge in relation for cooperating with treatment institutions in prisons as well as in community.
 - Another is, that being imprisoned and the stress connected with this might be the biggest problem for POM's participants, not their drug use. Participants ask for help to deal with prison life, rather than help to reduce or quitting drug use.
 - Prison rules and regulations always holds priority, which might not comply with POM offers, e.g. creating a trustful relationship.
 - It is a big challenge that community services put imprisoned citizens 'on hold'. Meaning that they do not follow the citizen during a period of imprisonment, but only deal with them again once they are released. This can create a huge risk of losing citizens between

- release and enrollment in community social and treatment services.
- POM is subjected to evaluations and poor evaluations can result in ending the initiative.
- The challenges experienced by Fundamentet is connected with their funding situation. Not constraints in relation to being part of another system.

Problem understanding

There is a high degree of overlap in relation to problem understanding in POM and Fundamentet. Drug use is in Fundamentet seen as part of the complex problems that the young people experience. They are not particularly interested in the causal relationship is between these problems (e.g. is drug use the cause of other problems or are other problems the cause of drug use), but rather in how can these complex problems be approached? What kind of help does the young person ask for? POM see drug use and the reasons for drug use as different across target groups, which requires high levels of flexibility in terms of treatment methods and theoretical understanding. POM also takes a point of departure in the young person's own wishes and what kind of problem they want help to tackle.

Overall, however, both POM and Fundamentet relate the problems that the young people have to other life circumstances and aspects such as poor schooling, problematic family and peer networks, mental health issues / psychiatric diagnosis. Drug problems are generally considered to be a 'symptom' of these problems.

Solution to the problem

The solution to the problems are related to the holistic approach, the point of departure in the individual's own understanding of what is needed, and the values as described above.

Concluding remarks:

It is interesting how both initiatives take a point of departure in the individual and his or her problems, both have a holistic approach in their work, and both operate with particular values that are not (necessarily) related to particular evidence based methods.

7.0 References

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