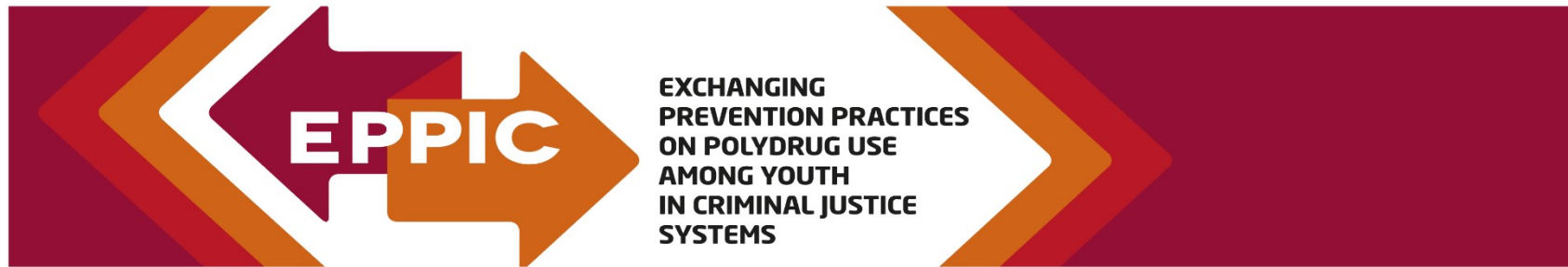


FACTORS INCREASING AND DECREASING SUBSTANCE USE AMONG YOUNG PEOPLE IN CONTACT WITH CRIMINAL JUSTICE SYSTEM

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ADOLESCENT CLINICAL AND HEALTH PSYCHOLOGY, OVIEDO, 14-16
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- **Collect and disseminate** knowledge and evidence for effective approaches and interventions in criminal justice system (CSI) targeting young people aged 15-24 who consume drugs
- **Analyse** the potential of identified initiatives and assess them against existing European Drug Prevention Quality Standards
- **Identify intervention points** within the drug using trajectories
- **Assess** transferability of intervention models and new guidelines across countries and cultures.
- **Initiate** a European knowledge exchange network for practitioners and stakeholders working with young people in the criminal justice system.

EPPIC PARTNERS

- **DRUG AND ALCOHOL RESEARCH CENTRE,
MIDDLESEX UNIVERSITY (UK) - COORDINATOR**
- **CENTRE FOR ALCOHOL AND DRUG
RESEARCH, AARHUS UNIVERSITY (DENMARK)**
- **ECLECTICA (ITALY)**
- **EUROPEAN CENTRE FOR SOCIAL WELFARE
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- **FRANKFURT UNIVERSITY OF APPLIED
SCIENCES (GERMANY)**
- **INSTITUTE OF PSYCHIATRY AND NEUROLOGY
(POLAND)**

FOCUS OF THIS PRESENTATION

- **QUALITATIVE ANALYSES OF IN-DEPTH INTERVIEWS ON LIFE TRAJECTORIES OF YOUNG PEOPLE IN TOUCH WITH CJS IN POLAND**
- **FACTORS THAT MAY INFLUENCE DRUG CONSUMPTION TO INCREASE AND TO DECREASE IDENTIFIED IN THE POLISH EPPIC STUDY**

RECRUITMENT SITES - POLAND (51 INTERVIEWS)

RECRUITMENT SITE	NUMBER OF INTERVIEWS
NGOs, WARSAW	11
NGO, GDAŃSK	4
EDUCATIONAL CENTRE FOR JUVENILE OFFENDERS, WARSAW	5
FORENSIC PSYCHIATRY HOSPITAL FOR THE UNDER-AGED OFFENDERS, GARWOLIN	9
MALE PRISON, WARSAW	12
FEMALE PRISON, LUBLINIEC	10

SOCIO-DEMOGRAPHIC COMPOSITION OF THE SAMPLE

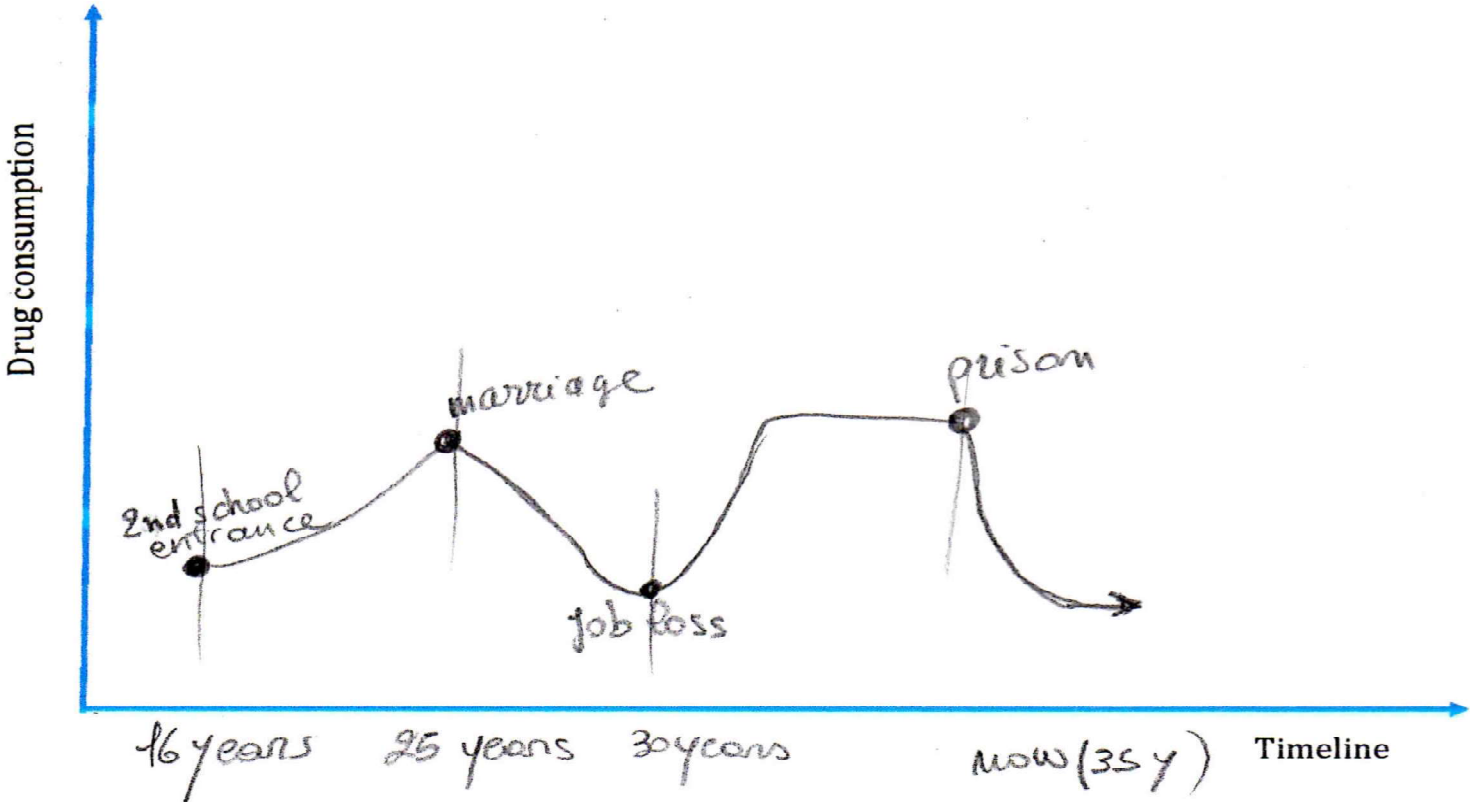
GENDER	AGE	PARTNER	CHILDREN	EDUCATION
M – 31 F – 20	15-17 - 20 18-25 – 31	Yes - 12 No - 39	Yes – 8 No – 43	None – 1 Primary – 34 Secondary – 12 High – 4

CRIMINALITY

TYPE OF CRIME	NUMBER OF RESPONDENTS
THEFT	15
VIOLENT CRIMES (E.G. ROBBERY, ASSAULT)	9
AGGRESSION	6
DRUG POSSESSION	5
DRUG DEALING OR TRAFFICKING	4
BURGLARY	3
OTHER	5

LIFE TRAJECTORIES AND DRUG USE

Graph on drug trajectories and life events



INCREASING FACTORS

- **PSYCHOACTIVE PROPERTIES OF DRUGS**
- **FAMILY PROBLEMS**
- **DRUG USE PATTERN WITHIN FAMILY**
- **PEERS' IMPACT**
- **AFFORDABILITY OF NPS**
- **LOW DETECTABILITY NPS**
- **REBELLION AGAINST THERAPEUTIC REGIMES**

PSYCHOACTIVE PROPERTIES OF DRUGS

- PLEASURES

Drugs gave me a sense of self-confidence, sharpened my senses, gave me a better sexual experience (PL_34_PRI.1_M_24).

- ADDICTIVE PROPERTIES OF DRUGS

Well, this (amount of) amphetamine did not work on me anymore, such small amounts did not work anymore. I needed more (PL_47_PRI.2_F_21).

- PROBLEM-SOLVING PROPERTIES OF DRUGS

Marijuana helped to feel better during depression. At the age of 22, I smoked everyday (PL_05_CS1_M_24).

When I quarrelled with my mum I used marijuana to calm down (PL_34_PRI.1_M_24).

FAMILY PROBLEMS

- **CONFLICTS BETWEEN PARENTS**

In the meantime, the parents began to divorce, so I started to smoke (marihuana) again (PL_07_CS1_M_24).

- **REJECTION BY PARENTS**

I was taking drugs, escaping. I escaped from the orphanage to my mother. My mother did not visit me for 4 years. My mental breakdown lasted for a year (PL_20_HOSP_M_16).

- **LOST OF A FAMILY MEMBER**

I lost my brother when I was 14 years old and at the age of 16 I lost my mother. My mother kept up my spirits as long as she lived. I do not have contact with my father, he is in the therapy, he does not care about us (PL_30_PR1_M_23).

- **INTER-GENERATION CONFLICT**

My parents are so conservative, that's why I wanted to free myself from them a little, so I started to take more often and a lot of these substances (PL_02_CS1__F_20).

PEERS' IMPACT

- **DRUGS AS A SYMBOL OF BELONGING TO PEER GROUP**

I was in the company where marijuana was an inseparable element (PL_03_CS1_M_19).

I clung to the older peers, I was looking for a position in the city (PL_32_PRI.1_M_21).

- **DRUGS AS AN ELEMENT OF COLLECTIVE LEISURE**

In the beginning I used it at discos, every two weeks I met with friends. But then I saw these friends every day and every day we took drugs, as it all became a habit (PL_42_PRI.2_F_25).

I wanted more entertainment with friends, I wanted to be more entertaining, then I also started to buy friends for this amphetamine to go with them to the party (PL_45_PRI.2_F_24).

AFFORDABILITY OF NPS

- *I started taking mephedrone nasally. Because it was cheaper and stronger (PL_24_HOSP_M_17).*
- *Once I came to the prison, I smoked NPS. I took mephedrone to clonazepam but I had to limit. I don't like NPS. But in the prison these are cheapest ones. However, if you have money, you can get heroine (PL_35_PRI_M_23).*

LOW DETECTABILITY OF NPS

- *Marijuana comes out on tests and NPS do not, I started taking NPS. Also a lot (PL_17_CS2_M_16).*

REBELLION AGAINST THERAPEUTIC REGIMES

- *After treatment, I took even more. Every therapy was followed by the increased use (PL_23_HOSP_M_17).*
- *As I was taking, I did not care about this therapy. I said that they tell me what the consequences are. I know everything but I will take drugs anyway (PL_16_CS2_F_16).*

DECREASING FACTORS

- **NEGATIVE EXPERIENCES OF DRUG USE**
- **FAMILY IMPACT**
- **PEER INFLUENCE**
- **LIFE EVENTS**
- **TREATMENT**
- **PRISON SENTENCE**

NEGATIVE EXPERIENCES OF DRUG USE

- *I had such a sharp poisoning, 5 days I was unconscious. And after these 5 days it took me a long time to start smoke again. (PL_03_CS1_M_19).*
- *I was suffering from coughing, I was uncomfortably breathing (PL_15_CS2_F_15).*
- *I passed out [after NPS use], I was spinning, screaming and I did not remember at all, I had a terrible psychological pain. And later I passed out and woke up in the hospital. So I'm not taking it anymore. Generally, I do not need this (PL_18_CS2_M_16).*
- *I tried NPS. It was too strong for me. I had depression and anxiety. I did not like. (...) I do not like NPS, but in prison they are the cheapest (PL_35_PRI.1_M_23).*

FAMILY IMPACT

- PRIMARY FAMILY

As I remind myself, when my mother found out [about the use of mephedrone] and broke down and went to hospital. I do not want to repeat it again. Dad was terrified too. He did not know what to do, grandma did not all the more (PL_19_CS2_F_16).

- PARTNER

When I met a girl, there was O.K. for 2.5 months. After a year she found out [about the problem with drugs] and said she would have left me. Then I spent the entire holiday at home (PL_32_PRI.1_M_21).

PEER INFLUENCE

- *I remember that I went to school and my friends wanted to protect me from taking drugs ...Then I met friends who only smoked [marijuana] (PL_46_PRI.2_F_19).*
- *I met a new company that did not take (PL_23_HOSP_M_17).*
- *I talked to people from the (prison) cell and they told me not to use it, that it was my chance (PL_30_PR1_M_23).*

LIFE EVENTS

I realized that I had lost a woman and a child. I started to getting me down. Then, I decided that I had to change it (PL_31_PRI.1_M_23).

I could refuse myself [NPS use] for children's sake, to be with children (PL_44_PRI.2_F_24).

And when I found out that I can go to the United States, my point of view had changed a bit, because I realized that I can not smoke marijuana, because it will practically have ruined my plans (PL_08_CS1_M_17).

TREATMENT AND/OR PRISON

- *And finally, after a long work on therapy, we came to the conclusion that taking is pointless. And now I am against taking drugs (PL_16_CS2_F_16).*
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- *It was not possible (to use drugs in prison). It was not even possible to smoke there. ... there was a collapse in the first two weeks, but there were a lot of activities later. You did not think about it (PL_47_PRI.2_F_21).*

LIMITATIONS

- **OPPORTUNISTIC SAMPLING**
- **RECRUITMENT BY THE STAFF OF INTERVENTIONS IS VERY LIKELY TO SELECT „BEST PUPILS” WHO ARE LESS CRITICAL TOWARDS INTERVENTIONS**
- **INTERVIEWS IN SECURED ENVIRONMENT SUCH AS PRISONS, FORENSIC PSYCHIATRY WARDS OR CENTRES FOR YOUNG OFFENDERS MAY HAVE RESTRICTED OPENNESS OF RESPONDENTS**

CONCLUSIONS

- **THERE IS A RANGE OF FACTORS THAT ENCOURAGE YOUNG PEOPLE TO START AND TO DROP DRUG TAKING, INCLUDING FAMILY IMPACT, PEER INFLUENCE COMBINED WITH YOUTH CULTURES AND LEISURE, LIFE EVENTS, ECONOMIC FACTORS, DRUG AND CRIMINAL POLICIES**
- **AGAINST THIS BACKGROUND PSYCHOACTIVE PROPERTIES OF DRUGS DO NOT SEEM TO BE OF PRIMARY IMPORTANCE**

CONCLUSIONS CONTINUED

- **IN RESPONSE, HOLISTIC INTERVENTIONS ADDRESSING A RANGE OF NEEDS ARE RECOMMENDED FOR YOUNG PEOPLE WHO USE DRUGS AND ARE IN CONTACT WITH CJS INCLUDING THEIR EXPECTATIONS TOWARDS PRIMARY FAMILY, PARTNERS, PEERS**
- **DRAMATIC LIFE EVENTS REPRESENT INCREASED RISKS BUT ALSO OPPORTUNITIES FOR APPROPRIATE INTERVENTIONS**

DISCLAIMER

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