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WP4

**EPPIC - Exchanging prevention practices on polydrug use among youth in
criminal justice systems**

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Executive summary

The general policy in Denmark towards preventing young people from drug use and crime is *inter-sectorial* and aims at both prevention and early intervention. Different sectors are involved and responsible in these prevention initiatives, including social services, health services, the Prison Service, employment services, educational institutions, SSP (cooperation between school, social services and police), etc.

It is the responsibility of the 98 municipalities to offer prevention, early intervention, and treatment initiatives for young people involved in drug use, including those in contact with the criminal justice system.

It is the Danish Health and Medicines Authorities (former National Board of Health) that is responsible for providing information and guidance to the municipalities.

The age of criminal responsibility is 15 years. Young offenders between 15-17 years of age should preferably not be imprisoned, but placed in secured institutions.

Prevention, early intervention and treatment initiatives in general operates a holistic approach. This implies that these initiatives should focus primarily on the young person's everyday life and ensuring any problems are resolved, and only secondly focus on drug use and/or criminal behaviour.

There are more young men than women in drug treatment, secured institutions and prisons/jails

Introduction

The aims of this report are to provide an overview of what we know about the following: a) young people in touch with the criminal justice system in Denmark and b) the existing systems and new innovative intervention programmes/projects designed to prevent or minimize drug use and drug related harm among 15-24 year old young people in touch with the criminal justice system.

The specific objective for WP4 is to: 'Collect and disseminate existing knowledge and new data/knowledge on evidence for effective approaches and interventions to address illicit drug use, in particular poly-drug use and use of New Psychoactive Substances (NPS) by young people in touch with the criminal justice systems in partner countries'.

The methods used to gather and collate information for the report include a literature review, an examination of policy and strategy documents, available statistics on young people in the criminal justice system and their drug use, a scoping survey to identify initiatives and stakeholders, and key informant interviews.

The sections below provide an overview of the wider policy context, the legal context and the structure and management of the criminal justice system (CJS), including management of young people below 18 years. In the final section, the report considers prevention and intervention approaches for this target group and concludes with an examination of the issues emerging in examining drug use prevention and intervention for young people in the CJS.

1.0 The Danish policy context

Danish drug control policy is based on the Law on Euphoriant Substances of 1955 and a section added to the Criminal Code (§191) in 1969. Since then it has been illegal to possess, import, or pass on certain substances such as opiates, amphetamines, cannabis and cocaine (Laursen, 1992; Storgaard, 2000).¹

However, from 1969 to 2003 cannabis *use* and possession for own use was de-penalised. The Attorney General was authorised by the Danish parliament to instruct the police, prosecutors, and courts to be lenient with young cannabis users. First time offences for cannabis possession of quantities of less than 10 grams were to be dealt with by a warning, and in aggravated circumstances or repeat offences, by a fine (Laursen, 1992, 1996; Storgaard, 2000). Petty dealing of cannabis was also to be dealt with by fines or suspended sentences except in aggravating circumstances, such as the sale to minors. Only commercially organised trafficking of cannabis should fall under §191 of the Penal Code (Laursen, 1992, 1996). The Attorney General's 1969 circular explicitly defined how to understand legal usage and how the policy should be interpreted in practice. In practice, the police, prosecutors, and courts must differentiate between users and dealers, and between 'hard' and 'soft' drugs (soft drugs meaning cannabis). On this basis, Danish drug policy has been characterized as liberal, both nationally and internationally.²

In 2003, Danish drug policy changed when the liberal-conservative government launched an all-encompassing drug action plan called *The Fight against Drugs* couched in rhetorical terms like 'zero-tolerance', 'tough on drugs,' 'fight against drugs,' and 'deterrence' (Kampen mod Narko, 2003). Key components included the re-penalisation of possession of cannabis and an increase in sentences for drug dealing and trafficking (Frank 2008). Possession of

¹ For a detailed discussion of how the laws were passed and the public debates on illegal drugs at the time, as well as amendments to the laws see e.g. Storgaard (2000), (2005); Jepsen (2008); Jepsen & Laursen (1998); Laursen (1992), (1996); Laursen & Jepsen (2002); Winsløw (1984).

² The label 'liberal' is not only due to national legislation, but also the implementation of harm reduction services in the 1990s.

cannabis for personal use was now to be punished with the minimum of a fine. The amendments to the Law on Euphoriant Substances that came with the *Fight against Drugs* are central in understanding the changes in Danish drug policy and have been used to repeal the former division between drug users and drug dealers, and between soft drugs (cannabis) and hard drugs. Today, it is no longer possible for police or prosecutors to use cautions for minor violations of the Law on Euphoriant Substances. This effectively brings cannabis consumers in Denmark within reach of prosecution (EMCDDA, 2005; Storgaard, 2005). The amendments have thus in effect repealed the Attorney General's circular of 1969. Only problematic drug users, who have been dependent on drugs for years and who are receiving either social benefits or a pension can escape the penalties (Jepsen, 2008).

At that time in 2003, the new penal approach was aimed at deterring young people from experimenting. Penalties for selling drugs in small quantities to children and young people under the age of 18 years were also increased from a fine to a prison term. Penalties for drug crimes were also increased with the Penal Code change in 2004 (Storgaard, 2005; Asmussen & Jepsen, 2007). In general, there was a focus on young people in the *Fight against Drugs* and how to prevent (or deter) them from starting to use drugs coupled with a tough approach on those, who were caught selling to young people (Kampen mod Narko, 2003).

In addition, the drug action plan also laid out policies in relation to treatment, prevention, and harm reduction, and from 2004 onwards, a guarantee of psychosocial treatment, but not opioid substitution treatment, was implemented (Pedersen & Nielsen, 2007). Already existing harm reduction services targeting the most deprived users (i.e. low threshold methadone treatment, outreach programmes, drop-in centres, street level nursing) were maintained and extended, but services such as safe injection rooms and heroin assisted treatment were explicitly rejected. However, in spring 2008 the Danish parliament agreed to implement a heroin trial and from 2012, heroin assisted treatment could be offered as part of municipal treatment services (Houborg 2012) (see below on drug treatment). Safe injection rooms were made possible with a law change in 2012 (Houborg & Frank 2014). Legalisation or other kinds of regulation of cannabis is continuously debated in Denmark, but until now the different governments have explicitly stated that this is not and will not be a possibility (see also Kampen mod Narko II, 2010).

In general, Danish drug policy has been characterized as a dual policy, with focus both on control and welfare (Laursen & Jepsen

2002; Houborg 2010). While the control elements in changes in drug policy in Denmark were evident from 2003 with the repeal of the Attorney General's instruction, higher sentences, and zero-tolerance approaches, the welfare section of drug policy has developed in more complex ways. Although there has been a more intense focus on treatment, prevention and harm reducing initiatives are still continuing and being developed.

1.1/ Prison drug policy

The *Fight against Drugs* also outlined new control elements and disciplinary sanctions for the Prison Service, including better fence systems, more sniffer dogs, creating prisons as cashless societies, and applying new technological aids (e.g. scanners, detectors, transillumination devices, drug tracking tests). Importantly, since July 2005 it has become compulsory for prisons to perform daily random urine tests on inmates. Prior to this, urine tests were only used in cases where well-founded suspicion existed, at the time of initial imprisonment, and before and after leave (Frank & Kolind 2008). These control elements became important since sanctions for violating them followed, as for example being sent to solitary confinement, having one's weekend leave suspended, or being unable to get parole, if prison drug policies are violated. Urine tests would reveal whether drugs were being used or not. As a result of these changes, drug using inmates are thus subjected to additional control mechanisms (Frank & Kolind, 2008).

Drug treatment and motivational programs were introduced, on a trial basis, in Danish prisons and jails from 1996, and were written into the *Fight against Drugs* (2003) as a concrete initiative to 'combat drug use'. In prisons, drug free treatment has been developed and is offered in all Danish Prisons. Motivational programs are offered in many Danish jails, especially in the bigger cities (Heltberg 2011, Frank & Kolind 2008). However, while no specific treatment or motivational programs aimed at young people exist within the Prison Service, some programs do have a specific focus on young people (see below).

1.2/ Update on drug action plan in 2010

The *Fight against Drugs* was updated in 2010 (Kampen mod Narko II, 2010). In this update there was again a special focus on young people. Prevention and early intervention aimed at 16-24 year old were mentioned explicitly as a top priority. The argument is that it is in these years that drug misuse is established. Particular initiatives were also mentioned, both in relation to preventing young people from getting into drug use, as well as preventing young people

from developing continuous drug misuse (e.g. exchanging good principles in youth drug treatment, establishing a national internet based information and counselling initiatives for young people and establishing trials with out-reach initiatives for young people with drug problems).

1.3/ Prevention – especially in relation to young people

In general, the prevention strategy for young people and drug use/misuse in Denmark is to have a ‘targeted and continuous focus on prevention and early intervention in relation to young people and drug use’ (Narkotikasituationen i Danmark, 2014:22). Young people and their parents are the target groups, and the idea is to have an *intersectorial* perspective on prevention and early intervention, focusing not only on drug use, but also on work, education, and social conditions. This means that, for example, initiatives to keep young people in education, can also be defined as drug use prevention or early intervention in preventing drug use developing into misuse (ibid). Mental health and overall wellbeing are thus seen as important factors in relation to drug prevention and early intervention initiatives.

In the Danish context, it is the 98 Danish municipalities that are responsible for implementing drug prevention, health promotion and early intervention initiatives. How and under what precise section within the municipalities, these initiatives are placed differs. But usually, these initiatives are housed within social services, although some can be housed within employment services (Da.: beskæftigelsesforvaltning) or health services.

In a national evaluation from 2013 on the 98 municipalities’ initiatives in this area, Jakobsen & Johansen found that: Not all municipalities have an action plan towards drug use and misuse among young people. The main target groups for prevention were primary schools and children, as well as young people at risk. It is primarily SSP³ counsellors and – coordinators that implement these initiatives and provide counselling for frontline workers. The main methods used by SSP are: dialogues, targeting misperceptions of alcohol and drug norms among peers, coaching, motivational interviews, and parent responsibilities (Jakobsen & Johansen, 2013).

³ SSP is a short for the kinds of intersectorial cooperation that is in all municipalities between ‘School’, ‘Social Services’ and ‘Police’. SSP is not mandatory for municipalities to have, but all municipalities in Denmark has it, although organized in different ways.

The Danish Health and Medicines Authorities (the former National Board of Health) is responsible for providing information and guidance to the municipalities and provided a *Prevention Catalogue on Drugs* (Da.: Forebyggelsespakke) to the municipalities in 2013 with information about drug use among young people (16-24), about 'what works', and a discussion of particular initiatives already used in some municipalities (Forebyggelsespakken, 2013). The initiatives are focused on universal (primary) prevention (e.g. municipal policies and action plans, information and teaching material) targeting the population as a whole, for example in schools, and selected and targeted (secondary and tertiary) prevention (e.g. early intervention initiatives, and counselling) targeting young people at risk, particularly vulnerable groups, or individuals that are already involved in drug misuse. Only evidence based initiatives are included.

1.4/ Treatment – especially in relation to young people

It is also the municipalities' responsibility to offer drug treatment to young drug users in Denmark. The policy towards drug treatment and young people is, again, to have an *intersectorial* perspective, where not only drug use, but also other aspects of young citizens' lives are emphasized. Overall, this reflects the perspective that youth drug use within a Danish treatment context is considered as a social problem rather than a medical one caused by social rather than biological factors (Andersen, 2014; Nyboe, Døssing & Scott, 2007). Thus, treatment recommendations of the Danish Government focus on the notion that young people in drug treatment should be approached as young people with social and/or personal problems first and as problem drug users second. Interventions should therefore target the overall social situation of young clients (Kampen mod Narko, 2010). Consequently, despite different treatment approaches, targeting social relationships, everyday activities and identity related issues are major priorities in Danish treatment recommendations and initiatives (Emmeche, Nielsen & Herløw, 2012; Andersen, 2014).

In 2011, about 3950 young people between 18-24 years were enrolled in drug treatment which is about 8 for every 1000 youth in that age category (Narkotikasituation i Danmark, 2014:41). Despite an overall decrease in experimental drug use in recent years among young Danes (under 25 years of age), the Danish Health and Medicines Authorities report that the number of young people in treatment is increasing, mainly due to cannabis, cocaine and amphetamine use (Ibid.). It is suggested that this growth is related to increased treatment capacities in conjunction with the treatment guarantee issued in 2003 by the Danish Government when the first

drug action plan *The Fight against Drugs* (Kampen mod Narko, 2003) was launched. Following from this, initiatives were taken in developing more efficient prevention and treatment strategies for the youngest drug users (under 18 years of age) (Vind & Finke, 2006), especially those who did not benefit from existing treatment, typically poly-drug users defined by “a variety of social problems of which the drug misuse is only symptomatic” (Kampen mod Narko, 2003: 10, our translation).

“U-Turn,” a youth treatment initiative established in 2004 and based in Copenhagen, forms one example of how youth drug treatment is currently being approached in Denmark. Furthermore, it constitutes an example of a treatment model that is being actively implemented in other municipalities, adapted for their local conditions. Based on the notion that young drug users often do not feel comfortable with ‘traditional adult drug treatment services’, U-Turn is aimed at young drug users (under 25 years of age), but also includes the family, social networks and professionals surrounding their clients within an overall cooperative intervention (Orbe, 2015). Thus, U-Turn is specialized in prevention, early intervention and treatment services that young drug users can identify with, with the aim of maintaining the young clients in treatment. Overall, the treatment model seeks to cause as few disturbances in the young persons’ everyday lives as possible, where inclusion and local solutions are central components. Clients need to be supported in developing a meaningful everyday life, where they are and/or become motivated to be included in local education or labor market options. U-Turn’s treatment methods are inspired by systemic, narrative, appreciative, and solution focused therapy, as well as related approaches such as motivational interviewing (MI) and cognitive behavioral therapy. Furthermore, physical training, healthy diet and creative activities are prioritized (Orbe, 2015).

An example of a treatment model which focuses explicitly on youth under 18 years of age is U18. U18, developed in Aarhus municipality, is similar to U-Turn’s approach. Due to the special focus on youth under the age of 18, their approach also entails a developmental perspective in which the cognitive and emotional development of the youth is taken into consideration (Aarhus Kommunes Ungdomscenter, 2015). Similar to U-turn, U18 is currently being implemented in other municipalities. These further implementations are currently being evaluated by an initiative of the Danish National Board of Social Services.

Overall, while treatment and policy providers seem to agree that youth drug treatment is a task that requires holistic and specialized

treatment efforts, yet approaches and resources are manifold and differ from municipality to municipality. Furthermore, in some instances, services are, despite being evidence oriented, marked by a lack of proper evaluation, staff training and supervision (Vind & Pedersen, 2010). The above mentioned initiatives have, however, been created exactly because of a lack of evidence of the ordinary or regular treatments provided.

Furthermore, it is noteworthy that young problem drug users are typically referred to through a “risk discourse,” mostly related to social exclusion from the educational system, psychiatric diagnosis and gender (males more in risk than females). Experimental drug use is generally considered to be a more or less normal adolescent enterprise (Ehrenreich & Hansen, 2006). Not surprisingly, young people with so-called at-risk profiles dominate the Danish youth treatment population and are also considered as the most difficult to treat successfully (Ehrenreich & Hansen, 2006; Pedersen & Frederiksen, 2012; Vind & Finke, 2006).

Despite this observation, youth drug treatment initiatives especially tailored to target youth in contact with the criminal justice system have proven difficult to identify. However, POM (Da: *Projekt over muren*), og PAV (Da: *Projekt andre valg / Prøv andre veje*) which will be described later in this report, constitute two exceptions.

1.5/ Harm reduction – especially in relation to young people

Harm reduction initiatives are mainly aimed at adult problematic drug users, who have been misusing drugs for a longer period. These initiatives aim primarily at reducing physical harm (e.g. street level nursing, safe injection sites, syringe exchange and dispensing) and targeting the homeless (e.g. hostels for the homeless, drop-in centres). Harm reducing initiatives aimed at young people’s drug use (e.g. testing of drugs) are not implemented.

1.6/ Summing up

The overall drug policy in Denmark is based on both control and welfare. National laws and guidelines inform how the municipalities should implement prevention, treatment, and harm reducing initiatives in relation to drug use (see also below). The 2017 national report to the EMCDDA sums it up this way:

Denmark’s national illicit drug policy is comprehensive and covers prevention and early intervention, treatment, harm reduction and law enforcement. Currently, Denmark does not have a national

drug strategy document. However, the national drug policy is defined in strategic documents in different policy areas and in legislation and concrete actions. As a result, Danish drug policy covers all the areas that are relevant to a comprehensive approach to drug issues (Denmark, country drug report, 2017).

The drug action plans as well as other policy papers, as for example Focal Point reports (Da.: Narkotikasituationen i Danmark), point out in particular:

- Young people between 15-24 years that should be the target group for prevention and early intervention initiatives.
 - There is in general a focus on 'evidence based methods'.
 - Important to have an *intersectorial* approach in the initiatives (e.g. focusing not primarily on drug use, but on education, living conditions, job possibilities, social networks, etc.).
 - Important to differentiate between use of drugs and misuse of drugs.
 - That the problem is primarily seen as a social problem, and that drug problems are often seen as secondary to other problems.
-

2.0 The legal context

2.1/ General context

Danish drug policy is based on the following laws (only the most important for this project is included). In the following, we will refer to the laws when describing the legal context:

- Law on Euphoriant Substances (Da.: Lov om Euforiserende Stoffer) including amendments. The penalty under this Act is a fine or imprisonment for a maximum of two years.⁴
- § 191 in The Criminal Code (Da.: Straffeloven) including amendments. Since 2004, the penalty under Section 191 of the Criminal Code has been imprisonment for 10-16 years, which can be extended to 25 years in particularly serious cases.
- Health Legislation: (Da.: Sundhedsloven) is the legal framework for working with prevention and health promotion in the municipalities, including the planning of prevention and health promotion towards children and young people. It is also the legal framework for opioid assisted treatment.
- Law on Social Services (Da.: Serviceloven). Is the legal framework that obliges the municipalities to offer free, anonymous counselling to children, young people and parents in relation to drug use; to counsel young people over 18 years in relation to drug use; to offer drug free treatment to all drug users with a treatment guarantee.
- Law on Legal Rights (Da.: Retssikkerhedsloven). Is the legal framework that secures that the municipalities offer the help and support laid out in the Law on Social Services.
- Act on Execution of Sentences (Da.: Lov om Straffuldbyrdelse). Is the legal framework that secures a treatment guarantee for inmates to drug free treatment.

(All laws can be found at www.retsinfo.dk)

⁴ On 1 July 2012, group bans on psychoactive substances came into force following the amendment of Law on Euphoriant Substances, and Denmark can apply a 'generic classification' to control certain new psychoactive substances (NPS) entering the country (Narkotikasituationen i Danmark, 2017:4).

2.2/ Definitions of adult and youth/young person

Age of criminal responsibility is 15 years in Denmark. A person is of legal age when he or she turns 18 years. There is thus a difference in how to act in the criminal justice system when a person is:

- Under 15 years of age (below age of criminal responsibility)
- Between 15-17 years of age (criminal responsible, but with special practices)
- 18 years and above (criminal responsible)

2.3/ Organization of the Criminal Justice System/Youth Justice System

The criminal justice system consists of police, courts, prosecuting authority and the Prison Service. The *Administration of Justice Act* (Da.: Retsplejeloven) prescribes how police, courts and prosecuting authority should operate. Sentencing is based on possibilities in the laws as well as precedents from other court cases.

2.3.1/ The Prison Service

The Prison Service consists of 13 prison (5 closed and 8 open prisons), 44 jails plus Copenhagen's Prisons, 11 sections of the Probation Service, and 7 pensions. The capacity of the Prison Service in 2015 was 3777 occupants: 931 in closed prisons, 1204 in open prisons and 1642 in jails (Statistik, 2015:13).

In 2015 there were about 12000 new commitments. 2553 of these were young people under 24 years of age (28 %). Of these 2553 persons 199 were women; 162 were young people between 15-17 years. On average, 11 persons between 15-17 years were in prison or jail on a daily basis. 135 were women on a daily average (Statistik, 2015:7).

Measured on a certain date every year, in 2015, 23.2 % of all inmates had a drug conviction. Of these 19.3 % were convicted under §191 of the Criminal Code; 3.9 % were convicted under Law of Euphoriant Substances (Statistik, 2015:18). Law on Euphoriant Substances is used when possession of drugs are smaller. § 191 in The Criminal Code is used when possession or dealing with larger amounts of drugs (e.g. 25 g of heroin or cocaine, 50 g of amphetamines or 10 kg of cannabis). Most drug convictions were thus related to possession or dealing with larger amounts of drugs.

A little less than ¼ of all inmates are non-ethnic Danes (Statistik, 2015:26).

2.3.2/ Secured institutions for youth under 18 years

Preferably, young people should not be sentenced to prison or be held in jails (see below). The 5 Danish Regions⁵ run 7 out of 8 secured institutions for young offenders under 18 years (Den årlige statistik for sikrede institutioner, 2016). There were 123 places in secured institutions in Denmark in 2016.

In 2016, there were 531 placements in secured institutions. Most of these placements were legal placements, i.e. based on young people's violation of laws. 23.9 % of the placements were 'social placements', i.e. young persons are placed in care based on Law on Social Services. The latter placements are considered much more difficult than the former. The cases are considered more complex, as they are carried out in relation to the young people, including their surroundings, social wellbeing and socially deviant behavior instead of (just) punishment for criminal behavior.

The mean time for placement is 65 days. 89 % of all placements were young men. Young women, however, were enrolled in secured institutions longer, with a mean time of 85 days. Young men were enrolled on an average of 63 days (Den årlige statistik for sikrede institutioner, 2016).

It is important to note that the statistics include placements of unaccompanied refugees under 18 years (these were 102 placements in 2016).

24 hour-care centers for young people that have been removed from home for social reasons, can also be used as placements for young offenders (see also below).

2.3.3/ How adults are processed through the criminal justice system and sentencing

All Danish citizens 18 years of age and above are subjected to the *Administration of Justice Act* (Da.: Retsplejeloven) when the police, courts, and prosecuting authority are dealing with a criminal act. The Act applied to all kinds of criminal offences.

In our case, in relation to drug offences the following could happen: In minor cases, the individual will be fined, and this will be based on his or her criminal record. In more serious cases, the individual will be prosecuted and brought before a judge. Depending on how serious the drug offence is, the person can be arrested and held in custody in a jail until the court decision. Furthermore, depending on

⁵ Denmark is structurally divided into 5 regions and 98 municipalities.

the seriousness of the drug offence, the sentence can be suspended. If not, the sentence can be served in either prison (open or closed) or wearing an electronic tag, again depending on the seriousness of the crime.

There are other alternatives from the electronic tag to imprisonments, including community service and enrollment in treatment. The latter happens very rarely when it is drug related crimes, but is used in relation to alcohol offences, especially traffic offences where alcohol is included.

If a sentence is suspended or an offender is sentenced to community service or treatment or an inmate is on parole, the person will be under supervision of the Probation Service. Being under supervision means that the convicted has to report to a social worker every 2 weeks and/or receive a social worker on a regular basis in his or her home. Supervision is seen as both a control mechanism (to check that the individual follow the conditions he or she has been convicted with (e.g. community service), but also to provide help (e.g. if changes occur in his or her life that make the conditions hard to apply to). If conditions are not followed, the convicted individual can be arrested and sentenced to prison. About 10.000 individuals are under supervision by the prison service annually.

2.3.4/ How young people are processed through the criminal justice system and sentencing

Offences committed by young people between 15-17 years are dealt within the criminal justice system, but at that age they are preferably not arrested or held in custody. However, if this is necessary due to the severity of the crime, it is instructed that they are in 'custody surrogate', not prison or jail. Custody surrogate is usually a placement in a secured institution (Da.: Sikret institution), which can be either an open or a closed institution (Unge lovovertrædere, 2016).

Social services should be notified when a young person under 18 years has offended (Unge lovovertrædere, 2016). It is ordinary practice in most municipalities that a social worker or an SSP employee is present if a young person is questioned by the police or even arrested. In general, municipal social services are obligated to support young citizens under 18 years, if they are in need of 'special support' and hence considered 'at risk' or 'marginalized youth', not necessarily because of their own behavior, but because of e.g. their parents having problems (drugs, alcohol, mental health problems) and this puts the young person at risk (Law on Social Services).

If a case results in either a fine or withdrawal of charge (due to young age), the case is closed under conditions of a 'youth contract' (Da.: Ungdomskontrakt). A youth contract is an action plan focused on keeping the young person from continuing his/her criminal trajectory and is done by municipal social services together with the young offender. Often SSP is involved and then the police are also involved in the youth contract. Such a contract consists of both demands (e.g. attending school, work) and help/possibilities for the young person (e.g. social support, therapy). By means of the youth contract, social services are in continuous contact with the person, who is obliged to stay in the area/at home for a certain amount of time. Signing a 'youth contract' can also result in the young person being enrolled in a secured institution, if social services assess that the young person is at risk (if for example parents have a drug misuse).

A young person can also be sentenced to a 'youth sanction' (Da.: Ungdomssanktion). A youth sanction is an alternative to imprisonment (this means that the young person has committed an offence that would have meant a sentence if he or she was over 18 years of age), and is a 2 year structured and controlled social-pedagogical treatment, of which up to 1 ½ year can be served in a secured institution (Håndbog i Ungdomssanktion, 2016). Usually, a young person is placed in a closed secured institution for 2 months after conviction, then 12 months in an open secured institution or a 24 hour care center for young people. The rest is on an out-patient basis (ibid: 31).

Since 2010, the Danish police districts has been instructed by the Ministry of Justice to establish Youth Councils (Da.: Ungesamråd) with the overall purpose of limiting future criminal acts (Pedersen, 2014). It is up to each police district to determine how the councils should be composed and what types of cases the councils should decide upon. However, all councils are intersectorial and consist e.g. of representatives from police, social services, the Prison Service. The cases that are put forward in the youth councils differ. Some police districts hand over all cases where the offence would not be fined. Other districts have decided to involve the youth council only in more severe cases (Pedersen, 2014).

Citizens under 15 years of age cannot be prosecuted and cannot have a criminal record. The police, however, may investigate a crime done by a young person under the age of 15, but only to investigate if other persons are involved or found to possess stolen goods. There are very strict rules about detention of young people

under 15 years (Unge lovovertrædere, 2016:5-8). An offender under 15 years of age is handed over to municipal social services. It is a social service decision whether the young person should be removed from home, get support, or be under the supervision of social services. This is not for the criminal justice system to decide.

Parents are always informed and involved, when it involves drug related offences, whether it is a minor offence or a criminal offence (Unge lovovertrædere, 2016).

2.4/ Diversion from criminal proceedings/custody/community penalties (alternatives)

Alternatives for offenders over 18 years are:

- Electronic tags
- Treatment
- Community service

An alternative can only be applied if the sentence is suspended/conditional.

Alternatives for young people under 18 years:

Young people under 18 years of age should preferably not be imprisoned. According to Prison Service statistics there were 11 young people between 15-17 years of age imprisoned in 2016 on an average daily basis (Statistik, 2015). For young people under 18 years these alternatives are used:

- Secured institutions (open and closed)
- Youth contracts
- Youth sanctions

Alternatives for the prison population:

There are possibilities for visits in the prison, for weekend leave, and for early release. However, violating prison drug policy can repeal these possibilities (see above).

The Prison Service and all its institutions (prisons, jails, pensions, electronic tags, etc.) are in general based on the idea of 'normalization'. For example, when a person is serving a sentence in a prison, his or her everyday life in prison should reflect as 'normal' a way of life as possible. Serving a sentence includes work, cooking, sports, cultural arrangements, etc. (Frank & Kolind, 2008). It is also possible for inmates to gain an education in prison. There is a policy related to release in general, where the prison is obliged to cooperate with the municipal social services in relation to the inmate's job

situation, living condition, etc. after release. In order for the inmate to have as smooth a transition from prison as possible.

Alternatives for specific groups:

Men and women, in general, do not serve their sentences together. But as the statistics show, there are far more men imprisoned than women. Some prisons have special wings for women.

Depending on an offender's mental health, he or she might be sentenced to treatment in the psychiatric system, either closed or open. Also, there is a specific closed prison for inmates who need psychological or psychiatric treatment as part of serving their sentence.

There are special wings for gang members in some prisons.

3.0 Prevalence data on drug use and young people

Drug use among young adults between 15-24 years of age are primarily the use of cannabis (22.9 % had used the last year). Use of other kinds of drugs is less frequent. 1 % of young adults had used MDMA, 1.6 % had used amphetamines, 2.3 % had used cocaine. There is gender difference in the use of drugs. More young men are using than young women (Denmark: Country Drug Report, 2017: 5). This is a trend that is seen for all drug types.

These trends are also seen in research on young adults' drug use (Østergaard et al 2010, Bloomfield et al 2013).

In the Prison Service, 62% of all inmates in prisons and jails reported a use of substances (alcohol and/or illicit substances) 30 days before conviction (Statistik, 2015:13). The two dominant drugs used are cannabis and CNS stimulants (Statistik, 2015:18).

3.1/ Young people in the criminal justice system

Characteristics of the young prisoner population

In 2015, 28 % of all inmates were between 18-24 years of age. Overall, there were 3421 inmates on average in Danish prisons and jails, of which 135 were women (Statistik, 2015). In 2015 72.8 % of those imprisoned were Ethnic Danes. The rest were immigrants, second generation immigrants, or foreigners. Taking a look at how immigrants, second generation immigrants, and ethnic Danes are distributed in different age groups, ethnic Danes are distributed fairly equal between the age groups from 20 – 49 years of age. Immigrants are also distributed pretty equal from 20 – 49 years of age, with more inmates in the youngest age groups. Second generation immigrants are, however, unevenly distributed with 82 % of all second generation immigrants imprisoned being in the age groups from 18-29 years (Statistik, 2015:26).

The most recent report with an explicit focus on young people in the criminal justice system is based on data from 2011 and focus specifically on 15-17 year-olds with a Danish social security number (Clausen, 2013). At this time, there were 154 clients between 15-17 years of age, of which only 11 were female. 71 % of the

group were ethnic Danes, while the remaining 29 % were immigrants or descendants of immigrants. The distribution of ethnicity among the 15-17 year olds is thus similar to the adult population in prisons (see above). 44 % of the 154 clients had been placed in residential care one or more times before they turned 15 years old, or had been subjected to other related interventions. In terms of educational status, 56 % were not enrolled in the educational system (in comparison, only 7 % of the general population in the same age group were not in education or training). 31 % of youth in the CJS between 15-17 years of age have had some kind of contact with the psychiatric system, primarily due to behavioral or emotional disturbances, including ADHD (41 %). Disorders related to alcohol or drug use accounted for 6 % of the treatment cases (Ibid.).

Sentencing patterns

In 2015 there were 11.969 new imprisonments in Danish prisons and jails. 1.110 were women, 10.859 were men.

59 % of the sentences were under 4 months and these made up 12 % (7184 months in all) of the total amount of months sentenced in 2015. 76 % of all sentences were under 8 months. 8 % of all sentences were over 2 years, but these sentences made up 51 % (17875 months) of the total amount of months sentenced in 2015 (Statistik, 2015:6).

Re-offending patterns

Reoffending patterns are higher among men than women. The average of all re-lapses were 25.3 % in 2015 measured on all released and/or under supervision in 2013. The percentage of re-lapse has been fairly steady since 2006, between 25.3 % - 27.9 % (Statistik, 2015:52- 53).

4.0 Initiatives to address use/polydrug/NPS use and escalating patterns of use among young people in the criminal justice system

As described above, it is the 98 municipalities' responsibility to provide preventive and early onset initiatives. Treatment and interventions in the Prison Service is offered by either municipalities and/or private organizations (Frank & Kolind, 2008). As mentioned above, a recent survey study concludes that not all of the 98 Danish municipalities have a policy about preventive and early onset initiatives towards drug use/misuse among young people (Jakobsen & Johansen, 2013). The survey shows, among other things, that 73% of the Danish municipalities focus on substance prevention, either in form of an independent policy/action plan or as part of a general policy/action plan concerning e.g. municipal health or child/youth welfare. Moreover, the study shows that drug prevention and early onset initiatives in the municipalities often take place in intersectoral cooperation between school, social management and police (SSP). In addition, many municipalities cooperate with treatment institutions as part of their prevention efforts, and about half of the municipalities cooperate with the local night-time/party venues.

The primary target groups for municipal prevention efforts and early onset initiatives are primary schools, and at-risk children/youth. Most activities therefore take place in main everyday life settings (i.e. schools, youth educational settings, night-time venues). The same study also showed that methods used by professionals included dialogues/solution-focused therapy, targeting of misperceptions of alcohol and drug norms among peers, coaching, motivational interviews, and parent involvement (Jakobsen & Johansen, 2013), i.e. in individual meetings with the young person, with their parents, and in different school settings. Also, some municipalities state that they offer open counselling to pupils/students, and in some instances their parents.

In terms of young people in contact with the CJS, drug treatment rests on the general prison treatment guarantee, and there seems to be little specialized attention towards young people as a group with distinctive drug use prevention and/or treatment needs, and no special focus on NPS or polydrug use at all. Also, CJS drug treatment is generally carried out by external partners most often treatment institutions, and not by professionals within the CJS.

Overall, as this suggests, drug related intervention programs which are explicitly designed to target young offenders are rare in the Danish context. While it is recognized that there is a high prevalence of drug use among young offenders/youth in the CJS (e.g. Vind, 2015), we have only been able to identify a very small amount of Danish literature, including detailed descriptions of drug related intervention programs (prevention, early interventions, treatment) targeted specifically at young offenders. In the following we highlight the interventions that target young people specifically

POM (Da.: *Projekt over Muren* / Eng: *Project over the Wall*) forms an exception to this general tendency. POM is a custody prison-based pre-treatment program aimed at scaffolding 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 represented in other prison-based drug programs across the country, we have not been able to identify programs with an explicit focus on youth. Furthermore, it is the only program in Denmark which is organizationally situated in the CJS. In all other cases, drug-related services are externally bought. POM uses evidence-based treatment methods, primarily motivational interviewing and cognitive behavioral therapy. POM is located in the Danish capital, Copenhagen. (www.kobenhavnsfaengsler.dk)

PAV I/PAV II (*Projekt Andre Valg (I)* / *Prøv Andre Veje (II)*) form other unique examples of a drug related intervention with a particular focus on young offenders under 18, not in prison settings, but in secured youth institutions (Da: Sikret institution). PAV I is defined as a 'pre-treatment' program. The specific aims of the program are threefold: 1) To motivate clients to enroll in actual drug treatment after their placement is due and thereby to prevent them from resuming their criminal trajectories. 2) To establish connection between clients and treatment services after release or end of placement. 3) To follow up on whether clients actually attend treatment after their release or end of placement. PAV I was later developed into PAV II that is broader (including 15 – 23 year old and also non-drug using youth). The aim of the program is to strengthen its clients attachment to the educational system and labor market, to their family and broader network with the intention of optimizing their future possibilities in life. (Vind, 2015).

(<http://www.dok.rm.dk/padagogik/pav/>)

Fundamentet (Eng.: the Foundation) is a community-based social program with a focus on citizens with a broad pallet of challenges

or complex problems, including young people in touch with the criminal justice system and who uses drugs. It is a holistically oriented initiative, run by a voluntary organisation and situated in Aarhus, the second biggest city in Denmark. It defines itself as a 'social-philosophical organization for vulnerable, exposed or despaired citizens who needs 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. The initiative is run by employed professionals and volunteers. (<http://fundamentet.org>).

High Five is an organization oriented towards creating job possibilities for people with criminal records, and holds an explicit focus on young people, who do not have an active use of drugs (zero-tolerance policy). Through transversal collaboration (bridge-building) between young clients, public authorities (municipalities, police and CJS) and private companies, the overall aim of High Five is to target the negative perception of youth with criminal records and to assist companies in creating job or training possibilities for these young people in order to prevent them from further marginalization (www.highfive.net).

Cafe Exit is an organization which specifically targets people in touch with the CJS over 18 but not limited to 24 years of age. Café Exit is a church based initiative targeted at people released from prison and at prisoners, who during imprisonment have decided to make a fresh start. The initiative is present in several larger cities in Denmark, including Copenhagen, Aarhus and Odense. Café exit staff operates also in prisons, and inmates can get leave to visit Café Exit. On the premises, Café Exit offers counselling, personal conversations with a psychologist, a therapist or a priest, being together with staff and other inmates in the café, etc. All offers are based on the inmate's own interest and needs. Staff will not offer anything to an inmate or former inmate unless the person has asked for it him- or herself. They provide information about what is possible and what they can offer, but the individual has to be motivated and ask for support for him- or herself. <https://cafeexit.dk/om-os/about-cafe-exit/>

5.0 Issues in addressing prevention intervention aimed at young people in the CJS

Overall, our exploration suggest that there seems to be agreement between policy makers and practitioners that youth drug use in general, including drug use by young offenders is a social rather than a medical problem, and that it should be handled as such in terms of prevention, early interventions and treatment. Thus, there is a strong tendency to target substance use issues in the context of Danish youth by taking account of and intervening in relevant everyday life settings, and to applying holistic approaches which may involve schools/educational settings, parents, social services, night-time venues, labour markets, leisure activities etc. It also shows that an important aim of all policies and interventions are to avoid (further) marginalization of young people; to focus on social inclusion by getting young people into either educational institutions and/or the labor market. In that sense, prevention is seen as not only here and now (e.g. getting young people out of drug use), but also long term prevention by securing that young people do not get into either criminal or drug using careers. The argument is, of course to help the young person, but also to avoid long term costs for the society. Avoiding marginalization is considered features of a good intervention.

Initiatives may in some instances be vulnerable in terms of organizational challenges (i.e. municipal financial issues and shifts in personnel / specialized training). Furthermore, it requires resources to transfer treatment models nationally across municipal settings and to adopt them to local conditions, but also to evaluate their effect in new settings. Evidence based methods and models might therefore change in the transition from national/international models to locally based practices.

Recommending interventions for wider application, outside for example a national context, needs to take into account the context that these interventions are going to be applied to. Are there the necessary structural conditions for the intervention (e.g. cross-sector cooperation between social services, mental health services and the CJS)? Has the state an obligation to help and support citizens, as the Danish welfare state (then e.g. avoiding long term economic costs will be an essential argument in relation to interventions targeting young people)? Does the ideology that the intervention is

based upon comply with the general policy not only on a national basis, but also on a local basis (e.g. drug use is considered a social problem rather than a medical problem)?

Use of external partners may imply that the cross-sectorial collaboration becomes (even more) complicated, i.e. in terms of follow up after placement is ended. Cross-sector cooperation is considered highly important and necessary in targeting this group, but it also seems extremely difficult to do in practice, at least on a regular basis.

Other important issues that seems to be a challenge in targeting young people with drug use and in contact with the criminal justice system, is how to target psychiatric issues as well as ethnic minority issues. While these issues are considered important and explicitly mentioned in e.g. the PAV projects, they are harder to handle in practice than in theory, not necessarily because of the young person, but because of the cross-sector cooperation, or lack of it, as well as a lack of expertise.

The overall approach to youth drug use issues is based on the condition that in order to maintain young drug users in treatment / initiatives, they need to be able to identify with the program. Establishing trust and confidence between the young person and staff in a particular initiative is a general aim in initiatives targeting this group. This may be complicated, however, in relation to CJS youth, since – as a condition – there is a tension between trust in the treatment part and control in the security part of the intervention, when young people are either sentenced to secured institutions, prisons or probation, where they need to comply with rules and regulations that not necessarily foster trust and confidence between the young person and (treatment/prevention) staff. This tension between trust and control is also seen in interventions aimed at adults in the prison service (Frank et al. 2014).

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