

**Review Article**

The Taking into Charge of the Drug-Addicted Person who has Committed a Crime Subjected to Precautionary Measures by the Judicial Authority the Operational Model of the Multidisciplinary Addiciton Team at the U.O.S.D Department of Adults and Minors Healthcare, Criminal Area Local Health Authority of Salerno: Description of the Report 2022 Multidisciplinary Addiction Team Activities and Comparison with Annual Report of Parliament on the phenomenon of Drug Addiction in Italy

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Introduction

Theoretical premise

Regarding the definition of pathological addiction, the WHO defines it as a mental and sometimes physical condition deriving from the interaction between an organism and a substance, characterized by behavioral responses and other reactions that include addictions without substance, which concern additive behaviors (WHO, 2023). The term “addiction” is introduced in the contemporary literature, used as a synonym for dependence, however this term also includes the involvement of the person in the search of the object which becomes pervasive and influential in the implementation of behaviors. In the DSM 5 this is understood as a pathological pattern of use that moves along a continuum from mild to severe, with 11 defined criteria for diagnosis and at least two of them must occur for a period of 12 months [1]. In relation to the ICD-10 manual, to have a medical diagnosis, you must possess at least 3 of the present criteria (strong and ir-repressible desire to take a substance; physical withdrawal symptoms; need to increase the quantity of substance to obtain the desired effect; progressive abandonment of activities, entertainment, commitments; continuous use of the substance, despite awareness of the damage caused [2].

Regulatory references for drug addicts subject to judicial orders

With the law no. 354 dated 26th July 1975 will be recognized the centrality of the convicted person, now the protagonist and no longer the object of criminal execution, a principle that derives from the duty to apply to the article 27 of the Constitution, which in paragraph 3 defines the aim that the prisons sentence must pursue: “The sentences cannot consist of treatments contrary to the sense of humanity and must aim at the re-education of the convicted person”. The legislator with law 22 December 1975, n. 685, attempted to frame the state of drug addiction as a disease to be treated in order to balance the protection of the right to health and the repressive need for the phenomenon of mass drug consumption, establishing that recovery and rehabilitation should be entrusted to the health sector and the criminal has left the task of security. The art. 84 of law 685 of 1975 provides for the right to receive medical care and rehabilitation within adequately equipped penitentiary institutions for anyone addicted to the consumption of narcotic substances. Referring to what is established in art. 32 of the Constitution which states that “The Republic protects the right of health as a fundamental right to the individual and interest

of the community and guaranteed free care to the indigent”, therefore, the right to health, understood as “dynamic psycho-physical balance with the social context in which the person lives”, it’s an inalienable right of every person regardless of the condition of freedom or detention [3-4].

Therefore, in compliance with this right, art. 11 of the Penitentiary Act (hereafter P.A.) regulates operational practices regarding prison healthcare. To guarantee the above, each institution is also guaranteed a health service that meets the prophylactic and health care needs of prisoners and internees; health care is provided with periodic feedback in line with the prisoner’s health needs [5-7], with a view to proactivity and globality of the intervention with respect to the integration of social and healthcare and to guarantee therapeutic continuity. However, withing the discipline that will define mor precisely the peculiarities of the care and treatment of drug addicts, it will be necessary to wait for the Presidential Decree 309/1990, which is the “Consolidated text of the laws regarding the regulation of narcotics and psychotropic substances, prevention, treatment and rehabilitation of the related states of drug addiction” and the subsequent consequent amendments in terms of criminal execution, to contemplate the de-incarceration of the drug addicted in order to provide adequate socio-health interventions, establishing that the competence in penitentiary sector for the functions of diagnosis, treatments, rehabilitation and reintegration were assigned to the Drug addiction service units (therefore SerDs), for the “taking charge” of the drug addict prisoner [7]. With the reorganization of penitentiary medicine, pursuant to article 5 of law 30 November 1998, n. 429 and Legislative Decree 230/1999 provides that “as of 1 January 2000, the health functions carried out by the prison administration with reference only to the sectors of prevention and assistance to drug-addicted prisoners and internees are transferred to the national health service...”.

With the Prime Ministerial Decree 1 April 2008 – Decree attributing criteria and responsibilities to the National Health Service in the field of penitentiary healthcare – Methods and criteria for the transfer to the National Health Service of healthcare functions, financial resources, employment relationships and relevant equipment and assets of penitentiary health” all the health functions carried out by the Department of Penitentiary Administration (hereafter DAP) are transferred to the National Health System (hereafter SSN), including those concerning reimbursement to therapeutic communities for drug addicts. Starting from 2008, penitentiary medicine definitively passed to public health, with Law 24 December 2007, n.244 (Financial Law 2008) which established, in paragraphs 283 and 284 of article 2, the definitive transfer to the National Health System of all health functions carried out by the Ministry of Justice. The regions will ensure the performance of the transferred functions, through the local health authorities. The Campania Region in March 2011 with DGRC n.96 approved the document “Guidelines for the drafting of the local protocol for the management of the Penitentiary Medicine Service”. In the 2011-2013 Regional Health Plan “it results the necessary to provide adequate assistance for drug-addicted prisoners according to the regulatory provisions of the Prime Ministerial Decree of 1 April 2008. In line with its provisions, the AA.SS.LL. will have to organize integrated assistance services (pharmacological, support and accompaniment to alternative measures) in compliance with the essential levels of assistance in line with the regulatory provisions of the Ministerial Decree n. 444/90 “Regulation concerning the determination of the staff and the organizational and functions characteristics of the drug addiction services, to be established at the local health units, for the assistance of both free and detained drug addicts” [8].

Furthermore, the DGR n.620 of 11/13/2012 specifies the operational guidelines for the submission of requests for the activation of therapeutic-rehabilitative programs pursuant to the Presidential Decree 309/90 aimed at drug-addicted prisoners; in reference to the Joint Conference of 22/01/2015 the actions aimed at the treatment of prisoners with pathological addiction are defined through prevention and damage reduction actions; the DGR n. 716 of 13/12/16 defines the principles for the creation of specialized health sections from drug-addicted prisoners and with the DGR N.567 OF 18/09/18 is regulated the taking charge and/or placement in therapeutic communities of minors with psychopathological and/or drug addiction problems, at the disposal of the Judicial Authority (hereafter J.A.). Finally, with DGR n.520 of 13/09/23, health interventions regarding mental health and pathological addictions in prison, also integrated with the Penitentiary Administration, will be the subject of specific guidelines monitored by the Permanent Observatory for Penitentiary Health [9].

Report of the Annual Report of Parliament on the phenomenon of drug addiction in Italy year 2022 (2021 data)

The Department for anti-drug policies, in relation to the activities of the permanent national observatory on the trend of the drug addiction phenomenon, transmits to parliament the annual report regarding the drug addiction phenomenon in Italy. This publication represents the possibility of having an overall picture of the different aspects characterizing this phenomenon, offering an overview of the distribution of psychoactive substances in the area, of consumption and of the profile of consumers [10-12]. Furthermore, the facts emerging from the report is the way in which the institutions collaborate in synergy in order to combat, prevent and treat the phenomenon of pathological addictions. This analysis also provides a clear and complex picture of the aspects that constitute it, both as regarding the market dynamics (supply and demand of substance) and as regarding the socio-health implications and the areas of discomfort connected to it. Furthermore, it provides in detail the set of actions implemented by the institutions aimed at combating the phenomenon of addiction. The latter include activities to prevent the spread of substance consumption and rehabilitation activities (treatment courses, social reintegration) both with regards to the territorial context and for the treatment of addictions. Within the report, a section is dedicated to the phenomenon of drug addiction in prison. In Italy the penitentiary institutions reserved for the adult population are divided into detention centre’s, prisons, institutions for the execution of security measures :workhouses, agricultural colonies, care and custody homes, the R.E.M.S (Residenze per l’Esecuzione delle Misure di Sicurezza), “Residences for the Implementation of Security Measures), institutions with attenuated custody for inmate mothers (hereafter ICAM) and attenuated custody institutions for the treatment of drug addicts (hereafter ICATT).

Description of the data emerging from the report to parliament sent in 2022 (2021 data) regarding the activities in Italian Penitentiary Institutions (I.P.I.)

The Penitentiary Administration, following Legislative Decree no. 230/1999 and the consequent transfer of health-related competences to the Regions (Prime Ministerial Decree of 1 April 2008) doesn’t have data relating to drug-addicted prisoners in the care of the 154 Public Addiction Services. The data reported in the report to parliament on drug addiction at the I.P.I.. were obtained from the reports sent by ten outpatient services present within the prison facilities that provided this information. The reported sample is 2098 users which

corresponds to the number of the prisoners take in care of the before denominated services in the year 2021 Of this sample, 80,2 % is male and part of it, around 65,5%, corresponds to the number of users already in charge in previous years. The remaining part corresponds to the number of users accessing the service for the first time. The age distribution of users is the following: 56,6% of users are in the 25-44 age group, 36,1\$ correspond to the >45 age group and 7,3% have under 25 years of age. With regards to the educational qualifications, 46,8% of patients in care obtained a lower middle school diploma and 40,5% however, a high school diploma. Only 7,4% obtained a degree and 5,3% attended primary school of didn't obtain any qualification. As regards the female population, the latter corresponds to the highest percentage of users who have obtained higher educational qualifications [11-13].

With respect to employment, from the data reported on the basis of this sample, it was possible to observe that 42,6% had occasional employment and 30,5% corresponds to the percentage of the unemployed population. Regarding the gender differences in the male population, it is observed that the most used substances are alcohol and cannabis, unlike the female population in which a higher percentage of opioid and cocaine consumption is observed. In the clinics inside the prison, the services offered by addiction services include counselling, psychological support, individual psychological therapeutic therapies and pharmacological interventions through the administration of subs treatments, treatment with other drugs and psychiatric treatment. Drug addiction in prison poses a wide range of issues for the Penitentiary Administration, including the dynamic nature of the problems relating to the substances used, the way in which there influence the behaviour within different prison contexts, the responses aimed at reducing supply and demand as well as the measures adopted to reduce harm. In the last four years there has been an increase in the percentage of the number of drug-addicted prisoners compared to the slight decline that occurred in 2006 with the reduction to 21%, while the drug-addicted prisoners present in institutions as of 31 December 2021 nation penitentiaries, were 15.244 corresponding to 28% of the entire prison population [14,15]. The distribution of drug-addicted prisoners on the nations territory corresponds to 45,9% present in the penitentiary institutions of the northern regions, followed by 31,5% in the I.P. of the north-western regions and 14,4% in the I.P. of the north-eastern regions, 22,4% in the I.P. of the central regions and 31.7% in those of the southern-insular regions. Drug addicts who entered prisons in the regions of Lombardy, Puglia and Lazio from freedom represents 41,5% of the total number of drug addicts who entered prison during the year. In the regions of Liguria, Emilia-Romagna, Puglia and Sardinia more than the half of the people who entered prison from freedom during the year are drug addicts, while in the autonomous provinces of Trento and Bolzano and in the regions of Abruzzo and Calabria the don't reach the 15%. With respect to the primary substance, it is noted that cocaine/crack is the one the corresponds to 50% of the entire prison population for which it was possible to detect the primary and secondary substance. In the north-western regions the record is in the use of cocaine/crack corresponding to 57,9% of drug-addicted prisoners, followed by the areas of southern Italy with 50% and those of central Italy with 47%. The choice of cannabinoids as a primary substance concerns 10% of the population served in prison with considerable variability between regions. The distribution by age and substance of primary use highlights the primary use of cannabinoids among the youngest age groups, on average 32 years and mor adult age groups among those assisted for primary use

of cocaine/crack (39 years), opioids (41 years) and other substances (43 years).

In relation to 10.123 drug addicts (64% of the total drug addicts detained), going beyond the primary substance, the secondary substance was also reported. From the data reported in this report, similarly, as regards the study on the primary substance, also for the secondary one, cocaine/crack is the most consumed among those who declared the use of a secondary substance (28,7%), slight difference for those who declared cannabinoids as secondary substances (26,1%), followed by alcohol (18,4%), opioids (10,6%) and other additive substances and/or behaviours corresponds to 4%. The secondary use of cocaine is particularly reported by the female population (40,3%) and by users already known to the services (30,1%), while the use of cannabinoids is less variable between the different types of patients, oscillating between 25% (prisoners already known to the services and women) and 29% (prisoners of Italian nationality). The use of alcohol is particularly reported by drug-addicted prisoners of foreign nationality (30%). In Piedmont, Marche, the Autonomous Province of Trento and Sardinia, the secondary use of cocaine and crack exceeds 40% in those who reported secondary use of substances, while cannabinoids are taken by over 35% of drug-addicted prisoners in Liguria, Autonomous Province of Bolzano, Emilia Romagna, Campania and Basilicata.

The use of alcohol as a secondary substance is or limited, reported on overage by 18,4% of users with maximum percentages in Valle d'Aosta (100%) and Lombardy (27,8%). The use of other substances reaches 49% of patients in Lazio (over 30% refers to the use of inhalants) and over 30% in Molise (21% take hypnotics and sedatives) and Campania (33,6% takes hypnotics and sedatives). During the year 2021, over 17.000 drug addicts underwent at least one socio-health treatment. Psychosocial treatment was provided to 4.776 drug addicts confined in prison, equal to 27,9% of all treatments provided in 2021 nationally; this type of intervention was not administered in the Autonomous Province of Trento, Emilia Romagna e Lazio, while it reached user percentages above 40% in Liguria (52,7%), Veneto (41,7%), Tuscany (42,5%), Campania (56,1%) and Basilicata (51,4%) to cover over 80% of prisoners undergoing treatment in the Autonomous Province of Bolzano. Among the four therapeutic paths guaranteed by addiction services to the drug addict population in prison, educational treatment is the least provided and involved, during 2021, on 1.344 prisoners. Most of the educational interventions were provided in Veneto (986 assisted, equal to 36,6% of the total prisoners in treatment), in Lombardy (204 equal to 2,6%) and in Molise (81 equal to 21,9%). No prisoner was subjected to educational treatment in Valle d'Aosta, in the Autonomous Provinces of Trento and Bolzano, in Emilia-Romagna, in Tuscany, in the Marche, in Lazio and in Basilicata. There were 7,867 drug addicts included in integrated therapeutic pathways during 2021, with a greater prevalence in penitentiary institutions in north-western Italy (65.2% of the population in treatment). The integrated treatment was administered to all drug-addicted prisoners undergoing treatment in the prison of the Autonomous Province of Trento, while it involved approximately half of the users in Emilia-Romagna (49.7%) and Marche (44.6%). In the southern and island regions these percentages are less than 30%.

Materials and Methods

The operational model of the Multidisciplinary Addiction Team at the U.O.S.D Department of Adults and Minors Healthcare, Criminal Area Local Health Authority of Salerno

The U.O.S.D Department of Adults and Minors Healthcare, Criminal Area Local Health Authority of Salerno in compliance with DGRC n.716 of 12/13/2016, DGRC n. 567 of 18/09/18 and DGRC n.520 of 13/09/23, operates in the penitentiary institutions belonging to the ASL Salerno: at the A. Caputo prison of Salerno, the prison of Vallo della Lucania (crimes 609 Penal Code), Prison House Institute with attenuated custody for the treatment of drug addicts (hereinafter C.R. ICATT); and in the territory for the treatment of patients suffering from psychiatric pathologies and/or problems related to pathological addiction subjected to measures by the Judicial Authority (hereinafter J.A.). As regards the care of drug-addicted prisoners since the early 1990s, the I.P.I. through the so-called “drug addiction facilities” they made use of affiliated operators such as doctors, psychologists and nurses, to assist the population with pathological addiction [16].

In the I.P.I.’s relating to the ASL Salerno, these services proved not to be sufficient to guarantee adequate support, due to the reduced frequency of visits to the penitentiary institution by the doctors assigned to this service, due to the objective difficulties of functional coordination between SerDs. and penitentiary institution and last but not least, for the constant increase in the number of the inmate population with problems related to pathological addiction. In this regard, it was seen that it was necessary, however, to establish a specific service made up of several professional figures who could guarantee an always-present service within the institute. In 2019, the Multidisciplinary Addiction Team (hereinafter MAT) was formed, made up of a psychologist, a doctor, a consultant psychiatrist and a social worker. To date, following the increase in the inmate population diagnosed with pathological addiction and the intensification of operational practices, it has been necessary to increase the number of professional figures present within the team, which currently includes 4 psychologists, 3 doctors, a consultant psychiatrist and a social worker. The care of the prisoner diagnosed with pathological dependence follows a multidisciplinary and global approach. This service is established as a dedicated and specific service for taking care of drug-addicted prisoners present in penitentiary institutions, which is ascribed as the core component of the health service that operates within the same [17,18].

Upon entry into the institution for the inmate, coming from freedom of transferred from another penitentiary institution, who declares himself a drug and/or alcohol addict, the ritual investigations are initiated. In this phase the inmate is asked for consent for the search for urinary metabolites and/or blood sampling. Where the conditions exist, upon reporting by the MRI, the MAT Doctor and Psychologist visit the inmate for the cognitive interview and possible evaluation for taking charge. For prisoners with problems related to substance consumption and/or pathological dependence, the MAT, in addition to routine health actions, through laboratory tests (blood and urine), contacts the local services (SerDs), for the acquisition of diagnostic certification, where the prisoner’s history will be related to the procedures for assessing addiction and any outpatient and/or residential programs and their outcome. During the phase of ascertaining the state of pathological dependence, following this confirmation by the Team, the user continues to be taken into care. In the absence of diagnostic

certification from the local health services, the MAT will carry out the assessment for the diagnosis of pathological dependence through clinical and anamnestic interviews, medical checks, examination of urinary metabolites and/or blood sampling. This practice allows the application of a rigid, repeatable and demonstrable procedure in the results which allows the formulation of a diagnosis of pathological dependence and subsequent drafting of the diagnostic certificate, a fundamental preparatory requirement for taking charge of the prisoner and possibly for access to alternative measures [13-19]. Once this criterion is satisfied, this procedure consists in drawing up an individualized therapeutic rehabilitation project (hereinafter P.T.R.I.) that is more suited to the clinical and healthcare needs of the prisoner.

The P.T.R.I. intramural includes:

- Psychosocial treatments
- Pharmacological treatments
- Integrated treatments

These services are provided by the specialists who are members of the Multidisciplinary Addictions Team who, by scheduling meetings, carries out weekly and/or monthly interviews based on the treatments deemed necessary for the prisoner. Furthermore, as part of the intramural activities implemented by the MAT, the Community Help Desk was established aimed at inclusion in the activities relating to intramural planning. The MAT is updated periodically, thus having a systemic vision of the treatment that each prisoner diagnosed with pathological dependence or undergoing diagnostic assessment benefits from the psychosocial treatment includes clinical support and monitoring interviews, contacts with local health services and team meetings.

Pharmacological treatment includes substitution therapies for opioid addiction with Methadone or Buprenorphine (Suboxone) and for alcohol sodium oxydate addiction (Alcover). In addition to substitution therapies, symptomatic treatments are practiced if necessary under the strict supervision of the doctor.

Results

Following entry into the institution, the doctor from the Multidisciplinary Addiction Team carries out an initial interview with the inmate during which he fills out the entry form aimed at collecting socio demographic and health information to verify that he has been taken into care by the local services and data collection. From the analysis of the data collected within the penitentiary institutions of the province of Salerno, it was possible to detect the socio-demographic profile, the type of substance use, the type of treatment provided for drug-addicted prisoners in the care of the MAT. From the data collection carried out in 20212 (MAT Report 2022) it can be evinced that the number of drug-addicted prisoners in the care of the MAT as of 31.12.21 corresponds to 204 users of which 163 are users already in care in the previous years, while 39 corresponds to a number of new users taken care in 2021. The monthly average number of users taken care on in the I.P.I.. in the province of Salerno amount to circa 160. From the data collection can be evinced that the reference sample, amounting the number of 204 of prisoners diagnosed with drug addiction, results as follows: 92% are made up of male users while the remaining 8% are female users. Regarding the distribution by educational qualification, 13,23% obtained an elementary school diploma, 76,9% obtained a lower middle school diploma, 9,4% obtained a high school diploma and 0.49% have obtained a university degree.

Discussion

MAT Activity Report 2022 (Reference year 2021)

The data report offers an overall picture of the type of substance used by users managed by the MAT. Regarding the distribution by primary substance, it can be observed that 57,4% chooses cocaine as the primary substance, 23% opioids, 10,4% cannabinoids, 8,8% hypnotics and sedatives and 1% other substances. Compared to the total, 62,74% declare the use of a secondary substance and it can be evinced that, of this percentage, 25% use cannabinoids, 25% use hypnotics and sedatives, 19% cocaine and 2% opioids. With regard to the distribution by age group with respect to the primary and secondary substance, it can be observed that for the former, those who declare the use of opioids in the 20-29 range correspond to 1%, those in the 30-39 range correspond to 8%, included in the range from 40-49 include to 7%, included in the range from 50-59 include 6%, in the range > 60 includes 1% of the reference population. People who declare use of cocaine in the 20-29 range correspond to 8%, those in the 30-39 range correspond to 27%, in the 50-59 range comprise 6%, in the > 60 range there is 1%. Those who declare the use of hypnotics and sedatives in the 20-29 range correspond to 2%, those in the 30-39 range correspond to 5%, included in the 50-59 range and comprise 1%, compared to the reference population. Those who declare use of cocaine in the 20-29 range correspond to 8%, those in the 30-39 range correspond to 27%, in the 40-49 range are 15%, in the 50-59 range include 6%, in the >60 range there is 1%, compared to the reference population. Those who declare use of cannabinoids in the 20-29 range correspond to 1%, those in the 30-39 range correspond to 1%, in the 40-49 range are 6%, in the 50-59 range include 1%, in the >60 range there is 1%, compared to the reference population. As regards the use of secondary substance and the distribution by age group, it can be evinced that for those who declare opioids as a secondary substance, 0,78% is included in the 30-39 age group while 1,5 % is included in the 40-49 age group. For those who declare cocaine as a secondary substance in the 20-29 age group it is 5.4%, in the 30-39 age group it is 5.4%, in the 40-49 age group it is 6.25%, in the 50-59 age group 6.25%, in the >60 age group 2.4%; For those who declare hypnotics and sedatives as secondary substances in the 20-29 age group it is 3.9%, in the 30-39 age group it is 14.8%, in the 40- age group 49 6.25%, in the 50-59 age group 6.25%, in the >60 age group 2.4%; For those who declare cannabinoids as a secondary substance in the 20- age group 29 includes 6.25%, in the 30-39 age group there is 14%, in the 40-49 age group 12.5%, in the 50-59 age group 3.1%; for those who declare alcohol as a secondary substance, it is observed that only in the 50-59 age group is it included 1,5%.

Comparison with data from the 2022 Ministerial Report

Regarding the comparison of the data sent by the ministry at national level and those resulting in 2021 as part of the MAT operational practices, it can be observed that: Regarding the primary substance, in both cases cocaine is the most used one, whereas with respect to the secondary substance at a national level the most used one is always cocaine/crack, whereas compared to the data recorded by the MAT the secondary substance corresponds to cannabinoids. The average age of the users in charge demonstrates no significant differences both at a national level and in reference to the data emerging in the province of Salerno. Compared to the educational qualification, from the data reported by the ministry there is a higher number of people with a high school diploma compared to the

data recorded by the MAT where the achievement of a lower middle school diploma prevails.

Conclusion

Towards an extramural project: The establishment of Community Help Desk and alternative measures of detention

As part of the therapeutic and rehabilitative activities implemented by the Multidisciplinary Addiction Team at the I.P.I. In the province of Salerno, the Community Help Desk was established to guarantee accompaniment and orientation activities aimed at accessing alternative measures to detention. Alternative measures to detention are regulated by the Consolidated Law 309/90 and precisely by the articles 89 and 94 of the Consolidated Law no. 309/90 according to which the requirement of current diagnosis of drug addiction and/or alcohol addiction has been ascertained pursuant to the Presidential Decree 309/90, it is possible to start the procedure to take advantage of these legal benefits. The latter establish that the person, who is serving a sentence or is awaiting first trial can access a residential therapeutic program at a facility accredited by the National Health System or an outpatient clinic at the local addiction services.

Part of these activities take place as part of the activities of the Community Desk. The latter include evaluative and motivation interviews, the coordination of cognitive interviews with the structures accredited by the NHS on a regional basis and the choice of the most suitable therapeutic programs to accommodate the therapeutic needs of the patient. Once the current state of the pathological addiction has been ascertained, it is necessary to acquire the structure's willingness to welcome and draw up an individualized therapeutic program for the patient, the certification of suitability of the therapeutic program of the SerDs. Of belonging for the completion of economic-administrative procedures. In addition to the residential program in a therapeutic community, it is possible to take advantage of an alternative measure to detention upon preparation of an outpatient therapeutic program by the local addiction services. In order to achieve the goal of rehabilitation and social reintegration, outpatient programs are combined with work and voluntary activities. Once the requirements listed above have been met, the request can be forwarded to the J.A. competent authority which is different depending on the legal position of the prisoner. The operators of the Multidisciplinary Addiction Team carry out clinical and psychological monitoring interviews. Specifically, evaluative and motivational interviews are carried out with the aim of determining the presence or absence of the clinical prerequisites, first of all the legal ones being verified, to evaluate the possibility of accessing alternative measures to detention, so that the latter can best achieve the rehabilitative and of social reintegration. The motivational interview is based on a relationship of trust and mutual listening between the operator and the user as only if these conditions are confirmed can the motivation intervention aspire to its goal. In a relationship that reflects these aspects, the operator supports the users in the process of focusing on himself which facilitates the understanding of the real meaning of the change oriented towards questioning, in the specific case, the drug addiction/addiction experience.

Subsequently, the relationship begins a process of evaluation and recognition of the person's resources that could support him in the possible process of change. Furthermore, social-cognitive dimensions such as agency, self-efficacy and treatment compliance are assessed.

The motivational intervention is oriented towards understanding a variable that is dynamic and fluctuating. In addition to the alternative measures to detention that refer to the Presidential Decree You 309/90 it is necessary to consider the assignment to the social service regulated by the art. no. 47 of the P.A., home detention regulated by art. no.47 ter P.A. and the semi-freedom sanctioned by art. 50 P.A.

Outside the walls: the work of the MAT in the territorial context

In the case of application of these measures and granting of legal benefits, the U.O.S.D Service Health Protection of Adults and Minors in the Penal Area of the Salerno Local Health Authority. Continues the monitoring activities of the P.T.R.I. in agreement with the territorial agencies, in compliance with the resolution (add). The experience of the service is expressed from a perspective of complexity and circularity which responds to the function of connection between the territorial agencies who are actors in the process of care and treatment of the person with problems of pathological dependence and/or suffering from mental disorders, subjected a provision by the J.A. Over the years, the experience of the U.OS.D. Ensured that the latter created a dense network of connections with the services involved in the process, which are not limited exclusively to the healthcare aspect, but include the bodies that take part in this process also from a legal and social point of view. The U.O.S.D Service of Protection of the Health of Adults and Minors in the Penal Area of the Salerno Local Health Authority, in order to fulfil this purpose, carries out an action aimed at connection with all the parties who play a role in the process. According to this perspective, users can benefit from an integrated path that doesn't end with the execution of the sentence in an alternative measure, but which supports a path of social and therapeutic-rehabilitative reintegration. The circularity perspective has meant that over time stable relationships have been created with the local health services and with the bodies responsible for the execution of the sentence. In order to streamline and facilitate these procedures, protocols have been established with the Judicial Authority, with the District External Criminal Enforcement Office (hereafter UDEPE) and with the I.P.I. The work of MAT Doesn't end with the taking charge and treatment of the patient who is following a therapeutic program. The treatment process instead extends to families and caregivers as drug addiction is a broad and complex reality and includes various factors. During ongoing therapeutic processes, there is often a need to review not only the addictive dynamics but also the family dynamics connected to them. To realize this, it is essential to include, where possible, the patient's family unit. This goes to support himself and support the rehabilitation purpose of an individualized therapeutic project that responds to the objectives of care, rehabilitation, self-revision and reintegration into the social fabric of belonging.

References

1. Martino E, Rondello L, Oddi L, Venturi O II (2014) lavoro con tossicodipendenti (DSM-V, 2014) Manuale diagnostico e statistico dei disturbi mentali (quinta edizione) Milano: Raffaello Cortina Editore.
2. Bandura A (1982) Self-efficacy mechanism in human agency. *American psychologist* 37: 122-147.
3. Milner J, Myers S, O'Byrne P (2020) *Assessment in social work*. Bloomsbury Publishing.
4. Del Miglio C, Couyoumdjian A, Baiocco R, Baroncelli E, Langellotti M, et al. (2005) Sistemi Di Ragionamento E Comportamenti Di Dipendenza: Uno Studio Pilota. In Congresso Nazionale Della Sezione Sperimentale Di Psicologia Sperimentale Dell'aip.
5. Pelizza L, Zaimovic A, Veneri B, Urbani B, Cutrino S, et al. (2021) The Parma integrated model for intervention on pathological addictions in an Italian prison: process description and preliminary findings. *Acta Bio Medica: Atenei Parmensis* 92: 3.
6. DPCM (2008) "Modalità e criteri per il trasferimento al Servizio sanitario nazionale delle funzioni sanitarie, dei rapporti di lavoro, delle risorse finanziarie e delle attrezzature e beni strumentali in materia di sanità penitenziaria". *Gazzetta Ufficiale della Repubblica Italiana* n. 126 del 30/05/2008, 2008.
7. OMS (1992) *Decima Revisione della Classificazione Internazionale delle sindromi e dei disturbi psichici e comportamentali (ICD-10)*, Masson, Milano.
8. Accordo Conferenza Unificata del 26 febbraio 2015 - Rep. n. 17/CU - Accordo, ai sensi del DM 1° ottobre 2012, Allegato A, concernente disposizioni per il definitivo superamento degli Ospedali Psichiatrici Giudiziari in attuazione al DM 1 ottobre 2012, emanato in applicazione dell'art. 3ter, comma 2, del decreto legge 22 dicembre 2011, n. 211 convertito, con modificazioni, dalla legge 17 febbraio 2012, n. 9 e modificato dal decreto legge 31 marzo 2014 n. 52, convertito in legge 30 maggio 2014, n. 81.
9. Accordo Conferenza Unificata del (2015) Rep. n. 3/CU - Accordo, ai sensi dell'articolo 9, comma 2, lett. c) del decreto legislativo 28 agosto 1997, n. 281, sul documento "Linee guida in materia di modalità di erogazione dell'assistenza sanitaria negli Istituti penitenziari per adulti; implementazione delle reti sanitarie regionali e nazionali".
10. Legge 30 maggio (2014) "Conversione in legge, con modificazioni, del decreto-legge 31 marzo 2014, n. 52, recante disposizioni urgenti in materia di superamento degli ospedali psichiatrici giudiziari". *Gazzetta Ufficiale della Repubblica Italiana* n. 125 del 31-5-2014.
11. Dei Ministri PDC (2021) *Relazione annuale al Parlamento sul fenomeno delle tossicodipendenze in Italia*.
12. DL 211/2011 art. 3-ter: "Disposizioni per il definitivo superamento degli OPG".
13. DL (1999) Riordino della medicina penitenziaria, a norma dell'articolo 5 della legge 30 novembre 1998, 419.
14. Delibera di Giunta Regionale Campania n. 520 del 13/09/23.
15. Delibera di Giunta Regionale Campania n.620 del 13/11/12.
16. Delibera di Giunta Regionale Campania n.567 del 18/09/18.
17. Delibera di Giunta Regionale Campania n.716 del 13/12/16.
18. Decreto del Presidente della Repubblica Testo Unico sugli Stupefacenti 9 ottobre 1990, n. 309.
19. Miller WR, Rollnick S (2014) *Il colloquio motivazionale-Terza edizione: Aiutare le persone a cambiare*. Edizioni Erickson.



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