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Bio-psycho-social model of treatment and rehabilitation of addicts during the conduction of safety measure of obligatory psychiatric treatment in prison hospital Zagreb

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Summary – Addicts are a specific category of offenders or prisoners. Although some of them are primarily criminalized, the largest number of sentences for drug abuse crimes seem just as direct or indirect consequences of these disorders. Therefore, the application of a special program is needed for the treatment of addicts, lead by multi-disciplinary team of experts and focused on the prevention of future addiction behavior, and therefore criminal relapse.

Authors are presenting the bio-psycho-social model of treatment and rehabilitation of addicts during the conduction of safety measure of obligatory psychiatric treatment at Department for forensic psychiatry in Prison hospital Zagreb. Each patient at the Department is involved in a structured treatment program as a part of a single program of imprisonment, which is, in this case specific and modified in a way that the basic psychiatric treatment program aimed to reduce psychopathology is combined with special program of addiction treatment, abstinence and rehabilitation. The program for drug addiction, alcoholism and gambling in co-morbidity with other mental disorders (primarily personality disorders and PTSP) is presented. It consists of use of pharmacotherapy and substitution therapy, individual and group psychotherapy work, therapeutic community, working occupational therapy, clubs for addicts, work with family and communication with the State Board of Parole and Post-Prison Supervision. It is lead by multi-disci-

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plinary team of experts and it is focused on the rehabilitation process and the prevention of future addiction behavior which leads to the prevention of criminal relapse.

Key words: bio-psycho-social model, treatment and rehabilitation of addicts, safety measure of obligatory psychiatric treatment

INTRODUCTION

Prisons are often overcrowded, stressful, hostile and sometimes violent places in which individuals from poor communities and from ethnic and social minorities are overrepresented, including people who use drugs and migrants. An European study on health problems arising in prison[1] highlighted three main issues: substance abuse, mental health problems and communicable diseases. These three problem areas are closely interrelated.

According to the Croatian Prison Sentence Law the purpose of a prison is to built persons capacity to rehabilitate and to live in freedom in accordance with the law and social rules, constantly keeping the humane attitude towards the prisoner and treating him with respect for his dignity.[2,3] This definition implies that the prison term is based on a rehabilitation approach which assumes the individualization of punishment through a single program serving a prison sentence and a variety of specialized treatment programs for a select group of prisoners.[2,3]

Previous studies have shown that, among the tested offenders, 57% of inmates were associated with addiction to alcohol and / or drugs as opposed to 43% of inmates that have been associated with other mental disorders.[4] Also, co-morbid[*] diagnoses are quite often in people with mental disorders, according to some data, they are occurring in 26.3 % of inmates with mental disorders and the most common co morbidity is abuse / dependence on alcohol or drugs and personality disorders.[5–7] Since depression is the most common co-morbid diagnosis with addiction, it carries a high risk of suicide.[8]

In Croatia, health care of prisoners is, according to the Prison Sentence Law,[3] taken on the medical wards of prisons and correctional institutions, and the specialist examinations and hospitalization of prisoners is carried out in the Prison hospital in Zagreb. In cases of emergency or inability to care in the Prison hospital they are referred to health institutions in public health. The Prison hospital is also a correctional

* The term co morbidity describes the coexistence of two or more mental disorders

institution and under Ministry of Justice. The level of care, measures and activities of health care quality and scope is aligned with the requirements of public health for the insured person from compulsory health insurance. Implementation of security measures of compulsory psychiatric treatment is carried out in accordance with the Law[3] in such a way that all prisoners with a security measure of compulsory psychiatric treatment are hospitalized on Department of forensic psychiatry in the Prison Hospital in Zagreb.[10] In the year 2012, a total of 183 prisoners had been given this security measure.[10]

Bio-psycho-social model of treatment and rehabilitation of addicts during the conduction of safety measure of obligatory psychiatric treatment at Department for forensic psychiatry in Prison hospital Zagreb

In the year 2010 and 2011, 228 patients were treated at the Department of Forensic Psychiatry prison hospital in Zagreb and 44% of them were addicts. 60% of these cases were alcoholics and 40% of cases were drug addicts.[11] 68% of this people had also diagnosis of personality disorder (mostly dissocial and borderline) and 13% have PTSD. Almost half of the total of 228 patients had previously been convicted. Alcoholics were committing murder and domestic violence, threats, rape, car accidents, pedophilia and causing a fire, while the drug addicts mostly made crimes of theft and robbery.[11]

Each addict at the Department is involved in a structured treatment program as a part of a single program of imprisonment, which is, in this case specific and modified in a way that the basic psychiatric treatment program aimed to reduce psychopathology is combined with special program of addiction treatment, abstinence and rehabilitation. The program for drug addiction, alcoholism and gambling in co-morbidity with other mental disorders (primarily personality disorders and PTSP) is presented and the previous research on the topic is discussed. According to the principle of equivalence pursued in all EU member States, health care measures (medical and psychosocial) successfully proven and applied outside prison should also be applied inside prison.

The individual program of serving a prison sentences

The individual program for serving a prison sentence consists of pedagogical, labor, health, psychological, social and safety procedures appropriate to the characteristics and needs of prisoners and commensurate with the nature and possibilities of a prison.

The individual program for each inmate includes risk assessment during the execution of the prison sentence, work ability, work habits, type of work and working conditions to which prisoners may be assigned, level of education and the need for education or training, health condition and need for treatment, participation in special programs, assessment of the need for specific psychological, psychiatric, social or legal assistance, proposal of specific forms of individual or group work, contents and forms of leisure activities (cultural and sports activities), contact with the outside world (correspondence, phone calls, visits to family and others) and program of preparation for release to freedom and support after discharge.

A structured program of psychiatric treatment

A structured program of psychiatric treatment consists of administration of pharmacotherapy, individual and group psychotherapy procedures, involvement in socio – therapeutic community, work – occupation, sports and educational activities, special programs (program for drug addiction, program for alcohol addiction, program for patients suffering from PTSD, etc.), work with families, communication with the State Board of Parole and Post-Prison Supervision or local supervisory authority responsible for correctional services, which includes the involvement of the Social welfare center and contact and agreement with the Center for outpatient treatment and prevention of addiction in order to fulfill the patients release plan and continue treatment after the prison sentence, in the community.

Pharmacotherapy

Pharmacotherapy is applied according to the newest algorithms for treatment of psychiatric diseases and disorders, and protocols for the application of the substitution therapy in drug addicts.[12] Since adherence to medication is an important predictor of illness course and substance misuse is associated with poorer psychiatric medication adherence among patients in Department, it is important to identify predictors of medication adherence. Strengthening adherence includes better education about side effects and the importance of adherence to sustain the benefits of medication.[12]

The aim of pharmacotherapeutic interventions differs and it ranges from the achievement of stable abstinence, maintenance treatment, and risk minimalisation/harm reduction to the reduction of symptoms and attenuation of suffering. In the aim of care/stabilization the additional objective is to maintain regular contact with treatment providers since it creates opportunities for intervention directed at improving

the patient's physical and mental health and helping with social problems. For the objective of risk minimalisation or harm reduction there is a tendency towards chronicity that is extremely difficult to cure and also partly due to the necessity of combating the spread of HIV and hepatitis.

According to the National guidelines for the treatment of opiate addicts, substitution therapy that is mostly applied is buprenorphine but in some cases, the methadone is also used. Treatment is carried out as a: long-term replacement therapy, short (temporary) maintenance, short detoxification, slow detoxification and intermittent (controlled use) of buprenorphine for the prevention of recurrence of heroin.

The specifics of individual and group psychotherapy patients

Individual psychotherapy is carried out by psychiatrists during individual work with patients. With equally good results psychiatrists are using cognitive- behavioral, psychodynamic and psychoanalytic therapy, depending on the education of therapists.

Therapeutic groups are conducting the program for drug addiction, alcoholism and gambling in co-morbidity with other mental disorders (primarily personality disorders and PTSP.[13] Special forms of treatment programs are clubs for alcoholics (KLA) and clubs for drug users (KLO) lead by trained specialists of the Treatment Department.

As the group facilitator, therapist has to assist and nurture the group. He has to create the group, shape the group (by leading discussion of appropriate and inappropriate behavior, by using verbal and nonverbal reinforcement, redirecting questions to the group rather than responding yourself and modeling acceptance, honesty and genuineness). Patient in a group has to feel a non-judgmental acceptance of others, willingness to self disclose. All group members have to participate and recognize the available support in the group. Also, everybody in group has to respect others (using constructive criticism and no »name calling«) and they have to be willing to accept the feedback from other group members. In maintaining the group, therapist is a caretaker of sorts; handling issues that might arise that threaten group cohesion or subgrouping, scapegoat, tardiness, dropouts, crysis during a session or breaches in confidentiality. Also, therapist has to be a facilitator who maintains a safe environment (not only physically but also emotionally safe enough to make self disclosures to the group), to serve as group historian and help patients to make connections between the present and previous sessions and to help clients remain in the »here and now« situation.

Individual psychotherapy for gamblers

Patients who have a diagnosis of gambling problems undergo 20 sessions of individual or group psychotherapy (depending on the number of gambling addicts who are at the department, the group is formed if there is more than 5 people) according to the principles of cognitive behavioral therapy, involving psycho-education about gambling, reasons for gambling, forensic significance of pathological gambling and the consequences of criminal behavior. Also, the etiology and epidemiology of gambling and recognition of symptoms are explained, clinical presentation and course of gambling addiction and the consequences of pathological gambling in social, family and work functioning. The strengthening of self-control, problem-solving methods, the connection between thoughts, feelings and behaviors towards the cognitive model is reached and the identification and evaluation of cognitive distortions is forced. The patients are creating a chain of an offense committing and working on the prevention of relapse.

Scheme therapy or a focus on modifying early maladaptive schemes has also shown to be effective in reducing a range of mental problems in gamblers. Early maladaptive schemes** that we found in gamblers fall in domains of disconnection and rejection, impaired autonomy and performance, impaired limits, other directedness and overvigiliance and inhibition. Patients usually develop a number of coping behaviors in response to early maladaptive schemes, such as avoidance through gambling.

Behaviorally speaking, gambling is a learned, maladaptive behavior that requires classical and operant conditioning techniques to counter the arousal/excitement derived from gambling. This may include, for example, applying aversion therapy and covert sensitization, addressing the precursor issues underlying gambling behavior and therefore reducing gambling urges, using techniques such as stimulus control and use of relapse prevention techniques such as avoiding gaming venues and utilizing learned coping strategies to resist urges to gamble. Also, many behavioral interventions include cognitive components, so cognitive behavioral therapy (CBT) involves approaches to addressing problem gambling that focus on altering an individual's awareness of their thoughts and emotions related to gambling and changing behavioral rewards patterns that encourage gambling.

** Early maladaptive schemes are self defeating emotional and cognitive patterns that begin early in our development and repeat throughout life. It is similar to the concept of core beliefs.

In conclusion, CBT techniques that are used include relaxation training and cue exposure, cognitive restructuring, through having clients question the legitimacy of their thoughts about gambling, altering of beliefs about gambling (cognitive distortions) and altering of behaviors related to gambling through, for instance, increasing a person's social skills, thereby reducing feelings of social anxiety or isolation.

Clubs for alcoholics

Alcoholism and alcohol abuse are important criminogenic factors. It is assumed that the individual who was due to alcohol-related disorders, either because of his abuse, committed offense that in certain circumstances may happen again. In this sense, there is a clear need of treatment tailored specifically for this category of prisoners.

Education is one of the important factors in the treatment of alcoholism. With education in the narrowest sense – about alcoholism (disease course, the development of addiction, alcoholism causes, psychological effects of alcohol, physiological symptoms of alcoholism, types of alcoholics, effects of alcoholism treatments, and the necessity of abstinence) there is also learning and social learning.

The value clarification technique has a goal to have clients define their values system as well as to identify the things that they value most in life. In doing so, they realize that their alcohol use is discrepant with their values and begin to consider making changes in their alcohol use. Also, the techniques used are consciousness raising, self reevaluation, decisional balance, relationships reevaluation, problem solving, raising self confidence, goal setting, role clarification and role play (act out situations before they occur, to anticipate how they might feel and react in those same situations), assertion training (how to deal with the situation when they are offered alcohol by another person), relapse prevention planning, social skills enhancement and communication skills enhancement. Also, for many alcoholics, it is important to change thinking patterns regarding alcohol. Cognitive restructuring involves teaching patients to recognize thoughts that could lead to alcohol use, then explaining how to replace those thoughts with healthier ones.

Some alcoholics, for extended amount of time, tend to dwell on their past rather than focus on the present or the future. Group settings provide a unique opportunity through which they can help one another to stop reliving the past and pay attention to their current situation. As a facilitator, group therapist should help patients to remain in »here and now« situation. He explains the example of what patients current behavior is like and asks him how does this behavior make others feel and what influences

does his behavior has on others around him, as well as how does this behavior influence his opinion on himself. During this conversation, therapist has to provide a safe, supportive environment in which patient can explore his potential for change and gain the skills and confidence necessary to execute change.

Clubs for drug addicts

Objectives of treatment of drug addicts are to reduce drug consumption in prison, to reduce the occurence of new drug users and to improve the health of drug users.

Motivation plays an important role in patients' decision to change their substance use and increasing a patient's motivation is a central part of the therapeutical task.

Principles used by therapists are:

- expressing empathy by actively listening to the patient without judgment, criticism or blame in order to gain a better understanding of his situation and perspective,
- developing discrepancy in the patients mind between present and past behavior and future goals through examination of the consequences of continued substance use
- avoiding the argumentation and labeling
- rolling with resistance by letting it be expressed instead of trying to fight against it
- supporting the self efficacy by presenting the patient with examples of positive changes he made and emphasize the importance of taking responsibility
- preparing people for change by helping patient to work through his ambivalence about changing by using active listening and gentle feedback techniques

A patient is much more likely to hear and absorb the information when it is delivered in a way that is respectful, no confrontational, empathetic and based on that particular patients needs. Also, patients are encouraged to generate alternatives that are specific to their situation and needs. In this way. every patient builds a plan that is individualized and one that he is more likely to follow over the long term. The consciousness rising about physiological effects of drugs will increase patient's knowledge about themselves and the nature of problem behavior.

Also, the techniques of effective communication are taught, as well as techniques of practicing refusals, managing criticism, managing maladaptive thoughts, managing craving and urges, finding alternatives to using and doing the action plan. It is important to highlight that addiction is a chronic, relapsing disease and not a moral problem that patients and their families have to hide due to stigmatization or fear.

Measures to prevent the transmission of infectious diseases among drug users include: communicating face to face: counseling, personal assistance, assistance from and integration of outside AIDS-help agencies and safer-use training for drug users; providing leaflets; implementing vaccination programs against hepatitis A and B and tuberculosis and making condoms available.

Therapeutic community

Therapeutic community includes all persons present at the Department for forensic psychiatry.[14] The structure of the therapeutic community is similar to other therapeutic communities in the psychiatric wards of general and specialized hospitals in Croatia, with minor modifications related to the specific structure of the patient and penal conditions. Specifically, in public health institutions in the psychiatric wards of therapeutic community meetings were held with all patients together with all members of the treatment team and the department and they are held once a week or several times a week for 45–90 minutes. At the Department of forensic psychiatry. therapeutic community structure was modified so that personnel from Security Department are also present at the meetings. The constant interactions between therapeutic staff and patients in all activities and relationships have therapeutic value in therapeutic effects such as the presence of hope, exchange information, teach altruism, repairing relationships in the primary family and in the community, learning social skills, interpersonal learning, group cohesiveness, catharsis, existential factors and behavior imitation. The therapeutic community provides the opportunity for patients to change in a safe environment, to experience love, care, acceptance, support and a sense of belonging. By participating in creative activities and education and helping others patients realize their value, they learn to be honest and critically reflect on their negative and destructive attitude and behavior as well as see their problems as a challenge. It gives them the opportunity to examine their values and learn to express their inner conflicts and deal with the emotional stress associated with feelings of guilt and inadequacy, realize that it is not necessary to be perfect to be loved, to express their feelings, overcome their fears, express anger, fear and pain, emotions that no longer have to hide, learn to experience positive emotions such as joy and love, and the impact of the experience of early childhood on their current attitudes about themselves. By participating in a therapeutic community as their second family. the patient has the opportunity to understand their family situation and deciding on changes in the therapeutic community can be good and safe.

Working occupational therapy

Working occupational therapy is part of the rehabilitation program and covers all the creative, social, recreational, educational and other activities aimed at improving general functioning and social skills. This therapy allows patients to learn the jobs they never worked, applicable and useful upon release from prison and return to working and living environment. Opening occupation activities conducted include creative workshops, occupational therapy and sports and entertainment facilities.

Patients participate in creative workshops, informatics workshop, literary workshop, and entertainment and sports activities. Every Christmas. patients are performing a theatre play and sport activities organized in competitions in table tennis and chess are very motivating for every patient. Each year patients are participating in a public event, the Day against Drug Abuse by planting, harvesting and packaging lavender in packages that are given to citizens on the day of the public event under the slogan: „If you plan to grow a weed – plant the healthy lavender seed«.

DISCUSSION

Prison is an environment with special difficulties for the promotion of health. At the individual level, prison takes away autonomy and may inhibit or damage self-esteem. Common problems include bullying, mobbing and boredom, and social exclusion on discharge may be worsened as family ties are stressed by separation. These problems make prison a difficult environment for promoting health but also a unique opportunity for reaching the hard to reach with important aspects of health promotion, health education and disease prevention. Therefore, prison can provide an important opportunity to reduce inequality in health and offers access to disadvantaged groups who would normally be hard to reach. It is therefore a prime opportunity to address inequality in health opportunities by means of specific health interventions as well as measures that influence the wider determinants of health. Each prison has the potential to be a healthy setting: A single institution can address spiritual, physical, social and mental health and well-being. For the many prisoners who had led chaotic lives prior to imprisonment, this is sometimes their only opportunity to have an ordered approach for assessing and addressing health needs.

Substance dependence is a chronic disorder with high relapse rates, and often requires long-term continuous treatment. Trials and cohort studies give good evidence that opioid substitution treatment reduces the risk of overdose among opioid users.

Estimates suggest that half the prisoners in the European Union have a history of drug use, many with problematic and/or injecting drug use.[15] Drug use is one of the main problems facing prison systems, threatening security, dominating the relationships between prisoners and staff and leading to violence, bullying and mobbing for both prisoners and often their spouses and friends in the community.[15] The prevalence of infectious diseases (particularly HIV and AIDS, hepatitis and tuberculosis) is often much higher in prisons than outside, often related to injecting drug use. Drug dependence services and measures to address infectious diseases in prisons should be equivalent to the services provided outside prisons. This can best be achieved through close cooperation and communication between prison and community services. Continuity of treatment for prisoners entering and leaving prison necessitates a close cooperation between prisons and external agencies. Relapse to drug use and fatal overdoses after release are widespread, and these risks need to be addressed during the time of imprisonment. A wide range of drug services should be available to prisoners, based on local and individual needs. There should be training for prison staff and prisoners on drugs and related health problems. Drug services in prisons should be subject to monitoring and evaluation.

Coping with drug use in prison is difficult for several reasons: First of all, drug use is illegal. If discovered, it leads to harsh consequences for the time spent in prison such as loss of privileges (such as home leave), segregation, higher control frequencies (such as cell searches) and discrimination by non-drug-using prisoners (fear of transmitting infectious diseases). In the prison subculture, drug users are often perceived to be at the lower ranks of the hierarchy: they are blamed for new supervisory and control procedures that aggravate the custodial conditions.

The prison health service has a dilemma regarding therapeutic resources.[15] Staff of prison health care units and security staff have to deal with the consequences of drug use, but the causes of drug use usually remain beyond their reach. The prison staff and administration often do not have the capacity to adequately respond to the health problems of drug users, especially if they are in prison for short periods of time, prisons are not therapeutic institutions. However, the time of imprisonment should not be »lost«. The opportunities that prisons may provide in terms of health care, social support and involved community health agencies should be used. Prisons can provide an opportunity for helping drug users, many of whom have not had any previous contact with helping or treatment agencies. In many ways, people change the drug use patterns they had before imprisonment, voluntarily or not. Because of lack of drugs, they might stop their drug consumption altogether, reduce the quantity or change the route of administration because of a lack of sterile syringes.

Most support projects in prisons are designed to induce people dependent on drugs to abstain from using drugs. The objective of making prisoners start a drug-free life during detention and after release is probably not realistic, especially because drugs are relatively easily available in detention, and the prisoner's past, which was often dominated by drugs, cannot simply be wiped out.

Therapeutic communities in treatment of addiction have the main goal to maintain abstinence and to socially rehabilitate drug users. In these settings, substance use disorder is considered as a general behavior, not related to the substance, but to the subject himself.[16] Therapeutic communities use a hierarchical model, based on peers with treatment stages that reflect increased levels of personal and social responsibilities.[17] During the therapeutic community program, patients have the opportunity to progress in the hierarchy, becoming a peer who manages group activities.[16]

The therapeutic community is a good place where patients discuss the attitudes of perpetrators of criminal acts by themselves, their perception of the acceptance or refusal of a person by the company. It has been shown that the views of a person's own self, her level of confidence and experience of its acceptance or rejection by society influence on her work, social and family functioning. Also, if a person has a negative attitude towards yourself and low self-esteem, it's hard to be successful in working, social and family functioning.[18] Furthermore, to make a person (the perpetrator of criminal action) successfully rehabilitated, it is not enough to change behaviour and attitudes of the person but also the general public and its environment. If the community, the environment, does not accept the perpetrators of criminal offenses, the return of these people in the community will be difficult, if not disabled, and therefore the rehabilitation will be incomplete. It has been shown that positive employee attitudes toward prisoners in terms of the belief that people can change for the better significantly alter the behaviour of prisoners and successful release from prison are rare.[19] Some research has shown that some prison officers believe that penitentiaries represemt just a passive storage to accommodate the criminals and not the place to encourage rehabilitation and prevent relapses and criminal.[20] Such negative attitudes are more common in prisons that do not focus on rehabilitation. Likewise, it has been shown that positive employee attitudes toward prison prisoners significantly reduce tension and conflict in the prison community.[21] Many authors who had dealt with stigmatization of former prisoners or examination of public attitudes towards them emphasize the importance of accepting the former prisoners from the general public for their successful resettlement[22,23] and also for the successful introduction of alternative sanctions such as community service work[24] The stigmatization of ex-prisoners and offenders generally endanger their re-socialization. mostly ecause it prevents a per-

son who had committed an offense to change the image of himself, in his own eyes and in the eyes of the public.[25] Also, another study showed that the environment stigmatize a person if the offense committed had been attributed to the causes that he was able to control, and the consequences of such an attribution is a feeling of anger towards the perpetrator. If, on the other hand, there is a belief that a person has committed a crime for something that is beyond her control, primary emotion that occurs towards that person is remorse and it is expected that, in this case, stigmatization is less pronounced.[26] The main aim of conducting the security measure of compulsory psychiatric treatment in Prison hospital in Croatia is to rehabilitate person in a way that the risk of the crime recidivism is low as possible when he is released to freedom.[27]

Problematic gambling is associated with a wealth of negative outcomes, including increased suicidal tendencies, high rates of divorce, bankruptcy, job loss and arrests.[28] Gambling problems are sometimes presented among men seeking treatment for substance use problems, including alcohol dependence, depression, GAD, phobias and schizophrenia. Also, personality disorders and mental health problems are over-represented in individuals with gambling problems.[29] The relationship between early maladaptive schemes and gambling as well as co-morbidity with other substances abuse is described in previous research.[30]

Past research[31] has demonstrated the effectiveness of CBT and behavioral therapies in treating gambling issues. The authors developed an eight-session cognitive behavioral model for treating problem gambling. The sessions include teaching problem gamblers to develop a non-gambling reinforcement system, functional analysis of gambling episodes, and learning techniques to handle gambling urges and find enjoyment in alternative leisure pursuits. The program achieved positive results when tested within the general population, demonstrating that among the 231 pathological gamblers tested, the therapy improved individual psychosocial functioning in the short-term, and in the long-term. the legal, employment and psychiatric difficulties were reduced.[31]

CONCLUSION

The bio-psycho-social model of treatment and rehabilitation of addicts during the conduction of safety measure of obligatory psychiatric treatment at Department for forensic psychiatry in Prison hospital Zagreb is presented. Each patient at the Department is involved in a structured treatment program as a part of a single program of imprisonment, which is, in this case specific and modified in a way that the basic psychi-

atric treatment program aimed to reduce psychopathology is combined with special program of addiction treatment, abstinence and rehabilitation. The program for drug addiction, alcoholism and gambling in co-morbidity with other mental disorders (primarily personality disorders and PTSP) is described. Pharmacotherapy is applied according to the newest algorithms for treatment of psychiatric diseases and disorders. According to the National guidelines for the treatment of opiate addicts, substitution therapy that is mostly applied is buprenorphine but in some cases the methadone is also used. Treatment is carried out as a: long-term replacement therapy, short (temporary) maintenance, short detoxification, slow detoxification and intermittent (controlled use) of buprenorphine for the prevention of recurrence of heroin.

Program also consists of individual and group psychotherapy procedures, involvement in socio-therapeutic community, work-occupation, sports and educational activities, special programs (program for drug addiction, program for alcohol addiction, program for patients suffering from PTSD, etc.), work with families, communication with the State Board of Parole and Post-Prison Supervision or local supervisory authority responsible for correctional services, which includes the involvement of the Social welfare center, and contact and agreement with the Center for outpatient treatment and prevention of addiction in order to fulfill the patients release plan and continue treatment after the prison sentence, in the community. It is lead by multi-disciplinary team of experts and it is focused on the rehabilitation process and the prevention of future addiction behavior which would lead to the criminal relapse.

BIOPSIHOSOCIJALNI MODEL TRETMANA I REHABILITACIJE OVISNIKA TIJEKOM OBAVEZNE ZAŠTITNE MJERE PSIHIJATRIJSKOG U ZATVORSKOJ BOLNICI U ZAGREBU

Sažetak – Ovisnici su specifična kategorija počinitelja kaznenih djela ili zatvorenika. Iako su neki od njih primarno kriminalizirani, najveći dio kazni za zalouporabu droge čine se kao direktna posljedica ovih poremećaja. Stoga, potrebna je primjena specijalnog programa za liječenje ovisnika, kojeg bi vodio multidisciplinarni tim stručnjaka, fokusiran na prevenciju budućeg ovisničkog ponašanja i posljedičnog recidiva kriminalnog ponašanja. Autori predstavljaju bio-psiho-socijalni model liječenja i rehabilitacije tijekom provođenja sigurnosne mjere obveznog psihijatrijskog liječenja na Odjelu za forenzičku psihijatriju Zatvorske bolnice Zagreb. Svaki pacijent je uključen u strukturirani program liječenja, kao dio jedinstvenog programa boravka u zatvoru, koji je specifičan za svaki poseban slučaj i modificiran tako da se osnovni model psihijatrijskog liječenja, usmjeren na reduciranje psihopatologije, kombinira s liječenjem ovisnosti, apstinencijom i rehabilitacijom. Ovdje je predstavljen program za ovisnike o drogi, alkoholičare i ovisnike o kocki, u komorbiditetu s drugim psihijatrijskim poremećajima

(prvenstveno poremećajima osobnosti i PTSP). On se sastoji od primjene psihofarmakoterapije i supstitucijske terapije, individualne i grupne psihoterapije, terapijske zajednice, radne terapije, klubova za ovisnike, rada s obiteljima i komunikacije s Državnim povjerenstvom za pomilovanja i post-zatvorssko praćenje. Vodi ga multidisciplinarni tim stručnjaka, fokusiran na prevenciju budućeg ovisničkog ponašanja i posljedičnog recidiva kriminalnog ponašanja.

Ključne riječi: Bio-psiho-socijalni model, liječenje i rehabilitacija ovisnika, sigurnosna mjera obveznog psihijatrijskog liječenja

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