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**Uživatelé drog ve vězení – hodnocení účinnosti terapeutických programů**  
**Drug Users in Prison – Evaluation of Therapeutic Programmes**

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*Summary*

There has been an evident *rise in the number of people affected by drugs among convicts* coming to prison not only in Europe, but on a global scale since the 1990s. In some countries, major studies estimate figures at up to 80% of the total prison population. Studies based on empirical penitentiary data from evaluation studies of the effectiveness of programmes for criminal offenders clearly show that people who are not psycho-pathologically and criminally disturbed can be directed in a socially desirable direction by simply serving their prison sentence and making lifestyle changes, while those with internalised norms and the values of the criminal subpopulation and people affected by drug use require specific intervention in order to increase the chances of a non-delinquent post-penitentiary future. Addictology is thus increasingly becoming the focus of criminological and penological interest. Important recent foreign systematic studies and meta-analyses of the effectiveness of programmes aimed at drug users in the prison environment highlight the often very different quality of these often costly and staff-intensive interventions. In an *evidence-based* approach, it is not always possible to demonstrate a measurable positive effect on participating individuals, even with the best intentions. This fact shows the crucial role of evaluation studies, which can help distinguish good and useful intervention programmes from the average or even harmful ones with a negative effect that foster the addictive behaviour of users or even patently worsen it.

The present monograph summarises the main results of research by the Institute of Criminology and Social Prevention (IKSP) focusing on the treatment of drug users in Czech prisons, which took place from July 2016 to June 2019. The main *subject of research* was prison therapeutic programmes run by specialised departments for prisoners with personality and behavioural disorders caused by the use of addictive substances (specialised departments for voluntary treatment or SDVT), and specialised departments for the compulsory treatment of addiction (specialised departments for court-ordered treatment or SDCT). The research focused on the form of these programmes, their spread, operation and effectiveness in terms of their potential effect on the level of criminal recidivism after release from prison and on the criminogenic attitudes of their participants. In addition, the research also focused on selected

characteristics of the drug user population in prisons and Czech legislation on the treatment of drug users in prison. The *main aim of the research* was to map therapeutic programmes implemented in SDVT and SDCT and to assess their effectiveness in terms of criminal recidivism following release from prison and changes in the criminogenic attitudes of those who have completed the programme. Other goals were to acquire new criminological information on the drug user population in the Czech Republic, to map the legal framework governing the treatment of drug users in prison, and to examine the possibilities for the systematic and continuous assessment of the effectiveness of therapeutic programmes in SDVT/SDCT. Standard methods and techniques of criminological research were used, including an analysis of specialised literature, legislation and official documents, an analysis of data from the databases of the Prison Service of the Czech Republic (PSCR) and the Penal Register, expert survey in the form of semi-structured interviews with selected employees of the specialised departments, administration of the Inventory of Criminal Thinking Styles PICTS-cz, and statistical analyses. The research was conducted in accordance with generally binding legislation, including regulations on the data protection, and respected the ethical principles of scientific research work.

The prison population in the Czech Republic numbers approximately 22,000, of whom about 20,000 are convicts serving their prison sentence. Statistical data obtained from both Prison Service records and from questionnaire studies conducted among prisoners shows that *about fifty percent of inmates are registered as drug users and almost 30% meet the characteristics of a problem user in their own opinion*. This is a high proportion and, despite all efforts by the Prison Service, a certain percentage of prisoners continue (or even start) to use drugs in prison, as confirmed by the results of drug testing among prisoners. The problem presented by the high number of drug users in the prison population has long been deliberated at national and international level, and is reflected in various documents of a strategic, conceptual or recommending nature concerning drug policy and the prison system. The significance of these documents lies in the fact that they often form the ideological basis for the creation and implementation of specific legislative and other measures in a national context. The seriousness and complexity of the problem of drug users (and use) in prisons is illustrated by the fact that it is dealt with in documents on various issues, in particular drugs, the prison system, healthcare (measures to prevent the spread of infectious diseases, mental healthcare...), crime and criminal justice. A separate chapter of the *Prison Concept until 2025* (Chapter VI) is dedicated to the problem of drugs. The Concept sets a strategic objective for the treatment of drug users in the form of: *“A functioning and suitably interconnected*

*standardised system of effective professional assistance for drug users, motivating abstinence not only in prison, but also on release*". The Concept also reflects the importance of research data in order to meet this strategic objective. One of the specific objectives of the Concept is to *"provide sufficient information and expert data on addictology and security"*, where the tools to achieve this under the Concept include *"support for research in the field of addiction and the treatment of drug users in the prison environment and verification of the impact and effectiveness of individual programmes"*.

The Prison Service of the Czech Republic implements its drug policy using various tools. Specific tasks for the respective period are included in the ***Plan of Prison Service Activities in the Field of Drug Policy***, issued by the Director of the Division of Prison Sentence Execution of the General Directorate of the Prison Service of the Czech Republic. PSCR drug policy is implemented in prisons and remand prisons by specialised workplaces, namely drug prevention centres, drug-free zone departments, drug-free zone departments with therapeutic treatment, and two types of specialised departments for drug users (SDVT and SDCT) as mentioned above.

These ***specialised departments for drug users*** can be considered the most comprehensive drug policy tool of the PSCR. Convicted users are admitted to specialised departments for voluntary treatment at their own request, while specialised departments for court-ordered treatment are intended for prisoners who have been ordered to undergo compulsory treatment by the court, which is to be executed during their term of imprisonment. Therapeutic programmes run by specialised departments in individual prisons differ slightly depending on the conditions in each particular prison, such as the type of prison, the structural and technical conditions of the department and staffing. The specialised department is part of the Division of Prison Sentence Execution. In contrast to standard imprisonment, there are fewer prisoners in the specialised department and there is much more physical space per prisoner. Furthermore, specialised departments are usually equipped with above standard equipment. The department's therapeutic team consists of specialised staff from the Division of Prison Sentence Execution, usually a psychologist, special pedagogue, educator-therapist, social worker and educator. The team is led by the head of the Division of Prison Sentence Execution, while the psychologist is responsible for the realisation of the therapeutic programme from a professional perspective as the expert guarantor. The therapeutic programme uses a therapeutic community system for drug addicts. The programme must include 21 hours of structured controlled activities per week, of which the main and obligatory group activity is group psychotherapy of at least 1.5 hours per week.

In addition, relapse prevention groups and other support activities such as work and sports activities, educational and leisure activities are represented. Drug services primarily include psychotherapy, group therapy, individual and group counselling, socio-therapy and initial assessment of the client's condition. The treatment programme of specialised departments for court-ordered treatment (SDCT) has two components. The first component is healthcare, which is provided by the prison's medical centre or an external physician. The second component is the psychosocial part of the programme, which is provided by either an addictologist as part of healthcare services or by the expert staff of the specialised departments.

The capacity of specialised departments is about 400 places (approx. 300 in SDVT and approx. 100 in SDCT). With regard to specialised departments for voluntary treatment, the interest in inclusion in the SDVT programme among prisoners usually exceeds their capacity. Although it can be assumed that the real motivation for applying for inclusion in the SDVT programme is not a desire for treatment and change of lifestyle for many prisoners, but more favourable conditions of imprisonment compared to standard departments, it is clear that there is the potential for high demand for participation in SDVT programmes. Around 700-800 prisoners pass through all specialised departments each year. At the time of research, SDVT were established at eight prisons (Bělušice, Kuřim, Nové Sedlo, Ostrov, Plzeň, Příbram, Valdice, Všehrdy), and SDCT at three prisons (Opava, Rýnovice, Znojmo). All these prisons took part in the research.

In order to obtain more in-depth information about the actual conditions of SDVT/SDCT operation, *an expert survey was carried out among SDVT/SDCT professional staff*. Data was collected in the period from September 2016 to January 2017 in the form of semi-structured interviews with experts from the specialised departments of all 11 prisons at which these departments were established at the time of the investigation. Altogether 22 SDVT/SDCT staff participated in the interviews, 17 of who were men and 5 women. These were mainly guarantors of the therapeutic programme or other specialists in the department. In terms of job positions, respondents included 8 psychologists, 7 special pedagogues, 5 educator-therapists and 2 educators. The interviews were mostly attended by more experienced staff - the average length of time they had worked in the specialised department was 10 years. During the course of the interview, respondents assessed, among other things, the main benefits for prisoners in attending SDVT/SDCT programmes, deficiencies in the operation of departments and obstacles to their more effective operation. The most frequently reported benefits of prisoners participating in the programme can be divided into four

categories, namely: (a) the intrapersonal area, represented by benefits in the form of personal development; (b) the post-penitentiary area, including the ensuring of follow-up care and preparation for life after release; (c) the penitentiary area, consisting of an improvement in the quality of life during imprisonment, and (d) benefits in the interpersonal area relating to the improvement of interpersonal relationships. The most frequently reported shortcoming in the operation of the department was its inadequate spatial separation from other parts of the prison, and the straitened or lacking space for therapeutic work. In addition, respondents mentioned the low number of professional staff and their excessive work load, fluctuation and inappropriate behaviour of prison guards, the problematic setup of a funding system, inadequate definition of competencies, especially between formal and methodical department management, little recognition for the work of professional staff and low financial remuneration or a lack of suitable material for the quality education of prisoners. According to respondents, the lack of professional staff in departments seems to be the main obstacle to their more effective operation. Other obstacles include the need to process a large volume of administrative and other secondary agendas at the expense of working directly with prisoners, overly strict rules for approving extramural activities, pressure to fill the department's capacity due to overcrowding in other parts of the prison, or insufficient provision of psychiatric care for prisoners.

In the empirical part of the research, the *effectiveness of therapeutic programmes implemented by specialised departments for drug users* was evaluated. The following indicators of effectiveness were chosen: (a) the rate of criminal recidivism after release from imprisonment, during which prisoners completed the programme; and (b) a change in the level of criminal thinking styles by prisoners during the programme. The choice of indicators was based on the mission and objectives of specialised departments, which according to the internal regulation of the PSCR are “to limit and reduce the danger and likelihood of recidivism by at-risk offenders serving prison sentences and to contribute to the protection of society when they return to civilian life”, and “to enhance self-insight and change the at-risk attitudes, values, thinking and behavioural patterns of prisoners to more socially desirable forms.”

The *analysis of criminal recidivism* consisted of determining the rate and structure of criminal recidivism among prisoners who had completed therapeutic programmes in the specialised departments of Czech prisons after their release from prison, and its comparison with the rate and structure of criminal recidivism following the release of prisoners who had not attended a SDVT/SDCT programme. With regard to the availability of data on the

criminal history of specific individuals, the criminal recidivism was defined as repeated conviction for a crime. The source of data for this purpose was anonymised data from the Penal Register database. In order to obtain relevant results, it was necessary to track a sufficiently long period after the studied prisoners were released from prison – this was therefore a retrospective analysis.

The target population for analysis consisted of all prisoners who had completed a therapeutic programme for drug users in SDVT/SDCT and were subsequently released from prison (including conditional release) in 2014. For the purpose of comparing the rate and structure of criminal recidivism of participants in the SDVT/SDCT programme with prisoners who did not complete the programme, two control groups were set up of individuals released from prison in 2014. The aim was to obtain both a control group of prisoners whose pattern of drug use would be comparable to participants in the SDVT/SDCT programme (i.e. heavy drug users) and a control group of prisoners who did not use drugs at all or only occasionally. The source of data for the establishment of these control groups was the VIS and SARPO prison databases. In the end, anonymised data on the criminal history of a total of 688 prisoners was collected for the purposes of the analysis, of which the research sample (sample population) included 124 individuals, the control group of heavy users 278 individuals and the control group of non-users or occasional users 286 individuals. Records of convictions for criminal offences from their release from prison in 2014 until January 2018 were analysed. Therefore, the studied individuals were monitored for a period of 3-4 years after their release. The focus was on data on the incidence and number of convictions (total, within 1 year of release or within 2 years of release), the time from release to first subsequent conviction, the number of unconditional prison sentences and protective measures imposed, and the incidence of convictions for selected types of crime. For the purpose of comparison between the research group and the control groups, the control groups were weighted by gender, age and number of convictions prior to release in 2014.

Of the research group, i.e. prisoners who had completed therapeutic programmes in specialised departments for drug users, 40% were convicted in the first year after their release from prison, almost 60% within two years of their release, and 70% over the whole reference period. Thus, less than one third of participants in the programme remained without further convictions 3 to 4 years after their release. In terms of the rate and frequency of criminal recidivism after release from prison, prisoners who had completed the programme achieved better results than the control group of prisoners with a similar pattern of drug use, who did not undergo the programme. On the other hand, the results of prisoners who had completed

the programme were worse compared to the control group of prisoners who had a lower risk pattern of drug use or who did not use drugs at all. However, statistically significant differences were found in only a few monitored variables, and only between the research sample and the non-user/occasional user control group. In terms of the structure of criminal recidivism after release from prison, five types of crime were monitored - violent, property, sex and drug crime and offences committed under the influence of drugs (especially endangerment under the influence of an addictive substance or drink/drug driving). Statistically significant differences were only found in property crime, and only between the research group and the control group of non-users or occasional users. Prisoners who had completed the SDVT/SDCT programme were convicted of property crime significantly more often after their release than prisoners from this control group. The results of the research group were better than the control group of heavy users, but the differences were not statistically significant.

Despite certain limitations of the analysis, the results allow the formulation of several conclusions. By far the best results in terms of criminal recidivism after release were achieved by prisoners in the control group of individuals who did not use drugs or only used them occasionally. The comparison of the two groups of heavy drug users gave better results for prisoners who have completed the SDVT/SDCT programme. Although there is no data on other potential factors, it can be concluded that the pattern of drug use plays a key role in terms of the risk of criminal recidivism after release. Even though the results of prisoners who had completed the SDVT/SDCT programme may not seem very encouraging, the weakening of the programme effects after its completion and leaving the department must be taken into account. This happens both during the remainder of the sentence, when there is often a relatively long period of time between the completion of the programme and the time when the prisoner is released, and especially after the prisoner's release from prison, in the absence of appropriate follow-up post penitentiary care.

The analysis showed that the measurement of criminal recidivism in terms of records of convictions after release from prison is, in our present conditions, a potentially useful tool for the systematic and continuous evaluation of the effectiveness of specialised programmes (not only) for convicted drug users. However, it certainly cannot be the only tool used in isolation, as it provides only a partial view of the potential effects of the programme. The same attention as that devoted to the measurement of criminal recidivism should also be given to the interpretation of its results, which must always be placed in the context of the possible limits of this procedure, thereby eliminating the risk of mistaken conclusions.

One of the objectives of therapeutic programmes in specialised departments for drug users is to change the risk attitudes, values and thinking patterns of prisoners to socially desirable forms. Part of the research was therefore to assess how this objective is being achieved by specialised departments. As a measure of criminogenic attitudes, values and thinking patterns, the degree of *criminal thinking styles*, i.e. attitudes, beliefs and thinking styles that maintain and support the criminal lifestyle was chosen. Such irrational or mistaken beliefs, which have little or no basis in reality, are commonly encountered by members of the non-criminal population. However, they tend to be more frequent and strongly accentuated in criminal offenders. Criminal attitudes and thinking styles relating to antisocial and delinquent behaviour are therefore important factors in assessing the risk of offenders.

The *analysis* focused on identifying the *development of criminal thinking styles* by participants in SDVT/SDCT therapeutic programmes during the course of the programme, and its comparison with the development of criminal thinking styles by prisoners who did not attend the SDVT/SDCT programme. The psycho-diagnostic tool Inventory of Criminal Thinking Styles PICTS-cz was used to measure criminal thinking styles. This is the Czech version of the original *Psychological Inventory of Criminal Thinking Styles* (PICTS), whose transfer and standardisation to the Czech prison population was carried out as part of previous IKSP research. The test was administered by experts from individual participating prisons, primarily by guarantors of the therapeutic programme - psychologists who were trained in its administration during the preparatory workshop before the field research began. During the workshop, prison staff received a test questionnaire, an informed consent form for participation in the research, written information about the research for prisoners, and written instructions on the selection of prisoners for control groups according to the characteristics of the prisoners in the research sample (matching).

The target population for analysis consisted of all prisoners who joined a therapeutic programme for drug users in SDVT or SDCT between November 2016 and the end of June 2017. Two control groups were set up to compare the development of criminal thinking styles. Like in the analysis of criminal recidivism following release from prison, one of these was to have been prisoners whose pattern of drug use was comparable to those in the SDVT/SDCT programme, i.e. heavy drug users, and the other of prisoners who did not use drugs at all or only occasionally. The control groups were put together based on data on drug use patterns in the SARPO prison database. In order to capture the development of criminal thinking styles, participants were tested twice. Prisoners in the research sample completed a PICTS-cz test questionnaire for the first time immediately after joining the SDVT/SDCT

programme (pre-test phase) and a second time at the end of their participation in the programme (post-test phase). Prisoners in the control groups always completed the questionnaire at the same time as prisoners in the research sample to which they were assigned (matched) when setting up the control groups. The total number of research participants for whom we ultimately obtained valid pre-test and post-test phase test protocols was 255 (129 in the research sample, 66 heavy user control group, 60 non-user/occasional user control group).

Findings from the analysis showed that prisoners had a fairly high level of criminal thinking on all evaluated PICTS-cz inventory scales on admission to the SDVT/SDCT programme. The profile of their criminal cognition was similar to that found in incarcerated heavy drug users who did not participate in the programme. Conversely, the level of criminal thinking of prisoners who did not use drugs at all or only occasionally was clearly lower than that in the research sample and the control group of heavy drug users. In terms of the development of criminal thinking styles, the results of the analysis give a relatively clear picture. The research sample of convicted drug users underwent remarkable positive changes in terms of both statistically and substantively significant reduction of criminal cognition level during their participation in the SDVT/SDCT programme. In other words, while participating in the programme, prisoners' thinking and attitudes changed overall to be substantially less inclined to continue their criminal activity when they left the SDVT/SDCT than they were when they entered the programme. The results achieved by the research sample particularly stand out in comparison with the control groups. Research studies have repeatedly confirmed that incarceration in a prison environment without targeted intervention generally tends to deepen antisocial, resp. criminal thinking patterns. The results achieved by both control groups support this theory. The control group of heavy drug users experienced an increase (i.e. worsening) in the level of criminal cognition on all evaluated PICTS-cz scales, while criminal thinking in the control group of non-users or occasional users 'worsened' on most scales. In most cases, the results of the control groups were statistically significantly worse than in the research sample. The findings of the analysis showed that the measurement of criminal cognition can also be used in the Czech Republic to evaluate the effectiveness of treatment programmes in specialised prison departments in terms of their objective of changing the risk attitudes, values and thinking patterns of prisoners to socially desirable forms. Due to the diagnostic or rather clinical potential of the PICTS-cz tool, it also offers wider possibilities for its use in the initial assessment of prisoners in order to prepare appropriate treatment programmes, assess the performance of treatment programmes, etc.

The main finding of our research is that *therapeutic programmes in SDVT/SDCT demonstrably contribute to the declared goals and mission of these departments*. A significant reduction in the level of criminogenic attitudes and thinking patterns was found among prisoners who had completed the programme. This result is particularly impressive compared to prisoners who did not undergo the programme. Those with a pattern of drug use similar to those of participants in the programme experienced a significant deterioration in terms of higher criminal thinking during the period of their sentence corresponding to the duration of the programme. Yet, the results of both groups were similar when participants entered the programme. The group of prisoners who did not use drugs at all or only occasionally had the lowest level of criminal thinking at the beginning of the reference period. During the research period, this group underwent less clear-cut development, but also worsened overall. With regard to the effects of completing the programme on criminal recidivism, it must be noted that the rate of criminal recidivism by participants in the programme after their release from prison remains high. Compared to the level of criminal recidivism found in the control groups of prisoners, the results of participants in the programme were only slightly better than those of drug users who did not attend the programme and clearly worse than those of convicted non-users. However, the measured differences were not statistically significant in terms of the rate of recidivism or its structure in most cases.

Under current conditions, working with convicted drug users in specialised departments has only limited ability to influence the likelihood of their criminal recidivism following their release. Ensuring their release from prison follows on the completion of the programme is not assured. Similarly, the connection between post-penitentiary care and specialised treatment of drug users during their sentence has not been systematically addressed in the Czech Republic. *The sustainability of the effects of specialised department programmes after release of an inmate from prison is currently a major problem* in terms of the effectiveness of the programme on convicted drug users in SDVT/SDCT. In other words, the programme is demonstrably able to bring about the desired changes in the criminogenic attitudes of prisoners, but this effect cannot be maintained and slowly dissipates on leaving the programme and the SDVT/SDCT. The potential of therapeutic programmes for prisoners in specialised departments in terms of reducing criminal recidivism following release from prison is largely untapped.

In the research, we compared three groups of prisoners - heavy drug users participating in SDVT/SDCT programmes, heavy drug users without this intervention, and

prisoners who did not use drugs or only used them occasionally. Based on the findings, it can be concluded that the *pattern of drug use is crucial with regard to the risk of criminal recidivism*. Although the research was not focused on finding a connection between drug use and crime, it can still be deduced from the results. Convicted non-users/occasional users showed the clearly lowest level of criminal thinking and lowest rate of criminal recidivism following their release. However, SDVT/SDCT programmes managed to reduce the criminal cognition of even heavy drug users to almost the same level as non-users. In contrast, the level of criminogenic attitudes and the risk of criminal recidivism among drug users who did not receive intervention in the form of a programme in a specialised department increased while serving their sentence.

The research results enable the formulation of certain *recommendations or suggestions for the future*.

Given the high proportion of problem drug users in the prison population and the apparent link between addictive behaviour and repeated criminal activity, it would be *appropriate to increase the availability of such targeted programmes* in an effort to reduce criminal recidivism. Naturally, this being in the knowledge that these programmes are not suitable for all heavy drug users in prison. Of course, this must proceed based on the reality of the limited capacity of the prison system, resp. the Ministry of Justice. However, if - quite rightly - the reduction of criminal recidivism is one of the key priorities of the criminal justice system, then these limited capacities must be prioritised towards measures that can demonstrably contribute to achieving this priority.

The possible further development of therapeutic programmes in specialised departments for convicted drug users, however, will lose much of its potential if *the sustainability of the effects of intervention cannot be increased*. This applies to both working with prisoners from the end of the programme to their release from prison, and especially to follow-up post-penitentiary care, which should be a vital continuation of the SDVT/SDCT programme. Without follow-up treatment outside prison, the demanding and qualified work with prisoners by specialised departments is basically a waste of the prison service's professional capacities.

The substance of the operation of specialised departments is the professional work of qualified personnel, especially psychologists, but also other professional staff. Admission to the SDVT/SDCT alone will not bring about a desirable change in prisoners' thinking and behaviour - this requires the intensive work of experts working in the department. As in other professional workplaces, the *main value of specialised departments lies in their staff*. This

should be reflected in the approach to staffing specialised departments, both in terms of staff numbers and in terms of developing their expertise. In terms of professional staff numbers, the minimum should be to maintain the number of staff laid down in the internal regulations of the Prison Service, where a larger proportion of SDVT/SDCT staff are ideally earmarked to work solely in the specialised department. Working with drug users, moreover in a prison environment, places considerable demands on staff expertise. Therefore, the training of SDVT/SDCT professionals should be encouraged, with particular emphasis on the specific treatment of addiction in the prison environment. Supervision is an important tool for preserving and developing the quality of work in specialised departments, for which it is important to ensure adequate conditions.

Should the further development of specialised departments for drug users be considered as a potential tool for reducing criminal recidivism after release from prison, ***a system of continuous evaluation of the results of working with prisoners in departments should be put in place***. It should be stressed that such an evaluation cannot be limited to the mere determination of the rate of criminal recidivism following release. At the end of the programme, a number of factors affect participants and may influence their further criminal career. Thus, a mere indication of criminal recidivism does not say much about the actual effectiveness of the programme. A comprehensive evaluation of the effectiveness of SDVT/SDCT programmes must include, as far as possible, a systematic and continuous evaluation of the success in achieving individual programme objectives. At the same time, it is necessary to carefully select the tools for such evaluation so that the results obtained truly relate to the criteria to be assessed. However, it should not be forgotten that any regular evaluation of the effectiveness of the programme must be designed in such a way as to minimise the burden of collecting and analysing data for the Prison Service staff.

Any evaluation focused on the effectiveness of work with prisoners is complicated by limited compatibility of data sources on prisoners with other judicial information systems. Difficult data retrieval increases the demands of the data collection process for further analysis. It is strongly recommended ***a systematic and uniform register of programme participants in SDVT / SDCT is introduced***.

Serious evaluation of the effectiveness of therapeutic programmes in specialised departments for drug users is possible thanks to the ***relatively clearly defined criteria of effectiveness*** in the form of their mission and objectives, formulated in the relevant internal regulation of the PSCR. If there is an interest in the reliable evaluation of the effectiveness of criminal policy measures, this should become the norm. In the interest of the feasibility of

evaluation studies, it can therefore be recommended that, even at the drafting stage of a new measure, account should be taken of the need to evaluate its results in the future. The objectives of such a new measure must therefore, as far as possible, be formulated so that they represent clear, comprehensible and measurable criteria of success or effectiveness.

Translated by: Presto