

Connections

Integrated responses to drugs and infections across European criminal justice systems

CONNECTIONS contributions to policy developments

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Drug use and crime are often in the news. But international drug policy only hits the news stands once every ten years, when the United Nations review the international approach to illicit drugs. This year, the news from Vienna has been mostly about the attempt to get the phrase 'harm reduction' included in the political declaration from the Commission on Narcotic Drugs. But we should not allow the failure of this attempt, and the attendant discord between European and UN member states, to distract us from the urgent tasks that face us.

The latest estimate from the European Monitoring Centre on Drugs and Drug Addiction is that over 400,000 people with experience of illicit drug use are in prisons in the European Union each year. The number of people who go through the wider criminal justice system is, of course, much larger. Many of them have problems with drug use that increase their exposure to crime, victimisation, HIV, viral hepatitis and early death. The EMCDDA specifically noted the increased risk of mortality for problematic drug users who are entering and leaving the criminal justice system. But its 2008 Annual Report stated that "widespread recognition of the value of providing drug treatment options to users in

prison has yet to be matched by investments in services in this area, which in most countries remain poorly developed."

One of the things that the nations gathered at the CND in Vienna could agree on was that injecting drug users in particular need "universal access to comprehensive drug abuse prevention programmes and treatment, care and related support services". They also agreed to invest "increased resources in ensuring access to those interventions on a non-discriminatory basis, including in detention facilities."

We hope this issue of the *Connections* newsletter - with articles on patterns of drug use and infections in different European prisons, availability and outcomes of drug treatment, as well as information on the recent CONNECTIONS conference and other interesting subjects - will play a part in helping readers to translate these political agreements into reality.



The 1st CONNECTIONS conference: a successful event reminds us of achievements so far, but, most importantly, of many challenges still ahead

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The 1st conference of the CONNECTIONS project took place in Krakow, Poland on the 25-27 March this year.

We saw the participation of colleagues from different professional backgrounds and from European and non-European countries, who provided their contribution in terms of expertise and sharing of experiences to a very successful event. After the welcoming words from the Regional Director of the Polish Prison Service and local partner NGOs, we opened the conference with asking the question of whether providing equivalent care in custodial settings was to be considered an opportunity, a challenge or an inappropriate use of resources. Through the plenary sessions we have gone through the journey of a drug user within the criminal justice sector, passing from the phase of arrest, to the court, prison and release, and helping us to answer this vital question.

We heard contributions from academics, professionals, NGOs representatives, advocates and users on why, when and how quality drug treatment and harm reduction services can be effectively implemented in the criminal justice system. Following an inspiring opening speech from Patrick O'Hare, professor of Drug Use and Addictions at Liverpool John Moores University, we had an interesting opening debate where colleagues with different backgrounds - George Gallimore from the Police Federation in England, Berne Stålenkrantz from the Drug Users Union in Sweden and Annette Verster from WHO - discussed the role they play in the understanding, design and delivery of services to drug users within the criminal justice system.

The negative implications of very repressive drug policies on the overloading of the courts systems and prison overcrowding were then presented by Hungarian and Polish colleagues. Often, in many Eastern European countries, there

are few opportunities to actually implement alternatives to the criminal justice system. This is therefore an area of work in which still much remains to do and we can contribute to. But we also heard about opportunities for diversion from the criminal justice system and new liberal policies implemented in Portugal and through the work of drugs courts, as described by an Irish judge, or through the work of the Health Authority in Italy inside the tribunal in Milan.

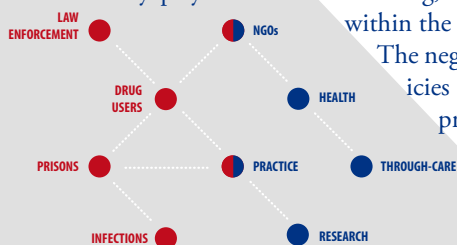
Prisons remain one of the most important and “overused” area within the criminal justice system and we continue to advocate for an equivalent access to drugs and alcohol treatment and harm reduction services in prison. This, as well as the need to ensure continuity in treatment and aftercare has been stressed by speakers covering the last two plenary session.

Several parallel sessions covered themes such as developments in harm reduction services in prison in South East Europe, outcomes of qualitative and quantitative research on drugs and infections in the criminal justice system, experiences from European organisations working with peers and young people, as well as international experiences of research and work in the criminal justice system.

Within one parallel session, the CONNECTIONS NGO partners in Poland - Probacja, Hungary – the Hungarian Civil Liberty Union and ARAS in Romania were provided the possibility of presenting their work on policy development at national level.

Conference presentations are available from the CONNECTIONS web site and a conference report is under preparation.

We will keep CONNECTIONS readers informed about the next CONNECTIONS conference, which is provisionally scheduled to take place in London, in June 2010.



Outlines from the 5th European Conference on Clinical and Social Research on AIDS and Drugs

The conference, organised by the Lithuanian AIDS centre in cooperation with European and international organisations and with financial support from the European Commission Public Health Programme, took place in Vilnius on the 28-30 April 2009. The rich programme included presentations from different background and countries on research and practice in the area of drug treatment and harm reduction, including an overview of European projects and networks, such as the CONNECTIONS one, working on HIV/AIDS in Europe.

The conference has once again proved that strong research-based evidence is available on the effectiveness of interventions such as substitution treatment and needle exchange programmes, among others, in the prevention of blood borne diseases among drug users.

Cinzia Brentari presented the work of the CONNECTIONS project on “Giving value to research” in the area of harm reduction services in prison and the criminal justice system. The importance of focussing on this area of work has been confirmed by the conference conclusions stressing that “Drug use should not be criminalised... Alternatives to imprisonment, such as community services combined with treatment have proven more effective and less expensive. For people in prison, the imprisonment could be an opportunity to support behavioural change provided services are available. There should be continuity of proper treatment and care such as antiretroviral treatment, tuberculosis treatment or substitution therapy before, during and after imprisonment. Within prison, the same healthcare services should be available as in the community”.

More at <http://www.aidsvilnius2009.com>

Closing the Revolving Door?

This article reports on an evaluation of the effectiveness of Pennsylvania’s drug and alcohol treatment-based intermediate punishment, Restrictive Intermediate Punishments (RIP/D&A), at reducing the risk of re-arrest. Pennsylvania was among the first states to modify its sentencing guidelines to incorporate intermediate punishments as an alternative to incarceration in an effort to address prison overcrowding by rehabilitating drug-dependent offenders. Drug- and/or alcohol-dependent offenders are considered for a substance abuse treatment-based restrictive intermediate punishment. The Restrictive Intermediate Punishment (RIP) programmes were set up to house offenders full- or part-time, to significantly restrict their movement and monitor compliance.

Researcher compared re-arrest at 12, 24, and 36 months post release. Offenders who successfully completed treatment had a lower risk of re-arrest than traditionally sentenced offenders in general and county jail and probation offenders specifically. However the researchers found that offenders sentenced to RIP/D&A who did not successfully complete treatment were more at risk for re-arrest than traditionally sentenced offenders in general. Also, offenders sentenced to state incarceration had a lower risk of re-arrest than RIP/D&A participants, regardless of program completion thus challenging the effectiveness of the programmes.

The full article from Tara Warner and John Kramer, “Closing the Revolving Door?: Substance Abuse Treatment as an Alternative to Traditional Sentencing for Drug-Dependent Offenders” can be found at Criminal Justice and Behaviour, Volume 36, Issue 1, January 2009, <http://ejb.sagepub.com/cgi/content/abstract/36/1/89>

Drug Decriminalization in Portugal: Lessons for Creating Fair and Successful Drug Policies

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In July 2001, Portugal introduced a new law, Law 30/2000, which significantly changed the legal response to drug users. The new law decriminalised the use, possession and acquisition of all types of illicit substances for personal use, which was defined as being up to ten days supply of that substance. These changes did not legalise drug use in Portugal. Possession has remained prohibited by Portuguese law and criminal penalties are still applied to drug growers, dealers and traffickers.

The main features of the law are the elimination of the use of penal sanctions for drug possession (previously, offenders had been liable to fines or up to a year in prison) and the introduction of a system of referral to Commissions for the Dissuasion of Drug Addiction (Comissões para a Dissuasão da Toxicodpendência – CDTs).

The political consensus in favour of decriminalisation, which has since developed in Portugal media and politicians, is unsurprising in light of the relevant empirical data generated since the beginning of the implementation of the new law. Those data indicate that decriminalisation has had no adverse effect on drug usage rates in Portugal, which, in numerous categories, are now among the lowest in the EU, particularly when compared with states with stringent criminalisation regimes. Although post decriminalization usage rates have remained roughly the same or even decreased slightly when compared with other EU states, drug-related pathologies - such as viral infections and deaths due to drug usage - have decreased dramatically. Drug policy experts attribute those positive trends to the enhanced ability of the Portuguese government to offer treatment programmes to its citizens - enhancements made possible, for numerous reasons, by decriminalisation.

For further information see:

Glenn Greenwald, Drug Decriminalization in Portugal: Lessons for Creating Fair and Successful Drug Policies, CATO Institute, USA, 2009

http://www.cato.org/pubs/utpapers/greenwald_whitepaper.pdf

Caitlin Hughes and Alex Stevens, The effects of Decriminalisation of Drug Use in Portugal, Beckley Foundation Briefing Paper 14, December 2007

<http://www.beckleyfoundation.org/pdf/BriefingPaper14.pdf>

See also the presentation from Fátima Trigueiros, Advisor to the Executive Board, Institute for Drugs and Drug Addiction, Portugal at the CONNECTIONS conference <http://www.connectionsproject.eu/conference2009/presentations-downloads>

Identifying Europe's information needs for effective drug policy

Experts and policymakers gathering in Lisbon on the 6-8 May 2009, for an international conference commemorating 15 years of monitoring Europe's drug phenomenon, underlined the need for rapid and innovative responses to Europe's changing drugs problem. Organised by the EU drugs agency (EMCDDA), the event was dedicated to "Identifying Europe's information needs for effective drug policy".

Participants including policymakers, researchers and practitioners from Europe, North America and Australia, considered the major challenges arising from today's drug situation, and the type of information required to respond to it in future.

Alex Stevens, CONNECTIONS Project Director, spoke on what we know, and what we need to know, about alternatives to imprisonment for drug dependent offenders.

More at <http://www.emcdda.europa.eu/events/2009/conference>



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The incarceration of drug offenders: an overview

This report produced in March 2009 by the Beckley Foundation Drug Policy Programme in partnership with the International Centre for Prison Studies at Kings College London, revisits the topic of the incarceration of drug offenders.

Imprisonment continues to play an important part in the crime policy of every country, but its use varies between different regions and between countries within regions. Evidence shows that recent years have seen increasing numbers of people arrested for drug related offences being sent to prison. The fact that this has had only a marginal and/or temporary impact upon the scale of the illicit drug market, and also generates many significant financial and collateral costs, has led increasing numbers of observers to regard the situation as constituting a global prison crisis.

The report provides an overview of some of the available incarceration data from around the world and brings together much contemporary research on the topic. A great deal of the discussion concerns one of the most enthusiastic supporters of incarceration as a drug prevention measure, the United States. It is suggested however, that the results of policy within the United States should be used as evidence to encourage other member states not to follow this route.

The full report can be downloaded at <http://www.idpc.net/php-bin/documents.pl?ID=1000243>

Preventing Death Among the Recently Incarcerated: An Argument for Naloxone Prescription Before Release

Death from opiate overdose is a tremendous source of mortality, with a heightened risk in the weeks following incarceration. The goal of this US study was to assess overdose experience and response among long-term opiate users involved in the criminal justice system. One hundred thirty-seven subjects from a project linking opiate-dependent individuals being released from prison with methadone maintenance programs were asked 73 questions regarding overdose. Most had experienced and witnessed multiple overdoses; 911 was often not called. The majority of personal overdoses occurred within 1 month of having been institutionalized. Nearly all participants expressed an interest in being trained in overdose prevention with Naloxone. The risk of death from overdose is greatly increased in the weeks following release from prison. A pre-release program of overdose prevention education, including Naloxone prescription, for inmates with a history of opiate addiction would likely prevent many overdose deaths.

Publications

The full article from Wakeman, Sarah E; Bowman, Sarah E; McKenzie, Michelle; Jeronimo, Alexandra; Rich, Josiah D can be found at Journal of Addictive Diseases 2009 Volume: 28 Issue: 2 Pages: 124-129

A Brief Review of the Effectiveness of Abstinence-Based Treatment for Prisoners

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Approximately half of UK prisoners are drug dependent (Martin et al., 2003; Liriano and Ramsay, 2003; McSweeney et al., 2008) and drug use is one of the strongest predictors of post-prison re-offending (Howard and Britain, 2006). Close to £80 million are spent on drug treatment in the UK Criminal Justice System per year (PrisonReformTrust, 2007).

While a harm reduction approach has traditionally formed the basis of UK prison treatment, abstinence is increasingly recognised as a key part of the harm reduction continuum (Martin, 2005) for the simple reason that “getting people off drugs is the best possible way of reducing drug-related harm” (Roberts, 2005) and most addicts entering treatment cite abstinence as their ultimate objective (McKegany et al., 2004; Best et al., 2006). Fortunately, there is now strong evidence showing that abstinence-based interventions are effective in reducing drug use and recidivism.

Cochrane reviews are “gold standard” systematic reviews of evidence, which are highly regarded because they use strict methodological criteria and extensive literature searches (Greenhalgh, 2006). Several Cochrane reviews have recently evaluated evidence on abstinence-based interventions. Smith et al.’s (2006) review concluded that current evidence suggests that abstinence-based residential treatment in prison significantly increases abstinence while reducing drug use, re-incarceration for at least a year after release. In addition, different

types of Therapeutic Communities and residential treatments were all found to be equally effective in achieving these outcomes. Ferri and Amato’s (2006) review similarly concluded that twelve-step and other abstinence-based models were equally effective in reducing alcohol consumption and severity of dependence. Perry et al.’s (2006) review concluded that for offenders, abstinence-based Therapeutic Communities were more effective than general mental health programmes, probation or intensive supervision in reducing both drug use and criminal activity.

While the randomised controlled trials included in Cochrane reviews provide the most reliable evidence of treatments’ causal effects, most trials are conducted in the United States. However, quasi-experimental studies have supported the applicability of such findings to the UK context. Two large-scale prospective cohort studies found that completion of abstinence-based residential treatments was associated with increased abstinence and significant reductions in drug use, criminality and mortality for years after treatment initiation (NTORS: Gosop et al. 2002a, 2002b, 2005, 2005; DORIS: McKegany, 2006). The RAPt programme is a twelve-step treatment which is the most widely offered abstinence-based residential programme currently offered in English prisons (McSweeney et al., 2008). A follow-up study found that RAPt graduates had significantly higher post-release levels of abstinence and lower drug use than prisoners who did complete the programme and a reconviction

analysis found that graduates also had significantly lower levels of recidivism two-years after release from prison (Martin et al., 2003). Recent pre-post analyses of standardised psychometric measures of addiction severity and social functioning showed significant improvements among graduates (Grant, 2008).

Recently issued guidelines from the UK National Institute for Health and Clinical Excellence reflect current evidence-based best practice for the management of substance dependence. These emphasise the need to allow prisoners to access a range of drug treatment options and to make informed choices about their care (NICE, 2007). They specifically suggest that abstinence-based residential treatment is recommended for those who present with significant drug misuse problems or who wish to remain abstinent post-release. The evidence reviewed here supports this approach and confirms the utility and effectiveness of abstinence-based treatment as a means of helping prisoners reduce drug use and re-offending.

Complete references can be obtained from the author.

Changes in women's use of illicit drugs following imprisonment

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Researchers at the University of Oxford in the UK have recently reported on changes in illegal drug use in women following imprisonment. They recruited the women from two prisons in the Midlands and South-East of England and followed them up one month later. Women were approached within 72 hours of coming into prison and 505 women agreed to participate, a response rate of 82%. They answered questions about daily drug use and injecting drug use prior to imprisonment contained within a questionnaire. One month later, the researchers approached those participants who were still in prison. Of the original 505 participants, 256 were still in prison and 220 (86%) participated again. This time they answered questions about drug use in the previous month whilst in prison.

Prior to imprisonment, 53% of women took at least one illegal drug daily and 38% said they had ever injected drugs. Following imprisonment, some women continued to use drugs; 14% of women reported using at least one illegal drug daily and 2% of women had injected drugs. There were important changes in the types of drugs used; prior to imprisonment, women most commonly used crack and heroin, but in prison the two most commonly used illegal drugs were benzodiazepines and opiate substitutes.

These findings have important policy implications. The continued use of drugs is not unexpected as there is little doubt that drugs do



enter prisons in England and there are a number of convincing reasons why women continue to use drugs when in prison. However, the change in the pattern of drug use to benzodiazepines and opiate substitutes suggests that the majority of the drugs used illegally in prison are prescribed medications obtained illegitimately; benzodiazepines and opiate substitutes are prescribed as part of prison detoxification

programmes. The study did not examine the supply of illicit drugs and cannot conclude whether inward smuggling or internal trading of diverted medication was the main source. However, the availability of prescription drugs for illegitimate use either represents a failure to control inward smuggling or a failure to control diversion from prison health services. This indicates the need for review of the control of prescribed medication within prisons as well as the currently favoured supply control measures such as mandatory drug testing of prisoners and the prosecution of those visitors or staff found bringing drugs into prison. Moreover, given the evidence linking the supply of drugs in prisons to bullying,

improved control of prescribed medication may have wider benefits by potentially limiting the bullying and intimidation of prisoners for their medications.

The full article from Emma Plugge, Nicola Douglas and Pat Yudkin can be found in *Addiction*. 2009 Feb;104(2):215-22.

<http://www3.interscience.wiley.com/journal/121639221/abstract>

HIV/HCV infection among female prison inmates in Portugal

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2005 data revealed that Portugal had the second highest rate of HIV cases in Western and Central Europe with 251 cases per million population (in comparison with a European Union average of 67.2 cases per million).

In Portugal HIV infection is concentrated in injecting drug users and prison inmates. The concern for prison health and the dynamic relationship of prison inmates with the population as a whole



makes the need to monitor the HIV and HCV rate in the female prison population particularly important especially since the proportion of women in prison has been increasing. Little has been known up to now about the extent to which drug use accounts for HIV transmission amongst women, the

extent of HIV/HCV co-infection or the correlates of these infections in imprisoned women.

The study used data collected in 2005 as part of a survey of two Portuguese prisons, comprising a self-administered questionnaire and venous blood samples. An estimate was made of the prevalence of HIV and HCV infection among inmates in Estabelecimento Prisional de Tires, the largest Portuguese prison for women. The prison holds 57% of all female inmates in Portugal. Data included sociodemographic and behavioural characteristics and attitudes towards HIV/AIDS according to serological status. Variables included age, education, country of birth, penal status, and accumulated time in prison. Drug injection and sharing of injection material were investigated, as well as age at first sexual intercourse. Inmates also characterised their attitudes towards HIV/AIDS. A venous blood sample was collected and tested for anti-HIV and anti-HCV antibodies.

In this sample of 445 female inmates, 10% were HIV-positive; while 11% were HCV-positive. Longer imprisonment periods were associated with relatively higher HCV prevalence and women with later ages at first sexual intercourse were less frequently HIV-positive, regardless of drug injecting behaviour. HIV prevalence was 44% in women

who had ever injected drugs and 6% in those who had never injected. HCV frequency was 69% among injecting drug users (IDUs) and 4% among non-IDUs. In women who injected drugs both HIV and HCV were more frequent when the number of injections was higher and when women reported sharing of injection material. Similar attitudes towards HIV/AIDS were found for HIV-positive and negative women, but those living with HIV had more tolerant positions. This study emphasises the role of injecting drug use in the transmission of HIV and HCV in women in Portuguese prisons and reinforces the need for the systematic adoption of harm reduction measures.

The full article from Henrique Barros, Elisabete Ramos, Raquel Lucas can be found at "A Survey of HIV and HCV among female prison inmates in Portugal", *Central European Journal of Public Health*, 2008, 16 (3) 116-120

Drug use and treatment need among prisoners in England and Wales

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Provision of treatment for prisoners in England and Wales has expanded to accommodate increasing numbers of prisoners with significant drug problems. A current Ministry of Justice survey of prisoners sheds further light on the nature of prisoners' drug use and some of the factors which distinguish drug using prisoners who express a desire to be treated from those who do not.

This study investigated levels of drug use before custody among a sample of 1,457 newly convicted prisoners. The sample comes from a general purpose longitudinal survey of prisoners which aims to measure the range of prisoners' problems and needs on reception to prison, types of interventions and support received during custody and resettlement outcomes after release. The sample includes adult (18+) male and female prisoners who were interviewed at 49 prisons holding new receptions in 2005/6. The data was collected by independent interviewers from a survey company (Ipsos MORI).

The results on the prevalence of drug use are consistent with previous research. Lifetime use of heroin, crack cocaine, cocaine powder,

amphetamines or cannabis was reported by four out of five prisoners and two-thirds had used these drugs during the year before custody. Although cannabis was the most frequently used drug, a third had used heroin and/or crack cocaine during the previous year. Use of heroin and crack was closely related (prisoners tended to use both these drugs). Many prisoners reported previous experience of drug treatment. Around half of drug users had received some form of treatment for their drug problems. Although levels of pre-custody drug use were high, not every drug user wanted to receive treatment during their current sentence. Less than half (45%) of prisoners who reported using drugs during the four weeks before custody wanted treatment, including a third of heroin or crack users. Prisoners who wanted treatment were more dependent on heroin and cocaine and were more likely to have received treatment before. The study found no association between treatment need and the personal characteristics of prisoners. However, prisoners who were unemployed, had unstable accommodation and greater psychological health problems were more likely to want treatment. The study concludes that drug treatment pro-

vision in prisons needs to be coordinated with access to resettlement and mental health services.

The full article from Duncan Stewart can be found at "Drug use and perceived treatment need among newly sentenced prisoners in England and Wales" (2009). *Addiction*, 104(2), 243-247.



Notes on the Italian process of transferring health in prison to the National Health Service

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Italy is facing the challenge of having to transfer responsibilities over health in prison from the Ministry of Justice to the National Health Service. This change, already foreseen by a law dating back 1999 (L230/99), started in April 2008, following a Decree from the President of the Council of Ministers.

The process appeared immediately complex both from the point of view of health issues and from that of economic responsibilities and transfer of funds needed to implement it.

The core issue within this shift is that of guaranteeing to prisoners, at present more than 60.000, the same levels of health services as those foreseen for Italian citizens. These levels of assistance, called Livelli Essenziali di Assistenza-LEA (Essential levels of assistance) have been so far – and paradoxically – higher for prisoners than for the outside population and this has posed problems of “equivalence”. For example, some dental interventions were provided for free to prisoners, while they have to be paid by citizens under the National Health Service.

At present not all Italian Regions are ready for this shift and they are proceeding autonomously

in organising the taking over of responsibilities (in Italy, the delivery of health services is organised mainly at regional level).

Another critical point within the process is the administrative, economic and functional positioning of health staff working within prisons. As of today, only medical doctors and the staff previously employed by the Ministry of Justice has been foreseen within the National Health Service, while all the remaining of the staff (approximately 90% of the total) still has no certainty about his future.

With reference to costs, it is already clear that health costs will increase of approximately 50% with picks of increase of 80% in some regions, with reference to what was spent by the Ministry of Justice.

It will be interesting to witness, in the course of the next months, how this process will involve not only technical and financial, but also cultural elements.

In spite of the important problems emerged and of the resistance which has sometimes appeared



against the process, it is important to underline the fact that this process has finally been initiated. The future work that the National Health Service and the Prison Administration will have to deal with in this area is huge and complex and it will certainly take several months before procedures can be considered as stabilised. Big revolutions require long times rather than explosive changes.



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