



Original Article

Probation practice and addiction management: A case study of the Dolj Probation Service

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Abstract

This study examines probation practice and addiction management within the Dolj Probation Service (Romania) using a mixed-method case study design. Data were collected through statistical analysis of active cases ($n = 2544$), document analysis of seven “My choice” relapse-prevention programs, a survey of all probation counselors ($n = 32$), and an illustrative case study. Results indicate that 50.07% of supervised cases involve offences related to alcohol or drug use. Although only a limited number of individuals have formal diagnoses, probation counselors estimate a substantially higher prevalence of substance use disorders (13.31%). The “My choice” program showed high effectiveness and user satisfaction, while counselors reported limited confidence in identifying addiction and emphasized the need for additional assessment tools and specialized training. The findings highlight a gap between addiction-related needs and formal recognition within probation practice, underscoring the importance of standardized screening, enhanced professional training and stronger community-based interventions.

Keywords: *probation; Romania; Dolj probation service; addiction; statistical and sociological research.*

1. Introduction

Addictions constitute a major risk factor for criminal behavior and recidivism, posing significant challenges to criminal justice systems and probation services worldwide. Recent European and national data indicate a continuous increase in both alcohol and illicit drug consumption, with direct implications for public safety and social reintegration processes (NIPH, 2022; GD 344/2022).

Contemporary probation practice is confronted with multiple and interrelated challenges, including the growing prevalence of substance use disorders among supervised individuals (Brooker et al., 2022; Sirdifield et al., 2000; Ilie, Serban and Dan, 2024;

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Brooker et al., 2009; Geelan et al., 2000; Calderaro, Mastronardi and Serban, 2025), increased social vulnerability (Tidmarsh, 2025; Lorvick, Comfort, Krebs and Kral, 2015, Pricina and Motoi Ilie, 2014), mental health problems (Brooker, Sirdifield and Marples, 2020; Pârvu and Niță, 2021, Dolfi et. al, 2025), violent probationers (O'Beirne, Denney and Gabe, 2004), labor and cross-border migration (Ilie, 2024, Ilie 2023), limited access to specialized treatment services, and insufficient interinstitutional coordination. These dynamics place probation counselors in a complex professional position that requires not only the fulfillment of control and monitoring functions, but also the adoption of a strong pro-social role (Ilie, 2022; Poledna, 2020) focused on motivation, support, mediation, and social reintegration (Șerban, 2022), within an increasingly dynamic and resource-constrained socio-legal context. Collectively, these responsibilities generate significant strain on probation service personnel, particularly in Romania, where high caseloads further intensify professional demands (Ilie, Ionașcu and Niță, 2005).

In Romania, probation services increasingly supervise individuals convicted for offences directly or indirectly linked to substance use, particularly driving under the influence of alcohol or psychoactive substances and drug-related crimes. International research consistently shows that individuals under probation supervision display higher rates of substance use disorders than the general population (Brooker et al., 2009; Sirdifield et al., 2020).

The present study builds on the author's professional research conducted in 2024 within the Dolj Probation Service, developed as part of a graduation thesis in probation practice. The findings obtained at county level are further supported by a broader national study conducted in the same year, in collaboration with colleagues from University of Craiova and University of Bucharest (Ilie, Serban and Dan, 2024), which revealed similar patterns regarding the prevalence of substance use disorders, challenges in case management, and the need for specialized intervention within probation services. These convergent results underline the relevance of the topic at both local and national levels and support the analytical framework adopted in the present paper.

In their work with individuals affected by substance use disorders, probation services worldwide employ a range of intervention methods, including: cognitive-behavioral interventions, motivational interviewing, structured supervision and monitoring, referral to treatment services, relapse prevention programs, the use of multiple assessment instruments aimed at identifying problematic substance use is a common practice in probation services worldwide (among the most frequently applied tools are the AUDIT and CAGE questionnaires for alcohol use, the DAST-10 and DAST-20 for drug use, and the UNCOPE screening tool for both alcohol and drug consumption, or various tools specifically designed by probation specialists to identify addictive behaviors (Ilie, Serban and Dan, 2024; McHugh et al., 2010; Miller, Rollnick, 2013; Belenko et al., 2018; Brooker, Sirdifield and Parkhouse, 2022) (See article [Appendix](#)).

2. Probation counselors' activity within the Dolj Probation Service in supervising and assisting probationers with substance use disorders

2.1. Research methodology

Rationale for selecting the research topic

This research highlights the challenges faced by probation counselors when supervising and assisting individuals with addictions, with a specific focus on alcohol- and drug-related disorders. The topic is particularly salient given the alarming increase in

drug use in Romania in recent years, the persistently concerning levels of alcohol consumption, and the fact that more than 50% of persons supervised by probation services are convicted for offences associated with alcohol or drug use.

Conceptual framework

The conceptual framework of the study is structured around key concepts such as substance use disorders, criminal behavior and recidivism, probation practice, social vulnerability, and pro-social intervention within contemporary probation systems. These concepts are examined through an integrated use of international theoretical and empirical literature, policy and normative documents, validated assessment tools, and practice-based evidence derived from professional research conducted within the Romanian probation system.

Hypotheses

The first hypothesis was that probation staff use all available instruments and actions when working with criminally convicted persons who experience substance-use-related disorders.

The second hypothesis was that probation staff require additional, specialized training for working with individuals who present substance-use-related disorders.

The third hypothesis was that probation staff need access to new instruments and institutions to support case management for individuals with addictions.

Research methods and sampling

The empirical analysis uses multiple research methods and techniques:

- First, statistical research was used to analyze the situation within the Dolj Probation Service by identifying the number of offences involving drug use and alcohol consumption.

- Second, a social document analysis was conducted by examining seven case files from the “My Choice” (Alegerea mea) program implemented within the Dolj Probation Service during 2018–2023; in addition, interviews were conducted with the counselors who deliver the “My choice” program within the Dolj Probation Service.

- Third, a questionnaire-based sociological survey was used to collect probation counselors’ opinions regarding the difficulties encountered in working with supervised persons who have substance-use-related disorders. The sample was representative at service level: all 32 employed counselors were surveyed in 2024.

- Finally, a case study method was used to illustrate concrete ways in which the case-managing probation counselor works with criminally convicted persons under supervision who suffer from addictions.

2.2. A statistical analysis conducted within the Dolj Probation Service

Statistical research was used to analyze the situation within the Dolj Probation Service by identifying the number of offences that involve drug use and alcohol consumption.

On April 26, 2024, the Dolj Probation Service had 2,544 active supervision files, with an average of 80 supervision files per counselor ($n = 32$).

Table no. 1. Active supervision files within the Dolj Probation Service as of 26.04.2024,
by offence type involving alcohol/drug use

Offence type	Number of active files	Share of active files (N=2,544)
Art. 336 Criminal Code (Driving a vehicle under the influence of alcohol or psychoactive substances)	1002	38.39%
Art. 337 Criminal Code (Avoidance or refusal of mandatory biological testing for alcohol or psychoactive substances)	116	4.56%
Art. 2, Law 143/2000 (Illegal production, distribution, and possession of risk drugs)	50	1.97%
Art. 3, Law 143/2000 (Illicit cross-border import/export of risk and high-risk drugs)	7	0.28%
Art. 4, Law 143/2000 (Possession and use of drugs for personal consumption)	112	4.4%
Others articles under law 143/2000	12	0.47%
TOTAL		50.07%

Source: Dolj Probation Service database as of 26.04.2024

As shown in Table 1, 50.07% of supervision files within the Dolj Probation Service are opened for offences that directly involve alcohol and/or drug use. For these offence categories, we consider there is a higher risk that convicted persons may present substance-use-related disorders.

Table no. 2. The obligation “to comply with control measures, treatment, and medical care” in active files within the Dolj Probation Service as of 26.04.2024

Art. 336 Criminal Code – single offence	2
Art. 2, Law 143/2000 – single offence	3
Art. 3, Law 143/2000 – single offence	1
Art. 4, Law 143/2000 – single offence	8
Art 336 Criminal Code + Art.2, Law 143/2000	1
Art 336 Criminal Code + Art.3, Law 143/2000	2
Art 336 Criminal Code + Art.4, Law 143/2000	17
Art.4, Legea 143/2000+ Art.2, Law 143/2000	7
Art.4, Law 143/2000+ Art.3, Law 143/2000	1

Art.4, Law 143/2000+ Art.337 Criminal Code	1
Other offences	7
TOTAL	50

Source: Dolj Probation Service database as of 26.04.2024

Table no. 2 shows that the obligation “to comply with control measures, treatment, and medical care” appears 50 times in active files as of 26.04.2024. In 34 of these cases, the obligation was imposed by the court for the offence of drug possession for personal use under Art. 4 of Law no. 143/2000, either as a standalone offence or in conjunction with other offences. The same obligation appears 22 times in files involving the offence of driving under the influence of alcohol or other substances (Art. 336 Criminal Code): in only two cases was this the sole offence, while in 20 cases it co-occurred with offences under Art. 2, Art. 3, or Art. 4 of Law no. 143/2000. In the remaining seven files where the obligation was imposed, the supervised persons were convicted for offences such as public indecency, driving without a license, violation of private life, or child pornography.

Table no. 3. Trend in Dolj Probation Service files involving Art. 4 of Law 143/2000- possession and use of drugs for personal consumption- (2018–2023)

Year of file registration	Number of files	Files including the obligation “to comply with control measures, treatment, and medical care”
2018	8	1
2019	6	1
2020	20	3
2021	29	5
2022	32	10
2023	59	14

Source: Dolj Probation Service database

Table no 4. Trend in Dolj Probation Service files involving Art. 336 Criminal Code - Driving a vehicle under the influence of alcohol or psychoactive substances - (2018–2023)

Year of file registration	Number of files	Files including the obligation “to comply with control measures, treatment, and medical care”
2018	270	2
2019	333	-
2020	310	3
2021	415	1
2022	488	8
2023	511	9

Source: Dolj Probation Service database

A constant increase can be observed during 2018–2023 in files where supervised persons were convicted for offences under Art. 336 Criminal Code and Art. 4 of Law 143/2000. An increase is also visible for other articles under Law 143/2000: for Art. 2, from 12 files in 2018 to 24 files in 2023, and for Art. 3, from no files in 2018 to four files in 2023; however, these increases are less pronounced. For the offence under Art. 337 Criminal Code (refusal or evasion of biological sample collection), the number of files remained relatively constant, with an annual average of 61 files.

2.3. Analysis of the “My Choice” (Alegerea mea) program implemented within the Dolj Probation Service

In 2017, three counselors from the Dolj Probation Service were trained to deliver the “Alegerea mea” (My Choice) program for alcohol/drug users under supervision. Since then, no additional counselors have been trained for this program. "My Choice" program's goal is "the reduction or cessation of the consumption of psychoactive substances (alcohol, drugs), as well as awareness and reduction of the associated negative consequences." It is "a Relapse Prevention Program (Marlatt and Donovan, 2005) consisting of a series of cognitive-behavioral-inspired modules". The program is modular (can be implemented in its entirety or in sections), consisting of 12 group or individual sessions and an optional group session with family members.

Table no. 5. Types of use reported by participants in the “My choice” program (Dolj Probation Service, 2018–2023)

No.	Program period	Number of beneficiaries	Type of substances used (as reported)
1	February-March 2018	7	7 alcohol
2	September-October 2018	19	18 alcohol; 1 drugs (new psychoactive substances)
3	October-November 2019	11	9 alcohol; 2 drugs (1 new psychoactive substances, 1 cocaine)
4	November-December 2021	6	1 alcohol; 5 drugs (4 cannabis, 1 new psychoactive substances)
5	August-September 2022	7	7 drugs (7 cannabis; incl. one cannabis + DMT + hallucinogenic mushrooms; one cannabis + Xanax)
6	January-February 2023	10	1 alcohol; 9 drugs (7 cannabis, 2 new psychoactive substances)
7	September-October 2023	11	11 drugs (8 cannabis, 2 new psychoactive substances, 1 cocaine)
TOTAL	7 Programs	71	36 alcohol + 35 drugs

Source: Program files of the Dolj Probation Service.

Between 2018 and 2023, the “My choice” program was delivered seven times to 71 beneficiaries: 36 with alcohol-related problems and 35 with drug-related problems. Among the 35 drug users, 26 reported cannabis use, seven reported new psychoactive substances, and two reported cocaine; some beneficiaries reported polysubstance use, such as cannabis with DMT and hallucinogenic mushrooms, or cannabis with Xanax.

Table no. 6. Age distribution of program participants

Age Total	18-25 years	26-35 years	36-45 years	46-55 years	56-65 years	Over 65
71	12	31	14	8	4	2

Of the 71 participants, 43.66% were aged 26–35, 19.71% were aged 36–45, and 16.9% were aged 18–25.

Table no. 7. Correlation between age category and type of declared consumption

Age Total	18-25 years	26-35 years	36-45 years	46-55 years	56-65 years	Over 65
Alcohol	2	12	9	7	4	2
Drugs	10	19	5	1	-	-
Total	12	31	14	8	4	2

Overall, 50.7% of participants reported alcohol-related disorders and 49.3% reported drug-related disorders. Most participants who had problems related to drug and alcohol use were in the 26-35 age group (19 – drugs and 12 – alcohol).

Table no. 8. Gender of program participants

Gender	Male	Female
Total - 71	67	4

Male participants accounted for 94.37% of the sample, and female participants for 5.63%.

Table no. 9. The residential environment of the program participants

Area	Urban	Rural
Total - 71	59	12

Urban residents represented 83.1% of participants, while 16.9% came from rural areas. Notably, all 12 rural participants reported alcohol-related addictions

Table no. 10. Educational level

Educational level	5 - 8 grades	9 - 12 grades	University studies
Total - 71	4	51	16

A total of 5.63% had lower secondary education (5–8 grades), 71.83% completed grades IX–XII (not necessarily finishing 12th grade, some of them only graduating from 9th, 10th or 11th grade), and 22.54% completed or were pursuing university studies.

Table no. 11. Multiple offending

Offending pattern	One offence	Two or more offences
Total 71	61	10

Most participants (85.92%) among the 71 persons, were sanctioned with non-custodial measures for a single offence, while 14.08% were sanctioned for two or more offences.

Table no. 12 Offences committed by program participants

Art. 336 Criminal Code – single offence	32
Art. 337 Criminal Code – single offence	2
Art. 2, Law 143/2000 – single offence	1
Art. 4, Law 143/2000 – single offence	24
Art. 336 Criminal Code + Art. 4, Law 143/2000	9
Art. 2, Law 143/2000 + Art. 4, Law 143/2000	1
Other offences	2
TOTAL	71

Most offences committed by participants were directly related to alcohol or drug use; only two participants committed other offences, namely destruction (Art. 253 Criminal Code) and assault or other violence (Art. 193 Criminal Code).

Table no. 13. Participants' satisfaction with the "My choice" program

1.	I consider it was useful for me to participate in the My Choice program.			
	Strongly agree □ 68	Agree □ 3	Disagree □ -	Strongly disagree □ -
2.	M I felt accepted and understood by the program facilitators.			
	Strongly agree □ 65	Agree □ 6	Disagree □ -	Strongly disagree □ -
3.	The venue where the program took place was pleasant.			
	Strongly agree □ 59	Agree □ 12	Disagree □ -	Strongly disagree □ -
4.	My participation in the program brought positive changes for me.			
	Strongly agree □ 69	Agree □ 2	Disagree □ -	Strongly disagree □ -
5.	If the program were repeated and another supervised person asked my opinion, I would recommend participation.			
	Strongly agree □ 69	Agree □ 2	Disagree □ -	Strongly disagree □ -

	Average 66	Average 5	Average -	Average -
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By equating “strongly agree” with “very high satisfaction” and “agree” with “high satisfaction,” and averaging across items, 92.96% of participants reported very high satisfaction and 7.04% reported high satisfaction.

Overall, most program participants were men who, in more than 97% of cases, committed offences directly related to alcohol and/or drug use. More than 80% came from urban areas and more than 80% were aged 18–45. Over 71% completed grades IX–XII, and more than 22% completed or were pursuing university studies. All participants reported high or very high satisfaction, emphasizing the program’s usefulness and perceived positive changes.

Moreover, based on interviews with the three Dolj counselors delivering the program, they noted that “participants are very pleased with the information received and with learning how to cope with various situations and psychological states associated with consumption, which could pose a relapse risk” (V.I.). Counselors described “Alegerea mea” as “the most complex and effective social reintegration program provided by probation services” (L.S.), and as having “the potential to change participants’ thinking patterns and to bring real benefits” (C.G.C.).

2.4. Challenges faced by probation counselors when working with supervised persons with substance-use-related disorders identified through sociological survey and case study

2.4.1. Questionnaire-based sociological survey among Dolj probation counselors

This section presents the results of the sociological survey conducted within the Dolj Probation Service using a questionnaire. The sample is representative at service level: all probation counselors employed by the Dolj Probation Service (N=32) responded to the questionnaire

1. In recent years, how do you assess the trend in the number of cases involving persons with addictions?

Response	Decreased	Unchanged	Increased	Cannot assess
Percent	-	3%	94%	3%

A total of 94% of probation counselors reported that the number of cases involving persons with addictions has increased in recent years.

2. How many persons with a formal diagnosis of “substance use disorder” do you currently supervise?

Response	None	One	Two	Three	Four	Five
Number of counselors	13	10	3	-	1	1
Number of diagnosed supervised persons	-	10	6	-	4	5

Within the Dolj Probation Service, in April 2024, 25 cases were identified in which supervised persons had a formal diagnosis of alcohol- or drug-related disorders.

3. On average, what percentage of your caseload do you estimate has substance-use-related addictions (alcohol/drugs)?

Counselors' estimates varied between 4% and 30%. The most common estimate (18.75% of respondents) was 10%. Averaging across responses indicates that approximately 13.31% of supervised persons are estimated to have a substance-use-related addiction.

4. What instruments do you use to determine whether an assessed person may be categorized as suffering of an addiction?

Counselors reported categorizing dependence through in-person assessment in presentence reports, through the assessment conducted at the first meeting during supervision, and throughout supervision during periodic meetings or when informed about special situations directly related to the assessed person's dependence. Some counselors also identified dependence when completing the assessment form for referral to the "My Choice" program or the "Drink & Drive" program.

5. Would other assessment and working instruments (beyond those currently used) help you manage cases involving addictions?

Response	Yes	No	Cannot assess
Percent	94%	3%	3%

A total of 94% of respondents indicated that additional assessment and working tools would be useful in their work with persons with addictions.

6. Do you recognize the signs of "addiction"?

Response	Yes, partially	Yes, fully	No
Percent	100%	-	-

All respondents reported that they recognize addiction signs only partially.

7. Which community institutions do you collaborate with when managing a case involving substance dependence?

All counselors reported ongoing collaboration with the Centre for Drug Prevention, Evaluation and Counseling and with the psychiatric hospital.

8. How could case management for persons with addiction be improved?

Most respondents identified as a primary solution the creation of a robust community network by mapping and engaging institutions that can effectively contribute to managing addiction cases. Others proposed more concrete actions, such as concluding cooperation protocols with psychological practices accredited in addictions; establishing partnerships with centers providing residential detoxification programs or outpatient treatment; collaborating with integrated addiction care centers that can provide substitution treatment; and concluding cooperation protocols with coordinators of mutual-help groups such as Alcoholics Anonymous or Narcotics Anonymous. Respondents also emphasized the need for specialized training through professional development courses

(e.g., “addictions counselor”) and for training more counselors to deliver the “My choice” program.

2.4.2. Case study

V.M., 36 years old, a high-school graduate (12 grades), married and father of three, entered supervision within the Dolj Probation Service in October 2021 following conviction for driving a vehicle under the influence of alcohol (Art. 336 Criminal Code). The sentence was 1 year and 6 months’ imprisonment suspended under supervision, with a supervision period of 3 years. The convicted person was required to perform unpaid community work and to attend a social reintegration program. At the first (assessment) meeting, the supervised person did not acknowledge problems related to excessive alcohol consumption. At subsequent periodic meetings, the client either arrived late (after being contacted by the case manager by phone) or attended smelling of alcohol; on one occasion, the client arrived intoxicated and was sent home and rescheduled for the following morning. The client completed the unpaid community work within the first four months of the supervision period. In the fifth month, the case manager was informed by the client’s mother that the client had been placed in pre-trial detention because, under the influence of alcohol, he had entered into conflict with and physically assaulted his grandfather, who filed a complaint. V.M. was detained for 30 days and later released; the grandfather withdrew the complaint. Given these events, the case manager discussed with V.M. the possibility of an alcohol-related problem and how alcohol use was affecting his life and social relations. The client acknowledged the problem and stated he was willing to seek treatment but did not know where. The case manager identified treatment centers in the area and provided the client with a list.

In June 2022, the client was hospitalized for three weeks at the “Laura Catană” Medical Center, a private psychiatric hospital, for alcohol dependence syndrome; the center is located in Pianu de Jos (Sibiu County). After returning to the community, the client relapsed after approximately three months. The case manager advised a new treatment episode; accordingly, the client was hospitalized again for 30 days at the same center. After discharge, the client was enrolled in the “My choice” social reintegration program in January 2023. Following the second inpatient treatment episode and participation in “My choice” the client reported abstaining from alcohol, and the supervision process and the counselor–client relationship proceeded without further difficulties from that point onward.

2.5. Research conclusions

All hypotheses assumed in the empirical research were confirmed.

The first hypothesis—that probation staff use all available instruments and actions when working with convicted persons who experience addictions—was confirmed. Counselors reported using the risk/needs assessment scale, providing assistance during periodic meetings, collaborating with the psychiatric hospital and with the Centre for Drug Prevention, Evaluation and Counseling, and using motivational interviewing and the “My choice” program.

The second hypothesis—that probation staff need additional specialized training for working with persons who present substance-use-related disorders—was confirmed. The findings indicate both the necessity for such training and counselors’ openness to professional development through instruction and training courses such as “addictions

counselor”, as well as through training more counselors to deliver the “My choice” program.

The third hypothesis—that probation staff require access to new instruments and institutions to support work with persons with addictions—was confirmed. Dolj probation counselors stated that additional assessment and working tools beyond those currently used would support addiction-related case management.

Conclusions

Substance-related offending constitutes a structural component of probation caseloads in Dolj and also of all Romanian Probation system. The case study shows that offences directly involving alcohol or drugs account for 50.07% of active supervision files (n=2,544), indicating that addiction-related needs are not marginal but embedded in routine probation work, particularly in relation to driving under the influence of drugs or alcohol (Art. 336 Criminal Code) and drug possession for personal use (Law 143/2000, Art. 4).

A consistent “recognition gap” emerges between documented diagnoses and practice-based estimates. While counselors identified only 25 individuals with formal diagnoses recorded in probation files, they estimated that, on average, 13.31% of their caseload involves substance use disorders. This discrepancy suggests that addiction-related problems are frequently present but insufficiently captured by formal medical documentation available in probation records, which may limit tailored intervention planning and monitoring.

Evidence-informed relapse-prevention programming appears feasible and well received in probation settings. The “My Choice” program was delivered repeatedly (2018–2023) and reached a balanced group of beneficiaries with alcohol- and drug-related problems (n=71). Participant feedback indicates very high satisfaction, and staff evaluations converge in rating the program as effective. Together, these findings support the role of structured relapse-prevention interventions as a practical component of probation-based addiction management.

Professional capacity constraints are recognized by staff and point to actionable priorities. All counselors reported only partial confidence in recognizing addiction signs and expressed strong support for enhanced tools and skills development (including additional assessment instruments and the possibility of rapid testing). This pattern suggests that strengthening probation responses to substance use disorders requires institutional investment in specialized training, the dissemination of validated screening tools, and scaling up staff qualifications to deliver targeted programs.

The Dolj findings align with national-level evidence, reinforcing their broader relevance. The results are consistent with the author’s complementary national research conducted in 2024 with academic partners, which documented similar challenges regarding prevalence, case-management complexity, and the need for specialized interventions in Romanian probation services (Ilie, Serban and Dan, 2024). This convergence supports the generalizability of the identified patterns beyond the county level.

Taken together, the findings argue for a standardized screening and documentation pathways, an expanded access to community-based treatment and psychosocial services through formal protocols, and a consolidation of the probation counselor’s pro-social role

(motivation, mediation, reintegration support) alongside control functions, in a context also shaped by social vulnerability and labor migration.

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Supplementary Materials

[Appendix of the article](#)

The screening instruments (tests) proposed for use within the probation system to identify individuals with addictions were compiled by the author and integrated into a single document (in both English and Romanian). This document is included in the [Appendix](#) of the article and is openly accessible via the Open Science Framework (OSF.io) at:

https://osf.io/n495w/overview?view_only=6e62d7ff64084e63b4f43b122f2aeca6

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