
 <p><b>SERVIZIO SANITARIO REGIONALE EMILIA-ROMAGNA</b> Azienda Unità Sanitaria Locale della Romagna</p> <p><b>COMPANY DOCUMENT ASSIGNMENT ON PROBATION TO A SERDP-FACILITY, PURSUANT TO ART. 94 OF P.R.DECREE 309/90</b></p>	<p><b>ADMISSION, DIAGNOSIS AND CRITERIA FOR THE ISSUANCE OF SERDP-ELIGIBILITY FOR ALTERNATIVE THERAPEUTIC PROGRAMMES "ASSIGNMENT ON PROBATION IN SPECIAL CASES"</b></p>	 <p><b>FAMI</b> Famiglie e Amici</p> <p><b>PERSONE</b></p> <p><small>Percorsi Emilia-Romagna Salute Obiettivo Nessuno Escluso</small></p>
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Annex 1

**Department of Mental Health and Addiction  
Operational Unit Addiction Forlì-Cesena, Ravenna, Rimini**

**INFORMATION NOTICE FOR THE EXECUTION OF TOXICOLOGICAL TESTS UPON ARRIVAL AT  
THE CORRECTIONAL FACILITIES OF FORLÌ, RAVENNA AND RIMINI**

Please be informed that:

- Toxicological tests involve screening for recent use of the main substances of abuse.
- This is a very important test because it provides objective data that helps to make a diagnosis and set up a possible treatment programme.
- Abstaining from toxicological test prevents the collection of recent objective data on substance use, despite referral to a Pathological Addiction Service.
- If the person entering the correctional facility is not undergoing substitution drug therapy and has never been referred to a Pathological Addiction Service, it is difficult to trace her actual substance use.
- It is important to report any ongoing alcohol use, in order to have access to specific tests and treatment programmes.
- If there is not enough evidence to support a diagnosis of substance addiction, it is not possible to access the programmes available for drug-dependent inmates.

Alternative pathways provide a safeguard for carrying out treatment and relapse prevention programmes. Furthermore, they support effective reintegration into the local production system.

I hereby declare that I have been made aware about the possible consequences of refusing toxicological testing and the potential exclusion from diagnosis and possible alternative pathways.

NAME

SURNAME

DATE AND PLACE OF BIRTH

I CONSENT

SIGNATURE

I DON NOT CONSENT

SIGNATURE

to toxicological tests being performed.

N.B.: It is important that new inmates inform the infirmary doctor of any gambling behaviour, in order to access the appropriate treatment programmes.

DATE