

THE CORRECTIONAL TREATMENT SYSTEM.
TREATMENT OR DETENTION OF DRUG ABUSERS

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Large drug problems inside the correctional treatment system

Just as drug abuse has become a part of modern society, it has, over the past decades made its mark inside the correctional treatment system. Talk of the lively flow of different drugs in institutions is not unfounded. Institutions such as those for criminal care strongly tend to substantiate infantile patterns of reaction and strengthen the need for escape. Because of their authoritarian nature they increase all tendencies towards passivity and the shunning of responsibility. It is obvious that this is fertile ground for drug abuse. This is further highlighted since drug abusers in society, because of the unavoidably criminal nature of drug traffic and accompanying crime in order to obtain money, find themselves objects for the correctional care system.

For several years attempts have been made to obtain a picture of the misuse within the correctional care system through inquiries made through persons at institutions and probation units. Since the middle of the 60's the number of drug abuser has increased and in 1978 it amounted to 33 %

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of the inmates of institutions (total — 3383 people) and 15 % of those on probation (total — 16259 people). In the spring of 1981 the figures were 28 % (total — 4116 people) and 22 % (total — 15451 people) respectively.

In a study of this pattern at five central institutions Olsson 1974 showed that 58 % of 1482 persons had at some time tried or used drugs. In his investigations concerning those arrested in Stockholm Bejerot 1975 showed that 9047 cases out of 28833 arrests showed injection marks, i.e. 30 %. In total this represented 2730 men.

765 women accounted for 50 % or 2730 cases of injection marks of a total of 5513 persons arrested. Examinations of people on probation by K ulhorn 1972 showed that in Eskilstuna, for example, 42 % had taken drugs over the last 2-year period.

The investigations quoted here undoubtedly show the high frequency of drug abusers among offenders but say nothing of the misuse of alcohol nor anything about the patterns of misuse when sentences are being served.

At the Stockholm Remand Prison a periodically recurrent interview of persons detained has been carried out in order to delineate the patterns of misuse and the social and criminological backgrounds. The pilot survey carried out in 1975 and 1976 showed such a remarkably high frequency of drug and alcohol abuse that 94 % of those in custody could be considered as misusers. 67 % were serious narcotics addicts. The continuing interviews have since confirmed the size of the problem. The types of drug vary with a clear tendency towards increased use of heroin, but the total number of misusers, including alcoholics, has remained stable at around or just under 90 %.

There are no investigations into misuse at institutions, but distressing reports of individuals under the influence of drugs kept recurring. Confiscation of drugs and syringes often occurs. In some places misuse has become so remarkable and serious that the reform of the correctional treatment system of 1974 has not been able to function according to its recommendations. Contributing to this has been a low level in expansion of services. It is obvious that the increased use of various methods of treatment under freer conditions has not been able to be carried out to a desirable extent.

Longstanding remedies

Inside the correctional treatment system the problems have by no means gone unnoticed. As long ago as the 1960's submissions were issued expressing the need for special services for the care of drug addicts in the form of doctors, psychologists and social workers. Together with the correctional treatment system reform of 1974 plans were formalised for resources for the setting up of drug addict treatment teams in Stockholm, Gothenburg and Malmo. In addition, means were provided for setting up work at national institutions. Furthermore, it was proposed that the general welfare services of society should be available to all inmates except those who for security reasons could not be treated outside the walls of the institution. For this category some kind of treatment unit at a national institution was proposed in the outlines for the reform of the correctional treatment system.

The drug addict treatment team in Stockholm was installed in premises at the remand prison and started functioning in Autumn 1974. Like the other teams formed later it comprised five positions: one senior physician, one assistant, one head nurse and one assistant chancery clerk. In connection with the so-called Osteraker project the Stockholm team has been strengthened to include one position for an inspector and another for an assistant. From the beginning their work was concentrated on establishing contact and changing motivation together with methods for looking for and setting up of treatment contacts with the various services which are available in the Stockholm area.

This contact establishing activity is based upon the team's finding out about persons with drug problems in the remand prison. This can occur either through the inmates themselves seeking contact — which is the most usual way — or through tip-offs about possible clients from the nursing staff or other staff. Work with the inmates can then take place individually or in groups. The latter has been much appreciated and has worked well in the closed confines of the remand prison. However, it presupposes contact both with investigators and prosecutors. Group activity has functioned over a period of time with nothing more than trivial problems. In practice it

has become clear that the need for contacts to help with treatment is immeasurable, both individually and in groups. The occasion — when in custody — is well-suited to a serious look at problems and needs. For the drug abuser who has been taken into custody, the period of detention is often the first opportunity for a long time to see his or her situation in some kind of constructive perspective.

Contact with society's treatment institutions is important

To establish contacts for treatment with services outside the correctional treatment system is an aim which is important as early in the procedure as the period spent remanded in custody. The idea is that during this period a relationship can be formed between an inmate and an assistant at a treatment unit which should be of value and lead to natural contact when a sentence is being served. In many cases this has functioned.

However, establishing contacts has by no means been problem-free. A certain amount of suspicion has existed among workers in the various treatment units, among staff at the remand prison and among prosecutors, and this has led to difficulties. However, motives have varied greatly. Where many of those involved in administering treatment are involved there has been ideological resistance towards meeting inmates inside a system so repressive as that of correctional treatment. Among the remand prison staff, on the other hand, there has been a certain amount of anxiety towards increased contact with the outside world and with persons relatively unknown to them. Some of the treatment staff, through their clothes and behaviour, have not fitted in with the image of the welladjusted civil servant.

Fortunately this suspicion has diminished with time. The present problem concerns some of the assistants: they have come from outside, become familiar with the contact work, begun to understand that responsibility for drug abusers must also rest with those in custody, but have then moved to other jobs because of promotion or other reasons. Because of this it is desirable that more permanent collaboration positions be created in order to avoid disjointed work which

takes place when a new person starts in a job who may not be as well motivated or aware of conditions in the remand prison.

Detoxification routines work

From the start of the team's work problems were expected to arise in connection with the process involved in detoxifying those in custody. This process now runs without problems and is taken care of by the ordinary nursing staff of the remand prison. Clear routines have been established. The remand prisons probably form some of the largest centres in the country for detoxifying drug abusers. The aim is to make the abuser drug-free within a reasonable period of time, usually less than a week. The nature of the remand prison has the advantage that control of drugs is as good as 100 %.

In practice, many people I have met personally have clearly expressed the opinion that the remand prison, despite what it involves, has been of great value in that it has helped them, temporarily at least, to stop their drug-taking.

Detoxification of drug abuser is usually begun at the time of arrest and follows the guidelines set out by Bejerot. On average there are three or four heroin addicts a week who are taken off the drug without major difficulties or complications. Where this is concerned it would be fundamental to point out the importance of firm guidelines which still leave room for humanity in the detoxification work. If this exists then even serious heroin withdrawal symptoms are not as dramatic as they are sometimes represented in the press. The dramatization of the horror of the detoxification process may have contributed to the fact that many addicts have not dared to seek treatment.

Long sentences. A major problem

The group of inmates sentenced to long terms of imprisonment has presented major problems regarding the treatment team's intentions. Among them one finds many drug criminals. For many of them this is their first offence which has led to a prison sentence. The chances of establishing treatment contacts in these cases have been minimal. Yet

still the need has been great. At the same time the chance to offer a stay away from the « world of junkies » has not existed because of the situation in many of the national institutions where drug abuse is extensive.

An informal working group at The National Prison and Probation Administration centred around Dr. Ulla Bergqvist — superintendent of Health and Medical Care — had observed the problems and discussed a series of ideas about a better way to put a stop to the drug traffic. With a view towards offering a broad basis for discussion, a series of representatives from different treatment units in the Stockholm area were invited to a conference in Sodertalje in November 1976.

Among other things discussed at the conference were the possibilities of using urine samples as a means of control. In addition the notion of whether it was possible at all to treat drug abusers inside the world of institutions was aired. There were divided opinions over this question. With regard to urine samples it was decided that if an inmate came to a unit with adequate resources for a serious form of treatment, then urine samples were acceptable. Being placed at such a unit should be voluntary and take the form of some kind of treatment contract.

Claes Amilon, a head of department at The National Prison and Probation Administration who was very active at the conference, some months later drew up some outlines for the instigation of a special drug addict care project with the drug addict treatment team in Stockholm in a leading position, and the institution at Osteraker, forty kilometres from Stockholm, as the central treatment unit.

The Osteraker project for prisoners serving long sentences

At the suggestion of the working group on drugs set up by the three party coalition government, the government decided to provide the means for, among other things, the setting up of these services. The question of leadership for the project was formalised: the senior physician at the drug addict treatment team in Stockholm was also created senior physician for special psychiatric departments at the institution in Osteraker. In all, four treatment departments with 15 places and an introduction department with 14 places

were set up. In addition there was an open department at Bogesund with 15 places and also a «retreat» institution with approximately 15 places at Mon, near Osthhammar. The latter unit is intended for possible use for special activities of a more short-lived kind under freer conditions.

There are several reasons why Osteraker was chosen. For one thing there had been a long-standing initiative on the part of the institution staff for development and transformation to broaden the work load and provide it with better content. This had matured into a well-advanced suggestion for a project with active work-training for people in particular need of care. Against this background the institution had been supplied with a great deal of staff and material resources. This project, however, had not managed to get under way.

Another reason was that since 1976 there had been a small but well-staffed department specially concentrated on treating drug addicts. This department was based on a behavioural therapy programme but also had a strong environmental therapy element. Here was a staff group concentrated on treatment, with a unique and rewarding experience of an extremely difficult area of care, which formed a nucleus to build upon.

Content and development of the project

The Osteraker project for treatment of drug addicts started in January 1978 and has been in operation for more than four years. It is still under construction, even when it comes to materials, through improvements to buildings and equipment, for example. The principle developments are taking place not least through the experience of the staff and their continuous in-service training programme. As a result of changing roles, the staff, and in particular the nursing and supervisory groups, have displayed previously undreamt of resources in their treatment work.

In the project the idea has been to modify the correctional treatment system's rigid and fixed rules in various ways and to integrate them with an environmentally therapeutic way of working which involves realisation of responsibilities and consideration to be shown between inmates and staff. To take away all negative elements in the polarisation between

the « worker role » and the « thief role » has been an important aim, and it looks as if it may be achieved.

Similarly there has also been a need to build up a treatment programme which integrates the staff's earlier strong behavioural therapy approach and the services for treatment in the Stockholm area with a more traditional psychodynamic form of treatment. Considering the needs of the inmates, this has emerged as extremely important and it should not be impossible to effect.

In practice the work today is marked by an eclectic and pragmatic programme with a series of positive learning and practice elements. The emotional, insight- and awareness-developing features are constantly supplied through the commitment which the staff show. Above all, the close contact, mainly with the nursing and supervising staff, should play a central part in this context.

The development work in the project has started with a training period for all staff involved. In this training the time spent on co-adaptation is probably the most important. There is a great need for further chances for the staff to take part in co-adaptation, staff groups and guidance sessions, despite problems arising from shift work and the like. One of the difficulties of the project is how this can be effected when such needs are never covered in the staff budget or through means to provide guidance. It should however be admitted for the sake of propriety that at certain times means have not been lacking for bringing in experts into such activity. On the other hand, staff resources are completely insufficient with many existing vacancies, etc.

As a result of the experience gained from the work a reduction in the number of places has been made with each department taking in a maximum of 10 persons, with the exception of the former intake department, now G2, which takes 8 persons, and Bogesund with an open department comprising, in practice, 15 places.

The pressure of high numbers of places occupied inside the project has been enormous all the time owing to the place situation inside the correctional treatment system. The need to move slowly has given rise to certain irritation from many directions but has been necessary so as not to place the atmosphere for treatment at risk. As a result of the number

of vacancies among the staff one treatment department was closed down for a period of one year. However, at the moment the number of places occupied is as high as can be desired.

Procedure upon admission and in the treatment work.

The inmates seek entry to the project themselves. After preliminary examinations the applicant is called to an information and to some extent confrontation meeting with members of the drug addict treatment team and staff from the proposed department.

As soon as there is a place the inmate is taken in to undergo an introduction phase which aims to make him better-informed and more conscious at the same time as providing further notions of his real aims. A comprehensive treatment examination is carried out which aims at clarifying [the qualities and failings of the inmate. The social situation is noted, a study inventory is drawn up, and the inmate's ways of behaving when alone and in relation to others — also in work situations — are gone into, as well as his special psychological problems.

The work is carried out in groups. The inmate himself has to draw up his own treatment plan which is based upon the inventory which has been made, but gets help and guidance from the staff. After four or five weeks a treatment symposium decides if he shall be more fully taken into the project and a treatment contract is drawn up which is based upon the previously made treatment plan.

Work in the treatment departments is based upon three main elements. Study is one of them, usually at secondary school level; work practice is another, divided into general and special activities. The general part comprises a wide range of differing activities — sewing, leather work, ceramics and metal work, etc. It aims at group activities and teaching a series of practical skills: one of the more popular of these is mending one's own clothes.

The special part comprises woodwork of a more industrial kind with the idea of training the individual for a job in production, as part of the ordinary pattern of real life. There are no demands on production, so there is no real similarity with production workshops in this respect.

The third element comprises various parts which are aimed at building up self-confidence, for example, and among other things at removing all features of criminal identity from the individual concerned. This is carried out through participation in various activities ranging from cleaning and cooking to gymnastics and ball sports. Towards the end of the sentence there is also some active social training. In the beginning this is done together with the staff in the form of accompanied furloughs, etc. Otherwise, all activities are carried out with staff and inmates together.

The decision making procedures in a series of important questions are also worked out together. Some questions concerning discharge and registration of inmates, for example, together with several other questions where laws and regulations stand in the way, have to be decided upon in the traditional hierarchical way. It has proved important, however, to give open reasons for various decisions. The result has also been that the atmosphere inside the departments is unusually relaxed and unconstrained.

A lot of work is done to prepare for the future. As a first link in this process furloughs are extremely well planned both with regard to motives and the way in which they will be spent. Furlough statistics are also extremely good with a failure rate approximately 10 times lower than failure rates inside the closed correctional treatment system.

Urine specimens as a method for making inmates « drug-free »

The chances of keeping the institution drug-free are based upon two main principles: — one, which from experience is the most important, is the atmosphere inside the treatment departments. This in its turn is built upon mutual understanding between the staff and inmates and mutual acceptance of the aims of the project. The other foundation stone concerns control and other surveillance measures, above all through urine samples. Upon being accepted into the project each inmate undertakes to give a specimen of urine on request. In effect, urine samples are taken every morning as routine. This is carried out under the careful and complete observation of the staff. In the beginning this was a sensitive area for all involved but has proved to be absolutely necessary. The

samples and the checks surrounding them have meanwhile become routine and are included in the work in a natural way. Because of the automatic nature of the sample-taking this part of the work no longer causes any major problems.

Analysis of the samples is carried out through random testing at the Government Laboratory for Forensic Chemistry in Linköping.

Experience so far of urine tests of this topical nature shows that if the check is not agreed upon between the parties concerned, it is doomed to failure. Drug finds so far have been made just as often through the inmates' sense of responsibility and their own actions in group meetings as through positive urine finds.

Drug abuse at one institution leads to drug abuse at another institution. Misuse during furloughs is carefully tested in confrontations within the particular group and department, and usually involves activation and renewal of the treatment plan, especially with regard to the use of furloughs.

The drug which caused major problems for a long time was cannabis; outside the institution it was alcohol. Through the possibilities of checking urine even for cannabis the situation has changed considerably and in a positive way. Almost all furloughs which have failed up till now have had at least some connection with alcohol. An intensive discussion of alcohol questions in general in the various departments is therefore an important part of the work and these discussions have been a lasting feature of the activities.

The project as part of a long process

A project such as the one described above is naturally the object of much attention and many questions have been asked and will be asked about its results and meaningfulness. Is the aim only to provide those punished with a stay in a drug-free environment, or is there also an aim to help the inmates to overcome their drug problems? It is obvious that the latter question is the most important, even if the former can have value in its own right. However important it may be to clarify in « aim-setting » discussions how good the Osteraker project can be, that is only one part in a process which requires a long period of time.

The problems of drug abuse are so complex and deep-rooted in a series of features of human nature that it would be naive to believe that through participation in this project, even with a couple of years' sentence involved, that one could radically alter one's life. However, it is clear that better conditions have been created than those which existed before inside the correctional treatment system for starting to question a previous life. The treatment work is completely possible, despite constraint and despite the walls. In some conversations I have even heard « thanks to them » from the inmates.

RIASSUNTO

Parlare di tossicomania nei nostri istituti di detenzione non è infondato. Numerose indagini hanno infatti dimostrato la presenza di un'alta percentuale di tossicomani all'interno di questi istituti. La maggior parte dei detenuti nel carcere « remand » (che ospita coloro che sono in attesa di giudizio) di Stoccolma sono degli alcolizzati o dei tossicomani gravi.

Sono stati adottati dei provvedimenti volti ad aiutare i tossicomani a liberarsi, nel lungo periodo, dalla loro dipendenza dalla droga. Negli istituti « remand » di Stoccolma, Gothenburg e Malmo sono state create dell'équipes ad hoc che hanno il compito di occuparsi dei tossicomani. Inoltre, in vista della riforma del sistema di trattamento correttivo si è pensato di fare in modo che i delinquenti possano usufruire dei servizi generali di assistenza sociale.

Sono stati creati dei servizi ad hoc per quei tossicomani che debbono scontare condanne lunghe. È stato varato un programma di trattamento a lungo termine nel quale, tra le altre cose, l'équipe che opera nel carcere di Stoccolma funge da équipe guida. Sono considerati centri per il trattamento intensivo i 48 centri presso l'Istituto nazionale di Osteraker e i 14 centri presso l'istituto aperto di Bogesund.

Questo lavoro è stato sviluppato a partire dall'inizio del 1978 e per molti aspetti ha significato una modifica del tradizionale ambiente carcerario e quanto meno dei ruoli del personale carcerario.

L'obiettivo è creare un ambiente libero dalla droga con una buona atmosfera per il trattamento.

Il bilancio del lavoro sin qui svolto dagli istituti svedesi che dedicano le maggiori cure ai tossicomani è senz'altro positivo. Ciò dimostra che un trattamento efficace è possibile anche tra le mura degli istituti di detenzione.

RESUME

Parler de toxicomanie dans nos instituts de détention n'est pas infondé. De nombreuses recherches ont en réalité démontré la présence d'un fort pourcentage de toxicomanes à l'intérieur de ces instituts. La majeure partie des détenus de la prison « remand » (qui accueille ceux qui sont en attente de jugement) de Stockholm sont soit alcooliques soit toxicomanes graves.

Des mesures tendant à aider les toxicomanes à se libérer de leur dépendance ont été adoptées. Dans les instituts « remand » de Stockholm, Gothenburg et Malmo on été créées des équipes ad hoc qui ont pour devoir de s'occuper des toxicomanes. En outre, en vue de la réforme du système de traitement correctif, on a pensé faire en sorte que les détenus puisse profiter des services généraux d'assistance sociale.

Des services ad hoc ont été créés pour les toxicodépendants qui doivent effectuer de longues peines. Un programme de traitement à long terme a été lancé dans lequel, entre autre, l'équipe qui travaille dans la prison de Stockholm fait fonction d'« équipe-guide ». Les 48 centres de l'Institut national d'Osteraker et les 14 centres de l'Institut ouvert de Bogesund sont des centres de traitement intensif.

Ce travail a commencé au début de 1978 et, par de nombreux aspects, a signifié une modification du milieu carcéral traditionnel et des tâches du personnel pénitentiaire.

L'objectif est de créer un milieu libéré de la drogue avec une bonne atmosphère pour le traitement.

Le bilan du travail réalisé jusqu'à présent par ces instituts suédois est sans aucun doute positif. Cela prouve qu'un traitement efficace est possible même à l'intérieur des instituts de détention.

SUMMARY

Talk of drug abuse at our correctional institutions is not unfounded. Several investigations have shown the high frequency of drug abusers in institutions. In the remand prison in Stockholm the majority of the inmates are serious abusers of alcohol or other drugs.

Measures have been taken to help addicts come away from their dependence on drugs in the long run. Special teams for caring for drug addicts have been set up at the remand prisons in Stockholm, Gothenburg and Malmo. Furthermore, as a preparation for the reform of the correctional treatment system, it has been planned for the general welfare services of society to be available for offenders.

Special services have been set up for drug abusers serving long sentences. A longterm treatment programme has been built up for these persons with the drug addict care team at the Stockholm remand prison forming part of a leader group, among other things. 50 treat-

ment places at the national institution of Osteraker and, in practice, 15 places at the open institution in Bogesund are included as the « heavy » care centres.

This work has been under successive development since the beginning of 1978 and means a change in many respects from the traditional prison milieu, not least because of the changed work roles of the staff.

One principle is to create a drug-free milieu based partly on a good atmosphere for treatment and also on tests of urine samples.

Experience of the work so far in the country's institutions with the largest amount of care for drug abusers is positive. Everything points to the fact that meaningful treatment is possible even within the high walls of prison welfare.