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Prisoners' experiences of drug treatment and punishment in four Nordic countries

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ABSTRACT

AIMS – This article describes and analyses prisoners' experiences of drug treatment in prison in four Nordic countries: Denmark, Finland, Norway and Sweden. The article examines how prisoners experience drug treatment, control and sanctions as related to three main topics, namely motivation; the content of the measure and relations to staff; and control and sanctions. METHODS & DATA – The article is based on data from twelve prisons, three in each of the four countries; 91 interviews with prisoners; and around six months of observation. The two main kinds of drug treatment measures are drug treatment units and day programmes. RESULTS – Prisoners described several motives to participate in drug treatment measures: to leave drugs and crime; to renew relations with family and friends; to solve health problems; and to improve their prison conditions. Prisoners found that drug treatment measures offered possibilities to acquire new ways of being. Staff behaviour seemed to be more important to prisoners than the methods used, and some prisoners seemed more positive to staff involved with the drug treatment than to other staff. A surprising finding was the prisoners' limited critique of controls and sanctions. We see this as embedded in the situation of being a prisoner, and also in relation to contexts outside prison. CONCLUSION – In discussing their experiences in the treatment units, prisoners are not so concerned about the rehabilitative features or the controls and sanctions. They evaluate their present situation in light of a future, which is their real concern. This is in line with a main task for staff, which is to prepare prisoners for release.

KEYWORDS – prison, prisoners' views, drug treatment, control, illicit drugs, qualitative research, Denmark, Finland, Norway, Sweden

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Introduction

This article focuses on prisoners' experiences of drug treatment measures and punishment in four Nordic countries.[1] It provides data from a comparative project in Denmark, Finland, Norway and Sweden.[2] In this article our aim is to give voice to prisoners' experiences of these programmes, an approach that has a long tradition in the sociology on prisons. There is a recent similar tradition in the sociology of welfare, which also incorporates recipients of welfare services (*cf.* Frank et al., 2015).

In all the four countries (as in many others), the prison policy has two main aims. One is to punish,[3] which entails maintaining security, carrying out control and imposing sanctions. The other aim is to work for rehabilitation by providing prisoners with education, health care and social welfare services. These rehabilitation resources are linked to humane principles and normalisation that were set up to guide prison policy (e.g. in Norway, see White paper 37, 2007–2008). We discuss prisoners' experiences in drug-treatment and drug-coping units in relation to the two main features in prison policy and in daily prison life: punishment and rehabilitation.

Measures to deal with drug problems are in line with the rehabilitation policy. In number and volume, these measures do not constitute a large share of the prison places, prison populations or time spent in prisons (*cf.* 2.2). Even so, such measures are important to prisoners and staff, partly because they pose a challenge to the daily prison routines and to the punishment/rehabilitation aims of prison policy. These measures are linked to classic themes in criminology because of their combinations of punishment and treatment. Our Nordic Project has found variations in attitudes on this: i) Prison authorities see no problem in such combinations, for in political and administrative contexts, punishment and treatment are seen as reinforcing each other and creating synergy (*cf.* Kolind et al., 2013). ii) When it comes to staff members, some found no problems in these combinations or view them as beneficial, while others found that prison features are incompatible with traditional treatment (e.g. Giertsen & Rua, 2014; Bruhn et al., 2010).

In this article we describe the experiences and considerations from a third part: iii) prisoners' views on measures to handle drug problems. Which facets of punishment and rehabilitation are presented; are they perceived as important and in which ways? We also look for other dimensions than punishment and rehabilitation.

Prisoners' experiences and reflections are viewed from a relational perspective, as influenced by conditions in their life situations, i.e. as situated, embedded in time and place (*cf.* Bourdieu, 1999). Time is central, shaping prisoners' descriptions and considerations, and is linked to (1) a former life often dominated by crime, drugs and rough living, (2) prisoners' present situation embedded in a prison drug treatment unit and the inherent administrative settings. We also include (3) prisoners' perceptions of the future as part of their actual experienced life situations.

These time perspectives affect prisoners' views on such rehabilitation parts as motivations and the content of the *treatment units*[4] and *day programmes*, as well as on controls and sanctions that maintain the aim of punishment.

In the Nordic countries, treatment measures on prisoners have developed in different ways (Kolind et al., 2013), but there is little Nordic research on prisoners' perspectives about such measures.

A study from USA comparing prisoners' experiences from three kinds of prison-based drug treatment programmes found few differences between the programmes in the prisoners' views. A majority of the participants in each of the three programmes were satisfied with their own programme (Wexler et al., 2004). Other studies have explored processes of change among prisoners in three therapeutic communities (TCs) and found that the new roles demanding prisoner responsibility in combination with working out personal narratives provide prisoners with enhanced insights and more resources to desist from crime (Stevens, 2012). Stevens (2013) has investigated motivation for prison TCs and discerned different motivation types among the prisoner participants: "enthusiastic", "follower to others" and "desperate". All three types expressed a desire for change of some kind, but they were often not well-informed about the content of the TC activities. Other studies have shown that despite coercion, many participants in prison-based drug treatment were satisfied with the community "atmosphere", the activities and their counsellor (Melnick et al., 2004).

Some researchers have argued that women in prison suffer from more difficulties than men due to poor educational background, mental health issues or physical health problems (Langan & Pelissier, 2001), while other studies have not found women in prison to be more vulnerable (Neale et al., 2005). Some studies have argued that the small number of women in prison puts limits on the incentive to develop prison drug treatment designed for women, which also hampers differentiation in the general drug rehabilitation resources in prison (Easteal, 2001).

The effectiveness of prison-based drug treatment has been open to dispute. A systematic meta-analysis by Mitchell et al. (2006) indicated a 20-percent decrease in relapse, re-arrest and re-incarceration for treatment groups compared to control groups. A recent study found significant results for drug treatment in prison TCs but only as regards re-incarceration (Welsh & Zajac, 2013). The focus in our present study is not, however, on effects, but rather on prisoners' experiences and reflections. A recurrent theme in research on drug treatment is whether this should be based on voluntary participation or should be compulsory. Outside the prison setting, compulsory treatment has been shown to have little or no effect in preventing drug abuse (Klag et al., 2005). One prison study identified coercion and other common disadvantages to prison-based treatment, among them inappropriate referral, inadequate staff recruitment, training and redeployment and over-reliance on the institutional and peer culture (Farabee et al., 1999). To sum up, therapeutic communities seem more successful than day programmes, female prisoners' specific needs have been neglected, and treatment under coercive conditions is less effective than voluntary participation.

Drug-treatment measures in prison are based on self-initiated recruitment, which implies motivation on the part of the participant. Svensson (2009) has divided the concept of motivation into external factors

such as other people's urging, and internal factors when the motivation is activated by one's own inner beliefs. Motivations are also strongly connected to the social situations that prisoners experience.

Prisoners' relations to staff and other prisoners are part of their experiences of prison life. The participants' personal relationships with staff in the units and with other participants are important to drug treatment generally, and prison drug treatment is no exception. The expression "a therapeutic alliance" points to a positive, fruitful relation between the professional treatment staff and the client in drug treatment. This personal alliance is considered at least twice as important as the choice of the best method in treatment (Duncan et al., 2010).

A significant feature of such social interactions is the rituals. When two or more persons interact, they often use interaction rituals. A ritual occurs when they are focused on the same object with mutual attention and awareness of each other (Collins 2004). In a prison wing, rituals could be focused on important meetings as well as on the more relaxing smoking breaks, such leisure activities as small talk, watching TV and so on. Rituals give the participants emotional energy and a sense of community, and the connected symbols become emotionally loaded. However, rituals can also be more formal and involve expressions or acknowledgements of power. Rituals may also exclude persons; someone with less power among those in the interaction may experience feelings of disadvantage and disrespect (Collins 2004). Hence, rituals may serve to create community or to strengthen power positions in different kinds of situations.

In what follows, we begin in section two with a brief background sketch of drug treatment problems, policy initiatives and data sources in the four countries. Section three describes the data to be used, and sections four and five describe prisoners' experiences and reflections on motives and daily life features. Motives are seen in relation to prisoners' life situations before and during imprisonment and their plans for the future. In section five we concentrate on prisoners' immediate experiences of treatment measures and their views on relations with staff and fellow prisoners. We discuss these two sections as expressions of rehabilitative elements of the units. But prison characteristics are also present. Hence, in section six, we describe prisoners' views on control and sanctions. Here we also look for whether the three sequences of time – past, present and future – are relevant. Finally, section seven summarises our findings in relation to recent trends in Nordic prison policies on rehabilitation and preparing for release.

Background: the problem and the measures

In the 1970s, prison authorities in three of the four Nordic countries began to pay attention to drug problems. In Finland, this happened in the 1990s (*cf.* footnote 2). Drugs influenced the prison populations in two ways. First, the number of convicts imprisoned for drug crimes increased. In 2010, between 21 and 28 percent of the prison populations in Denmark, Norway and Sweden were serving sentences for drug crimes, a level similar to that of Spain, Switzerland and Portugal. In Finland, the corresponding number was 15 percent, equal to the levels in Britain, Ger-

many and the Netherlands (Council of Europe 2010:94). Second, a high proportion of the prison population was reported to have drug problems, though several may have been sentenced for others than drug crimes. In Denmark, Norway and Sweden, the share of prisoners reported to have used drugs or having drug problems was between 50 and 60 percent,[5] while 84 percent of the Finnish prison population in 2006 was reported to have a history of alcohol or drug dependence (Joukamaa, 2010; Lintonen et al., 2011).

Rehabilitative measures toward prisoners with drug problems were initiated in the 1990s. There are two main kinds of measures: i) *day programmes,* where prisoners from ordinary wings meet for a few hours, once or twice a week, for a period of some months. The prisoners take part in other activities, such as education, courses or work with fellow prisoners. There are also ii) *drug treatment units*, where prisoners usually stay for six to twelve months, taking part in group sessions usually led by an external counsellor[6] or specially trained prison officer.

Another significant part of prison policy and imprisonment consists of controls and sanctions. Drug use, possession, selling and buying are criminalised. This affects prison routines, and several controls and sanctions are directed against such acts. Parallel to the increase in rehabilitative measures such as *day programmes* and *drug treatment units* since the 1990s, there has been an increase in the scope and intensity of control in both Norway (Giertsen, 2012) and Sweden (Lindberg et al., forthcoming).

Before we open for prisoners' experiences and considerations, we present a frame for these themes by giving a brief quantitative description of the two predominant types of drug treatment in prisons in the four countries. Two findings immediately appear: the way of counting these measures varies, and the scope is modest.

Statistics on prisoners, drug treatment measures and controls

Nordic countries have relatively low prison populations compared to most European countries. In 2013, the daily average number of prisoners varied between 3100 in Finland and 6400 prisoners in Sweden (ICPS, 2014), including prisoners in custody. The relative numbers varied between 58 prisoners per 100,000 inhabitants in Finland to 73 per 100,000 in Denmark (ibid.).

Denmark has a somewhat higher percentage of drug treatment measures offered to prisoners than the three other countries. In 2011, there were 250 places in treatment units (Kriminalforsorgen, 2012:4), or 6.1% of all prison places (N=4123) (Kriminalforsorgen, 2013:15). In addition, Denmark offers *day programmes* for cannabis and cocaine users and for prisoners in *substitution treatment*. During 2011, prisoners initiated such programmes 769 times (Kriminalforsorgen, 2012:4).

In *Finland* in 2012, 311 prisoners took part in the six *drug treatment programmes* available in six Finnish prisons. The daily average prison population was 3236.[7]

In *Norway* in 2013, there were 177 places in all *drug treatment units* (Prop. 1 S (2013–2014), section 3.2.1), or 4.7% of all prison places (N=3800) (ibid.), but not all places were occupied (ibid). In addition, several prisons offer *day programmes*. During the first half of 2012, prisoners

completed such programmes 180 times (Ploeg in Giertsen, 2012).

In *Sweden,* the prisons have about 700 treatment places available, which amounts to around 10% of all prison places including those for remand units (N=6400) (ICPS, 2014, Nylander et al., 2012).

Compared to Europe as described by EMCDDA (2012), the drug treatment measures in the Nordic countries seem to be in line with those of several other countries. The various ways of reporting make comparison a challenge.

Methods and data

Three prisons were selected to mirror a variety in each of the four countries. The criteria were based on two central dimensions: gender and high/low security prisons. The point is to secure a fairly wide range of experiences (not to make a representative study). One prison or prison wing chosen in each country was for women, the others for men, and there was one low-security prison in each country. The others were high-security institutions.

All of the 12 prisons have some kind of psychosocial drug treatment or management programme, while pharmacological drug treatment was rare.

The data for our ethnographic study consists of observations, individual in-depth interviews with prisoners and documents from each country. In total, our data uses field notes from around six months of observation, together with 91 transcribed interviews with prisoners. Most interviews were conducted in secluded rooms, e.g. visitor rooms and lasted for 45–90 minutes. Shared observation schemes and interview guides were used in the four countries, and themes on a common list were investigated. Two or three researchers in each country participated, and the data were collected between 2011 and 2013.[8] All field notes and interviews have been analysed, and the three main themes in this article were found in most of them. Of course, only a few of the prisoners could be quoted here to represent the main opinions. The prisoners taking part in day programmes and drug treatment units were drug users. Most of them belonged to ethnic majority populations. The project has been approved by ethical committees in Finland, Norway and Sweden. All participants have agreed to the observations and being interviewed. To interview in the prison setting is problematic (*cf.* e.g. Crewe, 2009), but as the individual interviews took place in "privacy" and in a closed room by external researchers, the prisoners seemed to be fairly comfortable and open-hearted. To further increase validity, the researchers have used common coding matrixes, and also compared and discussed data.

Our data are limited in two ways. We visited only three of all possible programmes and units in the four countries at the time and have interviewed only a small portion of all prisoners who participated in these three units. We cannot derive generalisations of a statistical kind, but what we can do is to identify principally interesting *variations* in our findings and establish *typologies*.

Prisoners' motivations for participation in drug treatment

Motivation was a central theme in the interviews. This is no wonder, as motivation to participate in prison drug treatment is a prerequisite for this voluntary option. We also look for the fundaments and if moti-

vations follow rehabilitation aims or not.

The procedures for enrolling vary according to the demands on the prisoners. In some prisons, the prisoners have to file a written application form to be assessed by staff. In others, treatment staff or counsellors inform the prisoners of the opportunity to enter treatment and assess the prisoner's motivation.

Prisoners' motives mirror their past and present living conditions and how they conceive of their future possibilities. In terms of the prisoners' past, motivation was linked to several acknowledgements and reflections, such as a state of fatigue, feeling too old to continue a drug-centred life. Motivation is also influenced by guilt or disgust over the earlier life of drug abuse and especially the realisation how much suffering has been caused to family or partners, that confidences have been betrayed or valuable time and contact with children have been lost. Some regretted spoiling their chances for a decent life in society and were tired of the disadvantages connected to the criminal life accompanying drugs. They were constantly pursued by the police, health problems and going in and out of prisons. A prisoner expressed it thus:

> And life was this same old, same old thing: booze and drugs every day. It was then that I decided that it was enough. I did not want to have that lifestyle anymore (Finnish prisoner 1, men's closed prison).

These motives are focused on avoiding or leaving the previous lifestyle, sometimes also by using memories as reminders to stay on the track when prisoners are ambivalent about continuing treatment. These motives agree with the aims of rehabilitation in prison policy.

A second kind of motives stems from the prisoners' present life situation inside prison. The expression "just doing time" may indicate a wish to make time in prison more meaningful, a yearning for more stimulating challenges and avoiding the boredom and routines of prison life. Prisoners may also be tired of stories about drugs and crimes that circulate in the regular wings, as pointed to here:

> This is the first time I am doing something for my own sake. I have been at this prison several times before (Swedish prisoner 1, women's closed prison).

She adds another motive, which is about health:

> My body cannot take it anymore. If I continue to take drugs I will not survive for long.

In some prisons, taking part in drug treatment and spending part of the day or living in the treatment wing may bring better living conditions than in a regular wing. This is not the case everywhere, however. In one prison, the treatment-unit building has a lower standard than the regular wings, as there are no toilets in the cells. Some treatment units offer advantages, so that participation could be seen also as a way of easing the discomfort of imprisonment, turning a harsh time into something less harsh. Better conditions in the treatment setting, however, are not mentioned as a dominant motive for participation in this study. These motives do not point

to rehabilitation, but if they encourage prisoners to take part, the effect may be rehabilitative. This also applies to the following: the social climate seems to be an important reason for entering and remaining in the treatment unit, as regular wings were described as having a more unpleasant atmosphere. To serve one's time in a better and more humane climate may be one way to ease the pain and the harshness of daily prison life (Kolind et al., 2010).

The present-situation motives are partly about avoiding the boredom and destruction of ordinary prison life in regular wings, but they are partly also about trying to achieve, or actually achieving, something of value for themselves, such as safer and more humane living conditions.

Some prisoners, however, are bored by prison life, no matter what kind of wing they are in, or who the staff is, as in this complaint:

> I'm weary of prison guards, good ones and bad ones alike. I'm weary of looking at them. Weary of counsellors and therapists and institutions in general (Danish prisoner 1, men's open prison).

This experience of weariness can also be seen as contributing to the third kind of motivation. The prisoner wants to get another kind of life to avoid returning to prison, also named the deterrent effect as an aim of imprisonment.

The motives also tell about prisoners' aspirations about their future: aiming at a drug-free life or to acquire drug control by attending some kind of treatment after release, to continue the prison-based treatment or preparation period.

These motives vary among prisoners, as do their living conditions and prerequisites to handle life after release. Their self-confidence, dreams and willingness to change, together with the perceived social support and opportunities, will partly show the way. A prisoner explains his participation in connection with his future plans:

> Actually, it was to get a drug-free and normal life after prison. Get out of here, get married, have some children, buy myself a house and use my education more wisely, right! Use the things I can, what I've got in me (Danish prisoner 2, men's closed prison).

When motives concerning the future are described, the emphasis is on achieving some goals, as expressed in terms of showing the will to change or relying on one's own capacity. Or it is just to learn to live in society and to take part in ordinary conversations and act decently toward other people. The goals are often connected to important relations such as family, children and other relations outside the prison. A prisoner, for example, had just become a father and now wanted to fulfil his new parental role:

> I have just had a child, and my aim is to accompany my child on the first day of school and greet the teacher so that she will see me as an ordinary citizen (Norwegian prisoner 1, men's closed prison).

This is an example of external motivation, related to the prisoner's family, which also could become internal.

Prisoners' motivations to attend a drug treatment unit are grounded in their life experiences and actual life situations. Sometimes they are examples of the rehabilitation aims in prison policy; other times they have different fundaments, such as material standards or the social atmosphere in the units. The motives may be manifold, but the effect of attending a unit may be rehabilitative.

Even if a prisoner fully participates in drug treatment, his/her internal motivation may wax and wane. A prisoner's choice to participate in prison drug treatment is rarely an easy decision. Even if prisoners have planned to participate in drug treatment before starting to serve their sentence, doubts and hesitations occur. So also after having decided to take part in treatment, prisoners remain ambivalent, e.g. because the programmes or the staff do not meet their expectations. Insecurity and instability in the unit, caused by other prisoners or staff, is another source of ambivalence, affecting the internal motivation of many prisoners, even if they continue to participate in the activities and hence show their motivation to others.

In the following we explore prisoners' views on the rehabilitative measures, which constitute a considerable part of the weekdays in the units. We also examine if other features relevant to prisoners' motives are to be found in this context as well, including relations with staff and fellow prisoners. Here the dominating time perspective is "here and now", though the past is relevant in group sessions and several parts point to the future.

Prisoners' experiences in drug treatment: programmes and relations with staff and fellow prisoners

When prisoners speak of the units, three important themes can be distinguished: i) the programmes, ii) relations to staff and iii) to other prisoners. These are significant parts of daily life in the units.

The various modes of drug treatment in the respective units open up for various demands on the participant and also for various kinds of social relations. Most of the programmes are cognitive, cognitive-behavioural (CBT) or twelve-step facilitation (TSF) programmes. Cognitive treatment theory focuses on the individualistic management of one's own thoughts, at times connected with individual training and control over one's behaviour, while twelve-step therapy is basically collective and relies heavily on the faith-based twelve-step programme, drug users' confessions to others, drug use as a disease, and on participation in self-help groups. Rituals are crucial in both CBT and TSF, as they are in the creation of any community and solidarity in a group (Collins 2004). But the rituals take different directions. While rituals of cognitive skills are focused on individual performances of such skills, trained and shown in temporary groups, the TSF rituals contain acts of confession and faith in long-term self-help groups.

The programmes influence social relations in general and prisoners' relations to staff in particular; prisoners speak about social relations. They underline that staff in treatment units tend to be more caring about prisoners compared to staff in regular wings, which they know from previous

imprisonments. Programmes are managed by external or internal counsellors.

When it comes to prison officers, prisoners view certain individual officers in treatment units as no good or too passive. But a personal officer or contact person may be regarded as belonging to the good ones:

> The prison officers here are good. I would never call them screws. They have names and are human beings. We all are human beings here (Swedish prisoner 2, women's closed prison).

There are treatment units where the prison features are considerably played down: the staff are external, non-uniformed counsellors and are regarded as important and good persons. In Sweden such external counsellors often run the TSF programmes. Not only are they non-uniformed and from outside the prison, they also often have themselves been drug abusers. This makes the prisoners more trusting of the counsellors. But being non-uniformed is not decisive in establishing positive social relations. In some of the Finnish treatment units, the counsellors are uniformed. Even so they are seen as important in the creation of a positive atmosphere in the treatment unit:

> I think this is really a good thing. The counsellor has made it so reasonable for us to be here. Well, this is a small wing and so on; it has been good to be here. […] I have never felt so good to be in prison before (Finnish prisoner 2, women's closed prison).

In these units, prisoners' views of other uniformed staff varied. In one unit, for example, prison officers were regarded almost as positively as were the drug counsellors, as a kind of co-therapist. Others saw the uniformed prison staff as control persons in contrast to the counsellors, who were seen to be therapeutic and helping prisoners.

The prisoners' attitudes were influenced by the way prison officers' participation was organised. Where prison officers participated in the counsellor-led group sessions and where they had frequent daily contact, the prisoner's view of prison officers was positive. The officers could be seen as rather equal to the counsellors. In prisons where prison officers spent much of their work time in the office and had little contact with prisoners, they were regarded first and foremost as guards. The uniform did not wipe out the experienced differences between officers and counsellors. When the internal counsellors running the programmes were uniformed, prisoners' relations with them seemed to be more positive than to the rest of the uniformed staff. Also presence or absence of daily contact and participation by unit staff in the treatment process seems to influence the process of prisoners' making up their minds about the staff. Prisoners also underscored the significance of the staff's attitudes. Prisoners were positive if a prison officer paid some attention and showed some respect to the prisoner, as this prisoner describes:

> When we speak about ordinary things, it makes me feel like a normal human being, you know. It's nice, it gives me a lot (Norwegian prisoner 2, men's closed prison).

Relations to other prisoners are also important. Prisoners described these rela-

tions in the various treatment units as better than in regular wings, identifying such qualities as more honesty and community and also a more serious, less drug-oriented atmosphere, which can be seen as stemming from shared therapy/group sessions. The treatment-unit climate was described as positive and relaxed, where prisoners treat each other with respect:

> The difference between the treatment unit and the regular wing is that here you can be who you are. You don't need to play a role and that's nice (Swedish prisoner 3, women's closed prison).

Group sessions are an important factor in creating the atmosphere of a unit. To listen to others, their problems and plans, enables the participants to reflect on their own situation. A prisoner describes how the group creates a community, encouraging members to share their life stories and so on. He points to these positive aspects and contrasts them with life in the other prison wings:

> Well, we sit in these circles, give each other a hug and all that. This is really far from one's normal daily life. We create rapport, develop a sense of community. That's also the reason why you are more willing to share with the others. It would not at all be possible in a regular prison wing (Danish prisoner 3, men's open prison).

This is another example of how rituals may work to create energy, community and solidarity in groups (*cf.* Collins, 2004). The rituals differ by the programme and the method used, but they tend to bind the group together and create community that lasts beyond the group session or meeting. The rituals seem to affect the everyday atmosphere in the unit generally. Duncan et al. (2010) discuss relations between staff and clients as being much more important than the specific motivational or treatment method used, just what this example displays. However, the specific kind of treatment method or programme offered and the way in which the unit is organised also creates opportunities for certain positive relations between staff and prisoners.

The groups were described in positive ways, and some prisoners wanted to extend the time spent in groups, as the rest of the time in prison is considered boring and meaningless, dead time (*cf.* Goffman, 1968). But there were also critical comments, for some clearly wanted fewer and shorter sessions.

Also those prisoners who participate in the drug treatment may feel vulnerable. The other prisoners' new ideas, attitudes or moods may raise suspicions among the prisoners:

> They [the fellow prisoners] are very nice people, but I am still sceptical. I don't trust anyone. I'm afraid of being stabbed in the back [probably metaphorically]. That's why I don't talk to anyone about my problems. There are only few people who I consider reliable enough to share certain things with (Danish prisoner 4, men's closed prison).

This kind of ambivalence can be understood in the context of the risk when departing from a well-known lifestyle and

subculture toward something new and relatively unknown. A prisoner with a certain role and identity within this culture risks his or her reputation, and supportive companions may disappear. To be in a unit will sometimes mean facing a huge turn in one's life, letting go of the abilities and relations that helped to manage one's previous life – and then acquiring new abilities to manage a new life in new contexts (Smith-Solbakken & Tungland, 1997; Giertsen, 2000). Not trusting anyone has been a way of surviving in such transitional situations, also mentioned by interviewees we spoke with. The personal relations with staff and with other prisoners may reduce this uncertainty. Ambivalence in relation to trust is also affected by rules and sanctions that may export a prisoner to a regular prison wing. Prisoners must be mentally prepared for this option, too.

The rehabilitative parts in the units consist of programmes and social relations that are interrelated, and the programmes create structures and characteristics of the meeting places, either individual or collective ones. Relations to staff are influenced by these kinds of meeting places and rituals that bring both staff and prisoners closer to each other than in most other prison wings, and increase possibilities to seeing each other as human beings. Also the relations among fellow prisoners change, exchanging a rough and tough way of being for more calm and accepting ones. These experiences can be important not only in present-day life, but also after release.

Prison life also has another significant characteristic, linked to its aim to punish and deliberately inflict pain.

Prisoners' views on control and sanctions

Control and sanctions are central features of prisons, and *day programmes* and *treatment units* are not exempt. In this section we look for prisoners' views on the control and sanctions; if they view these measures as part of the punishment; how their considerations are informed by previous experiences and plans and hopes for the future; and how these features influence their daily life in prison. We start by discussing prisoners' view on control, i.e. urine tests.

One consistent finding from the interviews with the prisoners is their limited critique of the control methods. This is surprising as frequent controls of all prisoners, such as urine tests and strip searches, violate highly regarded values of one's physical and mental integrity. One way to understand this limited amount of critique of strict controls is to take the statements at face value and conclude that the controls are not so important. We would rather look for explanations by viewing the prisoners' statements as expressions of their specific life situations, and do in fact find several explanations for their reluctant critique.

First, the limited amount of critique may be a reflection of prisoners' relative powerlessness. Generally spoken, to be in prison is to be locked in a cell during the night and part of the day, and being subjected to rules and routines for prison security, such as body controls. All these features are seen as an inherent part of imprisonment. "It's the name of the game", as one Swedish prisoner stated. This subordination is also inherent in the urine tests:

> It's just like paying the rent. That is what we call it, and what the staff also says (Norwegian prisoner 3, men's closed prison).

A second explanation follows when the prisoner adds: "You get used to it."

Third, prisons are not the only place where one has to deliver urine tests. They are also required in non-prison drug treatment institutions and rehabilitation contexts. This may contribute to the experience of the tests as routine, which lessens the possible stigma attached to them.

A fourth explanation for prisoners' limited critique of the control methods lies in their experiences of urine tests as both useful and appropriate. The purpose of the urine tests and strip searches is a means by which the authorities can influence prisoners to stop using drugs, a view stated also by this prisoner:

> The security and control actions are good. That means that we do not have any drugs here. Drugs in the wing only mean problems and brawls among inmates and fights over money and debts (Swedish prisoner 4, men's closed prison).

This prisoner points to the influence of controls on the overall atmosphere in the units. Other prisoners doubt that the drug control measures will help them cease using drugs, as an experienced prisoner comments:

> These urine tests do not give me any safety. I have been here so long, I know all the tricks! (Norwegian prisoner 1, men's closed prison.)

To this prisoner, the decisive point is one's own motivation to stop using drugs, because it will always be possible to obtain drugs inside prisons without being discovered. Even so, he and other prisoners stated that urine tests in general most likely exert an influence on prisoners to stop using drugs and contribute to a drug-free unit.

This brings us to a fifth reason why prisoners may be tolerant of the urine tests. The tests may acquire a symbolic meaning as a way of highlighting principles and values, which is "No drugs accepted!" Taking part in controls without much protest may be a means by which prisoners show support for this value as well as for rules and efforts to uphold a drug-free unit. This behaviour may be seen as a commitment to the aim of changing one's life and if not making it wholly drug-free to at least acquire drug control. The way some prisoners spoke about controls, expressing doubts about their practical effects and at the same time also supporting them, led us to interpret such statements as a symbolic support to the controls, whether they have any practical effect or not. In this perspective, to adhere to the controls turns out to be like a ritual, a way of confirming one's membership in the unit, a symbolic support of the ideas and aims of the units to change into a way of life free from drugs, or a means of controlling one's drug use.

As a sixth explanation for prisoner acceptance of the control regime, passing the urine tests may prove useful in relation to administrative demands, some of which lie outside the prison context. They are therefore not a target for prisoners' critique. Such urine tests increase the possibility to acquire a driver's licence or to be allowed to visit with one's children. By ac-

cepting urine tests, prisoners adhere to the administration's demands and respond in a strategic way, just as people within other institutions (universities, hospitals, bureaucracies) also respond to incentives and sanctions.

Tests free from drugs have a similar instrumental effect in relation to prison rules and administrations. The tests can be a means to improve one's conditions, as this prisoner expresses:

> Joining the treatment programme helped me get paroled. I don't smoke hashish any longer, and my urine tests are fine (Danish prisoner 5, men's open prison).

Yet another context is brought up, not about effects, but about individual integrity and values. Very few prisoners spoke of being embarrassed or intimidated by having to urinate in front of others. This may be understood in relation to the perception of controls, as described above. The controls are seen as inevitable and protest against them seen as futile; just a little grumbling seems the most sensible strategy.

But beyond reflections by those being submitted to the control methods, such intruding acts always raise questions about the balance of pains and gains in two ways: i) whether the burden of the intimidating character of these searches can be justified in terms of assumed effectiveness; and ii) should such controls, regardless of their ostensible effectiveness, ever be considered acceptable, just because of decency? Such considerations certainly apply to the more intimidating controls such as strip searching after visits and to searches of body cavities.[9]

Prisoners also gave statements on sanctions, and this will be discussed in the same way as controls. Two prisoners who had used medicine illegally were sanctioned with solitary confinement, and a fellow prisoner commented:

> It has a huge impact on the rest of us when two of our fellow inmates are isolated for several days (Danish prisoner 6, women's closed prison).

This impact may be seen as efficient in the sense of deterring other prisoners from using drugs.[10] But another understanding of the prisoners' reactions is also possible. Solitary confinement is harsh (Smith et al., 2013) and controversial in discussions on *justice* and *rule of law*, especially in terms of its proportionality as a punishment for minor violations of prison rules. Such considerations may also have created reactions among fellow prisoners.

One prisoner pointed to the *unexpected, unusual rules* in treatment units:

> You are doing double time here. You have prison rules, and then the rules of this programme (Finnish prisoner 3, men's closed prison).

This prisoner takes prison rules for granted, while the additional rules imposed by the treatment units are seen as more demanding, less predictable and contradictory to principles of the traditional inmate culture (as concerns the hierarchy, demands on behaviour and disciplinary sanctions (de Viggiani, 2012)).

Prisoners' ideas about controls and sanctions are heavily influenced by their social position and should be understood

in relation to the particular premises and boundaries that prisons create, as "part of the game". Prisoners also see tests as a means of reaching another future, linked to such prison policy rehabilitative aims as stopping drug use, but also to reaching prisoners' personal aims, such as acquiring a driver's licence and seeing one's children. Prisoners also see tests as a means to improve one's immediate sentence conditions. Underlining the importance of such tests can also be viewed as a ritual, strengthening the moral and idea of drug rehabilitation in the group.

Whether the controls and sanctions will be criticised is related to the type of actual controls carried out, but first and foremost this is a social matter, situated in time and place, shaped, modified and neatly adapted to the context in which people find themselves. For prisoners, place is taken for granted, like "paying the rent", and time is a predominant dimension, where thinking of past, present and future gives rise to demanding questions.

Discussion and conclusions

In this article, activities of prison drug treatment measures are described from prisoners' perspective.

Three main themes in their descriptions are i) motivations, ii) experiences and reflections about the drug treatment units and day programmes, comprising: a) the ideas and methods; b) their relations to staff and c) their relations to other prisoners; and iii) their views about controls and sanctions. Our perspective considers prisoners' views about what goes on inside the units in relation to the prisoners' life situations before and during imprisonment, and to their future plans and aspirations. We also examine prisoners' descriptions in relation to the expressed aims of prison policy or linked to other social settings.

Prisoners' *motives* for entering drug treatment vary, including former experiences and a wish to quit drugs, crime or a life of violence and to start a new life. After some years, this way of life becomes too strenuous, and existential questions as to whether this is all there is to life demand an answer. Self-blame for problems imposed on family and friends and a hope to re-establish these relations add to the motivation to enter some kind of drug treatment. For some prisoners, health is at stake, requiring a stop of drug use. Prisoners' immediate life situations also influence their decision to enter drug treatment. Also a hope for better prison conditions, such as more flexible routines, a possibility for early release or parole affect the motivation to enter drug treatment units or day programmes. Prisoners' motivations are also affected by their future prospects.

Prisoners from the *treatment units* speak of new experiences that require new ways of being. In the unit, other ways of being and of relating to others are valid compared to those that dominate regular prison wings or milieus they know from life on the outside. In the units, prisoners are encouraged to confront attitudes favouring drugs and crime, to encourage acknowledgement of one's own problems and to pursue efforts of self-change. Prisoners speak of relations to staff as important, more than they speak of ideas, models and manuals of the units, such as when staff behaviour sets an example of respect and care, pointing toward a future where such ways of being are relevant. At

the same time, experiences of life before prison sometimes make prisoners hesitant to change. The treatment units may be seen as a workshop for re-learning skills relevant to an ordinary life in society.

Prisoners also have to relate to the specific conditions of prison life, the physical barriers, rules, the hierarchical structure, controls and sanctions. A surprising finding is the limited amount of critique of frequent controls, urine tests and strip search, even though they infringe upon one's integrity. We do not take this at face value but look for explanations in the context of prisoners' settings: to be in prison is to be almost powerless; the prisoner must subordinate himself or herself to the prison regime, where controls are an integrated part, something prisoners simply have to accept. Tests are also seen as useful tools in the context of quitting drug use, though some of the experienced prisoners see the tests as unimportant. But in their general statements, prisoners saw urine tests as important for keeping the treatment units free from drugs. In this way, urine tests appear as a formal yet also as a positive ritual, a symbolic support to the aims and means of the units and a life free from drugs and a support to the group community. Prisoners consider urine tests free from drugs most useful in relation to administrations beyond the prison system, such as when applying for a driver's licence or preparing to renew relations with children. Tests are also important within the prison system to maintain one's position in the system or to obtain improved sentence conditions. They appear to be a valuable "currency" in several administrative settings.

Among motives and reflections about programmes and especially relations to different kinds of staff and control and sanctions, prisoners present opinions and considerations that are in accordance with the expressed aims in prison policy on rehabilitation. Even if there are variations among the Nordic countries about principles and priority, there are some common ideas (Storgaard et al., 2013) on the importance of rehabilitation.

Prisoners also present their personal motives, opinions on daily life in units and on control and sanctions embedded in their life situation, informed by their considerations on past events, present and future undertakings on how to manage life after release. These also converge with the aims of rehabilitation.

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NOTES

1 The term *treatment* is wide and vague. Here it covers various kinds of approaches toward prisoners with drug problems, such as motivation and preparing for psychiatric treatment after release, drug-free treatment and substitution rehabilitation, AA courses, socio-educational group sessions, etc. It does not refer to traditional psychiatric treatment as part of the "prison-based drug treatment". This may be performed by psychiatrists or psychologists in health services.

2

3 For example, in Norway, this is defined as inflicting pain for the purpose that this shall be felt as a pain (High Court [1977] in Hennum, 2006).

4 We use the term *unit,* which will cover drug treatment wings as well as smaller sections and rooms used for residential drug treatment purposes.

5 Denmark: Sunhedsstyrelsen (2013:83). Norway: Friestad & Hansen (2004). Sweden: Krantz & Elmby (2007).

6 Counsellors are most often trained as social workers or on short courses. Some are also trained as and/or have previously worked as prison officers.

7 Statistics of Criminal Sanctions Agency (2012); Knuuti & Vogt-Airaksinen (2013).

8 In Norway, three master's students also took part in this.

9 For an overview of controls, see statistics from the criminal justice systems in the four countries: Denmark: Kriminalforsorgen (2012); Finland: Varjonen et al., (2014); Norway: Kriminalomsorgens (2014); Sweden: Krantz & Elmby (2007).

10 To punish one person in order to deter others always raises the fundamental ethical question of whether a person can be used as a means.

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