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### **Three Enactments of drugs in Danish prison drug treatment: Illegal drugs, medicine and constrainers.**

Kolind, T., Holm, K., Duff, C., & Frank, V. A. (2016). Three enactments of drugs in Danish prison drug treatment: Illegal drugs, medicine and constrainers. *Drugs*, 23(2), 135-143. DOI: 10.3109/09687637.2015.1109608

#### **Abstract**

Drugs are an increasingly salient concern in many European prisons. Drug policies are made, drugs are controlled, used, and prescribed, and drug use is treated and sanctioned. In light of the growing significance of drugs in prison life, we analyse the different ways drugs are enacted in Danish drug treatment programs, based on insights derived from Science and Technology Studies (STS). We ground our analysis in data from two qualitative research projects conducted between 2007 and 2010 and from 2011 to 2014. In all, eight prisons were involved in the two studies. Our analysis reveals three distinctive drug enactments characterised by rather different practices, discourses and narratives: drugs as *illegal substances*, as *medicine* and as *constrainers*. Furthermore, we examine how policy makers, prison officers, health personnel, counsellors, and prisoners contribute to the construction and organisation of these three enactments, along with the practical and discursive domains in which this work takes place. We conclude by assessing some of the implications of these different enactments of drugs for prisoners' subjectivities.

## Introduction

In the late 1970s and early 1980s, the existence of drugs in European prison settings was either of no political interest (Duke, 2000), or neglected and viewed solely as a problem within prisons (Kolind et al., 2012; 2013). However since then, drug related policies have been formulated and implemented in prison settings across Europe as drug controls and sanctions have intensified (Seddon, Williams and Ralphs, 2012); drug treatment programs have been implemented and evaluated (Mitchell et al., 2006); specific health initiatives for drug users have been discussed and implemented (Levy & Stöver, 2013); prisoner drug-profits have grown (Crewe, 2006); and drug related social identities have emerged among prisoners (Crewe, 2005). With indications that illicit drug use is increasingly prevalent in European prisons (EMCDDA, 2012), and given the proliferation of situations in which drugs play a role in prison life, the aim of this article is to outline and discuss the varied ways in which drugs – both illegal drugs and prescription drugs – are *enacted* in Danish prisons. We focus on practices of ‘enactment’ (Law, 2004) in order to elaborate some of the controversies that characterise drug use in European prisons, and the policies that aim to regulate this use. The notion of enactment is taken from Science and Technology Studies (STS) and the writings of John Law and Bruno Latour more directly. In the present context, the idea of enactment draws attention to the practices, discourses and contexts in which objects, such as illicit drugs, come to have effects in prison life, to take on diverse meanings and to participate in different kinds of action. Latour (2005) argues that material objects, like drugs, do not have essences, nor are they spatially and temporally stable. Rather, objects are “enacted” in different ways according to the specific relations and practices in which they are produced. As a potent example, drugs are routinely enacted in European prisons as dangerous, illegal poisons, just as they are enacted in different contexts as a means of ‘self-medication’ among prisoners. We are interested in analysing the enactment of drug objects in Danish prisons in order to explore some of the impacts these enactments have for prisoners’ subjectivities. We will also consider the implications of our analysis for the development of drug policies in European prisons.

We ground our analysis in data drawn from two qualitative research projects conducted in Danish prisons between 2007 and 2010, and between 2011 and 2014. Each study focused on prison drug treatment settings and the activity of policy makers, officers, health personnel, drug treatment counsellors and prisoners in these settings<sup>1</sup>; participants who are placed in different situations with different roles and expectations when dealing with drugs and drug use in prisons. Our investigation uncovered three different enactments of drugs in prison settings according to the differing relational arrays assembled by the different participants. Within these arrays drugs are variously enacted as *illegal* substances, as *medicines*, and as *constrainers* in drug treatment. These three enactments partially conform to the etymology proposed in Tupper's (2012) historical account, which describes how drugs have come to be perceived as medicines, legal psychoactive substances, or illegal substances depending upon the specific socio-political and historical contexts in which the word 'drug' is used. However, in contrast to Tupper's analysis we pay special attention to complexity and to the ambiguous boundaries that partially distinguish the three enactments of 'drugs' revealed in our analysis. We will also consider how developments in one sphere of enactment may influence the status, effects and meanings characteristic of other drug enactments in other spheres of prison life. Our key argument is that 'drugs' do not have a static meaning per se, but are perceived and given particular meaning only in particular situations in prison life. Before elaborating this argument we will describe the research design, aims, methods and analysis. We end the article by discussing some of the implications of our analysis.

## **Research Context, Design and Data**

### *Context*

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<sup>1</sup> In general, prison officers, health personnel, and drug counsellors are regulated by different laws and regulations in Denmark. Officers are bound by regulations set out by the Ministry of Justice and by the Prison Service, health personnel are bound by the Ministry of Health and the Board of Health and Medicine, and counsellors are bound by the Ministry of Children, Gender equality, Integration and Social Affairs and the National Board of Social Services.

In Denmark, drug treatment in prison settings has expanded rapidly over the last 15 years, partly due to the governmental treatment guarantee issued in 2007 promising all drug users psychosocial drug treatment within 14 days of first contact with a drug treatment provider. Today, Danish prisons offer a range of drug treatment programs, including day treatment programs (low-intensity, typically consisting of weekly individual sessions) focusing especially on cannabis or cocaine misuse, and treatment wings (high-intensive, isolated and shielded from the rest of the prison) that are typically aimed at heroin and poly-drug users. Day treatment is combined with work and/or training activities making participants' daily schedule similar to that of other prisoners. Residential treatment, on the other hand, consists of a structured and intense daily program in which counselling and therapy, along with every day (prison) duties (such as cleaning, cooking and dishwashing) and social interactions are regarded as important. Day treatment and residential treatment programs in Danish prisons each employ a mix of different treatment methods including cognitive therapy, motivational interviewing and Minnesota inspired programs.

The diversity of drug treatment programs in Danish prisons partially reflects the demand for care. For example, across Denmark approximately 60% of the prison population report drug use in the 30 days prior to imprisonment (Kriminalforsorgen, 2013), while around 8-10 % of daily mandatory random urine samples test positive for the consumption of illegal drugs, although these numbers are somewhat uncertain (ibid).

The composition of carceral environments in Denmark also has an impact on the prevalence of drug use among prisoners. For example, open/low security prisons in Denmark are not fenced and therefore control is harder to implement than in fenced high security prisons so that the prevalence of drug use is accordingly higher (Heltberg, 2012). Nevertheless, a variety of drug control strategies are employed in Danish prisons with cell searches, sniffer dogs and urine tests common in both open and closed prisons, while closed prisons also feature scanners in an attempt to detect and deter use.

*Data*

This article is based on data collected in two qualitative studies of prison drug treatment: the first ran from 2007 to 2010 and the second from 2011 to 2014. In all, eight prisons were involved in the two studies; four low security (open) prisons and four high security (closed) prisons (of which one holds both men and women). The first study was initiated as a result of the newly implemented drug treatment guarantee, and funded by the Centre for Alcohol and Drug Research at Aarhus University (Frank & Kolind, 2008). The second study was a comparative Nordic project funded by NOS-Nordcorp [210305]. In both projects prison officers, treatment personnel, health personal and prisoners were interviewed. We used qualitative, open-ended interviews with questions and themes tailored for the different professionals who participated in the research reflecting their roles in prisons, as well as a separate interview guide for the prisoners. The interviews lasted from 45 minutes to 1 ½ hours. In the second study we also conducted participant observations for one month in three different prisons, in both treatment and regular wings, and in day treatment settings. While only a selection of prisoners and prison officers were interviewed in each study, each study featured interviews with all treatment and health care personnel employed in the prisons involved. Across the two studies we interviewed 34 prison officers, 10 health professionals, 26 treatment personnel and 51 prisoners (29 in open prisons). The prisoners in the two studies were a heterogeneous group in terms of age, gender, drug use, treatment experience, and length of prison sentence (see: Frank et al., 2015 for sample characteristics). Some had been drug users for only a few years, others had many years of drug use experience. Some prisoners had multiple drug treatment experiences while others were in treatment for the first time.

All qualitative interviews and observations were carried out by experienced interviewers/researchers and were based on the principle of informed consent where the anonymity of the respondents was guaranteed. Both research projects were approved by the Danish Data Protection Agency. Interview data and field notes were coded using the text analysis software program Nvivo. The main code employed in this analysis was 'drugs', with sub-codes elaborating how drugs – both illegal and prescribed drugs – were talked about,

handled, and practiced in treatment settings as well as in everyday situations. Transcripts of interviews and observational notes were coded thematically, based on these sub-codes (Strauss & Corbin, 1997). As we have noted, data analysis was partially informed by concepts and themes derived from STS and the actor-network theory of Latour (2005) and Law (2004). We did not adopt a stringent actor-network analytical approach, which may have involved analysis of a potentially vast array of network relations by which translations occur in the stabilisation of particular object-materialities, like drugs, in prison life (see Duff, 2013). Nonetheless, we were interested in beginning to trace some of the different and, at times contradictory, practices, techniques and translations by which drugs are enacted in a prison setting. Analytical perspectives derived from actor-network-theory have proven to avail empirically sensitive tools for capturing the ways entities, such as drugs, are organised, assembled, represented, practised and made sense of in particular settings and contexts (see Demant, 2009; Duff, 2013). As such, we looked to the relevant literature to identify analytical resources for tracing “...the specific means by which actor-networks are assembled, the range of forces they combine, and the kinds of actions each network may be capable of effecting” (Duff, 2013: 167). In the present article, this involved examining a range of different practices and relations (networks) through which drugs are enacted in Danish prisons. It should be noted that these enactments are never stable, but are always being constructed, contested and remade (see Law, 2004). It is for this reason that we will focus on the different and often contradictory practices which ‘enact’ drugs in Danish prisons, and how these enactments emerge in particular network relations.

## **Results**

In the following sections, we will trace different parts of the networks in which drugs are enacted in Danish prison drug treatment. As our analysis indicates, these enactments take place in three relatively discrete domains whereby drugs are variously enacted as *illegal substances*, *medicine*, and as a *constrainer*. However, we will also highlight the “relative messiness of practice” (Law, 2004:18) that works against the rigid differentiation of these three enactments insofar as the meaning of drugs becomes blurred in practice.

This insight draws attention to the ways drug-objects move across domains in prison life as their enactments are contested, resisted or transformed in practice. Cannabis provides a useful example of this “messiness” as its enactments differ from one context to another. As we discovered, cannabis objects are enacted in different ways in Danish prisons as cannabis is, in some instances, enacted almost as a prescribed medicine, just as it is enacted at other times as an illegal substance or as a constrainer (see also Duff, forthcoming). We are interested in exploring the implications of these enactments for prisoners’ subjectivities, along with the challenges the profusion of drug objects presents for the design of coherent drug policies in prisons. We start by examining some of the ways drugs objects are enacted as illegal substances in Danish prisons.

#### *Drugs as illegal substances*

The dominant form of drug enactments in Danish prison settings is, unsurprisingly perhaps, as illegal substances, which are to be controlled, sanctioned, and if possible, eliminated from prison life. Such a view is clearly expressed in Governmental policy documents, which explicitly state that drugs should be tightly regulated to ensure they do not enter prisons and that prisoners are prevented from using them (Regeringen, 2003; 2010). Policies stipulate that prisons erect better fence systems, use more sniffer dogs, are transformed into cashless societies, apply new technologies such as scanners, detectors, and drug tracking tests to detect and deter use, and, importantly, introduce random daily urine tests on 2% of the prison population. Violations of these intensified regulations are to be sanctioned with fines, solitary confinement, suspension of leave, and/or suspension of parole according to official guidelines (Kriminalforsorgen, 2004; also Frank & Kolind, 2008)<sup>2</sup>.

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<sup>2</sup> Before the policy changes, urine tests were used only on suspicion of drug use, and these tests did not include testing for cannabis use, only use of ‘hard’ drugs, such as heroin, cocaine and amphetamines (for further details see Kolind et al., 2012).

However, when it comes to the implementation of drug controls and the sanctions that are actually enforced in practice by responsible prison staff, the situation becomes somewhat messier. While officers work within the framework of Denmark's political action plan with its political vision of zero-tolerance and, as a result, are obliged to support the tightening of prison drug policy, many also find that the focus on drugs takes up too much time in their daily work. Moreover, despite comprehensive efforts to control drugs entering prisons, drugs are still available. Accordingly, some officers reported a desire to see an upgrading of prisons' control measures in order to reduce the availability and consumption of drugs in prisons. However, while some officers were reportedly in favour of greater sanctions and control, most officers were concerned that intensified drug controls and strengthened sanctions may undermine their rehabilitative work by fostering an environment where prisoners and officers are placed in opposition to each other to an even greater extent than currently. Furthermore, and as we have shown elsewhere (Kolind, 2015), officers are also aware that drug use can have a positive impact on the everyday running of the prison. For example, prison officers' acceptance of prisoners' drug use (mainly cannabis) can be a way in which these officers exercise power, control and discretion in prison settings. That is to say that part of an officers' power over prisoners is based on their skills in downplaying or modulating the more intrusive aspects of surveillance and control (Liebling, 2011). By in some instances turning a blind eye to some prisoners' drug use, officers may add to their personal standing among prisoners, augmenting their powers of control or direction in other situations. The following quote from a prison officer provides further insights into this kind of discretionary power:

For me it is important that I can vouch for the work I do. I am first and foremost an officer, so I have to respect the limits that we have... [but] if you are constantly the one who follows the rules, who sits down to write a report right away, that there is something or other or some hash, you quickly get the label that you are strict, and that no one can come to you with different things and talk and such.

In some situations then, officers' discretionary practices deviate from the stipulated objectives of policy and prison management. Interestingly, such discretionary acts undermine the enactment of drugs in prisons as illegal substances, insofar as concern for personal standing and the everyday running of the wing is seen as more important, in certain instances, than the enforcement of drug sanctions, while these acts can also reinforce the enactment of drugs as illegal substances, insofar as discretion does not contest the legitimacy of drug control, only the idea that it should be reinforced in every instance. Indeed, it is only because drug use *should* be sanctioned by prison officers that a given officer's occasional disregard for these sanctions can add to their personal reputation among prisoners. It should be added that officers' discretionary acts also at times are grounded in genuine concerns for some of the heavily addicted prisoners who often also are placed rather low in the prisoner hierarchy and whom the officers believe will suffer additionally if the stipulated drug sanctions are applied

The enactment of drugs as illegal substances which have to be controlled is also (re)produced in many of the prisoners' practices. This is obviously the case with respect to a prison's drug economy, which derives much of its economic and social value from the control regime. More directly, prisoners participate in the enactment of drugs as illegal substances simply by using substances like cannabis, cocaine, heroin and amphetamines in reaction to imprisonment and in defiance of prison rules. Some prisoners even report how they only started using drugs after being incarcerated in order to relieve the *pains of imprisonment* (Sykes, 1958; see also Wheatley, 2007). Moreover, some prisoners profit economically from the drug trade inside prisons, but they may also build up a self-identity around drug dealing (or even drug sharing Mjåland, 2014) as dealing becomes a way for them to raise symbolic capital and generate a feeling that they are part of a larger social group (Crewe, 2005; 2006). Other prisoners reported that their incarceration had resulted in a change of drug use, most commonly from cocaine or amphetamines to cannabis. Prisoners reported that the effects of cocaine or amphetamines were not desirable in a prison setting, whereas the calming

and sedative effects of cannabis were better suited to settings characterised by boredom, deprivation and loneliness (see also Ritter, Broers, & Elger, 2013). Prisoners also reported that cannabis was easier to get hold of within prisons than other drugs, and that the effects of cannabis use were easier to hide from officers than the effects of other drugs. At the same time however, other prisoners reported switching from cannabis to other drugs, including heroin and prescribed drugs, because cannabis is traceable for longer in mandatory urine-tests than other drugs. As a result, these prisoners thought that they would be sanctioned more often due to the prisons' urine controls if they continued using cannabis (cf. Frank et al., 2015). In any event, each of these practices reinforces the enactment of drugs as illegal substances by endorsing the logic of prohibition in prisons, even as prisoners work to evade drug controls. It should be noted, that prisoners in the regular wings mostly accept drugs as a normal part of prison life, whereas prisoners in the treatment wings more often react negatively on others prisoners' drug use

Furthermore, the enactment of drugs as illegal substances also influenced some prisoner's motives for entering drug treatment programs in prison. These prisoners reported various reasons for wanting to enrol in drug treatment including: to avoid being exposed to illegal drugs in the regular wings; to stop using illegal drugs, at least for a period of time, to reduce the risk of being sanctioned by prison officers in the form of fines and restrictions on leave and parole; and finally to escape drug debts and related violent reprisals from prisoners who were in charge of the local drug market. In the following quote, a prisoner reflects on his motivation for entering drug treatment and the role of prison sanctions in particular:

My motivation [for entering a drug treatment program] was that I had smoked so much cannabis that I was not granted any leaves. I have not had leaves for over a year because of

my cannabis misuse. Yes, and then I do not want to have full time [not be paroled after 2/3 of the sentence]. I think I have wasted enough time here in the prison<sup>3</sup>

Along with the various practices described above, sanctions thus contribute to the enactment of drugs as illegal substances in prisons. Yet our analysis of the role of sanctions also reveals some of the diverse and often inconsistent actions, agendas and motivations that sustain the enactment of drugs as illegal substances. This enactment is not just effected in formal drug controls and sanctions, for it also sustains the economic and social value of drug markets in prison, just as it helps some prison officers to transform and extent the power of their authority over prisoners,. Hence, the enactment of drugs as illegal substances in prisons is as reliant on the maintenance of specific relational networks between actors inside prisons, as it is on formal rules and sanctions. Indeed, in certain instances the discretionary power prison officers exercise in their relations with prisoners, for example, or the social and economic value some prisoners extract from others in their interactions in local prison drug markets, may do more to stabilise the identity of drugs in prisons, and their effects, than formal codes or sanctions. All of which is to say that drugs do not occupy a unitary or unambiguous domain in prison life. Rather, they are subject to diverse, overlapping, complex and often contradictory practices in which the identity, meaning and effects of drug objects are contested. Even the enactment of drugs as illegal substances generates a great deal of complexity as the practices that sustain this enactment begin to cross-over into other domains generative of different kinds of drug enactments. One such enactment may be observed in practices whereby the prison environment incites prisoners to illegal drug use (especially cannabis) because it works as a kind of self-medication.

### *Drugs as medicine*

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<sup>3</sup> In order to add to the complexity, it should be noted that in Danish political debates it has been explicitly stated that a reason for strengthening the prisons' drug control and sanctioning was that it was expected that this would led to more inmates seeking drug treatment (Kolind et al. 2012).

Our analysis indicates that drugs are routinely enacted in prison drug treatment settings as medicine, although this applies to both pharmaceutical preparations and illicit drugs, as we shall see. For obvious reasons, the enactment of drugs as medicines is most apparent in the prison health system. According to Danish law, prisoners have the same rights regarding access to health services as the general Danish population. Accordingly, prison health care personnel refer to the official procedures endorsed by the Danish National Board of Health when treating prisoners. This includes the prescription of substitution medicine such as methadone or Subutex, although, the Danish Prison Service does not always adhere to formal policy and practice stipulations (Michel et al., in press). For instance, there remains a lack of needle exchange programs, heroin treatment and harm reduction initiatives in Danish prisons despite their adoption in other health care settings in Denmark.

However, in everyday practice the construction of drugs as medicine, as was the case with the enactment of drugs as illegal substances, is not clear-cut. This is partly because the enactment of drugs as medicine in some ways over-laps and interferes with the enactment of drugs as illegal substances. For example, while it is not that health personnel approve of prisoners' illegal drug use, in a more pragmatic way, many reported that they understand that many prisoners experience the prison environment as stressful and depriving both psychologically and socially. In this respect, they understand that prisoners may use illegal drugs like cannabis, or misuse prescribed tranquilizers that they have sourced from other prisoners, in order for them to be able to sleep at night, to tackle stress and anxiety and cope with boredom. In general, health staff reported sympathetic attitudes towards prisoners with these kinds of problems and the often difficult situations they find themselves in, and hence reported adjusting their practice to accommodate or reflect the everyday lived experience of drug using prisoners (see also: Kolind, 2013). As a result, and somewhat contrary to the National government's policy of zero tolerance and the 'fight against drugs', health personnel reported viewing a prisoners' withdrawal symptoms, for instance, not as something the prisoner has to deal with him or herself, but as a normal health condition that the prison health service has a duty to

treat. A nurse put this view in the following way:

We know about prisoners having bought pills illegally inside prisons and suddenly it has become too expensive for them or there are no pills in circulation. Then they come here, honestly telling us that they have bought benzodiazepines illegally in the prison. And we don't just say "what a pity for you". We ask them how much they have taken and start them up for a two weeks detoxification, for example with Flunitrazepam.

In the same vein, some health personnel reported that they view the consultant room as a place where prisoners can talk about their illegal drug use, including illegal use of prescription drugs, without having to fear that such information will be passed on to the prison authorities. Finally, health personnel noted that because of prison drug controls and the existence of drug markets inside prison, prisoners often struggle to become drug free. As a result, many staff reported adopting pragmatic attitudes about the goals of treatment more in line with a harm reduction philosophy. Talking about the value of substitution medication, for example, a nurse observed how:

...they [prisoners] need something as a substitute [for their drug use]. Instead of smoking their cannabis, as they have been smoking every day, they need something to relieve their pains... They have nightmares, and they have dreams, and they have swarming thoughts. And they need something. And we can give them that. Maybe the counsellor supports them with dream-tea, but that just won't do. Because some of them are simply just very ruined. Often we give them anti-psychotic medicine to alleviate these things.

Other health care providers spoke of similar interests and motivations for prescribing medication to help prisoner's sleep, seasick tablets for nausea associated with withdrawal, along with various 'alternative'

herbal drugs to help prisoners cope with problems associated with their drug use (see also: Dahl et al., 2008). Hence, we can see that although drugs are primarily enacted by prison health care staff as prescribed medicine, this enactment is intimately framed by the enactment of drugs as illegal substances. Indeed, for many health personnel working with drug using prisoners, prescription medicines often get their meaning in direct reference to drugs enacted as illegal substances. As an obvious example, some drugs are only enacted as medicine to the extent that they serve as a substitute for drugs enacted as illegal substances (see also Bourgois, 2000). This includes cannabis in certain instances. It is also the case that we observed how the enactment of drugs as illegal substances, and the practices of prison control and sanctioning that sustain this enactment, can result in growth in the use of prescription medications as prisoners come to fear the consequences of maintaining illegal drug use in a climate of drug controls and surveillance.

If we look at the enactment of drugs as medicine from the prisoners' perspective, we can observe, once again, the widespread use of illegal drugs for the purposes of self-medication, alongside the use of a range of legally prescribed drugs and the illegal and/or contra-indicated use of diverted prescription medications for the purposes of self-medication. In short then, illegal drugs, illegally possessed prescription drugs, and legally prescribed drugs merge together in many prisoner's drug practices as they attempt to (self)medicate psychological and social problems that partly relate to being in prison.

Officers and treatment counsellors also contribute in different ways to the enactment of drugs as 'medicine' in prisons. Analysing their practices and narratives respectively, the role officers and counsellors play in the enactment of drugs as medicines is every bit as complex as the role these staff play in the enactment of drugs as illegal substances in prisons. As noted, while officers in general approve of the aims of strict drug policies and procedures in prisons, and the enactment of drugs as illegal substances that follows from these procedures, in their everyday interactions with prisoners many officers, like health personnel, sympathise with the difficult situation confronting prisoners as they struggle to cope with the

pains of imprisonment, personal deprivation and lack of support from their social relations. Given this situation, several officers described how at times they accept prisoners' use of illegal drugs as self-medication. This was particularly true of cannabis as one officer explained:

I think that hashish causes some of them to calm down. So it really can do some good if they use it for self-medication. Those who are about to climb the walls because they just don't like being here or can't bear to be locked up at night, and those who use it to calm down. It just gives me more quiet in the wing.

In this situation one might argue that cannabis is transformed in practice, in its enactments, from an illegal substance into a medicine. However, if we then look at this situation from the perspective of drug counsellors we see a move in another direction. As will be elaborated below, most counsellors regarded prisoners' use of drugs as a hindrance for their personal development. This included not only the use of illegal drugs, but also the use of medicine as part of what some counsellors call 'a drug user attitude'. A key part of this 'attitude' was what many counsellors regarded as prisoners' habitual use of legally prescribed medicines. In a potent example, one counsellor described an instance in which he attempted to have one of his clients sanctioned by prison staff (by being placed in isolation confinement for four days) because this client had sniffed her prescription medicine (Ritalin) contrary to the prescribed use guidelines. According to the counsellor, this prisoner should have accepted this sanction and used the time in the isolation cell to reflect on whether she was still motivated enough to continue with drug treatment. While the practice of sniffing a prescribed medication is not illegal in prison and consequently could not be sanctioned by officers, this case provides insights into how the enactment of drugs as medicine may suddenly morph into a different enactment. In this case, the enactment of drugs as medicine was transformed, in this counsellor's view, as soon as his client used the relevant substance contrary to his directions. By refusing to take Ritalin in the prescribed way, the client had enacted this substance differently as an illegal drug. In a

similar example, another counsellor working in a drug treatment wing insisted that prisoners who used benzodiazepines would be excluded from the program, regardless of whether or not these drugs were being taken in accordance with a doctor's prescription. In this counsellors' mind, benzodiazepines were on par with illegal drugs and any instance of their use was understood as part of a 'drug user attitude'.

### *Drugs as a constrainer*

This example also serves to introduce the third drug enactment revealed in our analysis, that of *constrainers* rather than illegal substances or medicines. According to many of the counsellors and health care providers interviewed for these projects, drugs often serve as the primary entity or relationship that hinders (or constrains) drug dependent prisoners from developing a more authentic and real relationship to his or her self during the course of their drug treatment. Regardless of the form of treatment offered in prisons or the method employed, counsellors in general endorsed the view that there exists an authentic and real self, which has been 'corrupted' by a prisoner's drug use. Consequently, most counsellors understood the aim of treatment to be the rediscovery or uncovering of this suppressed and hidden self (see also Carr, 2011). While counsellors may well appreciate that their clients have used drugs in order to self-medicate their psychological or social problems, they also described how their clients' drug use is part of a criminal life and a subculture characterised by 'fast money' and not wanting to live as 'square Johns'. In their view, clients' previous lives, or rather their previous selves, are of scant importance insofar as a client's previous self is seen as an unauthentic and invalid version of a more real and hidden self. Such a view is expressed in the following quotation by a counsellor who finds that many of his clients have not developed personally in their 'pre-treatment' life:

A lot of them have since their early teenage years totally cut themselves off from their emotional life. And they behave like teenagers when they discontinue their misuse...And it can be hard to see that people in their 40s are in fact childish, you can say.

Hence, as many counsellors see it, the aim of drug treatment is to laboriously make way into their client's 'core self' to help them rid themselves of their 'false' drug dependent self. Another counsellor expressed this view in the following way:

We have two fundamental points of departures in this [treatment] unit, these are change and growth. The growth we talk about is that you grow, build up as a human. That is, you gradually reach the realization that you as a person have some qualities, some abilities, but that many of these abilities they are overshadowed of your criminal instinct, your drug use and so on. And when you, like slowly, get rid of this [drug use, criminality], then the other personal traits come up. Like a snowdrop coming up through the frozen soil. Thing needs time, timing, to come up. You cannot force it.

Clearly, this counsellor views the real and authentic self as something that will grow or emerge naturally under the right circumstances, with the right support, once drugs and criminality have been renounced. It is in this respect that we speak of drugs being enacted as *constrainers* in prison life, as entities that can inhibit a prisoner's real self from growing, developing and emerging.

It is important to note that a number of prisoners spoke in similar ways about the constraining effects of drugs. The following quotation endorses something quite close to the counsellors' views described above:

There are many things you simply put aside when you dope yourself. Or when you sedate your brain right? You enter your own bubble, time simply passes by. If you did not smoke you would get many more emotions in your body, start to think about family, your children.

Some prisoners explained how they had 'woken up' after starting treatment as they began to think about themselves, their own personal boundaries, their future, their past, the consequences of their actions, and possible change. These feelings reportedly grew as these prisoners engaged in what they considered to be everyday activities like cooking, cleaning, conversations, taking care of themselves and structuring the day; things that had not been as important during periods of heavy drug use. Indeed, we discovered that many of the daily practices that characterise a stint in drug treatment require prisoners to enact drugs as constrainers as they engage in treatment related activities. In group sessions or individual consultations, for example, prisoners are encouraged to talk about personal matters, and to actively engage in a process of change as they move towards a drug-free life. Many prisoners spoke enthusiastically about how they had sought treatment in order to 'move on in life', 'to live a normal life' or to 'be a good father' for their children. Yet it should also be noted that clients can be discharged from treatment programs if they do not engage positively or have sufficient willingness to change. For some prisoners, the need to subscribe to a set of aspirational ideas about their ostensibly authentic selves led to conflict with counsellors and their early exit from a program of treatment. Others however, highlighted the fact that successful completion of drug treatment is often a factor in decisions about leave requests and applications for parole. Hence, for some prisoners being in drug treatment, and engaging positively in the program and its promise of personal change, was motivated by a desire to be in 'good standing' when prison officers came to assess their request for early parole (see also Frank et al., 2015). This may involve examples of what Carr (2011) has called 'script flipping' in which prisoners, on the face of it, honour counsellors' ideas and ways of working, even though some degree of pretence is also involved. Other prisoners simply indicated that they found the facilities in the treatment wings more comfortable than the regular wings. In any case, prisoners participated in the enactment of drugs as constrainers that inhibit individuals from living an authentic life, reaching their potential, or enjoying more normal family relationships, pastimes and occupations – even though many prisoners remained highly dubious of this logic, or endorsed it only as a means to other more desirable ends.

## **Discussion**

In this paper, we have shown how drugs are enacted in at least three different overlapping domains in prison drug treatment programs as a result of a network of intersecting and sometimes inconsistent practices. In general, we have argued that drugs are enacted as illegal substances, medicine, and as constrainers. Along with Law and Singleton (2005), we would assert that the meanings that attach to drugs and drug use are enacted into being; they are neither natural nor inevitable. These meanings, like the meanings that attach to a drug in prison drug treatment programs, only emerge in concrete situations and the concrete practices that animate these situations. The analysis reported above has sought to emphasise these practices by way of disclosing how drugs are enacted in prison life at the nexus of a range of somewhat unstable, contradictory and complex practices where policy documents, legal domains, officers, counsellors, health personnel, and prisoners all play a role in enacting drugs into being. That is, although drugs have different meanings in different situations depending on the manner in which they are enacted in the three domains described above, these domains almost inevitably overlap, feed into each other, resonate and then interfere with one another, even occasionally calling each other into being as they are enacted and then consolidated in practice. A good example of the latter concerns the enactment of drugs as medicine and the ways this enactment begins to interfere with the enactment of drugs as illegal substances as practices of self-medication begin to circulate in prisons.

We would like to close by noting some of the resonances between our study of the enactment of drugs in prison drug treatment in Denmark and other recent studies of the 'object-materialities' (Law & Singleton, 2005) of drugs. All these studies share the conclusion that one cannot look at drugs like cannabis, heroin, alcohol or methadone as being object-like things with an essence and stable and global properties. Rather, one should question the ontological contingency of these substances. Comparing, for instance, how methadone has been constructed differently in different trials of methadone substitution in the US and

France, Gomart (2002) concludes that the 'effects' of the substance Methadone have been constructed differently through the experimenters' different practices in the trials. Moreover, she argues that it is not only that the different experimenters discover or interpret dissimilar properties of the same substance, instead, it is only through the experiments and the following reflections and interpretations that Methadone gets constituted or emerges as such. In this way, Gomart argues, the effect of methadone is an *achievement* created in retrospect, and, importantly, created differently at different times and places. Likewise, Duff (forthcoming) argues that we should not perceive cannabis to be merely one thing; universally stable and coherent. Instead, cannabis exists in a myriad of relations, practices, semiotic registers and political controversies, and we should therefore talk about cannabis objects in plural. As he demonstrates, cannabis is simply not the same kind of thing when it is enacted as an illegal substance controlled by international legalization, or as a medicine used to alleviate pain, or as a recreational substance used in a culture in which cannabis has been more or less normalized. In a similar way, we have showed in the present paper how individual substances (heroin, cannabis, prescribed medicine, etc.) become fluid objects, just as the very concept and meaning of 'drug' remains very much context dependent in Danish prison drug treatment programs as it is enacted, contested and transformed in a network of relations.

We would add that the different ways drugs are enacted in Danish prisons can have important consequences for prisoners. Most directly, the three different enactments documented in this study tend to create their own distinctive subjectivities (cf. Hacking, 1986). For example, users of illegal substances in prison tend to be viewed as criminal, immoral and bad; users of drugs as medicine are perceived as sick and in need of treatment (Smart, 1984), while prisoners in drug treatment program are believed to be on a personal journey of self-development and rehabilitation (Kolind & Frank, 2015). In this way, each drug enactment may be said to engender a corresponding subject position in prison life; the criminal subject of illegal drug use; the sick subject of therapeutic drug use; and the subject of self-improvement enacted in

drug treatment (see also Bourgois, 2000). However, as we have also shown, the borders between these different enactments and the subject positions they instantiate in prison life are typically blurred and ambiguous rather than rigid. Previous studies of drug enactments have tended to emphasise the ways in which particular enactments are made relatively stable in particular practices over time (see Gomart, 2002). While endorsing aspects of these findings, our analysis points also to the over-lapping interferences and ambiguities that play out as different drug enactments encounter one another in prison life. As an example, prisoners may easily move from being perceived as searching for their real selves in drug rehabilitation, to being encountered as users of illegal drugs, criminal and bad and therefore deserving of punishment. This is the case, for instance, when prescribed drugs are used by prisoners in what counsellors perceive to be the 'wrong way' or when cannabis is used as self-medication alongside other prescribed drugs. Moreover, because of the small and close knit context in which practices of control and rehabilitation, drug users, non-users, counsellors, nurses, officers and drugs coexist in a relational web in prisons, the different enactments of drugs we have described in our analysis, and the differing interpretative domains they engender, are always in close proximity and uneasy competition inside prisons. Prisoners' identities may shift accordingly as they encounter different drug enactments, or are subjected to different interpretive domains. Hence, minor changes in conduct or minor shifts in interpretive domains can have large consequences for prisoners.

Yet our findings also provide important insights into the diverse predicaments officers, health personnel and counsellors are at times caught in as they attempt to control, regulate or respond to drugs in prisons. As others have argued convincingly, effective cooperation between different groups of staff in prisons is paramount for the maintenance of effective, well run programs in prisons (Bennet et al., 2008). We would argue that the different enactment of drugs we have observed in prison life sometimes work against this kind of cooperation. According to Danish drug policy, drugs are either illegal or they are legally prescribed; there are no 'grey areas' in-between. However, policy categories are rarely useful guides to the ways

“messy” social realities are enacted in practice (Shore & Wright, 1997). As we have shown, in practice, drugs exist as complex and ambiguous entities, and this complexity far exceeds the simple legal/illegal binaries one finds in most contemporary drug policy statements. The role of cannabis in prisons provides an obvious example of this complexity insofar as this substance is variously enacted as an illegal drug, a form of self-medication that may promote more orderly conduct among some prisoners, and/or as a constrainer that limits prisoners’ capacity for self-discovery and rehabilitation. This complexity has very significant consequences for the kinds of cooperation that may be possible between different groups of prison personnel if it is not properly understood and reflected upon. In this sense, it may well be that conflict between groups of staff may as much relate to clashes in interpretive domains as to whether, for instance, one group of personnel is ‘soft’ on drugs while the other is ‘hard’. Therefore, in order to plan sound policy and for front-line workers to carry out sound work in relation to drug problems in prisons, we would argue that greater focus on the divergent ways in which drugs are enacted in prisons should lead to the development of novel means of managing drug problems and new ways of talking about different kinds of drug use behaviours inside prisons. We would emphasise the importance of highlighting the different practices, policies, procedures and attitudes that serve to enact drugs in particular ways, and the inevitable resonances and interferences that emerge as these enactments begin to encounter one another in prisons.

A final note; besides its enactments as an illegal substance, a medicine, and as a constrainer, one could question why drugs do not appear also to be enacted as recreational substances in prison drug treatment programs. Research has long indicated that among young people, for instance, drugs are often used in the context of recreational pastimes to enhance pleasure (Dahl, 2015; Pennay, 2015). Indeed some forms of drug use, especially cannabis use, are said to be increasingly normal (Parker et al., 1998; for Denmark see: Järvinen, Demant, & Østergaard, 2010). This normalization thesis means that drugs like cannabis are increasingly prevalent in many layers of society, and that the use of drugs is not anywhere near as stigmatized as was the case in earlier times. It is perhaps surprising that, given these trends, we have not

been able to discern the enactment of drugs as recreational substances in the present study, even though aspects of the enactment as drugs as medicine that may be used for the purposes of self-medication may partially reflect this kind of recreational enactment. Consistent with our own study it would seem that it is hard to avoid the focus on misuse, addiction and/or self-medication when investigating prisoners' drug use. Whether drug use is regarded as instrumental or functional, in any event, our study would suggest that primarily for prisoners drugs to a large extent soothe the pains of imprisonment.

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