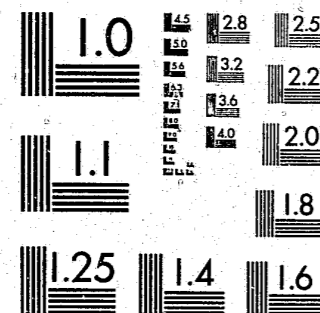


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Swedish National Prison and
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SERIOUS DRUG MISUSERS IN THE SWEDISH
PRISON AND PROBATION SYSTEM

An information paper prepared by
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March, 1983

U.S. Department of Justice
National Institute of Justice

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MAY 18 1983

ACQUISITIONS

INTRODUCTION

Aim of the report

The essential purpose of the present report is to give a brief account in English of the activities of the Swedish National Prison and Probation Administration (NPPA) concerning the drug problem in prison and probation populations. The report is in no way an exhaustive description. It is instead a highly compressed overview. Further information can be obtained from the NPPA.

Terminology and definitions

The Swedish word for a person who uses drugs non-medically is best translated as "drug misuser". A recent Swedish Committee (UNO) on the extent of drug misuse drew a distinction between drug misuse and serious drug misuse. (The latter term would seem to correspond to the notion of hard-core addiction.) Serious drug misuse was defined operationally. A serious drug misuser was defined a person who injects any drug into his body or who in any other way takes any drug daily or virtually daily. The NPPA uses this definition and in the case of prisoners defines the period of use as "during the two months preceeding deprivation of liberty".

The definition of a serious misuser is of recent origin (1981). It is used when preparing pre-sentence social enquiry reports for the courts as well as in institutional treatment planning. It is currently being incorporated into new statistics.

Drug misuser treatment teams

Before describing in more detail what help is offered to serious drug misusers who are sentenced to imprisonment, a short account is given of drug misuser treatment teams.

In the middle of the 1970's special drug misuser treatment teams were set up at the remand prisons in the three largest cities in Sweden; Stockholm, Gothenburg and Malmö. The work of the teams is focussed on making contact with drug misusers received into these remand prisons. These contacts, once established, are used to present information on the kinds of help available and to motivate the misusers to seek such help. The drug misuser treatment teams also cooperate with local institutions in the area concerning individual treatment planning and preparations for release. They also maintain close contact with the special drug treatment units which have been set up at certain national prisons and in one case the team plays a leading part in the organisation of a special prison treatment programme.

TREATMENT OF SERIOUS MISUSERS IN PRISON

Number of serious misusers in prison

On 1 April of each year, every prison reports the number of documented drug misusers held under sentence on that day. The prison census also includes information on those who inject (but not, as yet, on daily or virtually daily use).

The following table shows the number of sentenced prisoners who injected drugs and the total prison population on 1 April for the period 1975 - 82.

Year	Number of drug injecting prisoners	Total number of sentenced prisoners
1975	516	3333
1976	727	3625
1977	845	3493
1978	786	3484
1979	Not available	-
1980	557	3795
1981	562	4116
1982	687	4112
Average	669	3708
Median	707	3752

The figures show that from 1975 - 82 the highest numbers of injecting misusers were recorded in 1977 and 1978. The numbers recorded for the period 1980-82 are in general lower than for the period 1975-78. The percentage proportion of injecting misusers is affected by fluctuations in the total number of sentenced prisoners as well as the number of injecting drug misusers. In general terms about 18% of the prison population at a given moment were listed as injecting drug misusers. (With the definition given on page 1 the numbers and proportion would be somewhat higher).

Basis for treatment

It should be said at once that drug misusers are sent to prison because they have committed some criminal offence or offences and the court deems imprisonment to be an appropriate sanction. Drug misusers are never sent to prison in order to achieve a coercive treatment of their misuse. On the contrary, the prison is generally regarded as a treatment environment with many drawbacks, the use of which should be reduced as much as possible. This is not to say that measures of help and support cannot be provided for drug misusing inmates and later sections of this report will describe what is attempted.

Differentiation and control measures

It is clearly desirable that inmates who are not drug misusers should not be exposed to drugs or contaminating influence from drug misusing inmates. The differentiation of inmates on the basis of, *inter alia*, this principle can only be achieved if a proportion of prison places (rooms or cells) are "reserve" space permitting flexible use. A recent government decision means that 85% utilisation of available space is considered cost effective, leaving 15% of available places as differentiation space. The need for differentiation space of course varies somewhat during any given time period.

Swedish legislation permits the use of urine testing in prison. A short account of the results of urine analyses is available in English. (1). Seven special search patrol groups have been set up and are based at seven national prisons. They conduct intensive searches not only in these prisons but also in the local institutions in the neighbourhood. The specialised search patrols also use dogs to locate hidden drugs. The searching of prisoners and their rooms can be, and is, conducted by ordinary prison officers in addition to intensive searching by the specialised patrols. The searching of the bodily cavities (eg rectal searching) is also permitted by law. Such searching however requires the use of specially trained staff and is inevitably limited in practice.

The differentiation of inmates and the various control measures are one aspect - perhaps the more traditional aspect - of the attempt to deal with the problem of drugs and drug misusers in prison. The Swedish view however is that these methods alone do not constitute an effective way of dealing with the problem. They must be supplemented by other more positive measures.

Special drug treatment wings

There are no prison drug treatment programmes designed solely for serious misusers. The existing programmes have been set up for misusers in general, recognising however that a high proportion of misusers are serious misusers.

Inmates with drug problems, who preferably have at least 6-8 months to serve, may apply to enter the special drug treatment units which have been set up at the Hall, Hårlanda, Malmö and Österåker national prisons for men and the Hinseberg national prison for women. The Österåker drug unit is the largest of these and was the first to be set up (in 1978).

The Stockholm Drug Misuser Treatment Team plays an important part in the work of the Österåker unit and the senior physician of the team is also the project leader of the drug treatment unit.

Common to all of these programmes is the notion of an agreement into which the inmate enters and which requires of him/her absolute abstinence from drugs and acceptance of frequent monitoring by urine tests. Formal psychotherapy is not a part of these programmes. Emphasis is placed on the acceptance of personal and group responsibility, individual training in social life skills and carefully prepared contact with the world outside the prison. Within the units, considerable progress has been made in reducing the traditional social distance between inmates and staff. Exit from these programmes is often facilitated by the use of sojourns away from the prison under Section 34 of the Act on Correctional Treatment in Institutions (see below for a description of this Section).

Treatment in private families

Under Section 34 of the 1974 Act on Correctional Treatment in

Institutions prisoners may be permitted to serve part of their sentences away from the prison. Section 34 reads as follows:

"If it is possible to provide special assistance to an inmate which can be presumed will facilitate his adjustment in society by granting him a period of sojourn outside an institution, permission may be granted for him to spend the appropriate period of time away from the institution for this purpose where there are special grounds. Any conditions considered to be necessary shall be imposed with such a sojourn."

Some 500-600 sojourns per year are authorised. By far the commonest reason for such a sojourn is to undertake some special form of treatment. For about 70% of sojourns this means treatment for drug and alcohol problems. In many cases inmates enter therapeutic communities or collectives. The NPPA subsidises some 30 places in such therapeutic communities.

A drug misuser may also be granted permission for a sojourn in a private family under Section 34 of the Act on Correctional Treatment in Institutions. (This alternative to traditional institutional treatment is also used with probationers). It is clearly important for the success of this form of treatment that it shall include an active assimilation into a normal family and not be just a matter of board and lodging. A carefully planned "back-up"-service is needed for families taking in drug misusers. They need support and counselling from the prison and probation staff especially during crises. The NPPA has, inter alia, access to 50 places in private families for adult offenders misusing drugs and resident in Stockholm. This has been arranged in collaboration with the municipal council of Stockholm.

Similar facilities are available through the Småland Trust, an organisation of private treatment homes in the south of Sweden. (2).

A prison experiment

Whatever is done in the way of offering special drug treatment wings or the opportunities available under Section 34 which have just been described, it is a fact that a majority of drug misusing inmates serve their sentences in prisons offering no specialised facilities and possessing no specially trained staff. At a time of serious resource limitation it becomes therefore important to try to effect a general improvement in the staff's capacity to deal with drug misusers in prison.

To this end an experiment has just been started which is intended to achieve just such an improvement. Four closed local institutions have been selected for the experiment. (The use of four prisons rather than one gives better opportunity to see the full range of problems presented by drugs in the prison environment as well as better opportunities to test the effectiveness of the solutions used). The staff is receiving intensive training in recognising and dealing with drug influenced behaviour. Training is also intended to familiarise them with

the full range of measures - both of control and treatment - for which the law provides scope. A coordinator is, inter alia, assisting each prison's staff to develop a clear policy and a chain of practical measures which shall command the agreement and support of all categories of staff. Inmates will be urine tested once per week.

TREATMENT OF SERIOUS MISUSERS UNDER PROBATION OR PAROLE SUPERVISION

Numbers of serious misusers under probation and parole supervision.

For the years 1975 - 80 the only criterion for serious misuse which can be used with available statistics is that of injecting drug misusers. From 1981 and onwards however the new definition (see p. 1) is used. The figures given below are not therefore strictly comparable. This does not prevent them from giving a good idea of the size of the problem.

The following table shows the number of persons under probation or parole supervision who injected drugs and the total number under supervision on 1 April for the period 1975-82.

<u>Year</u>	<u>Numbers of drug misusers injecting</u>	<u>Total number of persons under supervision</u>
1975	1122	16 821
1976	1501	16 340
1977	1817	16 226
1978	1450	16 259
1979	Not available	-
1980	1163	14 442
1981	912	15 451
1982	1015	17 065
Average	1283	16 086
Median	1143	16 197

The table shows that the highest number of serious misusers was recorded in 1977 and the lowest number in 1981. The years 1978-82 lie under both the median and the average values (1979 excepted as no injection figures exist for that year). The 1100-1200 serious misusers under probation or parole supervision are spread over most of Sweden's 66 probation districts but there is a far greater concentration of them in the capital, Stockholm, and the two largest cities, Malmö and Gothenburg.

A general difficulty concerning treatment

Probation and parole clients can be given "directions", that is, they can be required to enter into treatment, education etc. At the same time, they have the same rights as any other citizen to use society's social services. Curiously enough, this makes for a problem. Serious misusers are exceptionally difficult to motivate for treatment and not infrequently the only way to get them into treatment is to issue a "direction".

However, many psychiatric hospitals offering services for alcohol and drug misusers require that the patient attends voluntarily. Such hospitals are not keen to accept probation or parole clients because of the pressure put upon such clients to enter into treatment. If they do enter treatment "voluntarily" it is often only for a short time - enough for detoxification but not nearly enough for rehabilitation. This problem is currently under study in a working party set up by the Ministry of Health and Social Welfare. In the meantime various attempts are made within the probation and parole services to use the general social services as far as possible and to supplement them to some extent internally.

Stockholm Probation Treatment Centre

The Stockholm Probation Treatment Centre is a social-medical organisation and a separate unit within the NPPA's probation services. It is a treatment and service unit to which clients from the probation districts of Greater Stockholm are remitted. The clients admitted are often those with serious problems concerning the misuse of alcohol or narcotics. Since 1972 the Centre has regularly placed clients with about forty families and collectives all over Sweden. In addition the Centre can provide specialised counselling, medical care and short term lodging accommodation. A report on its work (with an English summary) is available. (3)

Family placements and treatment-collectives (4)

It is not only the Stockholm Probation Treatment Centre which arranges for family placements. The Prisoners' After Care Society of Stockholm also makes use of this form of treatment for serious misusers and others. The Greater Stockholm Council also collaborates with the National Prison and Probation Administration for the provision of family places - about 30 - with each organisation contributing to cost. Mention has already been made in this report of the Småland Trust which with financial assistance from insurance companies also provides family places. Other places are also subsidised by the NPPA in treatment collectives. All of these places are open to prisoners granted sojourns under section 34 of the Act on Correctional Treatment in Institutions as well as parole and probation clients.

Social skills training and education schemes

In a number of probation districts fruitful experiments have been started which combine social skills training and education. Many serious misusers are unemployed and, lacking basic educational skills, are handicapped on the labour market. They are, in these experiments, directed into groups run by the municipality's adult education organisation. (The programme consists of imaginative basic education (one such group interviewed the police and other social services on their views concerning the drug problem!) and training in citizen rights and duties, for example concerning unemployment and sickness and income tax benefits. Survival skills, such as food preparation and clothing care, are also taught. One district has a flat reserved for the teaching of household skills. This

general approach is regarded as one of the most useful. It provides for informal and positive social control since it is obviously harder to use drugs or commit crime when there are strong pressures to spend many hours in these training groups. At the same time useful things are learned and attitude change can take place. In some districts part time psychiatric or psychological consultants are available. Their work and the training schemes supplement each other.

RESEARCH AND DEVELOPMENT

The NPPA's Research and Development Group has recently been given special funds in order to initiate a number of projects in connexion with drug problems. Only a brief account can be given here of work in progress.

A first step is to improve information about drug misusers who come into the correctional system. Since October 1982 all persons considered by initial prison treatment boards are classified as serious misusers, misusers or non-misusers. These classifications are now registered centrally by month of intake. This system will permit better statistics to be presented and will also make it possible for good descriptive studies of the misuser population to be undertaken.

Urine tests are at present the subject of aggregated statistics only i.e. the number of separate individuals who are tested, in some cases with positive outcomes, is not known. It is hoped that it may be possible to register urine tests and the results of analyses at the individual level. Because of the large numbers of analyses made this information system would have to be computerised. Ideally, both urine test information and that concerning the identified misuser population described in the previous paragraph should be in the same computer register.

Very little is known about the extent of drug misuse among those sentenced to imprisonment for 2 months or less. This group represents about half of the annual intake of prisoners. Because of the shortness of their sentence they are not subject to normal treatment planning and are not therefore covered by the identified misuser information system. A special study will be made of them. It will include information on their criminal and drug careers to date, recidivism, etc.

The work of the special drug treatment wings at the Österåker and Hinseberg prisons is currently the subject of a follow-up study. Sojourns away from the prison under Section 34 of the Act on Correctional Treatment in Institutions are also being followed up. The purpose of this study is to survey how such sojourns are initiated and prepared, to what extent sojourns are successfully completed as well as post-release social adjustment.

It is hoped that a study can be started in the near future which will focus on the correctional and drug careers of injecting misusers. A population will be identified from those who inject and have been received into the Stockholm

Remand Prison, where Professor Nils Bejerot has been collecting information on such misusers since 1965. The criminal and drug careers of these prisoners will be studied for the period 1978-83.

On page 4 of this paper a description was given of a development project at four closed local institutions designed to improve total staff capacity to deal with drug problems. The decision to use several prisons rather than one was greatly influenced by a report on, inter alia, cross-institutional studies presented at the Council of Europe's First Criminological Colloquium in 1973. (5). The Research and Development Group is monitoring the experiment. The social climate of the institutions is being surveyed using a "before" and "after" design. Staff and prisoners will be interviewed at intervals on the measures adopted and used and various objective criteria will be used to assess the effect of these measures. Thus, for example, the results of regular urine tests will show whether there are changes in drug-taking behaviour. The use and misuse of leaves from the prison, transfer rates and participation in a variety of activities are other examples of factors which will be studied.

Finally, a small feasibility project has been started in one probation district concerning the use of a treatment contract as a tool of social work with misusers. The feasibility study focusses on administrative aspects, notably the time taken up by using the contract method as opposed to regular methods. If the time demand is not unreasonable it is hoped to extend the experiment to include a larger population and two probation districts.

REFERENCES

1. Results of urine analyses concerning drug misuse in prison for the period August 1981 - September 1982 - Report no 1:1983 prepared by the Research and Development Group, National Prison and Probation Administration, S-601 80 Norrköping Sweden
2. These and similar measures are described somewhat more fully in an information paper entitled "Measures of de-institutionalisation" obtainable from the NPPA. see ref 1 for address.
3. Report no 20:1976 describes the work of the centre and has an English summary. It is available from the NPPA see ref 1.
4. See ref 2
5. See Clarke, R.V.G and Sinclair, I., "Towards better treatment evaluation", in Report on the First Criminological Colloquium, Council of Europe, Strasbourg, 1973

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