

English summary

The prison and probation service's special drugs initiative

An evaluation of the work conducted between 2002 and 2004

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In the spring of 2002, the National Prison and Probation Administration was instructed by the Swedish Government to implement a three-year initiative to combat drug abuse among prison and probation service clients. Stated briefly, the initiative involves identifying drug abusers, assessing their need for interventions, motivating them and treating their abuse. The importation of drugs into prisons is to be substantially reduced and staff are to have the knowledge required to work with drug abusers.

In order to realise these goals, the prison and probation service has determined that slightly over one-third of all secure places in prison institutions (approximately 1,400 places in the autumn of 2004) are to be set aside for drug abusers. These places are distributed over 28 prisons, and comprise three types of unit: motivational units, treatment units and special motivational units⁵⁵. The Government has allotted the prison and probation service 100 million SEK (approx. 11 million Euro) for the initiative, i.e. a little over 33 million SEK per year for the three-year period covered by the initiative.

The Swedish National Council for Crime Prevention has been commissioned by the Government to evaluate this drugs initiative. A preliminary report entitled (*Vård av missbrukare i anstalt* – Providing care for drug abusers in prison) was published on 1st December 2003.

⁵⁵ The special motivational units were previously known as "units for persons who are difficult to motivate".

What has happened since the preliminary report?

The National Council's preliminary report stated that the prison and probation service had worked in a conscientious and committed fashion in order to attempt to quickly realise the intentions of the initiative. New types of unit had been established, new staffing positions had been created and a comprehensive process of staff training had taken place. In spite of these factors, the National Council's general impression was that the new units were not providing drug abusers with completely new forms of intervention, and nor had the ways of working with drug abusers in prison changed in any dramatic way. It was rather the case that intentions that had already existed prior to the initiative had been developed and intensified. Most obvious among these was the more evident ambition to attempt to segregate drug abusers from other inmates and to place them in drug units. The factor that those interviewed most emphasised as being new about the initiative was not the expansion of the assessment process and programme-based work, but rather the differentiation of privileges involved in the hierarchical organisation of the drug units.

The National Council for Crime Prevention has asked the CDG⁵⁶ what has taken place in various different areas since the preliminary report was written in the autumn of 2003. The response provided by the CDG in October of 2004 included amongst other things the following points:

PRISON OVERCROWDING CONSTITUTES A THREAT TO THE INITIATIVE

In general the current level of overcrowding in prisons presents a threat to the drugs initiative in its entirety. One of the preconditions necessary for the initiative is that prison inmates can be moved between the different types of unit on the basis of their level of motivation. At the present time, an inmate may have to wait four to five months before a place becomes available in another type of unit. The shortage of places has also meant that clients with no drug abuse problems have been placed in drug units to a greater extent than is desirable.

DIFFICULT TO TRANSFER INMATES IN REMAND CENTRES TO TREATMENT UNITS

There is at present a problem for those inmates who wish to be placed in a treatment unit directly upon their transfer from a remand centre. The outreach workers feel it is important that the inmates are given the opportunity during their time in the remand centre to show that they are motivated to work with their drug abuse during their time in prison. The treatment units however are often disinclined to admit inmates without their first going through a "qualification" period of negative urine testing at a different unit. At present, the time spent in the remand centre cannot be utilised as a qualification period of this kind, since there is a prohibition against taking urine samples at remand centres unless there is a direct suspicion that the individual on remand has taken drugs. To solve the problem the government is

⁵⁶ The central drug group (CDG) has overall responsibility for the initiative.

now suggestion a change in the law making urine tests at remand centres for treatment reasons legal.

**THE NUMBER OF ASI-ASSESSMENTS IS INCREASING,
BUT IT IS UNCLEAR HOW THEY ARE BEING USED**

The National Council's preliminary report noted that few of the inmates serving a short prison term (of up to five months) had undergone an ASI/MAPS⁵⁷-assessment to illuminate their needs and their level of motivation. According to the CDG, inmates undergo an ASI-assessment more often today than was the case in 2003. There is no information available however on how many of the assessments that are actually used as a basis for formulating and following up the time the inmate spends in prison and to plan for the inmate's release.

SHORT PRISON TERMS ARE A PROBLEM

The National Council's preliminary report showed that a large proportion of the drug abusers in prison are serving sentences that are too short to allow them to complete any of the longer programmes being provided by the prison service. As a way of responding to this problem a programme entitled Beteende-Samtal-Förändring (BSF – Eng. Behaviour-Interview-Change) has been formulated. This is a relatively short programme comprising five group counselling sessions on fixed themes. Further, the CDG has recommended that the drug units at least ensure that they complete an ASI-assessment for those inmates serving a short prison term. The idea behind this recommendation is that an assessment of this kind may constitute a good starting point for the probation service, to whom many of the clients serving short prison sentences pass. It is also felt that an assessment of this kind may serve as the basis for the individual to reflect on his own life situation.

MORE PLACEMENT IN RESIDENTIAL TREATMENT CENTRES

One of the explicit goals of the drugs initiative is to bring about an increase in the number of inmates who finish their sentence in a residential treatment centre outside prison (a so called § 34-placement). Such an increase has also taken place. The number of these placements increased from 510 in 2002 to 590 in 2003. If the first three quarters of 2004 are compared with the same period during 2003, the increase can be seen to have continued. The number of such placements recorded in 2003 was still lower than the level witnessed during the majority of the 1990s however.

HARM REDUCTION ELEMENTS ARE RARE IN THE SWEDISH TREATMENT MODEL

In order to develop a picture of how the intentions of the Swedish drug effort relate to work with drug abusers in prisons in other countries, study visits have been made to Holland, Canada and Austria. The main impressions are, although strategies differs between the visited countries, that many

⁵⁷ MAPS (Monitoring Area Phase System) constitutes a theoretical model comprising different phases of change.

of the goals are similar and that there are similar difficulties reaching these goals. Two differences could though be noted however.

First, that the concept of “harm reduction”, which is often used for measures whose objective is to reduce the suffering that drug abuse involves for the abuser, is a far more central concept in the visited countries than it is in Sweden. Among other things methadone treatments are used in the prison systems of all of the countries visited. They also have different strategies to enable inmates to use clean syringes and needles. Nothing of this can be found in the Swedish drug effort.

Second, that an established goal in the Swedish drug effort is that *all* drug abusers who come into contact with the prison system are to be identified and hopefully given treatment. The goals in the visited countries were more limited in that aspect. In both Holland and Austria the decision has been made to focus the work on abusers of heroin. Furthermore the goal in Austria is that only those who make it known that they want help are to be given treatment.

The initiative's effects on reoffending

The governmental commission given to the National Council also included studying the extent to which the initiative produced an effect on reoffending. The Council has conducted a study comparing levels of reoffending among inmates released from prison following the introduction of the initiative with those among inmates who had been released from prison during the year prior to the start of the initiative. The analysis of reoffending has been conducted in three stages. The first stage involved a comparison of levels of recidivism within one year of release among all inmates during the two periods studied. This was followed by an analysis focusing on the drug abusers released during the two periods. Finally, drug abusers who have participated in a crime- and drug abuse related programme during the period of the initiative were compared with a comparable group of drug abusers who had been released prior to the start of the initiative.

In order to answer these questions, the offences for which the different groups have been convicted subsequent to release have been analysed in a number of different ways. The analysis examines the extent to which:

- a smaller proportion of those released subsequent to the start of the initiative have been convicted for reoffending
- whether the time lapse between release and subsequent offences has increased
- whether they have been convicted of fewer offences
- whether a smaller proportion have been sentenced to a subsequent prison term.

The follow-up period was fixed at one year. The analysis shows that to date no effects on reoffending can be identified, irrespective of which of the measures is used. Subsequent to the start of the initiative, almost two-thirds of the drug abusers were still convicted of additional offences within a year of release and almost half had been sentenced to a new prison term.

Proportion (%) of drug abusers in experiment and control groups convicted of offences within the follow-up period, proportion (%) sentenced to a new prison term and mean numbers of convictions and offences.

Drug abusers	Experiment group (N=2 244)	Control group (N=2 414)
Proportion convicted during follow-up period	67.7	67.7
Proportion sentenced to prison during follow-up period	45.8	43.3
Mean number of convictions during follow-up period	2.6	2.5
Mean number of offences during follow-up period	7.7	7.4

Nor was there any difference in the length of the time lapse between release from prison and a subsequent conviction during the follow-up period. The mean time to a new conviction was found to be 143 days for the experiment group and 142 days for the control group.

The only significant difference noted in a positive direction between those released prior to and subsequent to the initiative relates to the group who had been placed in a treatment unit subsequent to the start of the initiative and had participated in a programme. This group reoffended about one month later during the course of their follow-up period than a matched control group released prior to the initiative.

In addition, the study also clearly shows that as a group the drug abusers have significantly more extensive criminal records than other inmates. On average, the drug abusers had been convicted on nine occasions and for 30 offences during the last five years prior to their time in prison.

The inmates' experiences

A special study has been made to explore the inmates' experiences of the prison and probation service drugs initiative. This study examines the way in which inmates admitted to drug units describe and assess the work and the measures they have experienced. In order to better illuminate the pre-conditions for the work of motivation and treatment in prisons, questions were also asked relating to how the inmates felt they had been treated in general and their perceptions of the staff.

The study is based on questionnaires and group interviews conducted with inmates at nine prisons during the spring of 2004. The nine prisons included a total of eighteen drug units comprising eight motivational units, seven treatment units. Questionnaires were completed by 265 drug abusers. Approximately one hundred inmates participated in the group interviews.

A short questionnaire was also distributed to care workers at the drug units visited by the study, focusing on how they view their work situation.

The results from the study included in the current presentation comprise a short summary of the more complete presentation of the study that was

made in the report “*Intagna om missbruksvården i anstalt, Kriminalvårdens särskilda narkotikasatsning sett från klienternas perspektiv*” (Inmates’ views on the care of drug abusers in prison, the prison and probation service’s drugs initiative viewed from the clients’ perspective).

A RELATIVELY POSITIVE VIEW OF THE TREATMENT UNITS

On the whole, the view of the treatment units provided by the inmates is quite positive. They view as valuable both the fact that the units are kept separate from other units, and that the requirement of complete abstinence, for example, is clear and consistent. Without exception, they express a positive view on the treatment programmes and regard them as worthwhile, although only half of those participating in such a programme believe that it has affected their behaviour. They appreciate the self-management that is characteristic of the majority of treatment units and the leisure time activities outside the prison that are provided (activities in accordance with Paragraph 14 of the KvaL Act).

Criticism was directed however at the fact that not all treatment units provided access to any meaningful occupation. The inmates also felt it was important that the programmes should not be led by prison officers at these units, which was sometimes the case, but rather by special staff.

THREE SUCCESS FACTORS

Three factors emerge as being important in explaining the positive views of the inmates. Firstly, it is important that the treatment unit is clearly isolated from other units and that there are certain special elements included in the operations of the unit. The opportunity to move on from the unit to residential treatment outside the prison is viewed as particularly attractive. Other factors are also appreciated and serve to make these units attractive however, including the treatment programmes, self-management and the greater opportunities for leisure time activities.

Secondly, it is very clear to those placed in these units what is required of them in order for them to remain there. Thirdly, these requirements are something that both the staff and the inmates agree with and safeguard.

FRUSTRATION AT THE MOTIVATIONAL UNITS

A picture emerges from among the inmates placed in motivational units that contrasts starkly with that presented at the treatment units. The inmates are dissatisfied with the fact that there are no means to occupy oneself at these units and that leisure time activities outside of the prison are uncommon.⁵⁸ The two factors that the prison and probation service action plan emphasised as particularly important at the motivational units, namely ASI-assessments and motivational counselling, do not appear to be working. The ASI-assessments were not perceived as being meaningful, since they were often not followed-up with release preparations adapted to the individual. Several of the inmates perceive themselves as being in “punishment units” rather

⁵⁸ This is confirmed by the interviews conducted with programme managers at all of the prisons visited in the course of the study.

than motivational units and argue that the requirements for being transferred to a treatment unit are too unclear and are sometimes excessive.

VIEWS ON STAFF

The questionnaire also included questions on how the inmates generally perceived that they were treated by the staff and on relations between staff and inmates. Almost without exception, the inmates in motivational units held a more negative view of the staff than their counterparts who had been placed in treatment units.

No more than twenty per cent of the inmates in motivational units felt that the statement "*I am treated in a humane manner*" described their situation exactly or quite well. The corresponding figures in treatment units were slightly under 60 per cent. There may be several reasons for the large discrepancies between the different types of unit. There may be a difference between the staff working at the two types of unit. Compositional differences among the inmates admitted to the two types of unit have also probably played a role. An additional factor in this context may be that the staff in the motivational units have a rather less explicit and more restrictive system of regulations and privileges to implement.

The proportion of inmates who feel that they personally get on well with the staff is higher than the proportion who agree with the more all-embracing statement that relations between staff and inmates at the prison are good. This may be conceived of as reflecting a situation where some inmates perceive a *culture* of dissociation from the staff among the inmates, in which they themselves do not actively participate, nor wish to participate.

International research on the effects of drug abuser treatment in the prison system

Associate Professor Mats Fridell of the Department of Psychology in Lund, and Morten Hesse of the Centre for Alcohol and Drugs Research at Århus University in Copenhagen, were commissioned by the National Council for Crime Prevention to conduct a review of the research into the effects of treatment efforts for drug abusers within the prison system. They have themselves also conducted a meta-analysis on the basis of 22 different studies.

TREATMENT AFFECTS RECIDIVISM BUT THE EFFECTS ARE SMALL

In general, it may be stated that there are relatively few well-designed evaluations of measures for drug abusers within the prison system, and even fewer randomised studies. The general picture is that the majority of studies show that treatment programmes for drug abusers in prison do have an effect on recidivism, but that the effect is relatively small. On average, the proportion who reoffend is reduced by a little over ten per cent. That means that if half of the control group reoffend, then the proportion of reoffenders lies at approximately 44 per cent among those who have received treatment. This may be regarded as a small improvement, but must be viewed against the background of the very high costs to society that are occasioned by drug abuse in combination with recidivist criminality. The two kinds of

treatment that most often are found to produce substantial positive effects in several well-designed studies are therapeutic communities and programmes involving re-training with a behavioural therapeutic focus.

ANALYSIS OF THE TREATMENT OF DRUG ABUSERS WITHIN THE PRISON SYSTEM

In their meta-analysis, Fridell and Hesse selected treatment studies that included both reoffending and relapse into drug abuse as effect measures. In seventeen of the twenty-two studies, a smaller proportion of the experiment group reoffended than of the control group. The effects on reoffending were small in all of the studies, however; the size of this effect was of the same magnitude as in the international meta-analyses described above. The effects on drug abuse were greater however. The interpretation offered is that criminal behaviour is reduced more substantially among drug abusers for whom crime is a secondary problem when they are admitted to treatment, than it is among criminals for whom drug abuse constitutes a secondary problem.

HOW MIGHT THESE RESULTS BE IMPROVED UPON?

In general, Fridell and Hesse see two possible explanations for the fact that treatment effects have to date been rather limited. The first relates to the difficulties that the prison environment itself involves. The powerful criminal norm systems that are found among many prison inmates may contribute to the existence of group processes that militate against the possibility of forming treatment groups that are capable of manifesting and maintaining alternative norm systems.

The other may be the ambition that *all* clients are to be offered treatment. Those who are not receptive to treatment then tend statistically to conceal the positive results that are achieved among those who are motivated to undergo treatment. This probably also means that groups of individuals who are resistant to treatment but nonetheless participate, have a negative effect on group solidarity and on the motivation of their co-inmates.

On basis of their research review Fridell and Hesse have some suggestions for the Swedish Prison Administration that they think could increase the effectiveness of treatment programmes and contribute to improved results:

- Concentrating efforts to a sample of clients that is less intensely criminogenic
- Therapist competence among programme managers
- A clearer chain of care reaching from the prison out into the probation system
- Reward systems that increase the proportion of inmates who complete these programmes.