

English summary

Inmates' views on the care of drug abusers in prison

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This study illuminates inmates' experiences of the prison and probation service's initiative to combat drug abuse. On the one hand the study focuses on how drug abusers⁵³ who have been admitted to drug units describe and assess the work and the measures they have experienced. On the other it illuminates how the drug abusing inmates view the staff – inmate relationship and the types of help and support they feel they have received from prison staff. The first question constitutes part of the governmental commission requiring the National Council for Crime Prevention to evaluate the prison service drugs initiative. The second question has been added in order to better illuminate the conditions that exist for work to motivate and treat drug abusers within the prison system.

This report builds on questionnaires and group interviews conducted with inmates at nine prisons during the spring of 2004. These institutions included a total of eighteen drug units, comprising eight motivational units, seven treatment units and three special motivational units⁵⁴. Completed questionnaires were received from 265 drug abusers. Approximately one hundred inmates participated in the group interviews.

⁵³ The term drug abuser is employed in the present context to refer to all those who reported having used drugs during the year prior to their admission to prison service institutions.

⁵⁴ The special motivational units were previously known as units for persons who were difficult to motivate.

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 REPRESENTATIVENESS AND RELIABILITY OF THE STUDY

As regards the study's representativeness and "reliability", a number of limitations should be noted. Firstly, the study is based on a sample; it includes nine of the 28 prisons covered by the prison service initiative. It is not possible to say with certainty whether the picture that emerges in the report is also representative for those units not included in the study. The National Council for Crime Prevention has seen no evidence to suggest that the sample is biased in any obvious way that would indicate the findings would have been significantly different if the study had instead been conducted in the form of a census. For this reason, and for ease of presentation, the Council has chosen not to consistently note in the text that the findings relate to those units and inmates "included in the study"; this qualification is taken as read.

In addition, the study proceeds from a client perspective. It describes how the inmates perceive what has happened during the implementation of their sentences. Thus the text cannot be viewed as a factual presentation describing conditions in the drug units, but is rather a presentation of the inmates' perceptions of these conditions.

It is not possible to say with certainty how representative the inmates who have chosen to participate in the study are of all drug abusers in drug units. Almost one third of the inmates at these units were for various reasons unable or did not want to participate in the questionnaire survey. This group could hold both a more positive or a more negative view of conditions in the drug units than those who completed the questionnaire.

Finally, one further methodological problem relates to the fact that one cannot know whether those included in the study are always expressing their own personal perceptions, or whether their answers have been influenced by some form of group pressure as to what one "should" think. This point is discussed further in connection with the presentation of the findings.

Treatment units

The treatment units are intended for the most motivated drug abusers, i.e. those who want to go through treatment and who are prepared to completely abstain from drug use during their time in prison⁵⁵. Admission to such a unit requires an application and normally also a certain documented period of complete abstinence from drug use. Every inmate in these units must enter into a contract with the prison, which includes amongst other things the requirement of complete abstinence. If the inmate relapses into drug use, the place in the treatment unit is forfeit. The treatment units are

⁵⁵ Treatment departments were in existence in some form or other within the prison service even prior to the initiative, but were then most often referred to as motivational units.

kept completely separate from other units, and frequent drug controls are conducted to monitor the inmates' abstinence.

Besides participating in treatment programmes and in an ASI/MAPS-assessment⁵⁶, the inmate is provided with support and help towards a Paragraph 34 placement⁵⁷ or some other form of gradual release programme, such as parole or an IÖV-release⁵⁸.

A RELATIVELY POSITIVE VIEW OF THE TREATMENT UNITS

On the whole, the view of the treatment units provided by the inmates is quite positive. The inmates view as important and 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 often provided (activities in accordance with Paragraph 14 of the KvaL Act). What the inmates emphasise as the most positive and attractive aspect of being admitted to a treatment unit is the improved opportunity for moving on to a treatment facility outside the prison. Many of those interviewed felt, however, that their contact persons should be more active with regard to investigating and contributing to the realisation of such placements.

CRITICAL VIEWS ON AMONGST OTHER THINGS THE ASI-ASSESSMENTS

There were also aspects of the treatment departments that inmates were less satisfied with. Criticism was directed at the fact that not all treatment units provided access to any meaningful occupation. Many also felt that the comprehensive inventory of their needs conducted in the process of the ASI-assessment was not followed-up on by means of individually adapted pre-release measures. The assessment thereby created expectations that were not realised. The inmates felt it was important that the programmes should not be supervised by prison officers at these units, which was sometimes the case, but rather by special staff. Several of those interviewed emphasised that it is important that the prison sentences of those inmates who really want to work with their drug abuse are implemented in a way that can strengthen their motivation as much as possible.

⁵⁶ ASI/MAPS is an assessment tool whose goal is to produce an overview of an inmate's problems and needs. This overview is then to form the basis for the measures and goals chosen for a given inmate.

⁵⁷ These placements involve the inmates concluding their sentence in a residential treatment centre for drug abusers outside the prison.

⁵⁸ IÖV-releases involve inmates with relatively long prison terms being given the opportunity to serve the final period of their sentence at home under intensive supervision by means of electronic control – also known as electronic 'tagging'.

THREE SUCCESS FACTORS

By and large, however, the inmates appear to hold positive views on the existence of treatment units and regard it as a privilege to be placed in such a unit.

Three factors emerge as being important in this regard. Firstly, it is important that the treatment unit is clearly isolated from other units and that there are elements in the operations of the unit that are viewed as desirable by the inmates. The opportunity to move on from the unit to a Paragraph 34 placement is viewed as particularly attractive.⁵⁹ Other factors are also appreciated and 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. In this context, the personal contract signed by the inmate may very well function both as a means of clarifying these requirements and of providing a sense of belonging to a select body of individuals. Thirdly, these requirements are something that both the staff and the inmates agree with and safeguard. This creates an in-group feeling which produces conditions for positive mutual reinforcement.

Motivational units

The motivational units are primarily intended for drug abusers who do not qualify for a place in a treatment unit, but they also admit inmates who are not drug abusers if there are places available. These units are not separated from other units with the same degree of consistency as the treatment units, but the motivational units also require complete abstinence, and regular drug controls are conducted by means of urine samples.

The motivational units are not intended to implement treatment programmes to any major extent. The out-and-out drug programmes⁶⁰ should in the first instance be located in the treatment departments. All inmates in motivational units, however, are to be offered motivational counselling in accordance with the so-called MI-model⁶¹. They should also participate in an ASI/MAPS-assessment in order to produce a picture of their situation and needs.

For those who desire to undergo a longer programme of treatment, and who are capable of remaining drug-free at the unit, it should be simple to arrange a transfer to a treatment unit. The chances of being given a Paragraph 34 placement or parole are also usually greater at a treatment unit. This is particularly so at those institutions that have both motivational and treatment units.

⁵⁹ In some prisons, the inmate has to be placed in a treatment unit in order to qualify to apply for a Paragraph 34 placement. This restriction is not applied at all prisons however.

⁶⁰ "Våga Välja" (*Dare to choose*) and the 12-step approach.

⁶¹ The MI-model is an approach that directs the focus at the inmate's perspective. One of the central ideas in this approach is that motivation should arise within the client, and not be forced on the client from the outside.

Individuals who repeatedly submit positive urine samples, or who engage in some or other form of serious misconduct, should instead be transferred to a special motivational unit.

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.⁶² 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 work. The ASI-assessments were seen to be meaningful to an even lesser extent than was the case at the treatment units. “Motivational counselling” has not been provided in such a way that the inmates have even been aware that it has actually taken place. Several of the inmates perceive themselves as being in “punishment units” rather than “motivational units” and argue that the requirements for being transferred to a treatment department are too unclear and are sometimes excessive.

POSSIBLE CAUSES OF THE INMATES' FRUSTRATION

One reason for the considerable level of dissatisfaction may be that inmates have false expectations of what a place in one of the new motivational units involves. Some appear to have got the impression that the motivational units are a form of treatment unit, which they are not in fact intended to be.⁶³ Another reason may be the mixture of target groups that are admitted to these units. These include inmates with very little motivation to abstain from drug use during and subsequent to their time in prison and persons who do want to try to abstain from drugs.

A further factor that may also be important in this regard is that the majority of the benefits that may accrue during the period spent serving one's prison term are tied to the treatment units. The fact that the rules for “advancement” are seen as being unclear and lacking uniformity therefore becomes a source of frustration and conflict. In addition, as many of two-thirds of the drug abusers placed in motivational units report that they *want* to stop, almost as many as in the treatment units. Their motivation and capacity are not sufficient to enable them to abstain from drug use in the way that is required for them to be given everything that is provided at the treatment units: more occupational activities, more leisure time activities outside of the prison, self-management and at some prisons, additional benefits such as larger rooms, more time in the gym and so forth. These findings raise the question of whether there might not be ways of providing

⁶² This is confirmed by the interviews conducted with programme managers at all of the prisons visited in the course of the study.

⁶³ One possible reason for this misunderstanding may be that the prisons that provide treatment units often had a similar type of unit prior to the initiative which was at that time referred to as a motivational unit.

a more immediate positive incitement to good behaviour for those placed in motivational units. For some of the drug abusers, the incitement associated with being given the chance to be transferred to a treatment unit feels too unattainable to function as a stimulus for them to act in the required way.

Special motivational units

Those drug abusers who repeatedly engage in some form of misconduct during their time in a motivational unit⁶⁴ may be transferred to a special motivational unit⁶⁵. To the extent that there are places available, these units also admit other inmates with motivational or adjustment problems. Like the motivational units, the special motivational units do not offer lengthy programmes. The intention, however, is that all inmates will receive motivational counselling with the objective of motivating them to attempt to return to a motivational unit for example. The programme activities provided are to proceed from the MI-model in the form of individual counselling or short-term group-based programmes. In the same way as in the motivational units, the idea is that it should be easy for those who show a willingness to change to be able to move to a motivational or treatment unit.

ALMOST HALF OF RESPONDENTS WANT TO ATTEMPT TO ABSTAIN FROM DRUG USE FOLLOWING THEIR RELEASE

Only a small number of completed questionnaires were received from inmates in special motivational units (22)⁶⁶ and the number of inmates participating in interviews was also lower than at the other types of unit. Bearing this in mind, it can nonetheless be noted that there are also drug abusers at these units who answered that they want to try to abstain from drug use following their release from prison. Nine of 22 responded in this way, and seven also believed that they would succeed. This may suggest that even within this “difficult” group, there may be seeds of motivation that could be attended to and nourished during the inmates’ time in prison⁶⁷.

Several of those interviewed at these units objected to the frequent urine sample tests. They felt that these placed them in an impossible situation. There were no interventional measures on offer within the unit, but since they had furnished positive urine samples, they could not be given a transfer

⁶⁴ Inmates in special motivation units may also have been admitted to such a unit as a result of misconduct in a normal unit. Some drug abusers are initially placed in normal units, since the number of places in drug units is insufficient to include all drug abusers.

⁶⁵ The special motivational units were previously referred to as units for persons who were difficult to motivate.

⁶⁶ The small number of responses is on the one hand a result of the fact that there are far fewer special motivational units than there are treatment and motivational units. On the other, it is also due to the fact that the proportion of respondents among the inmates admitted to special motivational units in the National Council's sample was relatively small (45%). See further Appendix 1.

⁶⁷ By contrast, only one respondent agreed with the statement that something that had happened to him [in prison] had contribute to his intent to attempt to abstain from drug use following release from prison.

to a unit that offered motivational counselling or regular drug abuse programmes. For these inmates, the urine testing primarily meant that their prison terms were lengthened.

“Everyone knows that I’ve got a drug problem – the police, the prosecutor, my family – the whole world knows I’ve got this problem. As soon as I pee I get extra days on my sentence.”

“I’m not being given any help, they just check whether or not I’m under the influence – no carrots are on offer if my urine tests should prove negative.”

The views on staff at different types of unit

The questionnaire also included questions asking how the inmates generally perceived that they were treated by the staff and how they perceived the relations between staff and inmates. The questions were all selected from a study by Alison Liebling (Liebling, 2004) and used with her permission. 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 being looked after with humanity and care”* described their situation exactly or quite well. Only fourteen per cent felt that relations between inmates and staff were good. The corresponding figures in treatment units were slightly under 60 per cent and just under 50 per cent. One in ten of the inmates in motivational units agreed with the statement *“I trust the staff”* as compared with slightly over one in three of those in treatment units.

One factor that is likely to be of significance for the fact that the responses are generally so negative is that prison institutions are of the compulsory kind, with inmates being admitted against their will. This is likely to restrict the possibilities for creating an environment where the inmates have complete confidence in the staff. What might be discussed, however, are the substantial differences between inmates admitted to treatment units and motivational units respectively. One might ask to what extent actual differences between the staff working in these two types of unit can explain the way in which the responses from those admitted to motivational units are so much more negative. Compositional differences among the inmates admitted to the two types of unit may also have played a role. An additional factor in this context may be that the staff in the motivational units have to implement a rather less explicit and more restrictive system of regulations and privileges.

DISSOCIATING ONESELF FROM THE STAFF MAY CONSTITUTE PART OF A NEGATIVE CULTURE

The majority of the respondents from motivational units did not feel that relations between inmates and staff at the unit were good. Only fifteen per cent felt that this statement was correct whereas a much larger proportion

agreed with the statement “*personally, I get on well with the staff at my wing.*” Forty-five per cent of those in motivational departments felt that this statement described their situation exactly or quite well, as compared with 62 per cent of those in treatment units.

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 inmates and staff are good at the prison. 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.