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International Summaries

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From The Netherlands

Penitentiary-Related Drug Programs in the U.S., Sweden, Switzerland, Austria, and the Federal Republic of Germany

Separate areas for drug-using inmates generally are viewed as worthwhile.

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Introduction

After the rapid increase in the number of hard-drug users during the 1970's, authorities in the Netherlands faced numerous problems caused by the large numbers of drug users in prisons. Some of the surrounding issues included:

1. The exact role, function, and possibilities of using external drug-treatment workers in correctional facilities.
2. Whether to provide separate areas or facilities for drug users or for those who wish to stay drug free during their incarceration.
3. Control of the use and trading of drugs within facilities.

This is a summary of *Penitentiair drugbeleid in de Verenigde Staten, Zweden, Zwitserland, Oostenrijk en de Bondsrepubliek Duitsland*, Scientific Research and Documentation Center, Ministry of Justice, The Hague, The Netherlands. 1986. 59 pp. NCJ 106493. The original document includes the complete bibliography of literature studied. Summary published Spring 1988.

To find out what other countries were doing about these problems, the Netherlands initiated a study of all available literature on the subject. The countries chosen for the study were selected on the basis of the amount of available literature, which varied from country to country. To compile the bibliography, trade journals for the years 1980-1984 were reviewed, and governments and penitentiaries were contacted. While prisoners were not consulted, a wide variety of prison system professionals were involved in the study.

The United States of America

For the United States, only the Federal prison system and therapeutic communities (TC's), an interesting development in the treatment of drug users within the Federal prison system, were examined. In establishing TC's, institutions classify offenders by their special problems (e.g., drug abuse, alcohol abuse, etc.). Then, having a "community" of these special offenders, the institutions set up treatment regimens for them using both inside and outside resources.

Therapeutic communities in prisons

Title II of the Narcotic Addict Rehabilitation Act (NARA), enacted in 1966, legislates the handling of drug-using inmates in Federal penitentiaries and assigns responsibility to the Federal Bureau of Prisons (FBP). The act was seen as an important change from a punitive to a more social approach in the treatment of inmates. The FBP set up the first TC for drug users in its Danbury, Connecticut, institution. TC's in other prisons soon followed, and facilities developed their own treatment methods. The popularity of the TC's seems to stem from a desire for better inmate control, achieved by separating users from nonusers, and a more therapeutic use of the incarceration period.

There are difficulties in reconciling the different philosophies of correctional institutions and TC's housed under one roof, one being punitive and one being socially oriented. However, there are certain aspects of the TC that could be successfully applied to the general prison community, such as shared responsibility and partial individual autonomy, which are important for future resocialization.

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There is also wide-ranging debate over whether this combination of "punishing" and "helping" the prisoner is a good idea. The alternative of diverting addicts to external TC's does not seem to work well due to poor communication between the TC's and the prison systems, and results in a high percentage of runaways and recidivists. Literature suggests that internal TC's are more effective since prison personnel can get to understand inmates better, inmates have the time and opportunity to familiarize themselves with the TC program, and the TC's give staff members better control over drug-using inmates. The TC's are also seen as more humanitarian than normal prison experiences, leading to better chances for resocialization upon release.

Treatment outcome

According to one study, 43 percent of 194 addicts released between May 1968 and July 1970 did not recidivate for 6 months, and 7 percent not for 1 year or more. Many of the 194, however, had one or more positive urine tests during this time.

A study in Florida found that the rate of inmates who remained drug free had improved from around 2 percent 20 years ago to 40 percent at the time of the study. In a Michigan program, where inmates were placed in external treatment centers, 80 percent recidivated within 2 months. In a New York external drug treatment program called "Stay'n Out," less than 10 percent recidivated, compared to an average of 28 percent elsewhere.

Sweden

Swedish prisons were confronted with the problem of drug-using inmates earlier than other European prisons, and had already been dealing for some time with the problem of alcoholic inmates. However, it was felt that the special treatments developed for alcoholics could not be applied to drug-using inmates.

Some important differences between the Swedish and the Dutch situations are that the Swedish definition of drugs includes a much wider range of substances; of Swedish drug users discussed in the literature, there are often no opium addicts;

prison sentences usually are much longer in Sweden; and drug outreach programs outside the Swedish prison system reach only a small percentage of drug users.

The two possible prison alternatives for addicted offenders in Sweden are provided in Article 34 of the 1974 Act on Corrections in Institutions, which states that under certain circumstances offenders may complete part of their sentence outside of prison, and in the more recent "Contract Care" provision that permits offenders to undergo treatment and receive a 1-year suspension of their sentence.

The penitentiary administration

Urine testing for drugs is legal and widely used in Swedish prisons. However, since the tests are not considered reliable, negative consequences to a positive result only occurs when other observations confirm drug usage. The tests are believed to have a preventative effect, and sometimes are a requirement of therapy. Because urine testing alone was unsuccessful in reducing drug use in prisons, stricter rules were implemented. Negative consequences included transfer to maximum security prisons; restriction of leave, mail, and other privileges; and breathalyzer tests.

Following a review of the Act on Corrections in Institutions, Drug Addict Treatment Teams were installed in prisons of the three largest Swedish cities. The purpose of the teams was to make contact with and give treatment information to drug users, work with groups as well as individuals, and gain their trust. Community drug outreach programs were made available within the prisons.

Osteraker Prison

The Osteraker program, begun in 1978, is an example of a drug outreach program functioning in a separate area within a prison. The treatment staff is autonomous within the prison, and is trained to work and cooperate with prison officials. Introduction to the program is held in the regular prison, after which a treatment plan is drawn up by the inmate with help from the staff. The program uses various treatment methods, but, in general, follows the TC model. The atmosphere seems to be better in this special area than in the

regular prison, due to the close contact between staff and inmates.

Rules prohibit violence, threats, and alcohol or drug use; and daily urine tests are required. Inmates are segregated from other program participants if they use drugs or alcohol. In the program's last phase, inmates are prepared for release by reintegrating them into the regular prison, an external TC, a clinic, or foster family.

Treatment outcome

Of the inmates who completed treatment in Osteraker during the study period, 52 percent committed further serious crimes, although 41 percent remained drug free, compared to 79 percent and 20 percent, respectively, of users who did not complete treatment.*

Of other addicts who underwent treatment outside the prisons, 58 percent completed treatment, with 64 percent of those recidivating and imprisoned within 3 years compared to 84 percent of users who did not complete treatment. The only group whose lives improved significantly was those who were placed with foster families.

Switzerland

The 1975 Betaubungsmittel law made it a criminal offense to use any type of drug for other than medical reasons. It has created a paradox wherein instead of a punitive approach, correctional facilities are required by the law to help inmates to rid themselves of drug habits.

The rather scarce literature indicates that facility administrators feel they have too many drug users, do not know what to do with them, or what can be done about drug use in prison. On the one hand, officials call for the decriminalization of drugs, and on the other for special areas or facilities for drug users. A conference of

* For more detailed statistics on treatment outcome in Osteraker, see *International Summaries*, "Results of the Drug Abuser Treatment Program at the Osteraker Prison," NCJ 103684, published in March 1987.

authorities from northwest and middle Switzerland offered four suggestions for corrections officials:

1. More frequent use of Articles 43 and 44 of the Strafgesetzbuch (Penal Code), which allow a judge to put a drug user in an external treatment center, the goal being to resocialize the drug user.
2. Restructuring of the prisons so that intensive treatment of drug users could be guaranteed.
3. Distribution of drug-using inmates throughout the prison so they can be better integrated into prison life, although attempts to do this have not been very successful.
4. Establishment of a special prison to handle detoxification and the first phase of treatment for chronically addicted inmates. This has several drawbacks including lack of qualified personnel, high suicide risk, and fear that placement of these inmates for further treatment would be a problem and lead to prison crowding. Due to these drawbacks, it seems unlikely that a special prison will be established.

Treatment outcome

Research on treatment results was only available for the Aebi-House, an external treatment center. Forty-six percent of the inmates stayed more than 12 months. An 80 percent response to a survey of these inmates showed that 79 percent had stayed drug free from 1 to 6 years, and 80 percent had no further contact with the law. Those who were placed in the center by the court were more likely to finish the program than those who entered treatment voluntarily.

Austria

Although there are no conclusive data available, Austria appears to have a large number of drug users in detention facilities. The literature makes no reference to special programs for drug users within the prison system. The only external facility providing special treatment is the "Sonderanstalt" (special facility), with "Wien-Favoriten" for men and "Schwarza" for women.

Article 22 of the 1975 Penal Code states that addicted offenders who commit crimes under the influence of drugs or alcohol can be placed in special prison treatment facilities for up to 2 years. They also receive a prison sentence, which runs consecutively; if any part of the prison sentence remains unserved upon successful completion of the program, it is generally waived. If the inmate's behavior during treatment causes a judge to decide that the inmate is untreatable, or if the inmate requests, the inmate will be transferred to a regular prison.

The Sonderanstalt Wien-Favoriten

This male prison was proclaimed a special treatment facility in 1977, although psychotherapy for drug and alcohol users had been available there since 1972 and 1974 respectively, during which time there was some confusion regarding the goals, division of work, and responsibilities.

The center is located in a city house, with each floor housing patients in different phases of treatment. There are 13 staff members and 45 guards for 80 patients. Rules prohibit threats or use of violence, or drug or alcohol use, and require patients to participate actively in the treatment program. Urine tests for drug use are given five to six times a week, and patients with positive results, or who have been observed using drugs, are given a warning. A second indication of drug use results in dismissal from the program. Treatment includes private as well as group therapy, and job training is a major component. As treatment progresses, more privileges are granted. Finally, inmates receive either an unconditional discharge or a conditional discharge, in which release is conditioned upon such requirements as urine tests.

Treatment outcome

Treatment results for the Sonderanstalt facilities are not known. However, a study of 111 people released from prison after drug- or alcohol-related convictions indicates that 75.7 percent recidivated, with 66.7 percent due to violations of the Suchtgiftgesetz (Article 22 of the Penal Code).

Federal Republic of Germany

The sudden increase of drug users in German prisons in the 1970's resulted from the introduction of opium into the drug market and the revision of Germany's drug law, which expanded the list of illegal drugs and made practically every form of contact with them punishable. This law caused protests by external treatment program personnel, who felt that drug use is not sufficient reason for incarceration, and that users are likely to react to jail by withdrawing further from society. Penitentiary staff complained that their function of maintaining order, carrying out the terms of punishment, and re-socialization were being threatened by the presence of so many drug users who were involved in drug trade and the forming of subcultures. Problems surrounding drug use in prisons are exacerbated by a shortage of medical and psychosocial help. There is some attempt to integrate drug users into normal prison life, but a more common approach is to attempt to motivate the drug users to stop using drugs and to install special areas within the prisons. Another approach is to place inmates in external drug treatment centers.

External placement

For some time, drug treatment centers have been available to inmates in Germany. Some are external correctional treatment centers, some are located in psychiatric hospitals, and others are non-correctional centers. There are legal provisions that permit drug-using offenders to be placed in treatment centers at their own request as a part or all of their sentences. Whether they are placed in correctional or noncorrectional centers depends on the circumstances of their cases; some are placed in treatment centers pending sentencing. While these laws are widely applied, they have not led to a significant decrease in the number of drug users in prisons.

Motivation work

Information about "motivationsarbeit" (motivation work) in correctional facilities comes from the State of Hessen and the "Lehrerstrasse" prison in Berlin. Workers paid by the courts attempt to motivate

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inmates to seek treatment by making drug program information available. The workers also talk to prison and court authorities to facilitate inmate transfer to external treatment facilities. Problems that arose from having outsiders come into the prisons have been resolved, and workers have the freedom necessary to do their jobs. Prison officials feel that these workers' specialized knowledge and abilities outweigh the disadvantages of bringing outsiders into the facilities.

In Berlin's "Lehrerstrasse," workers focused on young women, including those with little interest in treatment. Because workers assumed that most of the young women used drugs, they decided against private talks and took a more informal "street corner" approach. This had the advantage of making the workers seem more approachable, improved the atmosphere, and generated discussions about being drug free. The inmates set up a self-help group and, as a result, a separate area was established for those preparing to undergo treatment after release.

Separate areas or facilities for drug users

The two arguments most used for providing special areas or facilities for drug users are (1) if drug users are separated from the rest of the population the freedom of nonusers will not have to be restricted; and (2) separating drug users makes a more intensive and tailored approach to their problem possible. There are several prisons with separate areas. The goal of these areas is to motivate inmates to want treatment. Generally, placement is at the prisoner's request; treatment motivation is pursued by an interdisciplinary team; and drug use and smuggling are monitored, with clearly described sanctions.

Treatment outcome

Short-term. Inmates can be placed in drug treatment centers involuntarily. Two facilities, Parsberg and Brauel, report that 40 percent of such inmates fail to complete the program and are dismissed from treatment within 4 weeks; 60 percent are dismissed in the first 6 months. In Frohnau, of 79 committed patients treated between 1980 and 1982, only 21 cases were judged to have had positive results. In a special

area set up in the Munster prison, it was found that those who were placed against their will were less likely to successfully complete the treatment program (although the literature did not provide a definition of successful treatment).

Long-term. The literature did not reflect any conclusive research on the long-term effect of treatment programs, although it is apparently believed that most patients will eventually begin using drugs again. However, a few studies indicated that up to 50 percent remained drug free over the research period.

Summary and conclusion

Problems within facilities

Rarely were absolute numbers or percentages found in the literature studied. From available information, it appears that in each country the problems are much the same as those experienced in Dutch institutions: a proportionately larger number of drug users in prison populations than in society in general; difficulty in communicating with users; the tendency of drug users to form or continue their own subcultures; smuggling, trading, and use of drugs; lack of success in resocializing drug users; the need for measures to prevent drug use; the reduced freedom of nonusers; and the need for stricter rules. From the users' viewpoint, problems include the need for detoxification and help; required abstinence from drugs, which is sometimes seen as an extra punishment; difficulties in adapting to an unfamiliar way of life; confrontation with their former way of life; and doubts about their future.

Attempts to solve the problem

Placing drug users in noncorrectional treatment centers is a method of dealing with inmate drug abuse that has been used in the United States, but is being used less frequently because it has not been very successful. This is due partly to poor communication between the courts and treatment facilities, and partly because inmates are not adequately prepared for treatment.

In Sweden, many convicted drug users are placed in therapeutic communities and

foster families. In Germany, attempts to reduce the number of drug users in prisons through placement in such facilities have not yet resulted in a significant decrease in the number of users in prisons.

In the United States, outside personnel are used to establish and run internal therapeutic communities. Ex-convicts and former drug users appear to be the most effective in this work, since they often have more credibility with users than psychologists or psychiatrists. In Sweden, Drug Addict Treatment Teams from external treatment centers contact users as soon as they are arrested, and in Osteraker Prison external workers established a program for drug users in a separate area. "Motivation workers" in German prisons are widely used in the State of Hessen and intensively in the Berlin women's prison, Lehrerstrasse.

Results concerning recidivism

Very little research was found on recidivism rates, and methods were not systematical, making it difficult to compare and draw any conclusions. Some results were derived from staff member impressions. Drug program results in U.S. Federal prisons indicated a positive effect on inmates. The most systematic recidivism research is done in Sweden where both the approach undertaken in Osteraker Prison and treatment outside prisons were found to have been fairly successful.

Generally, separate drug user areas, despite some initial problems, are viewed as worthwhile. Their special approach can motivate drug users to take steps towards a more socially acceptable lifestyle. A good percentage of drug-using convicts who take advantage of these treatment opportunities and complete the programs achieve, at the least, some short-term positive results.

The Assistant Attorney General, Office of Justice Programs, coordinates the activities of the following program Offices and Bureaus: National Institute of Justice, Bureau of Justice Statistics, Bureau of Justice Assistance, Office of Juvenile Justice and Delinquency Prevention, and Office for Victims of Crime.