Prison-based drug treatment and rehabilitation in the Nordic countries

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DURING THE LAST 15 YEARS, prison-based drug treatment and rehabilitation has increased significantly in the Nordic countries and especially in Denmark, Finland and Sweden. Today, different kinds of drug treatment and rehabilitation are offered in most Danish, Finnish and Swedish prisons and to a lesser extent in Norway. These developments have also led to a series of political initiatives, such as treatment prisons in Sweden and a treatment guarantee for inmates in Denmark. Consequently, the Nordic prison services now play an important role in offering drug treatment and rehabilitation. The increase in prison-based drug treatment (PDT) is not specific only to Nordic countries, as the popularity of PDT has also grown in other EU countries during the same period, including Germany, Spain and the UK. In fact, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) recommends that EU member states offer treatment services in prisons, because a large share of prisoners are drug users (EMCDDA 2010).¹

Despite this increase both in the Nordic countries and throughout Europe, the development of PDT has attracted little research attention. This space will, we hope, be partly filled by the research papers in this issue. The papers are the initial results of the qualitative research project Prison-based drug treatment in the Nordic countries. Control and rehabilitation in welfare state institutions, which runs between 2011 and 2014 and is funded by NOS-HS.²

The project is made up of three interlocking parts. First, a focus on the historical development, political debates, legal implementation and stakeholders involved in the emergence of PDT. Second, an analysis of the institutional practices and staff perspectives related to drug treatment in prisons. And third, a study of inmates’ perspectives on prison-based drug treatment and rehabilitation. The aims of the project are twofold. It describes and examines PDT in its different forms and explores the extent to which PDT as a welfare state service reflects the broader developments in contemporary Nordic societies, including perceptions of citizenship, management of welfare services, and issues of control and punishment.

This volume of NAD contains four articles, which report the results from the first part of the project. As the articles show, there are both similarities and differences among the four Nordic countries in relation to historical developments, political debates, legal changes and the stakeholders involved in
the implementation of prison-based drug
treatment and rehabilitation.

Seen from the outside, the Nordic pris-
on services may appear similar and some-
what unique (Pratt 2008a; 2008b). This
“Scandinavian exceptionalism”, as Pratt
(2008a; 2008b) has called the Nordic pris-
on services, is marked by a small prison
population and by comparatively humane
prison conditions. The average number
of registered inmates in the Nordic coun-
tries in 2008 was 71 per 100,000 of total
population (Kristoffersen 2010). Denmark,
Norway and Sweden have had these low
prison population rates since the 1960s,
whereas the rates in Finland reached this
low level in the early 1990s (Lappi-Sep-
pälä 2001). The rates are particularly low
when compared with those in the US or
the UK, where the average number of reg-
istered inmates per 100.00 of total popu-
lation is 730 and 155, respectively (ICPS
2012). Furthermore, it is certainly the
case that the physical conditions of Nor-
dic prisons are comparatively humane in
comparison with other Western societies.
Pratt (2008a, 2008b) supports this charac-
terisation by noting how Nordic prisoners
are often physically closer to home and
family, how they have a closer relation-
ship with the prison staff, and how open
prisons are less stigmatising and more in-
tegrated in the community.3

However, even though “Scandinavian
exceptionalism” portrays Denmark, Fin-
land, Norway and Sweden as similar, the
four papers in this volume illustrate the
extent of differences in the historical de-
velopment of PDT, the range of political
debates, the legal implementations that
have taken place and the stakeholders in-
volved.

Since the birth of the modern prison,
penal ideology has oscillated between
punishment and rehabilitation. In the
mid-twentieth century, in particular, re-
habilitation thinking was a powerful ide-
ology in most Western prisons, referred
to by Garland (2001) as “penal-welfare”
ideology. This approach was, according
to Garland, generally rejected by the late
1960s and the beginning of the 1970s.
With the recent emergence of prison drug
treatment in the Nordic countries, one
might speculate whether the pendulum, at
least in Nordic countries, has swung back
again. Has the ideology of rehabilitation
been reintroduced via the new services
(Kyvsgaard 2001)? All four articles discuss
this fundamental relationship between
punishment and rehabilitation, and each
of them considers the following ques-
tions: Does PDT facilitate the introdution
of more and new forms of control? Does
the Nordic welfare state model make reha-
bilitation special and different from other
countries such as the US, where a growth
in PDT has also occurred but where the
emphasis is on criminal prevention and
not on welfare? Finally, does the growth
in prison drug treatment influence prison
policy and even welfare policy in general
as a way of managing poverty and margin-
ality (Carlen 2005; Wacquant 2008)?

The four papers also discuss how the
introduction of PDT links to both prison
drug policy and national drug policy. The
Nordic countries have traditionally dif-
ered in national drug policy (Hakkarainen
et al. 1996). For example, for many years,
Denmark had a more liberal drug policy,
especially in terms of de-penalising can-
nabis for personal consumption and dif-
ferrating between drug users and drug
dealers, whereas Sweden, Norway and Finland based their drug policy primarily on repression, control and prohibition. However, changes in all four countries’ national drug policies in the last 10 years have lessened the differences between Denmark and the other Nordic countries (Frank 2008). In each of the papers, we can see how the national drug policy influences and frames prison drug policy and prison drug treatment. But we can also see the ways in which national drug policy and prison drug policy differ, as highlighted in the Finnish paper. In Finland, harm reduction has become part of the national drug policy strategy, but is almost entirely absent in prison drug policy. The same tendency can be seen in the other Nordic countries, and the lower status assigned to harm reduction in the prison context can also be witnessed elsewhere in Europe (Stöver & Michels 2010).

Overall, the four papers examine the historical developments in prison drug treatment and rehabilitation from the 1960s to the present day. From all the different discussions contained in the papers, one general conclusion can be drawn: PDT has changed considerably during this period, but the changes have been different in each of the four countries.

NOTES

1 The World Health Organization (WHO) also recommends drug treatment in prisons, based on the principle of citizens’ equal rights to health services (Møller et al. 2007).

2 The Joint Committee for Nordic Research Councils for the Humanities and Social Sciences.

3 For a debate on the term “Scandinavian exceptionalism”, see Ugelvik & Dallum (2012).

REFERENCES


