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Prison-based drug treatment in Finland: History, shifts in policy making and current status

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ABSTRACT

AIM – The article outlines, at the level of political discourse, changes in drug and criminal policy that may have influenced the penal system as a backdrop to the rise of prison-based drug treatment programmes (PBDT) in Finland. METHODS AND DATA – Our perspective is historical. The article is based on historical and political documents, scholarly research and white papers. RESULTS – The history of PBDT in Finland is characterised by an absence of drug treatment programmes until the 1980s, first initiatives at the end of the 1980s, enthusiastic programme development from the mid-1990s, and decreasing interest during recent years. Unlike the National Drug Strategy, the Prison Drug Strategy aimed at a drug-free environment (zero tolerance) and implemented harm-reduction measures only to a limited extent. CONCLUSION – The development of PBDT represents the new way of performing treatment in prisons, with features of managerialism. PBDT is also affected by an organisational segregation of rehabilitation and medical treatment, which prevents integration of harm-reduction measures with rehabilitative treatment, and is in conflict with general aims of integrating substance abuse treatment to mental and healthcare services in Finland. In the spirit of a new kind of Penal Welfarism, the role of documented individual risk and needs assessment in defining an offender's sentence has increased.

KEY WORDS – prison, drug treatment, criminal policy, drug policy, drug-related problems, Finland.

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Introduction

Finnish society confronted its first notable increase in the use of illegal drugs in the late 1960s. In the wake of this encounter, all types of drug handling, including possession and use, were criminalised in 1972. Drug use nevertheless remained relatively scarce, and drugs were not an issue in Finnish public discussion until the middle of the 1990s. (Kainulainen 2009, 41, 54, 59)

It was in the mid-1990s that various types of drug treatment programmes appeared in Finnish prisons. From one point of view, the emergence of these programmes reflects the overall development of Finnish society. The use of illegal drugs increased remarkably during the 1990s, documented

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in national population surveys (Partanen & Metso 1999). The consequences of this "second drug wave" can also be observed in the increased number of drug-related crimes (Niemi 2003), deaths (Vuori et al. 2006) and prisoners with narcotics offences (Kainulainen & Kinnunen 2003). A new national drug strategy was established, and a rise in drug-specific treatment programmes was evident, including new efforts in medicalising dependence and substance abuse treatment such as substitution treatment for opioid addicts (Kaukonen 2002, 155; Weckroth 2006, 16, 18, 193). A prison drug strategy was also drawn up, which increased both control and treatment measures in prisons.

According to prison health surveys, there were considerably more substance dependence problems among inmates in 2006 than were observed twenty years ago. In 2006, 72% of male inmates and 70% of female inmates were diagnosed with lifetime alcohol abuse/dependence (ICD-10); 69% of male inmates and 70% of female inmates were diagnosed with lifetime drug abuse/dependence (ICD-10). Mental disorders had also become more common. (Joukamaa 1995, 89–90; Joukamaa et al. 2010, 47–48, 75–76; Lintonen et al. 2011, 440, 445; Lintonen et al. 2012, 838) Multiple substance use was also common in 2006. Most prisoners reported that they had tried a large variety of substances at least once. More than half of male prisoners and two-thirds of female prisoners reported intravenous drug use. Prevalence of substance abuse problems among Finnish prisoners – especially among female prisoners – is higher than figures reported in many international studies. (Lintonen et al. 2011, 440–441, 446–447)

This article examines prison-based drug treatment at the level of political discourse. We outline changes in drug policy that may have influenced the penal system and its practices. We are especially interested in concurrent changes in society and various policies at the end of the 1990s and the early 2000s. Our perspective is historical. The article is based on historical documents, evaluation reports, scholarly research, white papers, and annual reports about Prison Administration. From this premise, the article aims to describe the significant turning points and changes in policy making that serve as a backdrop to the rise of prison-based drug treatment programmes in Finland.

First, we will briefly describe the history and current situation of prison-based drug treatment in Finland. This history is marked by an absence of drug treatment programmes until the end of the 1980s, enthusiastic development of programmes during the mid-1990s and decreasing interest in drug treatment programmes in recent years. Second, we relate this history to Finnish drug policy in general and Finnish prison drug policy specifically. In particular, we shall focus on the differences between the policies documented in the Finnish drug strategy and prison drug strategy. These differences pertain to different attitudes to the principles of zero tolerance and harm reduction. Finally, we relate the recent history of drug treatment programmes to more general criminological thinking about the relationship between control and rehabilitation in the context of prison, which can be identified as a shift from neo-classicism toward penal welfarism.

Brief history of prison-based drug treatment in Finland

Pre-programme era (pre-1985)

Discussion of "drug treatment", that is, specific drug treatment programmes or thematic wings for inmates with substance abuse problems, began in Finland at the beginning of the 1990s. However, there is a long history, from the 1950s, of Alcoholics Anonymous (AA) group meetings in prisons. "Drug treatment" has also been part of the individual work performed with inmates by prison professionals for a long time along with many different types of activities aimed at "rehabilitation", "maintaining working order", "family-centred work", or "training for the release phase", which are not described in detail in annual reports on prison services. This rehabilitative work was based on the guidance, counselling and medical treatment given by prison officers (physicians, psychologists, social workers and deacons). (Vankeinhoidon vuosikertomus 1990, 37; Huumeiden torjunnan ja päihdehuollon tehostaminen vankeusaikana 1991, 32)

Illegal drugs as a possible problem in Finnish prisons were discussed for the first time in the *Report of the Committee for Prison Affairs* in 1984 (Huumeet vankeinhoidollisena ongelmana 1984). It was concluded that illegal drugs were not a large problem in prisons at that time (only 0.8% of the prisoners had committed drug crimes in 1983). During the 1970s, each year, approximately 500 people had committed a drug crime in Finland, of whom 75% were given a fine as the only sanction. In the late 1970s and early 1980s, 25% of the disciplinary prison sanctions were caused by intoxication, mainly through medicines. For instance, in a 12-month review (1982–1983) of Helsinki Central Prison, there was only one case of intoxication with cannabis and another with amphetamines. Nonetheless, it was concluded that prison services should train prison staff, strengthen control measures and develop co-ordination with police and substance treatment units in order to prepare for an increase in prison drug problems. Imprisonment was viewed as an opportune point for detoxification, which should be used by carrying out "positive acts", such as improving the inmates' physical and mental health, leisure facilities, drug treatment guidance and co-operation with municipal social authorities.

First initiatives (1986–1994)

The Ministries of Justice and Social Affairs and Health held several discussions in the late 1980s and early 1990s about the need to "do something" about drug problems in prisons (Mutalahti 1999, 27). The Ministries were especially concerned about the threat of possible HIV or hepatitis epidemics. Volunteer-based HIV blood testing started in Finnish prisons as early as 1986 (Vankeinhoidon vuosikertomus 1986, 39).

The *Report of the Committee for Prison Affairs* in 1991 (Huumeiden torjunnan ja päihdehuollon tehostaminen vankeusaikana 1991) viewed drug problems in prisons and among the inmates as much more serious than in the previous report in 1984 (Huumeet vankeinhoidollisena ongelmana 1984). The committee concluded that "hard drugs" had arrived in Finnish prisons. Additionally, the number of prisoners with drug crimes had tripled during the last decade (3.4% of all prisoners in 1990). Prison officials knew that illegal drug and medicine use and the mixing of

different intoxicants often took the place of alcohol use during imprisonment. Illegal drugs (cannabis, amphetamines and medicines) were used predominantly by young inmates (aged 21–30). There were also many signs of negative consequences of drug abuse in the large central prisons in southern Finland, such as the threat of violence related to drug dealing or debts, as well as health-related problems caused by intravenous drug use. The committee admitted that drug problems could not be solved only by increasing control measures and that drug treatment in prisons must always be rooted in an inmate's own will and motivation. The proposed actions were classified into three categories: tightening controls, improving rehabilitation and substance abuse treatment (in co-operation with municipal actors and by the actions of prison services), and increasing training and education of prison staff.

"Drug treatment" was not mentioned in the prison services' annual reports until 1993, and the term "drug-free wing" was not used until 1994 (Vankeinhoidon vuosikertomus 1993; 1994). However, already in the late 1980s, a "drug-free wing" with a loose notion of a therapeutic community was launched for young male prisoners in Kerava juvenile prison, and a "rehabilitation ward" was set up in Hämeenlinna Prison Hospital for the treatment of prisoners with psychosocial disorders or substance abuse issues (Huumeiden torjunnan ja päihdehuollon tehostaminen vankeusaikana 1991). In 1993, there were drug-free wings in four prisons, with 45 male participants, and drug treatment courses in sixteen prisons, with 136 male participants (Koski-Jännes 1995, 26–27).

Developing programmes based on "What works" ideology (1995–2001)

According to the guidelines of the Criminal Sanctions Agency (Knuuti & Vogt-Airaksinen 2010, 4), programme work aiming to decrease recidivism had already begun in the 1990s, related to "what works" discussions and to international experiences mostly based on cognitive-behavioural programmes (Canada, UK). A research report on drug treatment methods and their effectiveness in prison, including recommendations for further activities in Finland, was published in 1995 (Koski-Jännes 1995). Drawing on a literature review of evidence-based (RCT) studies, Koski-Jännes (1995, 89–91) suggests that 1) it is wise to progress broadly with many different kinds of programmes, 2) prevention of drug problems should be a common task shared by all professionals throughout the entire institution, 3) actions be focused on ways of thinking and acting that maintain drug abuse and drug related criminality, 4) in addition to drug abuse, there are also other social, physical and mental problems that must be taken into account, and 5) there should be efforts to secure the continuation of treatment or follow-up support after release.

A large project, initiated by the Ministry of Justice and the Ministry of Social Affairs and Health on the strength of Koski-Jännes' report, was launched in 1996 to confront the growing drug-related problems in prisons and to develop substance abuse treatment programmes for prisoners. The project was carried out in co-operation between prison administration and four NGOs[1] in the field of substance abuse treatment (Mutalahti 1999), creating novel co-operation between prison ser-

vices and the NGOs, new methods for assessing, preventing and treating substance abuse problems in prisons through actions carried out inside and outside of prison both during and after imprisonment. The key activities were adapted to ten programmes. Three of the programmes (cognitive-based "Kalterit taakse"®, therapeutic community "Kisko"® and informative and motivational "Antiriippuvuudet"®) are still in use in prisons today. Soon after this project, the number of counsellors taking part in the running of drug treatment programmes in prisons was increased.

Assessment, accreditation and supervision of programmes (2002–present)

In 2002, a working group was nominated to assess and accredit treatment programmes being developed for use in prisons. The working group consisted of national experts on drug treatment systems, drug treatment methods and rehabilitation activities in prisons. As in many other countries, the idea was to assess and accredit the proposed programmes according to certain criteria before they could be implemented in prison services. The aim was to ensure the quality of the content of a programme, that the programme was applicable for work carried out in prisons and that it would impact on those very factors which it claimed to have an effect on. The approval process had three phases, and the approved programmes also had to be reassessed within five years.

A steering group for programme work in prison services was established by the Criminal Sanctions Agency in 2009. Guidelines for programme work were outlined for the first time in 2008 and renewed already in 2010. "Programme work" includes all *rehabilitative activities* in prison services including drug treatment programmes. The guidelines of programme work are based on three principles: risk of recidivism, need for rehabilitation and the capabilities of the inmate being assessed as a whole in relation to his or her current situation. The guidelines emphasise the significance of assessing the degree of motivation and risk of recidivism of the prisoner before selecting him or her to participate in the programme. Currently, these principles guide the practical work of drug treatment in prisons. Drug treatment has become an essential part of the inmates' individual activity plans for serving their sentences. It is believed that by successfully taking part in drug treatment programmes, inmates can "progress" according to plan during imprisonment. (Knuuti & Vogt-Airaksinen 2010)

In April of 2002, the Criminal Sanctions Agency announced a competitive bid for the study and assessment of four cognitive-based prison drug treatment programmes. The studies focused on supporting the developmental processes and the treatment methods used in the programmes. They did not aim to evaluate final programme outcomes, for example, or their effects on recidivism. The research showed not only many good results, experiences and a true need of mental and drug treatment among inmates, but also highlighted that it was notably challenging to carry out treatment in accordance with the model, theory and goals of the treatment programmes in the prison context. For example, a sound theoretical framework was lacking, as were training opportunities and resources for the proper implementation of programmes (for instance, Tourunen 2000; Tourunen & Perälä 2004; Granfelt 2007).

Current status: Control, treatment and rehabilitation

The number of programmes and inmates taking part increased dramatically in the late 1990s and early 2000s (1,347 participants in 2002), but the numbers have since come down (440 participants in 2010). There may be several reasons behind this trend. The Prison Administration has been hit by the state productivity programme and economic cuts (reducing such resources as money and number of personnel, and even closing a number of prisons). Drug treatment has no longer been in the spotlight over the past several years. The focus has shifted to the release phase of inmates and to the implementation of new sanctions such as supervised probationary freedom. There have also been changes in statistical practices after 2008: short informative courses are no longer included in rehabilitative programmes (Tanhua et al. 2011, 141). Also, in the midst of accreditation processes, there are currently fewer programmes and fewer programme participants than in the early 2000s, but these programmes are more carefully structured, supervised and directed.

Today, drug services in Finnish prisons are classified into three parts: treatment, rehabilitation and control of drug use. "*Control*" is organised and conducted by prison officers responsible for security in prisons. Control entails urine tests, body and room examinations, and use of sniffer dogs. In 2008, 24,951 tests were taken for the use of illegal substances or alcohol in Finnish prisons with 1,124 confirmed positive findings (4.5%).The intoxicants found most often were alcohol, bentzodiatsepines, buprenorphine, amphetamines and cannabis (Obstbaum et al. 2009, 6–8). "*Treatment*" is organised and run by prison health personnel. Treatment consists of assessment of substance abuse and need of treatment, detoxification, psychiatric treatment, substitution treatment for opioid addicts, voluntary tests for HIV and hepatitis B and C and free vaccination. Prison social and rehabilitation officers (social workers, counsellors, psychologists) are responsible for "*rehabilitation*" in prison. This includes drug counselling, informative and motivational interviews and courses, and special group programmes that are run either as day programmes or in drug-free wings. "Drug treatment programmes" in Finnish prisons are thus arranged as a part of social services, which are distinct from health services. While rehabilitation and medical treatment are two separate services in the Finnish prison system, they are provided in a much more integrated manner outside prisons, and there are strong political efforts to achieve yet deeper integration of social and health care services as well as substance abuse treatment and mental care.

Finnish prisons currently provide 13 accredited rehabilitative programmes, of which 8 are specialised drug treatment programmes, as well as 2 programmes approved as having good drug treatment practices (Knuuti & Vogt-Airaksinen 2010, 16–21). In 2010, a total of 1,264 prisoners took part in some kind of goal-orientated rehabilitative programmes, and 35% of these inmates (440 prisoners) participated in drug treatment programmes (Tanhua et al. 2011, 141). According to Prison Law (Vankeuslaki 767/2005; chapter 8, 9 §), prisoners can be sentenced to a maximum of six months in a community treatment unit during imprisonment. In recent years,

however, the Criminal Sanctions Agency has not had any allowance for this option, and municipalities have been unwilling to fund treatment during imprisonment. AA groups are available in most prisons and NA groups are provided in some. Certain prisons also co-operate with peer-group associations, such as A Guilds (recovering substance abusers) and C.R.I.S (Criminals' Return Into Society).

Finnish Drug Strategy, Prison Drug Strategy and penal welfarism

After providing a historical perspective to the evolution of prison-based drug treatment in the previous chapter, we shall now focus on the political background behind these changes. We will concentrate on the general drug policy in Finland and its implementation in prison policy. At the end of the chapter, we will place drug policy in Finnish prisons onto a continuum between neo-classicism and penal welfarism, with a shift toward a new kind of penal welfarism.

Dual tracks of national drug strategy

Current Finnish drug policy was originally documented in Government Decision-in-Principle on Drug Policy (Valtioneuvoston periaatepäätös huumausainepolitiikasta 1999) based on the report of *the Finnish drug policy committee* (Huumausainestrategia 1997). The report mentions work against drug use in prisons among eight other initiatives. The goals are to prevent drug crimes and drug-related harm in prison, to support prisoners' living a drug-free and crime-free life after release and to prevent inmates from beginning to use drugs in prison. These goals are to be accomplished by means of educational and other activities. This first version of the national strategy was later supplemented with governmental allocations (Toimenpideohjelma 2000; 2004; Valtioneuvoston periaatepäätös huumausainepoliittisesta yhteistyöstä vuosille 2008–2011). However, the major goals of the drug policy have not changed.

The strategy is in line with what Tuukka Tammi (2007) says is a fundamental compromise between a repressive policy of control and harm-reduction policy. Definitions are avoided of the most contradictory issues, such as the relationship between drugs and medicines or the classification of drugs into "soft drugs" and "hard drugs" (Kainulainen 2009, 12; Tammi 2007, 34, 36). There was also rivalry within the Finnish drug policy committee: the Ministry of the Interior and the Police Agency advocated a drug-free society, while the Ministry of Social Affairs and Health and the Ministry of Justice sought to minimise social harm caused by both drugs and drug control and to protect the rights of minorities. In the report of *the Finnish drug policy committee* (Huumausainestrategia 1997), harm reduction measures, such as needle exchange and substitution treatment, were established as public health imperatives in the fight against infection epidemics, regardless of political criticism (Hakkarainen & Tigerstedt 2005, 150; Tammi 2005, 386–387, 391)

Harm-reduction policy was institutionalised rather quickly in the late 1990s, and these measures played a central role during a 1999 meeting organised by the Academy of Finland and the Finnish Medical Society (Duodecim), where researchers and representatives of health care sys-

tems, treatment organisations and NGOs produced a consensus declaration on the treatment of drug dependence in Finland (Konsensuslausuma 3.11.1999). Altogether, the role of the health care system and psychiatry in handling alcohol and drug problems was increased. It had previously been mostly the responsibility of social services. (Kaukonen 2002, 160)

The goal of the Finnish drug policy committee was to build a comprehensive drug treatment system inside Prison Services. Despite several initiatives, the law was never carried out which required that prison sentences could in certain cases be substituted with treatment. With drug users, it is possible for judges to waive all sentencing measures if the person can be guided to treatment. This route is rarely taken; instead, attitudes toward drug users have hardened in sentencing practice (Kainulainen 2009, 26, 388, 393, 396).

Singular track of prison drug strategy

The Finnish Prison Drug Strategy was released in 1999 (Vankeinhoitolaitoksen päihdestrategia 1999) in response to increased use of drugs in society and in prisons. It includes an action plan for the years 1999–2001 and defines the goals for work as follows (p. 13): "*Prison Services conducts sentencing so that drugs will not be manufactured or used in prisons. A drug-free and safe environment and the education of prisoners support a drug-free way of life and prevent harms caused by drug use*". HIV in prisons was also deemed an important issue, and the prevention of infectious diseases was emphasised, but the only specific measure was the assurance of the availability of supplies for cleaning syringes. Special attention was given to the development of new treatment programmes and co-operation with municipalities such that treatment could be continuous. The basic idea in the Prison Drug Strategy is that the use, possession and trafficking of drugs is a crime and strictly forbidden, and every member of staff has a duty to intervene in such activities immediately. The strategy also makes it clear that prisoners with drug problems should be treated the same as other prisoners and that they have a right to social and health care services equal to those of any member of society (Vankeinhoitolaitoksen päihdestrategia 1999).

In the 2004 updated strategy, the mission of Prison Services is defined as enforcing sentences given by courts such that they enhance the safety of society by decreasing sentenced offenders' risk of reoffending. Special attention is given to stopping the processes of social exclusion that sustain criminality. The strategy maintains that the division of labour in the different drug treatment programmes designed in 1999 proved difficult to carry out. Instead, every prison should have the same basic services: assessment of needs for treatment, informational and motivational programmes and some kind of rehabilitative service. Only intensive and community-based programmes are shared between several prisons. Depending on personal evaluation, inmates can also gain permission to take part in peer-group or treatment programme meetings outside prison. With the new strategy, every prisoner has an individual action plan drawn up for him/her on arrival in prison, and drug rehabilitation should be carried out according to this plan. (Vankeinhoidon päihdestrategia 2004).

To summarise, the Prison Drug Strategy certainly bears a similarity to the National Drug Strategy and the dual track drug policy of Finland. The most remarkable departure from the national drug policy is that the Prison Drug Strategy sets a drug-free environment as an absolute goal, and harm-reduction measures are implemented only to a limited extent.

Toward penal welfarism

The balance between the penal function and the rehabilitative purpose of imprisonment has varied throughout the history of the prison system. This has been the case of the criminal policy of various countries at various times. Criminal policy can be observed to have evolved in cycles between two poles. (Laine 2011, 18–20; Lång 2004, 137; Lappi-Seppälä 2011, 299, 303) In the criminological literature, the first is often called classicism or neo-classicism, emphasising the general deterrence of punishment and relying on the principles of proportionality and equality in criminal sentencing. Sanctions should be exclusively ruled by the criminal act itself and not by the offender's personal qualities. In neo-classicism, the basis of sanctioning is solely the criminal act: everyone gets the same sentence from the same criminal act, regardless of the actor or what characteristics he or she has.

The other polarity can be called penal welfarism, which relies more on the individual deterrence of sentencing and the rehabilitative function of imprisonment directed at the offender's person. The aim is the social integration of the individual inmate, and criminal sanctions should therefore be differentiated according to the individual's rehabilitative needs and progress in the rehabilitation process. In penal welfarism, the offender's character is central in two ways: 1) risk analysis and classification of offenders into those who can make use of rehabilitation and those who cannot and 2) planning the content and duration of the prison sentence as rehabilitation process. The objective of sanctioning is to reduce the possibility of re-offending through treatment or isolation, depending on individual assessment. Penal measures, including imprisonment, or optional sanctions such as community service and juvenile punishment, are themselves supposed to have a curative effect on offenders.

The beginning of the twentieth century saw the rise of rehabilitation ideals and penal welfarism in all Nordic countries and in other parts of Europe, though strongest in countries such as Denmark and Sweden. In Finland, imprisonment rates were notably high compared with other Nordic countries. (Lappi-Seppälä 2011, 299; Pratt 2008, 130–131). During the late 1960s, there was significant debate in the Nordic countries about the justification of closed institutions. One target of this critique was the prison system. Between 1975 and 1997, the imprisonment rate in Finland went from being one of the highest in Europe (116 per 100,000 in population in 1975) to reaching overall Nordic levels (58 per 100,000 in population in 1997). This was a conscious choice, achieved merely by reducing sanctioning. However, this adjustment had no effect on reported criminality, which stayed at the same level as that of other Nordic countries during this period. (Lappi-Seppälä 2001, 107, 121)

The shift toward ideals of penal wel-

farism is evident in the reform of the Finnish criminal code in 2005. Both in the older 1995 version of the act (originally from 1889) on enforcement of punishments and the new law of imprisonment from 2005, loss of freedom is described to be the only penal content of imprisonment. The principle of normalisation is found in both, as they both state that conditions in prisons should meet the overall standards of society. However, in the 2005 law, this principle is preceded with a demand for securing the safety of society as well as that of officials and inmates inside prisons. The most important difference between the two laws is the way the goal of a prison sentence is defined. The 1995 law holds that the prison sentence is designed to be carried out without needlessly complicating the inmates' return to society and to prevent harm caused by the loss of freedom if possible. The law of 2005 sees the goal of imprisonment as improving the inmates' abilities for a non-criminal way of life. This goal is to be achieved by enhancing the inmates' skills for life management and returning to society and by preventing criminal acts from being carried out during the sentence. Harm caused by imprisonment is no longer mentioned, but punishment itself has become a tool of welfare policy (Asetus rangaistusten täytäntöönpanosta 1995; Vankeuslaki 2005; Pratt 2008).

While strongly criticised in the 1970s, the penal-welfare ideology rose again in a new form in Finland and in all Nordic countries during the 1990s (Lappi-Seppälä 2011). New international research evidence showed that treatment in prisons could be effective, when treatment methods were carefully designed to defined target groups (Marttunen & Takala 2002, 9–10; Järvenpää & Kempas 2003, 69, 95, 111; Lavikkala 2011). This approach led to a sizeable increase in treatment programmes largely based on cognitive behavioural theory. There was also fertile ground for such programmes because treatment ideas never totally disappeared in the era of neo-classicism, and the welfare services failed to meet the needs of marginalised people like prisoners. Inmates today are also viewed much more as active and responsible agents. Traditionally, what mattered was prevention of reoffending, but now other benefits of treatment are also acknowledged, such as helping inmates to improve their marginalised situations. Rehabilitation currently considers other factors of human life, including employment, housing, social relations, substance abuse, and mental and physical health. Whether this approach is also the reality in the practised treatment programmes and activities inside prisons is open for debate. In contrast to the previous era of penal welfarism, new forms of penal welfarism also emphasise risk assessment, accreditation and management of the treatment programmes. Instead of coercing, there is now rewarding; control and treatment measures are intertwined; and cognitive-based theories focus on the responsibility of the individual. Treatment is used not to justify imprisonment as such, but to sustain the rationality of voluntary treatment activities during imprisonment. (Laine 2011, 23–25; Lappi-Seppälä 2011, 302, 304)

Conclusion

Finland was faced with a remarkably increased use of illegal drugs during the

1990s. Increased drug use and drug-related problems, as well as fear of an HIV epidemic and hepatitis infections, boosted the concurrent development of drug-specific treatment programmes in the mid-1990s within social and health care and in prison services. A National Drug Strategy and an additional Prison Drug Strategy were drawn up at the end of the 1990s, creating a dual track policy, which reinforced both control and treatment measures.

For a long time, one of the main goals in Finnish criminal policy was to decrease and control the total number of inmates, while the Prison Administration crucially seeks to have an effect on recidivism or to decrease reoffending. In this context, the development of prison-based drug treatment programmes has been viewed as a reasonable tool to reaching the goals, especially when most of the inmates have been assessed to have many kinds of alcohol and drug-related problems. As in other Nordic countries, the development of drug treatment programmes was based on international experience and research on effective programmes appropriate to a prison context (mostly on ideas of "what works").

There are also some significant dissimilarities between the Prison Drug Strategy and the National Drug Strategy. First, a drug-free environment (zero tolerance) was set as an inevitable goal in the prison context. Second, harm-reduction policies and activities are implemented only in a highly constricted manner in prisons. Third, drug treatment practices are affected by several independent organisations for rehabilitation and medical treatment in the Finnish prison system. Harm-reduction measures, such as the cleaning of syringes and substitution treatment, are the responsibility of the health sector and are segregated from rehabilitative drug treatment programmes in prisons. At the individual level, this approach means that inmates in substitution treatment are easily banned from participating in rehabilitative drug programmes. The segregation of the health and social sectors prevents efficient integration of harm-reduction measures with rehabilitative drug treatment programmes. Additionally, this strategy separates medical elements of drug treatment from psychosocial rehabilitation. Such segregation is in conflict with general aims to integrate substance abuse treatment to mental and healthcare services in Finland.

Finnish criminal policy has shifted from the neo-classicist school toward new forms of penal welfarism. The content of a prison sentence is currently individually planned in accordance with risk analysis and assessed need for treatment. A drug-dependent prisoner is supposed to take part in a variety of rehabilitation programmes according to this personal activity plan, which regulates his/her possibilities and choices through the entire sentence. Punishment is no longer based solely on the criminal act and the general deterrence of punishment, as in neo-classicism. In the spirit of penal welfarism, the role of documented individual assessment in defining an offender's sentence has increased, and punishment and rehabilitation have been intertwined in many ways. In this environment, accredited, evidence-based and supervised drug treatment programmes have reached a remarkable role. Two organisational renewals during recent years, as well as the establishment of an accreditation panel, a steering group for

programme work and three regional assessment centres represent the new way of implementing drug treatment programmes in the prisons. Technocratic managerialism has found its way to prisons, too.

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NOTE

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