

DRUG-DEVELOPMENTS IN THE DUTCH PENITENTIARY SYSTEM

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I should like to make some general statements concerning ongoing drug-problems in Dutch penitentiary institutions.

Within as well outside prison the number of harddrug users, harddrug abuse and of drugtraffickers did increase rapidly in Holland during the last years.

The way one reacts upon these phenomena depends on several factors, especially characteristics of detained drug-addicts and drugpeddlers, of the penitentiary institution itself and the knowledge of those who are involved, for example prison officers.

About 10 years ago a drugproblem emerged as the consequence of growing numbers of detained addicts on the one hand and missing knowledge how to react to them on the other.

Nowadays an average number of 20-30 % is registrated as a harddrugaddict in prison.

One can say that at first the general idea was to consider them as patients suffering from mental and physical disorders. It was from that point of view that some measures were taken. Although certain prison directors and physicians already tried for some years to alleviate drugproblems they were confronted with, more general policy measures date only back to circa 1978. Three types of measures could be distinguished:

- 1) initiating scientific research;

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- 2) starting some drug experiments within two remand houses to get more practical experience;
- 3) to expand the knowledge of prison personnel.

Drug research in prison was conducted by the Institute of Criminology of the State University of Groningen. They showed that in terms of socio-economic characteristics the differences between addicts and non-addicted prisoners were much less significant than their similarities. Besides it appeared that among the non-addicted detainees there was a sizeable group of irregular hard drug users, and further that members of this group were convicted (earlier) of contraventions against the opium law.

Some of the major conclusions were first that heroin did have become part of the subculture yielding traditional criminality;

Second that it could be expected that the number of imprisoned drug addicts would rise sharply, this because it could be demonstrated that heroine use as such has an autonomous influence on the number of offences committed.

Third that it might be expected that all remand houses and prisons would be confronted with rising numbers of addicts.

Some general proposals were made to recruit the assistance of external service delivery organisations because, as it was stated, giving treatment to (addicted) detainees does not fit well into the organisational goals of penitentiary institutions and — secondly — demands specifically trained personnel.

A second and very important policy measure which had been taken was the implementation in 1979 of experiments with regard to service delivery for drug addicts in two remand houses in Amsterdam and Rotterdam. The main goals were to give more adequate medical treatment, to establish or consolidate the contacts with outside drug service organisations and to try to treat drug addicts in accordance with their social and psychological problems during their detention.

Johanna van de Vaart describes in full detail the experiment in the Amsterdam remand house.

A third policy measure aimed at improving knowledge about drug (takers). Instruction relative to drug matters

was given an important place in the vocational training of prison officers and prison executives.

In general it can be concluded that the purpose of the adopted measures was to improve the service delivery to be given to imprisoned drug addicts.

This was done on the basis of the underlying assumption that drugaddicted inmates had to be seen primarily as people suffering from mental and physical disorders.

A number of developments within as well as outside the prison walls with regard to drugusers and the aid they need did however lead to more balanced opinions within the penitentiary system. In the first place knowledge and expertise about drugs and drug users rapidly increased.

As far as the prison system is concerned this was, among others, the consequence of the frequent daily contact with addicts, improved vocational training and the appointment of a special advisor for drug problems. It appeared to be that after a detoxification period drug addicted inmates could in principle participate more or less normally in prison life. On the other hand more insight was gained in their specific personal problems such as their craving for and their psychological dependence on drugs, the drug-centredness of their way of life and — closely associated with this —, their ability to manipulate people, paradoxically accompanied by a relative immaturity of some of their personality features.

Further new research results showed the relative importance of different measures of aid. Intermediate results of an evaluation study of the experiments in the remand houses of Amsterdam and Rotterdam mentioned above make it clear that it was possible to establish more aid contacts between imprisoned drug addicts and outside service delivery organisations, but that on the other hand the quality and effects of these contacts were rather vague.

Besides new research was conducted by members of the criminological Institute of Groningen. They tried to investigate various life styles of drug addicts and they inquired in how far these life styles were more or less a logical continuation of a pre-drug life style.

They were in state to associate various drug careers with different pre-drug subcultures. Notwithstanding great differences between these (*pre-drug*) subcultures addicts

were before starting hard drug use all more or less involved in various forms of social deviance (that is to say not necessarily criminal acts).

So the well known concept 'drug-related crime' was turned into « deviance related drugs ». In this study it was made clear that many drug users have ambiguous attitudes towards the functions of aid delivery institutions. In general they try to adapt these functions to their own specific goals. For instance, imprisonment was seen by some of them mainly as a break: a way of getting a rest, proper food, shelter and regaining a low(er) tolerance level.

To my opinion the outcome of all this can be the conclusion that it must be admitted that detained drugaddicts do have specific problems e.g. medical and socio-psychological, but that on the other this does not always necessarily imply they are in need of specific aid or have to be treated completely different as other inmates. Treatment has to be aimed on the specific problems and depends on the quality of the motivation to be treated.

A last development to be mentioned with regard to drugs in prison is a rapid increase of convicted drugdealers during the last 3-4 years. In 1976 the Opium law underwent changes. One of the main changes was a heavier maximum penalty for drugtraffic, in particular harddrugtraffic with a maximum of 12 years prison.

In combination with a growing number of arrested drugdealers, more and more convicted drugdealers with long prison sentences came into Dutch prisons.

On the basis of scientific research, done in these prisons for long term offenders, it could be made quite clear that these dealers were to a large extent responsible for harddrug traffic in these prisons. Further this investigation gave rather convincing indications that harddrug abuse among inmates was stimulated by these traffickers.

In general a prominent consequence of hard drug abuse in prisons can be a growing tension between the inmates; these tensions are caused by non-addicts averse reaction to drugs and drug users, sometimes by the vast amount (great sums) of money meant for buying drugs. This sometimes leads detainees to turn other inmates in to the authorities for possessing drugs or money. Furthermore addicts who them-

selves often experience withdrawal problems as a result of irregular use, due to unreliable importation, tend to act irritably. Former addicts who achieved a successful detoxification are compelled by pushers to resume their drug habit.

This all adds up to a general climate of conflicts and aggression between prisoners. Besides the relationship between inmates and — particularly — the prison officers will be negatively affected. In general it becomes even more difficult to establish normal social contacts between these two groups.

Hard drug users will try to conceal their habit and are inclined to interpret contacts only as control efforts.

This may have a demoralising effect on the attitudes and work orientation of prison-officers, especially when they have, as they do in Holland, the double task of maintaining safe prison conditions as well as enhancing positive and social behaviour of prisoners.

From the perspective of the so called resocialisation task, this demoralisation process can be intensified when it is necessary to increase safety measures to contain the growing drug traffic. This process works in two ways:

– On the one hand the social distance between prison officers and detainees widens, distrust between the two parties grows, and resocialisation efforts become more and more unrealistic.

– On the other hand when these safety measures are effectively applied, the prison officers as well as many other people involved become the only channel along which drugs can be smuggled into prison. One observes that in reality it sometimes proves very difficult for prison personnel to refuse the large sums of money offered by detained dealers who bribe them into dealing drugs.

As a reaction to these problems of drugtraffic and illegal drug use in especially these prisons for long term offenders a commission has been installed to give advise for the repression of all these problems. So I think that it must be concluded that in Holland we reached a rather critical point. On the one hand we have good experiences with service delivery by internal and external behavioral specialists.

The medical treatment also has improved considerably. But on the other hand these positive developments seem to be threatened by the above mentioned drugproblems. It is rather probable that repressive measures will counteract a striving for an improvement of aid giving and treatment activities.

To my opinion this threat can only be managed if two conditions will be fulfilled.

In the first place repressive measures must be handled as specifically as possible, namely directed against those who are dealing drugs within prison. This will not always be easy, for example as a consequence of a certain overlap between those who are addicted and those who are trafficking.

A second condition seems that goals which are set for treatment, of and aid giving to addicted inmates within the existing, standard prisons will have to be rather humble.

This option concurs with the policy report of september 1982 of the undersecretary of justice in which recent developments as well as the future goals for the Dutch prisons system are derived.

In this policy report the general current penitentiary daily life as well as on the results of scientific research, it is said that one can doubt whether the actual goals of re-socialisation and rehabilitation of prisoners is fully realistic.

The situation and the environment in which detainees go back to after detention is often more influential than the detention regime itself. New, less ambitious purposes are presented in this policy report, namely:

- the furtherance of human detention conditions;
- the limitation of harmful detention effects;
- the preparation of reintegration into society.

I think these goals will delimit the framework wherein the specific aid given to detained drug addicts will take place. Besides it looks likely as if in this way treatment of addicted inmates may also contribute in some degree to resolve penitentiary problems created by drugs and drug takers in prison. With regard to the third proposition (the preparation of reintegration into society), the Dutch penitentiary system seeks the cooperation of external insti-

tutions specialised in service delivery for drug addicts, especially the Consultation Bureau for Alcohol and Drugs.

One of the main tasks of this Bureau namely is and will be the intermediation between imprisoned addicts and external service delivery systems of all kinds.

This cooperation is for another reason particularly required.

As a consequence of the economic recession and reduction of the state budget, the Dutch penitentiary administration is also compelled to reduce drastically its expenditures. It will only be possible to realise these more limited tasks in close cooperation with external institutions.

RIASSUNTO

Una decina di anni fa i detenuti tossicomani crearono nuovi problemi per il sistema penitenziario olandese. Furono quindi adottati, in un primo momento, tre tipi di provvedimenti volti, rispettivamente, a dare avvio alla ricerca scientifica, a favorire l'attuazione di esperimenti di trattamento ed a migliorare la formazione del personale carcerario. In questi ultimi anni il traffico della droga all'interno degli istituti di detenzione, nonché il crescente numero di detenuti tossicomani hanno acuito il problema della droga nelle carceri. Al momento attuale sono allo studio dei provvedimenti di controllo. Questi ultimi debbono essere vagliati attentamente con riferimento agli effetti negativi che potrebbero scaturire dall'impatto con l'ambiente carcerario in genere, e in particolare con riferimento ai servizi prestati dagli specialisti del comportamento interni ed esterni. Un trattamento disintossicante non può in questo contesto essere realizzato. Ciò è in sintonia con la nuova politica penitenziaria nella quale gli obiettivi di risocializzazione sono sostituiti da obiettivi più a portata di mano; come ad es. la limitazione degli effetti nocivi della detenzione. D'altra parte si si proseguirà la collaborazione con i centri esterni di assistenza.

RESUME

Il y a une dizaine d'années, les détenus toxicomanes créèrent de nouveaux problèmes dans le système pénitentiaire hollandais.

Ainsi, dans un premier temps, furent adoptés trois types de mesures destinées, respectivement, à lancer la recherche scientifique, à favoriser la mise en place des expériences de traitement et à améliorer la formation du personnel pénitentiaire.

Ces dernières années, le trafic de drogue à l'intérieur des instituts de détention ainsi que le nombre croissant de détenus toxicomanes ont aggravé le problème de la drogue dans les prisons. A l'heure actuelle, des mesures de contrôle doivent être examinées attentivement tant d'un point de vue général (en ce qui concerne les effets négatifs pouvant provenir de l'impact avec le milieu carcéral) que d'un point de vue plus spécifique.

Ce qui est affirmé est en accord avec la nouvelle politique pénitentiaire dans laquelle les objectifs de resocialisation sont substitués par des objectifs plus réalisables, comme, par exemple, la limitation des effets nocifs de la détention.

D'autre part, la collaboration avec les centres extérieurs est poursuivie.

SUMMARY

Ten years ago detained harddrug addicts created new problems for the Dutch penitentiary system. Three types of measures were taken at first: initiating scientific research and experiments with some low level treatment modalities and ameliorating the knowledge of prison personnel. Last years drug traffic within prison and growing numbers of detained hard-drug addicts intensified the penitentiary drugproblem. Control measures are now in preparation. These must be critically examined with regard to adverse effects on the penitentiary climate in general and specifically the service delivery by internal and external behavioural specialists. Drugtreatment as such will not be developed. This is in accordance with a new penitentiary policy, in which resocialisation goals are substituted by less far reaching options, for example the limitation of harmful detention effects. On the other hand the cooperation with external aid delivery organisations will be furthered.