

# Intoxicants and prison

Published 6 April 2006. Updated 01 June 2009.

Finnish policy on crime since the 1960s has been characterised by neoclassical jurisprudence, which holds that the consequences for a given crime should be consistent for everyone. There was widespread belief in the general preventive effect of legal consequences. Just as it was thought that crime should be regularly followed by punishment, attempts were made to separate treatment from punishment (Lappi-Seppälä 2000).

This policy on crime did largely function as intended: the prison population decreased rapidly and consistently from the 1970s to the late 1990s. Only when the prison population – and the numbers of drug crimes – started to increase relatively rapidly did special preventive measures start to be used as part of custodial sentences. In 2008, around 6,400 custodial sentences were imposed.

Alcohol has been condemned as the intoxicant of the nation, but during the 1990s increasing numbers of drug users were also sentenced to prison. The types of crimes may vary, but as in other parts of the world, people with substance abuse problems are severely over-represented in prisons. According to a health survey of prisoners (2007–2009) around three-quarters of prisoners suffer from substance addiction, and in some groups substance abuse problems are even more prevalent than this. The substance abuse strategy for prisoner care was last updated in 2005. Starting in the late 1990s, substance-free wings have been set up in Finnish prisons, and many rehabilitation programmes have been initiated. The Finnish state pays for necessary social and health care rehabilitation treatment for prisoners. In 2008 around 1,860 prisoners participated in various rehabilitation programmes to promote social coping skills, with around 636 prisoners in traditional drug and alcohol treatment programmes.

Rehabilitation in prison occurs at the prisoner's request in substance-free wings, which have their own structured programmes. Individual substance rehabilitation programmes are also arranged. Delivery is partly by prison staff and partly by counsellors who have received special substance abuse training.

Opiate-dependent prisoners who started treatment before they began serving their sentence continue to receive treatment as part of their prison health care. Needs assessments for new rehabilitative care or decisions to start treatment are currently not done in prison health care; instead, medical inpatient stays are increasingly used.

The Finnish Prison Sentences Act (Vankeuslaki, 767/2005) provides the option for non-custodial sentences. A prisoner regarded as trustworthy, who has a substance abuse problem or who can be assumed to have particular difficulty coping outside prison, may be placed for a limited time in an external facility or similar unit, where he or she participates in drug or alcohol treatment or some other targeted activity to reinforce his or her functionality. A placement agreement is drawn up concerning the objectives of the placement, the dates and duration, the content of the activity and other terms binding on the parties.

Under the Prison Sentences Act, the key objective of prisoner care is to further increase the prisoner's ability to live without committing offences, to promote his or her life skills and ability to fit into society.

Non-custodial rehabilitation was only introduced in 2000. The overall number of these placements has been quite small due to reasons of cost: around 40 per year. Over half of all placements in facilities have been under three months in length. In practice, though, clients' total length of rehabilitation has been longer because they typically begin treatment in prison, and then most rehabilitation imposed by the courts continues after prison by decision of the local social services (Karsikas 2004). Sometimes the length of a treatment placement is considered to last nearly the entire duration of a short custodial sentence, but most placements are done at the end of a sentence (Karsikas & Sunimento 2004). Prisons are responsible for making decisions on the use of non-custodial rehabilitation and the duration and content of rehabilitation programmes, but the Criminal Sanctions Agency decides on the use of special funds for placements.

Quality assurance for prison-based and non-custodial rehabilitation is done using a special approval procedure for operating programmes. Substance abuse treatment is overseen and evaluated by panel of experts appointed by the Criminal Sanctions Agency. This panel includes representatives from university research departments, probation, substance abuse treatment and educators in the field of prison care (Järvinen & Kuivajärvi & Suomela 2001).

Rehabilitation programmes now place particular emphasis on cognitive-behavioural approaches and continuity of

rehabilitation: multi-approach substance abuse treatment tries to ensure that rehabilitation begun in prison or outside continues after the prisoner's release.

Substance abuse problems are common among prisoners, and their social coping skills after release appear to be better, and their risk of re-offending much lower, in prisoners who have succeeded one way or another in overcoming their substance abuse problems (Hypén 2004). In 2006 the Finnish Ministry of Social Affairs and Health, the Ministry of Justice and the Association of Finnish Local and Regional Authorities issued a set of joint recommendations to take into account the support requirements of prisoners released into their home municipalities. Recommendations have also been produced for mutually supportive measures for substance abuse treatment and probation in community-based sentences (2006).

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## Links ►

Criminal Sanctions Agency: <http://www.rikosseuraamus.fi/en/index.html>

Probation Foundation: <http://www.kriminaalihuollontukisaatio.fi>

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