"Give them a chance!" The social representation of the counsellor's institutional role in prison-based drug treatment programmes in Finland

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Abstract

This article outlines how the social representation of a counsellor's role is construed during interviews: how counsellors rationalize prison-based drug treatment programmes, how they describe their roles and tasks in the implementation of programmes, and how they address control and sanctions related to treatment within the prison context.

The article is based on interviews of counsellors both individually and in focus groups, as well as observations of group meetings in drug treatment programmes in three Finnish prisons.

The social representation of the counsellor's institutional role seems very coherent. The counsellors generally confirmed the official rationales heard in the political discourse, but paid more attention to the positive personal consequences related to individual prisoners. They viewed their main role as "giving them a chance", i.e., helping prisoners to work on themselves. The counsellors did not see any major conflict between control and rehabilitation or any major constraints hindering the implementation of programmes in the prison context. The roles of counsellors and guards appeared to be surprisingly flexible in the Finnish prisons observed, and many of those interviewed had worked in both roles. The counsellors defined themselves more as prison officials employed by the prison service than as therapists.

The social representation of the counsellor's institutional role confirms the core ideas of penal welfarism: drug rehabilitation is viewed as a crucial means of individual deterrence that serves the rehabilitative function of imprisonment. However, penal welfarism appears to take a new form, borrowing ideas of managerialism and client-orientated thinking. When seeking rehabilitation and changes to their lives, prisoners can utilize their time in prison by participating in accredited, structured, and supervised programmes. Despite this, the rhetoric of the importance of drug treatment programmes still conflicts to some extent with the realities, resources, and practices of everyday prison life.

1. Introduction

Finland confronted a remarkable increase in the use of and harm from illegal drugs during the 1990s (Partanen & Metso 1999). In response, a national drug strategy and an additional prison drug strategy were established at the end of the 1990s. These strategies confirmed the Finnish dual-track policy emphasizing both control and treatment measures. In the prison drug strategy, however, a drug-free environment was set as an absolute goal, and harm reduction measures were implemented only in a condensed form, in opposition to the principles of the national drug strategy (Hakkarainen & Tigerstedt 2005; Tammi 2007; Tourunen et al. 2012). According to a prison health survey from 2006, there is an obvious need for drug rehabilitation in prisons: 84 % of Finnish prisoners had a history of alcohol or drug dependence (ICD-10) (Lintonen et al. 2011, 440, 445).

The development of various drug treatment programs in prisons emerged in Finland in the mid-1990s. During the last 15 years, drug treatment programs have become an inevitable part of the institutional prison drug policy in Finland and in many other European countries (Stöver et al. 2008). The growth in the number of programs was triggered by the fear of HIV and hepatitis epidemics, new international scientific arguments for appropriate treatment programs in prison, and increased enthusiasm about Canadian cognitive programs (Tourunen et al. 2012; Bonta 2003). Programs have become an inevitable part of the prison policy, although there has also been classic criticism related to the ambivalent nature of rehabilitation in the prison context given both the oppressive inmate and staff cultures and the role conflicts associated with prison officers performing treatment programs (Kolind et al. 2011; Lindberg 2005). In Finland, programs are also typically carried out segregated from prison health services, which conflicts with general aims to integrate substance abuse treatment with mental and health care services (Tourunen et al. 2012). It has also been assessed, when looking at the balance of roles between social and welfare services, police custody and prison services in the institutional control of substance abuse problems from 1985 to 2006 that the role of prison as a provider of institutional care has increased in Finland (Obstbaum et al. 2011).

The rationales most often given and combined in an elastic manner for prison-based drug treatment programs in Nordic political discourse have been related to a) the reduction of criminality and recidivism as a main goal of prison services, b) the principle of zero tolerance (drug-free prisons), c) viewing prisoners also as citizens with rights to receive services such as rehabilitation, and d) new public management ideas emphasizing principles such as documentation, accreditation, evaluation, monitoring, quality assurance and targeted outcome measures (Kolind

et al. 2013). This development can be viewed as a criminological shift toward a "new form" of penal welfarism combining control and rehabilitation in a revised form in a new era (Lappi-Seppälä 2011, 299; Pratt 2008, 130-131; Tourunen et al. 2012).

There is not much research in Finland on prison drug treatment programs, especially from the staff perspective (e.g., Tourunen 2000; Tourunen & Perälä 2004; Granfelt 2007). The aim of this article is to reflect the findings from the political discourse on Finnish prison drug treatment programs (Tourunen et al. 2012; Kolind et al. 2013) in the opinions of the counselors running the drug treatment programs in everyday prison life. We were especially interested in how the social representation of the counselor's role was construed in the interview discourses. We understand a social representation to be a socially developed and shared form of knowledge that has a practical purpose and that affects the picture of reality that is constructed by a certain social group (Lindberg 2005). First, we will study how counselors rationalize drug treatment programs in prisons and how they define their roles in the implementation of these programs in the prison context. In general, they mostly confirmed the rationales from the political discourse but paid more attention to the personal factors related to individual prisoners. Second, we will focus on how counselors related themselves to several control measures related to drug treatment and how they described prison in the context of rehabilitation. Even if programs had to be conducted according to prison rules, counselors described prison as a context where rehabilitation could – and even should – take place. The social representation of the counselor's role turned out to be surprisingly flexible toward control, sanctions and the role of the prison guard. The counselors' discourse manifested a trust in the positive individual consequences of drug treatment programs, reflecting on a more general level the very ideas of penal welfarism.

2. Methods, data and analysis

There are 13 accredited rehabilitative programs, of which 6 are specialized drug treatment programs, available in Finnish prison services (26 prisons).[2] In 2012, when the average prison population per day was 3236, there were a total of 717 prisoners participating in all accredited rehabilitative programs, of whom 311 prisoners participated in drug treatment programs (Knuuti & Vogt-Airaksinen 2013). This article is based on interviews and observations in three Finnish prisons during 2012.[3] In each prison, one particular drug treatment program was studied. The programs were 1) a therapeutic community (TC) for male prisoners (treatment wing), 2) a cognitive-based treatment program for female prisoners

(treatment wing), and 3) a cognitive-based treatment course for male prisoners (day treatment).[4]

The staff responsible for running drug treatment programs is called counselors and is employed by prison services. The official education requirement for the post is "applicable education from social services", including education as a prison guard. The majority of the interviewed counselors had studied or was studying for bachelor's degrees in social services at the University of Applied Science, and multiple counselors had also been trained as prison guards. Typically, particular programs also had some structured education in the form of manuals and/or short training courses.

All the counselors running the followed program in each prison were asked to take part in interviews. Total of 19 counselors were interviewed either personally (n=6) or in four focus group interviews (n=13). Thirteen of the interviewed counselors were women, and six of them were men. A common interview guide was used in every project country, focusing first on rationales and goals for rehabilitation in the prison context in general and the studied treatment programs in particular, second on control and sanctions related to treatment programs, and third on cooperation between different professional staff. The interviews took from 35 minutes to 1 hour and 30 minutes.

Researchers were also allowed to participate in the group meetings in each program. Observation in the prisons focused mainly on these group program meetings with the addition of other informative talks and meetings with prison staff during the visits to these three prisons. Researchers kept field notes from their visits. The total time spent in the three prisons was 125 hours, including all interviews and observations. Interviews were taped and transcribed. Transcriptions and field notes were coded according to a common "code-tree" in all project countries and then sub-coded in more detail based on the special content of Finnish data, analyzed thematically, and written in conclusive "memos" with the help of the QSR International's NVivo 10 software.

3. Treating drug addicts in prison – the counselor's view and role

The counselors rationalized their work in two different ways. Rationales related mostly to the prison system in general were connected to the prevalence of alcohol and drug problems among prisoners, to the official goals of prison services, and to the positive consequences of drug rehabilitation activities for a prison atmosphere. Rationales related more to prisoners' situations or opportunities to act during imprisonment were connected to the personal utilization of prison sentences, to the prisoners' opportunities to receive rehabilitation and to change their

lifestyles, and to the positive consequences the counselors had seen in the behavior and life-courses of prisoners. The social representation of the counselor's role was strongly linked to the factors related to individual prisoners: to help and guide prisoners willing to seek rehabilitation with the help of the structured drug treatment programs.

3.1. Rationales for drug rehabilitation in prison

According to a prison manager, "*You face drug problems in everything you do in prison, in every aspect of your work*". Counselors also noted that most of the prisoners had problems with alcohol and drugs (Joukamaa et al. 2010; Lintonen et al. 2011) and that substance abuse can also be connected to several crimes, e.g., violence, robberies, and driving while intoxicated, that lead to imprisonment (Rikollisuustilanne 2012). To the counselors, there was a sound need for rehabilitation in prisons. For example, drug problems are often the most important issue documented in prisoners' sentence plan, in which participating in a drug treatment program is listed as a main means to the "progress" expected during imprisonment and to fulfilling the goals of the sentence plan.

> "For sure, I think, drug rehabilitation is the most important thing during imprisonment. When most of the prisoners have drug problems, and we have the aim to try to reduce recidivism. For many prisoners drug abuse and crimes are intertwined. I believe that if drug problems are treated during imprisonment, it has an effect on recidivism." (Counselor, W1[5])

The counselors also referred to prison law, the strategy of the Finnish Criminal Sanctions Agency, and prison drug strategy. Drug rehabilitation supports the key goals of prison services: to reduce the number of prisoners and the risk for recidivism as well as to prepare prisoners for the phase of release. For the counselors, the prison drug strategy provided a sound guideline and justification for drug rehabilitation activities. Drug rehabilitation was also viewed as a crucial means of individual deterrence and serving the rehabilitative function of imprisonment.

At the institutional level, the counselors believed that drug treatment programs and wings could help prisoners to behave better according to prison rules and in this sense to serve their sentences in more constructive ways than if they were in ordinary wings. They also viewed that these programs improved prison security because during rehabilitation prisoners had something reasonable and rational to do and were more likely without drugs than they would have been otherwise. The counselors, however, most emphasized the rationale of utilizing the time served in prison. Counselors did not particularly trust punishment to lead to any positive

changes or consequences for prisoners. Instead, they believed it was more reasonable to try to face problems by the means of drug treatment programs than just "*to keep people in cells*". Imprisonment could give, for example, an opportunity to assess the severity of a prisoner's drug problem and to plan for the appropriate rehabilitation measures available to him or her.

"You still sometimes hear claims that we just keep them in cells and then kick them out. But I think it would be quite odd if we would not provide any rehabilitation in prison. If somebody is really receptive, and willing to do something with his or her life, and to utilize this way the time sentenced, of course it is reasonable." (Counselor W3)

According to counselors, it was much easier for many prisoners to seek and obtain rehabilitation in prison than outside prison, where it might be difficult to obtain a promissory note for institutional rehabilitation, where you have to wait for the rehabilitation, and where you might have a great deal of difficulty avoiding relapses. When imprisoned, you often are forced to be without drugs, and rehabilitation and counselors are "closer" and "easier" available than outside. The counselors had noticed that several prisoners were participating in rehabilitation for the first time in their lives during imprisonment.

"I think these people (prisoners) really don't know about rehabilitation alternatives outside prison. They find it easier to seek treatment during imprisonment and try to keep on after release, in communal treatment." (Counselor W2)

To the counselors, drug rehabilitation in prison is something worth doing. The counselors referred to their own and also prisoners' positive experiences. They emphasized several positive consequences that they had seen in participants during and after drug treatment programs: how prisoners started to talk about their life situations with the counselors and in the group meetings with other prisoners, how they started to behave in different ways, how they started to live sober, and how they survived also after release with the help of NA groups or other kinds of support. As one counselor put it: "*in every treatment course, there are at least one prisoner, who will be able to profit from the course*". However, the counselors did not describe their work only from the prisoners' point of view. For themselves, drug rehabilitation also gave a meaningful context to working in a prison, emphasized also by the prison managers as a motivational factor for the counselors. In this sense, the counselors found their work within drug rehabilitation meaningful and profitable.

"It is like a victory, every time, when a prisoner wants to talk about his/her problems, and to work with his/herself. In those situations, I have a kind of 'winner'-feeling". (Counselor W2)

3.2. The counselor's role and the goals of drug treatment programs

The counselors' working attitudes could be tersely summarized: "*You must give them a chance*". The counselors found it very crucial to believe in the possibility of change. That is why it is important to give the chance to take part in drug treatment programs to every prisoner motivated to try to make a change, "*to do something with his or her life*".

"For sure, it is a good thing to give opportunities to these people so that they have alternatives. When there are prisoners that seriously seek treatment when imprisoned, begin to reassess their own life and want to have a change in their life. It is okay for me. There is always someone to stand up, someone who makes a change, gets rid of the drugs and criminality." (Counselor W1)

A part of a counselor's work is to interview, assess, and recruit applicants for the drug treatment programs. The counselors reported that they paid specific attention to each prisoner's motivation and to the length and phase of his/her sentence, as well as to his/her capacity to adapt to a treatment group (group dynamics). They found this task difficult because they could never be sure about all motives the prisoners had when seeking treatment. According to the counselors, some of the prisoners, often those who were tired of drugs, crimes and imprisonments, were sincerely willing to make a change based on their own motivation. However, the counselors recognized a range of other motives as well: "cowards", who for several reasons did not want to be or could not be placed in ordinary wings with other prisoners; those who were forced to seek treatment for different external reasons or compulsions such as an order from a wife (to save the intimate relationship) or a child welfare authority (to maintain child custody); those who wanted to put things in order by progressing on their sentence plan, e.g., to be transferred into open prison or supervised probationary freedom or to other activities; and those who were looking for the advantages of the program by "doing their time" more comfortably by participating in the program in the treatment wing.

Still, the most crucial task for the counselors was not to assess prisoners' motivation but "to give them a chance". In the end, it is up to the prisoners themselves, and only the rehabilitation process will actually show how motivated the participants are. The counselors defined their roles as motivating (all the time) and supporting prisoners toward change and giving them the means to work on

themselves, to speak about their problems and life events in treatment groups, and to build faith and trust in the possibility of change. They also considered it important, especially in the treatment wing for female prisoners, to strengthen the prisoners' self-esteem and self-confidence as well as to support them in taking responsibility for themselves and their lives. In this manner, they believed they were aiming at the goals of the treatment programs: to attach prisoners to the rehabilitation process and to help them recognize their drug addictions, stop doing drugs, and plan for their lives and rehabilitation during imprisonment and after release.

The counselors also noted that they used the structure and content of the treatment program to help participants concentrate on the "right" themes and questions and to keep them in line according to the treatment program. This was especially emphasized in the therapeutic community, in which the community is traditionally viewed as the main means of rehabilitating oneself. They reminded the researchers that the treatment programs and the treatment groups (other participants) often "*absorb you into the rehabilitative process*" – even if you were ambivalent in the beginning.

"I think, in the beginning, the motives can almost be whatever. When you seek and get into treatment program, motives can change. I have seen several surprising changes. You may first have some resistance, but after a while there starts to grow something else, motivation to continue in the treatment program. There must be something motivational in the treatment program." (Counselor M1)

4. Control and sanctions in the counselors' work

Overall, the counselors seemed to have quite straightforward stances toward control and the guards. Control acted as a context of rehabilitation. Even when control in some situations made things more complicated, the counselors did not see control as contradictory to rehabilitation. When talking about contracts connected to urine tests and sentence plans, the counselors even described control as a method to rehabilitate.

4.1. The relationship between counselors and guards

The fact that both prison guards and counselors were prison officials seemed to ease the cooperation between rehabilitation and control. To some extent, counselors viewed that their role was also to control because they were prison officials as well. In most cases, cooperation between guards and counselors worked nice-

ly. It was often stated that there was no major schism between them, that there was less tension than there had been in the past.

The interviewed counselors valued the work of the guards. They also noted that both control and rehabilitation measures were needed. However, according to the counselors, you needed to have some discretion to work with guards: you had to explain things in certain ways. For example, when "rewards" (e.g., prisoners receiving an extra sauna in the treatment program) for rehabilitation were mentioned, the counselors included explanations of how being in the programs was hard work for the prisoners. This shows how rehabilitation activities still sometimes had to be legitimized to the guards responsible for prison security and order.

"Yes, you sometimes hear critique that it is too easy for women here [in the treatment wing]. But this is quite a drug course! You must think about yourself, do homework, use your brains, take part in group meetings, do several things. You can't just sleep, this ain't any rest home even if it is more comfortable here. I think it is not so easy to face your problems, to deal with them." (Counselor W2)

Forms of cooperation between guards and counselors concerned urine testing, listening to the guards when recruiting prisoners to the programs, and sharing information about the behavior of the prisoners on the wings. Prison was described as an environment where cooperation between the two groups was necessary. The problems mentioned by the counselors concerned specific guards and appeared either as downplaying the counselors' work or as under-prioritizing the work concerning treatment programs.

The counselors only saw the prisoners in the daytime or only few times a week, and thus they needed information. The guards provided information, for example if they thought certain prisoners had potential conflicts that could cause problems in the program. The guards saw prisoners often, but we found that the guards had very little communication with prisoners. The role of the guard was described mainly as to observe, to investigate, to close and open the doors, and to run the daily prison routines. Counselors were the group that communicated with both guards and prisoners, and therefore it seemed that they had a role as the bridge between these two groups. For example, one counselor reported that the door of her room on the wing was always open.

The roles of counselors and guards overlapped in several ways. Many of our interviewees had performed the duties of both guards and counselors to some extent. Sometimes guards had worked as counselors for several courses, some

counselors had filled in as guards when there had been shortages of guards, and guards had later begun to work as counselors. With the prisoners, the counselors wanted to be straightforward and honest about their histories as guards.

"I make it clear for prisoners from the beginning. I tell my standing point and my history, play with open cards, so that it is not any secret. Then there is no reason to wonder, and nobody hasn't doubt my doings". (Guard; also counselor W2)

The counselors did not question that guards were sometimes taking the role of counselor. On the contrary, the role of counselor-guard was highly valued because it hindered the "split" between the "bad guards" and the "good counselors" perceived by prisoners. The counselors emphasized that every employee was primarily a prison official. This was highlighted by their wearing uniforms in two of our research programs (not in the therapeutic community).

"I am not a guard, but sometimes I have been substituting in wings. And that confused look on the face of an prisoner saying 'You are a counselor, should I come out [of the cell] or not'. Well, I am part of the staff, I am an official and an officer". (Counselor W3)

Guards who had turned into counselors had adopted the role of counselor-guard. One of our interviewees described herself as "mix-breed", meaning that the instinct and responsibility of a guard had not vanished and that she emphasized certain things concerning control and security more than did other counselors. This role could be found among the full-time counselors who had histories as guards.

4.2. Control and sanctions related to treatment programs

The counselors emphasized the need for both control and rehabilitation. There were three types of reasons found for control in the counselors' rhetorics. First, in general, drugs were viewed as a security risk ("Control over safety"). Second, control was seen as a means of preventing trafficking into prison ("Control over a drug-free prison"). Third, the counselors assumed that sanctions related to control could direct prisoners' behavior ("Control as rehabilitation").

External control measures, such as sniffer dogs, checking people and goods at the gate, checking cells, metal detectors, controlled distribution of medicines, planned placement of prisoners in different wings, cameras, and architecture can all be directed easily to any prisoner without suspicion. For performing internal (inside body) control such as urine tests, there were two grounds. First, when there was a reason to suspect drug use, dealing or trafficking. Second – and the

one that is more central for rehabilitation – when prisoners gave their permission for random and frequent testing by signing a contract of sobriety. The contract expressed "Control as rehabilitation": it was a control measure that was considered a part of rehabilitation.

The authority to perform tests was granted to counselors as well as to guards. In the therapeutic community and on the treatment wing for female prisoners, the counselors were also responsible for conducting urine tests; in the day treatment program, only guards were responsible for testing. In practice, some counselors viewed testing as more important than did others. In one of the programs, tests were performed once or twice a week. In the second program, the counselors did not perform any tests during the followed course, although they had tested participants in previous courses if they had had reasons to suspect someone. Counselors in the third program performed tests mostly for bureaucratic reasons:

"Actually I have taken them [tests] only that I get it on paper for the responsible officers for drug control, that drug control has been performed." (Counselor W2)

As a result of breaking the contract (relapsing to drug use), counselors viewed two kinds of consequences. There were the official disciplinary sanctions written in the prison law (isolation cell, losing some rights, warnings) and unofficial sanctions, which were not sanctions as such but outcomes from the re-evaluation of prisoners' security statuses. Examples included transfer to another, more closed wing or a delay in the transfer into open prison. Relapses also caused mistrust between prisoners and staff. From the rehabilitation point of view, relapsed prisoners had to quit the program and leave the treatment wing. After a relapse, you could have individual conversations with a counselor about relapsing or you could have a detoxification period. After these, you could reapply for rehabilitation but you would have to start the program from the beginning at the next possible time. When a prisoner relapsed, counselors were sorry, sad or sometimes even a little bit angry for prisoner missing his/her "chance".

4.3. Control as a voluntary act?

"Control as rehabilitation" argues not only that rehabilitation is possible in a strictly controlled environment but that control could become a part of rehabilitation. This form of argument was present when the counselors talked about the sobriety contract, the treatment contract in the therapeutic community, and the urine tests taken based on these contracts. The counselors viewed that by signing a contract, prisoners showed motivation and commitment to rehabilitation.

The signing of the contract was also a method to separate prisoners willing to change from those who wanted to keep doing drugs. Tests were also viewed as a way to prevent drug use in prison. Control was also perceived to be effective: it was assessed that there was, at least in the contract wings, not so much drug use inside the prison walls as there had been in the past. In a sense, control made the environment more favorable for rehabilitation activities.

Even when they were ostensibly voluntary for prisoners, urine tests and sobriety contracts appeared to play a central role in prison control. A contract was a precondition for receiving leaves, for family meetings, for open prison, for certain treatment wings, and for participation in programs. A prisoner could refuse to sign a contract, but this meant that she/he lost the advantages available.

"Sentence plan is a two-way contract between prisoner and employee. If prisoner takes care of his/her part, then principally, the planned continuums will be realized for her/him" (Counselor W2)

In addition to urine tests, the contractual nature was also present in sentence plans. The plans are created for prisoners at the beginning of their sentences. The plans control prisoners' routes through their whole sentences. The plans seemed play a central role in how and where prisoners were going to "do their time": by progressing on their plans, for example, by attending drug treatment programs, prisoners could benefit, for example, by being placed in open prison. The counselors documented in the prison register if prisoners had applied to or attended a program and if they finished or interrupted the program, and they also briefly documented any changes they had observed in the prisoner. The counselors felt that documentation made it possible for other staff members to know what had happened to the prisoners.

Interestingly, whereas it seemed that the control that addressed the prisoners' progress had gained a central role in the modern Finnish prison system, managerial efforts at the supervision and documentation of the programs seemed minimal. Although all of the followed programs had gone through the accreditation process when they were accepted and were quite tightly structured (manuals), the actual requirement for documentation for management consisted only of reporting the numbers of participants and drop-outs twice a year.

5. Prison as a context of rehabilitation

"If one could change the physical surroundings of this house, things could be done differently. But prison itself doesn't restrict [rehabilitation] from my point of view. I think this [therapeutic

community] is ok like it is, somehow these two things [control and rehabilitation] fuse well together" (Counselor M1)

The counselors viewed drug rehabilitation in prison as a rational thing to do, and they did not report any insurmountable practical problems concerning the actualization of treatment programs in the prison context. However, counselors also highlighted the specialty and expressed some constraints of rehabilitation in a prison context. Some counselors valued that in prison drug rehabilitation the safety of the counselors was greater and the participants' risk of relapse less than in community rehabilitation. The content of this chapter is divided to two parts: the constraints of the prison environment and the resources of prison drug treatment programs.

5.1. Constraints of the prison environment

"A prisoner is a prisoner and certain prison rules surround also this prisoner [in the program]. So, he doesn't have a VIP-card in a neck stating I am in this program, I have been exempted of the prison rules." (Counselor M1)

Counselors stressed that daily routines in the treatment programs were run according to the "rules of the house". In addition to the prison rules, the programs had some rules of their own. Although "house rules" caused problems, frustration and bureaucracy in individual cases, the rules were not much questioned by the counselors. Rather, the rules were acknowledged in the context of putting the programs into practice. As observed in Scottish prisons (McIntosh & Saville 2006), one of the biggest constraints was time, when everything had to be done during business hours. In the most secured prisons, the timeframe was between "half past seven and three o'clock". Other prison activities such as medical care, trials, library visits, canteen (grocery) shopping, and meetings of the staff had to be scheduled in the same timeframe, which caused interruptions in rehabilitative meetings. Inflexibility and short notice seemed to be common features of activities.

"When gathering the groups, we cannot necessarily choose group by ourselves, but we have to ask it from control and security sector." (Counselor W3)

Counselors viewed the health staff as the group with whom they had least contact. Counselors acknowledged that aspects of drug problems concerning medications (such as opioid substitution treatment and detoxification) were the responsibility of health care. However, the health care organization was described as be-

ing highly separate from the rest of the prison organizations. Although some counselors were skeptical about substitution treatment, overall they hoped to have more cooperation with the health care sector.

The placement of the prisoners also created obstacles concerning drug treatment programs in prisons. It was carefully planned which prisoners were allowed to meet each other, and the movement of prisoners was restricted. For example, on the high-security wing, courses had to be held in the back room of the wing, which made it impossible to include activities such as yoga or baking as a part of courses. Vice versa, the TC program (in the first phase) wished to isolate its "pupils" as much as possible from other prisoners because they were afraid of drugs being offered by other prisoners. Because many prisoners had ongoing trials, and their times of release were unknown, it was difficult to plan the rehabilitation paths. Sometimes programs wanted to use external peer workers for whom they had problems obtaining security classifications.

5.2. Resources of prison drug treatment programs

"I feel that this is very contradictory. Resources are reduced all the time and standards should rise, like A [another counselor] said, only statistics are looked at." (Counselor W1)

The counselors seemed to evaluate the lack and decrease of resources to be a more severe problem for drug treatment programs in prison than the constraints of the controlled prison environment. Counselors mentioned the State Productivity Program and the profit targets set for the prisons as the reasons for their concerns. Several different aspects concerning resources were mentioned. Sometimes the profit targets for different prison activities could cause situations that appeared quite absurd to outsiders.

"But basically there are these targets and there is one ongoing work to fit these [profit targets of work activities and treatment programs] together. At some point there were little – not problems – but disagreement, because prisoners in treatment programs were absent from workshop. But there is this kind of a problem that those prisoners who are active, want to do things, want to rehabilitate themselves. They are the same prisoners that want to go to work, but also want to attend to courses." (Work supervisor; also counselor M3).

One problem concerning resources was the number of counselors. The counselors felt that they were in a permanent hurry; they wished for more time to discuss the programs together with other counselors and staff. The lack of staff made program organization vulnerable in cases of sick leaves, vacations and maternity leaves. Some counselors also discussed the lack of education, but this was not

considered a severe problem. In one of the prisons, counselors described that staff resources were good in their prison but they recognized the problem on a more general level.

Profit targets defined how many programs the prisons had to organize, but the resources for programs were tight. Two types of problems occurred. The number of programs was limited, and some of the counselors thought that more programs were needed. Paradoxically, because of the profit targets set for the prisons, there was some pressure to keep or choose prisoners who were not believed to benefit from rehabilitation in programs.

"We are reminded that we must try to keep wing full that we can maintain it, it is expensive treatment program, it's about money". (Counselor W1)

Some counselors reported that either the rooms for drug treatment programs were not suitable or there were difficulties obtaining rooms where other prisoners were not allowed to come. Programs had also quite tight budgets for materials, but this was considered something the counselors were used to living with. Counselors also described the lack of control resources; for example, the high price of urine tests was mentioned as one reason not to do so many tests.

6. Conclusion

On the one hand, when rationalizing drug rehabilitation in prison, counselors referred to official documents: drug rehabilitation fulfilled the principles and goals set in the prison law, the prison drug strategy, and the guidelines for prison-based drug treatment programs. In this sense, the counselors confirmed the goals, principles, and rationales stated in the political discourse (Kolind et al. 2013; Tourunen et al. 2012). On the other hand, counselors emphasized that their roles related more to the prisoners' personal statuses, to helping individual inmates seeking rehabilitation during imprisonment. "Counselor" appeared to be an appropriate title for the interviewed workers. They described their main tasks as counselors as "giving them a chance", as counseling and guiding the prisoners participating in rehabilitation through the means and structure of the drug treatment programs.

The counselors did not see any major conflict in the dual relationship between control and rehabilitation (Ward 2013). Moreover, they even viewed control as a part of rehabilitation. We found the roles of counselors and guards to be surprisingly flexible in the observed Finnish prisons. Many of those interviewed had been in both roles at least to some extent. This most likely reflects the fact that

counselors are not therapists but prison officials employed by prison services, as opposed to the import model established, for example, in Norway and Denmark (Christie 1969/1993; Kolind et al. 2011). The counselors recognized that the prison environment set few constraints on the implementation of drug rehabilitation. Security was the first priority, and the "house rules" formed the context in which the other daily routines were run, a principle called "the custodial imperative" (McIntosh & Saville 2006). However, the counselors were more worried about the lack of labor and other resources than they were about the constraints of the controlled environment.

The social representation of the counselor's institutional role in drug treatment programs appeared to be very coherent. The counselors described their work very similarly, regardless of the gender of the counselor or the treatment program involved. This could be defined as their taking a kind of a realistic or pragmatic view of their work, even though they also valued their work as important, meaningful and beneficial for individual prisoners. Surprisingly, counselors did not report much about any negative features of their work, such as role conflicts or opposing prison cultures (Lindberg 2005) or emotional stress (Nylander et al. 2011). Tensions between rehabilitation staff and other prison officers seemed to be milder than they were at the end of the 1990s (Tourunen 2000). The counselors, as prison officials, positioned themselves closer to guards than to health personnel, who worked "*in a world of their own*", as one counselor stated. The segregation of health and rehabilitation activities, as opposed to the recent principles outside of prison, appears to be a rigid part of the structure of prison services.

One could argue that features of recent societal change were also present in the implementation of drug treatment programs in prison services. First, the counselors' description of their role ("give them a chance") illustrates how an offender becomes a client (Donohue & Moore 2012): when he/she is willing to seek rehabilitation, to do something with his/her life and to start work for a change. Counselors also seemed to view two central contracts (a sobriety contract and a sentence plan) as voluntary agreements between two autonomous parties, thus viewing prisoners as clients. Literally, the counselors usually spoke about neither "clients" nor "prisoners": prisoners were called "pupils" in the therapeutic community, "women" in the treatment wing for female prisoners, and "participants in the course" in the day treatment program. However, as Donohue and Moore (2012) argue, the client role of an offender is very flexible, fragile and situational: in the context of rehabilitation activities, you can be treated as a client, but in the context of imprisonment you are still treated as a prisoner. The "voluntary" contracts as well relate the measures of control and sanctions closely to the rehabili-

tation activities. The drug treatment programs were run under "the rules of house".

Second, the counselors' discourse seemed to reflect a change in paradigm from neoclassicism toward a new kind of penal welfarism influenced by features of managerialism (Liebling & Arnold 2004; Tourunen et al. 2012; Kolind et al. 2013). The counselors confirmed the core ideas of penal welfare thinking: drug rehabilitation was viewed as a crucial part of individual deterrence and the rehabilitative function of imprisonment. However, counselors did not seem to count on prison itself to make people better; rather, they considered that the time spent inside could be individually utilized by participating in accredited, structured and supervised programs. By seeking rehabilitation and agreeing to be tested, prisoner can aim at the goals of his/her sentence plan, steering him-/herself toward a desired life change during his/her sentence. By following their plans, prisoners can benefit via personal growth but also via the smooth progress of their sentences, for example by receiving transfers into open prison. Features of managerialism such as precise documentation and evaluation seemed to be directed towards the prisoners, whereas the documentation and evaluation of the prison drug treatment programs were concentrated on a few easily measured quantitative attributes.

Third and last, one could argue that prisoners' situations in the prison context are already viewed too much through the issues related to drug problems and treatment (Jöhncke 2009). Drug problems are prioritized as the most important problem to start work with. In the counselors' discourse, from being a part of imprisonment, rehabilitation had become the main feature of imprisonment. To some extent, this rhetoric conflicts with the realities of and practices in everyday prison life. During the 2000s, the actual number of prisoners participating in drug treatment programs has decreased (Knuuti & Vogt-Airaksinen 2013; Tanhua et al. 2011). In 2012, time spent in all rehabilitative programs accounted for only 5 % of the time spent in all prison activities (work, education, rehabilitation, other activities) in Finnish prisons (Rikosseuraamuslaitoksen tilastoja 2012, 22). The lack of resources, recognized by the counselors as well as noticed at the political level (Tourunen et al. 2012), appears to form a gap between the actual and desired levels of prison-based drug rehabilitation.

Notes

1. D.Soc.Sc Jouni Tourunen works as a research manager and M.Soc.Sc Teemu Kaskela as a researcher at A-Clinic Foundation in Helsinki. They have ongoing studies on drug treatment programs in prisons, opioid substitution treatment, and register based follow up on substance abuse, criminality, and mortality.
2. In Finland, "drug treatment programs" are aimed for prisoners with both alcohol and drug problems and actually run under "rehabilitation" activities separated from medical "treatment". In this article, we use the term "drug treatment program" when we refer to specific programs and the term "rehabilitation" when we refer to more general aims of rehabilitative activities in prison context. In the interviews, the counselors used these terms often as synonyms.
3. The research for this article is part of the project "Prison-based drug treatment in the Nordic countries: Control and rehabilitation in welfare state institutions", which runs from 2011 to 2014 and is funded by The Joint Committee for Nordic Research Councils for the Humanities and Social Sciences (NOS-HS NORDCORP, project number: 210305).
4. The first program is based on the principles of therapeutic community, transactional theory (TA therapy) and 12-step programs (AA/NA groups). The program consists of three phases: the first one is run in the closed part of the prison, the second one in the open part of the prison, and the third one after release in open care in the inmate´s own town or municipality, The second, cognitive-based program is run in the treatment wing ("half-open wing") for female inmates. The program lasts for four months, and drug treatment group meetings take place twice a week (½ day at a time). The third program is based on cognitive-behavioral therapy and focuses on changing thinking and behavior models related to drug abuse and criminal behavior. The course consists of lectures, written, oral, behavioral, and physical exercises, and individual and group tasks. The course lasts for 120 hours, and group sessions are held 2-3 times a week. Inmates are not necessarily placed in the same wings.
5. The letter refers to the gender of the interviewed counsellor (W=woman, M=man). The number refers to the treatment program (1= therapeutic community, 2= rehabilitation wing for female inmates, 3= day treatment program).

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