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**RELATION OF  
PRISONS AND DRUGS:  
CRITICAL CRIMINOLOGICAL  
ANALYSIS OF EUROPEAN  
AND HUNGARIAN SITUATION**

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## Research objectives

In my thesis I tried to explore the prison and the drug problem in their common elements. The prison phenomenon is not only *the* prison itself, the organization and the prison rules, but rather it includes also the social setting and structure. The prison image forms from the press portrays of the prison and from the way how prisoners and the prison guards experience the reality. Scientific researchers also formulate a prison image before they conceptualize their topic.

The drug problem is a wider set resulting from drug abuse in the larger society. The intersection between the two phenomena is the criminal behavior. The fundamental target of this work was to analyze this intersection.

Another important objective was to describe the *real nature* of the drug problem in prisons. The core issue on prison drug problem originates:

- Whether from the prison's internal structure,
- Or from the criminal lifestyle outside of the prison.

A number of international reports, research, professional guidance and decisions were taken under the microscope to see the widely accepted international definition of the prison drug problem.

We examined certain international documents focusing on the problem. A comparison was made between the prison studies of drug monitoring organizations and the drug related findings of prison focused organizations. Two different points of the joint angle and direction of representation were described and uncovered. The intersection of the two sets outlines the prison drug problem.

The self developed *prison mechanism model* facilitated the comparison of the documents and built a bridge between the chapters. Within this framework, we tried to highlight the differences between the different focuses and, where it was possible, also the depth of investigation levels.

One of my important objectives was also to describe of the benzodiazepine problem. This is a severe and significant and crucial problem in the Hungarian prisons and

unfortunately it has not received sufficient publicity, however parallel trends are presented in the outside world. In this paper we describe and analyze a Swedish trend making research and in addition I try to explore the domestic side as well.

My other ice breaking motivation was to define the medicalization as such in the field of prison drug problem. Prisons around the world are facing a paradigm shift, a process toward a medical and pharmacological treatment approach of inmates instead of security and educational functions. If this takes place in a professional and planned manner, it can be useful, and adapts to the outside world medico-trends, however if it works on the principle of chaos, then prison harms and deviant behavior patterns will overwhelm the official medical characteristics of a prison.

The internal prison symbols produce a proper image, a richer, more detailed picture than the press or even the authorities could ever transmit. The prison imprint of an official and a user differs radically. In the third part I wanted to illustrate this tension.

## **Research methods**

The starting point of this work is a systematic analysis, in an approach of phenomenology and critical criminology. We focus our investigation to the following targets:

Inmates facing the drug problem, their beliefs, mentality, human rights, perceptions, life experience, communications, implications and the other persons connected with them.

The paper uses official document analysis method, in which one or more publications were analyzed and measured. The contents were collected on the basis of evaluation, for example we analyzed the structure of documents, the history of those organizations and social background as well.

The prison machinery model represents the related elements. The model proved to be suitable to detect cross-cultural differences, remarks have also concluded from the findings.

In the first chapter the Council of Europe SPACE questionnaires were analyzed, and the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) reports, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) annual reports were scrutinized using the prison machinery model. The second chapter, a similar method, we look into the papers of the European Court of Human Rights (ECHR), and the deservedly high-cited Dåderman research.

The thesis contains a number of case studies delivered by NGOs (Hungarian Drug Prevention Foundation, VáltóSáv Foundation). These case studies are prepared with my assistance or the results were exclusively published in this work.

Presentation and analysis of some quantitative studies were inevitable however this thesis is based mostly on qualitative analysis. Exclusively qualitative method were used on own results.

We concluded the following items:

#### "International experience"

As a former member of the CPT I tried to summarize my professional experiences in the prison drug problem field. A two-week visit to a prison system is not sufficient to get the proper information on the functioning however some issues could be identified.

#### Case studies and beliefs of prison officer students

The students of the Police College have double professional self: they bring a NCO mentality and they tend to train themselves to leadership and an officer's career. Accordingly, a high promising study of staff perceptions and attitudes resulted from this. The students wrote short essays on a visit to a drug prevention unit in a Hungarian prison and content analysis was used.

### Essays and thoughts of inmates

The representations in the mind of a prisoner are highly valuable to the researcher. Comprehensive strategies are based on opinions of the users in a system. This assessment can be done by questionnaires, psychological tests, but also content analysis. The latter method was chosen in order to avoid self-representation like role playing or manipulation. The drug is present in the prison, its interpretation is relative. We analyzed essays assessed by pre-trained police college students and myself.

### Drawings of detainees

The drawing as a primary, pre-writing self-expression can be a very important element to detect beliefs and implications in a low literacy setting. The selected drawings of the inmates contain drug issues; we analyzed them according to the standards developed by Zoltán Vass, and partly to the deviant values and prison ethics. The drawings were obtained directly from the institutes.

### Prison graffiti

The graffiti stand somewhere between writing and drawing, but sometimes considered as artistic creations. An important and essential element of the graffiti is that they try to describe the perceived reality. Self-representation is axiomatic but at a much lesser extent than at the essays.

### Analysis of interviews with professionals

Inmates also meet persons who work in other institutions depriving liberty. The clients of those institutions and the prisoners are often the same. It is important to listen to the opinion of former prison guards who have already left the organization. The methods were free interviews and focused conversation.

## Comments of Hungarian prison directors

The prison machinery model suggests a management oriented approach to the drug problem. It was inevitable to listen to the voice of prison directors. Permission was needed from Hungarian Prison Service HQ, and then a questionnaire was sent to heads of institutions whose 50% answered. The questionnaire counted four questions, two mentioned European directives, one focused on the drug problem and one issued the Rivotril phenomenon.

## Summary of scientific results

1. The prison setting and the drug phenomenon in any society are inseparable. The drug consumer prefers to being marginalized, and criminal justice will intervene. The descendants of a drug user and imprisoned citizen easily get social factors which stimulate the further drug consumption and in a more powerful way the early incarceration. The organizing binds of groups of young people lay in common activities, drugs focus the group motivations toward deviant directions, and members tend to lose their identity. Thus drugs and the prison - such as crime and accompanying phenomena - walk side by side like continuously interacting determinants. Prison seems to be a healing device to respond to the drug problem in the society. These social factors have merged with each other in spite of the legal definitions.

A kind of serial alternation can be observed between the two phenomena: one after another in time, *from one bucket to the other*, as a Hungarian proverb says. Behind this a social pressure stigmatization or societal definition, determination lays - call it whatever. Therefore it is essential for the two segments (drug-prevention and prison system) to work together in both theoretical and practical cooperation. The dynamic pressure toward a drug user and the deteriorating situation of a person held in prison has the same social background. Marginalized people drift between social exclusion (dramatic downward spiral of a drug user) and social inclusion (institutionalization and hospitalization of a drug user).

The latter conclusion serves the survival of the society, however the more people are involved in this system the lesser potent is the society.

2. European Union and the Council of Europe create countless regulations to shape and standardize the prison related or intra-prison drug problem issues. Problems are consistent with large scientific findings funded by CEENDSP, SANCO and SPACE. However drug problem is the most hardcore human rights issue in the prison setting. There is no prison service which is properly prepared to combat all the variations of drug problem. There are some trends which generate and facilitate the problem like well functioning systems of machines. One of those is the medicalization. The „militarization” of the medical treatment in prisons is based on profit orientated motivation. This is also medicalization. In some cases the restraint of the inmates is also delivered by medications (*overmedication*). No doubt that the medicalization results a drug dependency and therefore supplies the institutionalization, a phenomenon which results that the person who releases from a prison turns to a client, a patient, a refugee or perhaps a victim of another institution.

Healthcare should not be mixed up with the law enforcement, or phrasing this statement with other words, an overlap between two segments is a negative benchmark of the democracy. We should consider however that total democracy does not exist. We cannot fight with the aims of the law against some counter-drives, because this would be *a tilting at windmills*. One basic need of the democracy is to legitimate the deviance. Where severe punishment is an axiom and not a debate there the freedom of speech is also not granted. Public order is also a basic need moreover, and those politics which cannot reply to this issue, are also closed minded like authority based surroundings. Drug problem hosts a special place in this theoretical covariance: it manages itself evidently like prison harms do too. There is a strong bind between prisons and drug related social problems, and the quality, the official and informal contents, the functions and effectiveness of this relation build the main components of the societal cohesion, and therefore they are supposed to be the *invisible milestones* of the European values.

3. The very nature of the prison drug problem is not only the fact that drugs are available in prisons. We should conclude that the drugs did redefine the prison world in the Euro-Atlantic region. Therefore we have to describe the prison related drug issues to make prisons as such better to understand. This relies to all prison institutions and it is also special according to national characteristics. It is interesting that the same historical background generates the same phenomena (i.e. drug use and HIV in Baltic countries). Drugs brought dozens of challenges into the prison systems like violence, bullying, forbidden trade, extortions and forcing but not only these. Drug prevention strategies needed to be developed and these exhausted the whole structure of the prison. Directly relating the drug problem the order of visits and parcel influx completely changed, and accordingly the contact with the outside world was also modified in its meaning and realization. Prisons suffered the assistance of police experts in the drug search and finding, dogs were needed only for escorting and patrolling before. Two crucial changes occurred also within the body search procedure: more frequently they had to search also body cavities or apply intimate body searches, not mentioning the not even casual searching of prison staff as well. In this point of view - in comparison to the eighties - the intimacy barrier between inmates and staff disappeared, and a new official code of conduct evolved from the staff searches.

Other issue is the decreasing of isolation in prisons. Drug problem delivers questions of confidence; therefore NGOs are arriving into the prison to combat the problem more properly than the staff. *An alien body* appeared in the prison which is hard to eliminate but there is a must to build it in.

4. We could follow up the action plans of the EU, *harm reduction is extremely important*. This plays also an indicator rule in the EMCDDA reports, therefore Hungarian authorities should step forward in this filed.

5. The decisions of the ECHR prove not exclusively that the drugs are present in the prison but also that there might be *severe infringements of human dignity in prisons*. These misgivings result financial and prestige consequences as well, and it drives our



attention to consider that alerted eyes are watching the prison drug problem, and the prosecution work is not useless.

6. Prison is easy to understand and explore from the official reports and scientific research, however this thesis shows that with the more direct involvement of the inmates into the research can result more comprehensive findings, if we wish to inspect the drug problem in prison more in depth. A lesson might be that we should involve the prisoners into the solution of the prison drug problem. We emphasize that the drawings, the essays and comments of prison directors made a clearer picture than the resting research on the very nature of the topic. We should be careful with the immanent psychiatric approach (Dåderman study), because it relies on the personality traits of the inmates and not considers the other three elements of the prison machinery model: the staff, the architecture and the regime.

ECHR documents seem to be reductionists on the same level, they focus only on the rights from a very special target, and the jurisprudence is not able to see the problem in a larger system. We read personal and haunting tragedies in the court's cases, but we cannot have more information on the situation of the prison staff. We cannot scope the prisoner's personality as we could with the help of drawings and graffiti.

The former Hungarian research and study publications missed completely the prison as a dead end of the drug carrier. *Prisons have to be core issues in a proper drug research.*

Recent Hungarian studies deal more frequently with unique and personal dramas, and they are not able to serve a clear picture on the issue. Therefore prison employees have the impression that researchers are on the other side of the road and they are blind to see the real problems of the prison.

Graffiti in an isolation cell can tell more on the reality of the prison than a questionnaire or an interview. It is useful to inspect too in what conditions a statement of an inmate has created.

It seems to me that the CPT reports and my own research could share more information on the common system of prisons and drugs. This statement is surely not impartial, but

we have to consider that my focus targeted directly to this topic in a system-based approach.

The CPT reports are comprehensive because the visits are carried out by experts who are not only drug policy experts but they have also decade long prison managing and monitoring experience. It is almost impossible to make laypersons to understand the prison reality, but it is harder to convince those people who are reluctant to change the fate of the captives. The prison machinery model seems to be able to fulfill this task more or less.

7. Our final question is what causes the prison drug problem? We could give this answer: three issues are responsible:

- drug problem in the society,
- importation of the criminal patterns (prison itself is not able to contest drug influx),
- the extraordinary complex inner structure of the prison.

## **Realization of research results**

Rivotril abuse causes the biggest problem in the Hungarian Prison Service. I recommend in this field that officials should reassure the rules of receiving parcels and visitors and the internal movement rules of the external contractors in the prison institutions (supply reduction). Prisoners should get proper information on the effects on Clonazepam and benzodiazepines. NGOs could facilitate this work and their activity must be supported in the prison (demand reduction and outreach). Severe cases and benzodiazepine addicted inmates should be treated by non-medication psychosocial intervention as well (cognitive approach, harm reduction). Rivotril abuse was proven in several studies, however an independent and specially targeted survey is highly recommended. They should focus not on the illicit drugs but on the prescribed. The results could support the work of the decision makers.

The Rivotril pioneered the path for the more dangerous drug using patterns in the Hungarian prisons (i.e. IVU of opioids with shared needles). The cope with Rivotril

abuse cannot raise human rights violations, therefore it should be monitored and risks should be assessed. A practical advice would be the introduction of the *Rivotril nurse* position, a graduated nurse with senior officer status: this person could act like a medical assistance (disseminating the medicines) and she or he could get in touch with NGOs in the field of drug prevention.

The discussed result of quantitative and qualitative studies implies that the medical service and the general healthcare should be independent from the prison service in both legal and budget related aspects. Inmates do not turn to the medical service with their withdrawal symptoms because medical doctors are employed directly by the prison service. GPs are themselves in a quite inconvenient situation because they have to share their profession between staff and the inmates. Staff members feel this fact properly degrading. The independence of the healthcare is a issue of confidentiality, it is more than keeping delicate information in secret, and there should be a dramatic change in the mentality of the line staff as well. CPT standards stipulate that during a medical screening the absent of staff members should be required. Inmates fear that medical staff plays the delicate issues into the wrong hands of the security guards. The recent disagreement with the independence of the medical staff is easy to understand, because the level of the treatment quality is higher in the prisons than in the outside world in generally. With the introduction of independence the medical service of the HPS would lose prestige in service requirement manner.

The presence of drugs in prisons refers not only to the service but also to the society. Study results should be published in an active way to a broader audience also in the media. The key of opening up prisons and to make society more tolerant as regards as prison issues lies in the hands of the media. The most thrilling problem of the prison should not keep in secret but it should be shared with the society by a decent voice. This does not mean the degrading the daily work of prison officers but even the contrary: members of society should play more attention to the complexity and difficulty of the

corrections work. Like Frigyes Karinthy says in his poem *Preface*: „What I cannot tell anybody, I should tell to everybody.” This statement requires also a high level of responsibility: we should co-operate with NGOs and we should hear the voice of the civic legal advisors as well.

The medical intake procedure should be accompanied with a standardized drug use questionnaire to predict the Rivotril-involvement and to decrease the widespread of contagious diseases.

During this admission screening the inmates should be questioned in dept on their drug use habits to make the further information sharing more effective.

According to my opinion Hungarian Prison Service should be critical to adopt the best practice of other countries. This concerns especially the West-European standards where the conditions and the level of drug problem differ from the Hungarian reality, and those standards cannot be implemented without any disadvantages. Moreover this „Western” mentality cannot be planted in the Hungarian system without general attitude changes amongst the society. Supporting the domestic NGO activity abroad and sending delegations to Eastern part of Europe would be more fruitful. Regarding to my experience the members of NGOs are more informed in the drug issues than the prison officials in leading positions, therefore NGO members could be involved in staff training.

In a security and psychological point of view any measures are useless and ineffective, if they are not followed by sanctions. Parallel to the outbreak of the drug problem in prisons the liberalization of general rules was also introduced: our attitude towards the inmates changed since the eighties dramatically, and they conform to us also otherwise. Legal modifications occur from one day to the other but in some cases the daily life did not follow up this changes and in other places those legal changes were exceeded.

The overwhelmingly tolerant attitude in a prison is rather indolence and not a well oriented approach to the prison security goals. Drugs in prison are contrabands and not tolerated items.

Training of staff members is an inexorable part of the measures managing the prison drug problem. In my opinion there is no need for such trainings which concentrate on the police investigation and prevention work. For instance there is no need to know all the drug types and the methods of hiding drugs. Practical experience shows that „suspicious” items are easily detectable if they are „found”, however without an inspection operation drugs are hard to find.

Prison service is a social institution and therefore it is in a context-related situation, it means that the service cannot be independent from the views and beliefs of the leading elite. These beliefs on the task and aim of the prison service are changing. There is a more louder voice in the society that prisons are ineffective even because of the drug problem. This need should motivate the prisons in their fund raising activity.

Prison work is not a routine and it should not turn into. It is highly recommended to follow up the drug related statistical data and other prison-interpretations to prepare the staff to deal with the ever changing inmate population.

It is important to demolish the stereotyping the incarcerated and the drug users. It should be mentioned that stereotypes are only mental associations and not moral judgments like the prejudice. Stereotypes prejudice and discrimination should be separated in people's mind. („I am afraid of drug users because they have infectious diseases” = stereotype; „Drug users are only playing with the prison rules, therefore I don't like them.” = prejudice; „The whole cell is high on Rivo again; I am going to punish them.” = discrimination.) Basic knowledge implies that all the three have the same root: the stereotypes. Therefore we should cope the stereotyping also during staff training.

We should reconsider that prisons are ambiguous settings: educational and security aims are not consistent. The clashing point of this incongruence is the drug prevention unit.

Prison is hard to follow only with the scope of ambiguity, because it functions anyway. The key issues are the prison harms, because they hold the fabric of the prison society together.

Hiding away from the control is a self defense instinct, it is an effective adaptation, and therefore we should build up a system from where the escape is useless. Drug use in the prison is an art of „break out” anyway.

Organizing programs for the inmates is an effective way to make them active but we should add also the motivational processes. This is an extraordinary difficult task and to write on it in a thesis is only a lay statement, however I am well convinced of its barriers.