

Recent changes in Danish drug policy: examples from a prison setting.

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Introduction

Danish drug policy has undergone significant changes within the past 5 years. Denmark is known for its fairly liberal drug policy (e.g. Laursen 1996, Laursen & Jepsen 1996), however, the recent changes seem inspired by repressive drugs policy, including United States' "war on drugs" (Asmussen & Jepsen 2007, Storgaard 2005). The present paper discusses the consequences of these changes in Danish drug policy in relation to the prison service.

The scope and line in the new drug policy was formulated in 2003 in the liberal-conservative government's action plan towards drug misuse: *The Fight against Drugs* (2003). This is the first drawn up drug policy in Denmark for decades. Hitherto drug policy was more ad hoc than compiled in a concrete action plan. The action plan covers all aspects of Danish drug policy: treatment, control, prevention and harm reduction. What forms the new line in drug policy is the out spoken focus on "zero-tolerance" towards not only drug dealing and drug trafficking, but also drug use. On the other hand the action plan focuses on an expansion of treatment facilities for drug users, culminating in January 2007 with a "treatment guarantee" for drug using inmates. The action plan also defines what kind of harm reduction measures will be accepted and which will not. The latter covers in particular a heroin trial and consumption rooms, but also for example syringe dispensing or exchange in prisons. In relation to prevention the strategy does not differ from previous prevention strategies, however, prevention targeting young people is in particular underlined.

The Fight Against Drugs outline a new way of organising "control" and "treatment" expressed in the metaphors "zero-tolerance" and "treatment guarantee", respectively, and the different rationalities behind these metaphors. The new line in drug policy with "zero-tolerance" and expansion of treatment facilities for drug users hence creates new spaces – both constraining and liberating – for inmates as well as employees in prisons.

The paper is based on an ongoing qualitative study of drug treatment facilities in Danish prisons. Data is based on qualitative interviews, written material, and prison statistics. The study will run until the end of 2008.

"Policy in practice"

The present study of drug policy follows particular perspectives in policy studies in general (e.g. Lipsky 1988, Shore & Wright 1997) that widen the policy field to include also how policies are carried out in practice in different welfare institutions. Policies have economic, legal, cultural and moral implications, and create particular relationships between individuals, groups, and objects. In practice policies hence constructs particular identities for individuals involved.

Lipsky's (1988) classic study of the interaction between citizens and street-level bureaucrats is one

of the first studies of policy in practice. He focuses on how street-level bureaucrats have to mediate between laws, rules, budgets, resources and citizens with particular needs and wishes for services. His argument is, that it is only in the relation between street-level bureaucrats (e.g. police, social workers, prison staff, counsellors, etc.) and citizens that the interpretation of particular policies is revealed. Several other studies have shown how these institutional practices create particular spaces informed with particular rationalities, identities, techniques to both observe the policy in question and to solve the citizens' needs for service (e.g. Järvinen et al 2002, Järvinen & Mik-Meyer 2004).

Lipsky's study was also a critical comment on the common idea, that policy implementation is a top-down process. Shore & Wright (1997) does not see policy as either top-down or bottom-up, but as a complex phenomenon. Not only are they interested in policy as political and administrative processes and how they are shaped in practice, but also in studying "policy" as a cultural category and political technology, borrowing Foucault's concept. The concept "political technology" pays attention to the fact that the inherent political nature of policy is disguised, i.e. policies appear objective and rational, as the most efficient and effective way of ordering the world. Policy in it self should hence also be the object of research.

This study forms part of a policy in practice study in different ways. It focuses on different treatment programs within four Danish prisons and how they are carried out in practice. This involves how individuals, both inmates and employees (both treatment staff, prison staff, and health care staff), experience the treatment programs and what kind of spaces this creates for inmates and employees.

Drug treatment programs in prisons are "guests" in the prison, they are imported by the prison service and run by either private or public treatment services out side prison. So the treatment programs are actually independent institution working within the prison system. Also treatment staff (counsellors, therapists, etc.) is employed by the treatment service in question, not by the prison service. However, health care workers (nurses, doctors, etc.) and social workers are employed by the prison service. Treatment staff has to work together with prison staff in the treatment units, and to some extent they might work together with both health workers and social workers employed by the prison. Drug treatment in prison is hence complex and related to different other frameworks that just treatment.

Inmates in treatment are inmates and subject to the correctional and rehabilitation systems that exist in the prison. Studying drug treatment in prisons hence requires inclusion of drug policy in general and a more widened focus on processes within prisons in general, and not only on treatment programs in particular. Focus in this study is placed especially on the relationship between the practice and implementation of "zero-tolerance" towards drugs and the practice and implementation of "treatment guarantee". These different aspects of drug policy are related, but also constructed on different rationalities. How these different aspects of drug policy is interpreted and practiced in relation to each other has an impact on what kind of spaces is created for inmates as well as employees.

Changes in Danish drug policy – zero-tolerance and treatment guarantee.

Since the liberal-conservative government came into power in 2001, its self-styled "zero-tolerance" policy has been to implement legal tightening of drug crimes and to raise the penalties for drug offences, while also increasing access to treatment, particularly in prisons.

Different laws have been implemented or tightened in order to carry out the “zero-tolerance” line (Asmussen & Moesby-Johansen 2004, Asmussen & Jepsen 2007, Asmussen 2007, Storgaard 2005).¹ The legal tightening have first and foremost illiminated the former differentiation between drug users and drug dealers, 'soft' drugs and 'hard' drugs as the heart of Danish drug policy. Now use of any drug including use of cannabis is criminalized.

It should be underlined, however, that the swing towards repression is not an entirely new phenomenon. Storgaard (2005) argues that drug policy – about different control policies for users versus dealers, 'soft' drugs versus 'hard' drugs, etc. – has been a permanent parliamentary battlefield in Denmark over the last 30 years, with the liberal-conservative and the centre-left wing, headed by the Social Democratic Party, in opposing camps (Storgaard, 2005). The centre-left wing's policy has dominated Danish drug policy until 2001 and therefore a more liberal drug policy had been performed in Denmark.²

Increased control techniques in the prison system.

Within the prison system different techniques are implemented as an outcome of the “zero-tolerance” towards drug dealing as well as drug use, including cannabis use, among inmates.

The Prison Service (Da.: Kriminalforsorgen) is responsible for implementing new laws and regulations in the prison system. The Prison Service operates with a four year contract with the government. In the contract for the years 1999 – 2003 no focus was placed on drugs. In the contract for 2004 – 2007 a particular focus was placed on “zero-tolerance towards drugs in prisons and jails” (www.kriminalforsorgen.dk). The aim is to “crack down” on drugs in prisons, as the contract underlines. This is a direct result of the *Fight against Drugs* (2003), where the following control techniques are suggested:

- An increased physical security of all Prison Service institutions (prisons, jails, etc.) with better fence systems to avoid throw-in of drugs for example during excersise in the prison/jail yard.

¹ Changes began with the implementation of a new drug act in 2001 – the first new act on drugs since 1969 – to combat illegal hash clubs in major cities in Denmark: the *Law Prohibiting Visitors to Designated Places*, popular referred to as the *Hash Club Law*. The Hash Club Law was initiated as a response to a media debate – with a tendency towards a moral panic – concerning young people and their use of hash clubs, and implemented in order for the police to close them down, which was impossible under the previous drug laws. Hash clubs are illicit “speakeasies” at private addresses where cannabis can be bought and consumed (Asmussen & Moesby-Johansen 2004). In 2004, two areas of the *Law on Euphoria-inducing Substances* – first implemented in 1969 – were revised. First, possession of cannabis for personal use is now punished with the minimum of a fine: before the revision, possession of up to 10 grams of cannabis for personal use was not prosecuted. At the moment the Minister of Justice wants to raise that fine from 500 DKK (app. 75 Euros) to 2000 DKK (app. 275 Euros) for first time offenders. With the revision, it is illegal to possess any amount of any illegal drug in Denmark, and the former division between user and dealer is with the revision eliminated. The former more liberal Danish drug policy implicated to differentiate between users and dealers and criminalizing only the cannabis dealers, not the cannabis users. Now also cannabis users are criminalized. Second, the punishments were increased – from fine to prison term – for selling drugs to children and young people under the age of 18 years at, for example, discos, clubs or music festivals. Also in 2004, prison sentences for drug crimes were raised during revisions to *The Prison Law*. The maximum prison sentences for drug crimes were raised from 6 to 10 years, for serious drug crimes (trafficking and dealing) from 10 to 16 years, with even sentences of up to 24 years for particularly serious drug crimes (Storgaard, 2005).

² The Social Democratic Party has also on certain areas tightened their drug policy especially in relation to prison sentences, but what would have happened if they were in government we can only speculate about. However, at the same time different parties in the opposition suggested both implementation of heroin trials, safe consumption rooms, and legalisation of cannabis.

- Increase the number of sniffer-dogs.
- Expansion of a trial with prisons as cashless societies.
- Applications of new technological aids such as scanners, detectors, transillumination devices, drug tracking tests.
- Random urine tests of inmates.

The latter is perhaps the most important in relation to treatment. Since July 2005 it has become compulsory for prisons to perform daily random urine tests on inmates. These random tests have not been done before in the prison system.

Another side of these control techniques is the “give-and-take” policy that forms part of the “zero-tolerance” policy. If inmates participate in treatment programmes, education, etc. they can be released before one’s term of imprisonment is expired if they for example continue treatment outside of prison. On the other hand, inmates that provide positive urine tests – including the use of cannabis – get punished with for example isolation, the withdrawal of rights to go on leave, or prohibition to participate in social activities, work etc. in the prison for a certain amount of time.

Below I discuss some of the dilemmas that the use of urine tests creates for inmates in relation to participation in treatment programs.

Extended accessibility to drug treatment in the Prison System

Trials with drug free treatment in Danish prisons began in 1996. A drug free treatment modality was set up in one of the 13 prisons in Denmark.³ At the same time drug free wings were set up, called “contract units”, where inmates agree with the prison to abstain from using drugs. On the other hand the prison offers better facilities, education, etc. for these inmates. In 2005 there were about 55 places in these wings (www.kriminalforsorgen.dk). After a positive evaluation of the first drug free treatment project governmental money was earmarked to set up drug free treatment programs in 6 other prisons beginning in 2003.⁴ Now drug free treatment in prisons is part of the permanent drug policy in Denmark and at the moment drug free treatment is offered in 9 prisons covering app. 140 places/seats all in all. These drug free treatment programs are high threshold services with demand on clients for abstinence during the course of treatment. Inmates participating in a drug free treatment program are placed in separate units, cut off from the rest of the prison. Here counsellors work full time. The programmes are voluntary, however inmates are referred to treatment by a prison counsellor and might be transferred to another prison in order to get treatment (Asmussen, Kolind & Nielsen 2006, Dahl & Pedersen 2006, Storgaard 1998). Urine tests are used as a technique to identify continuous abstinence among the treated inmates, both as random samples as well as compulsory tests after having been on leave. Positive urine tests in treatment units are punished differently, but in most units inmates are immediately expelled from the unit. Some units, however, differ between whether the positive test is due to drugs used in the unit or drugs used when on leave. In some cases isolation for a certain period is performed instead of expulsion from the unit.

It is the Prison Service that gives the authority to perform drug free treatment as well as they monitor the quality and outcome of the drug free treatment programs.

³ There are 13 prisons in Denmark, 5 maximum security prisons and 8 low security prisons. In all the prisons have capacity for about 3100 inmates. The smallest have capacity for less than 100 and the largest for 430 (www.kriminalforsorgen.dk).

⁴ At the same time pre-treatment programs were set up in jails to motivate inmates to participate in drug treatment programs when transferred to a prison to serve their sentence.

Table 1: Facilities for drug users in Danish prisons:

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| <ul style="list-style-type: none"> • Contract Units/Drug Free Wings (drug free units, but without treatment facilities) • Drug Free Treatment Units • Methadone Treatment (individual, not in separate units) • Cannabis Treatment (drug free, not in separate units) |
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Treatment for drug misuse in prisons has hence been on its way also during the previous government. Contrary to the tightened control aspects of drug policy the Danish parliament does not disagree on the expansion of treatment facilities. This part of the Danish drug political action plan is also in tune with European developments. On the basis that more than 50 % of all inmates in European prisons are drug users the EU-strategy on drugs 2000 – 2004 required member states “to intensify their efforts to provide drug-prevention and treatment services and, where appropriate, measures to reduce health-related damages in prisons and on release from prison” (*Drugs in Focus* 7:1).

Besides drug free treatment it is also possible for inmates to get methadone. Methadone and other forms of substitution treatment is not organised by The Prison Service, but by the National Board of Health.⁵ Inmates can be in methadone treatment when serving time in two ways. If inmates are already in methadone treatment they can uphold their treatment in prison. This requires, however, that the local treatment service agree to receive the inmate as a client when released from prison. The methadone is hence dispensed by the prison health service workers and supervised by the prison doctor while in prison. No psychosocial support was until January 2007 offered as part of methadone maintenance treatment in prisons. The other way is if the prison doctor prescribes methadone treatment to a drug using inmate. Prison doctors interpret national guidelines regarding methadone dispensing differently and hence the accessibility to methadone treatment differs in the different prisons in Denmark. However, this treatment form is mainly used as a three weeks detoxification with no psychosocial support, not as maintenance if prescribed by a prison doctor. No statistics about how many inmates are in methadone treatment exists, but unpublished data from the Prison Service. These figures show that about 320 inmates are in methadone maintenance treatment covering all 13 Danish prisons.⁶

A part of the government’s drug policy has been to establish “treatment guarantees” for drug users implemented in 2004. The treatment guarantee implies that drug users seeking public substance abuse treatment have a right to be referred to treatment within 2 weeks. From January 2007 this guarantee also covers drug users in prisons, when Law on Execution of Sentences was revised. The purpose is to offer treatment to drug users within 14 days unless inmates are expected to be released

⁵ In general guidelines for substitution treatment in Denmark are organised and supervised by The National Board of Health and the Ministry of Health. How, why, and when to prescribe methadone or other kinds of substitution medicine for drug use is hence a medical responsibility, i.e. the responsibility of the doctor in charge in the treatment institution or the prison setting. However, the responsibility for the psychosocial treatment of drug users is under the Ministry of Social Affairs.

⁶ Methadone treatment is also provided in other European prisons (e.g. Carlin 2005). A study of policies and practices of methadone treatment in 18 European countries show, however, that in most countries methadone treatment is discontinued when entering prison (Stöver et al 2006). There are several reasons for the discontinuation as for example drug free orientation in the prison, perception of methadone as a psychoactive drug not medicine, lack of understanding of dependence as a chronic disease, etc. Compared to the accessibility to methadone treatment in the community, access and continuity of substitution treatment in prison is inadequate (ibid:9). This is also the case in Denmark.

before three months (www.retsinfo.dk). Both treatment guarantees cover only “psychosocial” treatment, not medical/substitution treatment. In practice this treatment guarantee is implemented as expanding the treatment offers in prisons to also cover psychosocial support to methadone clients in prisons, as well as treatment for cannabis misuse (www.kriminalforsorgen.dk). Contrary to the drug free treatment modalities described above, inmates in methadone treatment do not serve time in separate units. The psychosocial support as part of methadone treatment and the cannabis treatment programs are organised as out-patient treatment, where the clients participate in for example 2 x 3 hours of group or individual therapy a week.

Drug policy in practice

The question then is, how does drug treatment work in practice in Danish prisons? How does the control techniques implemented as part of the “zero-tolerance”-rationality influence the treatment modalities implemented as part of the “treatment-guarantee”-rationality and vice versa? What kind of kind of dilemmas is detected? And what kind of spaces does that create for both inmates and employees? In the following I will give some examples: the hierarchical relation between control and rehabilitation, how culture among inmates may hinder treatment, and how urine tests become a counteract to rehabilitation processes. I would like to underline that these are themes that during the course of the study will be further developed.

Control versus rehabilitation

That treatment in prisons cause dilemmas and are restrained by different aspects of prison life has both been recorded nationally (Asmussen et al 2006, Dahl & Pedersen 2006, Storgaard 1998) and internationally (*Drugs in Focus 2003*, McIntosh & Saville 2006, Prendergast & Wexler 2004). McIntosh & Saville (2006) points at three major factors that have an impact on treatment in prisons: that treatment always will be secondary to the very fact that inmates are serving a sentence; the attitudes among employees; and, the relation between inmates and employees.

Especially the dilemma between “control”/“punishment” and “rehabilitation” is reported central when studying the drug free treatment programs (Asmussen et al 2006, Dahl & Pedersen 2006). Both “control” and “rehabilitation” is in general part of prison life, where possibilities to work, do sports, etc. is the rehabilitating part.

Drug free treatment in prisons is viewed as an expansion of the “rehabilitation” services offered to inmates. These treatment programs are in Denmark as mentioned “imported” from either private or public treatment services outside prisons. The treatment counsellors are also employed by the treatment service in question, not by the prison service. Both the treatment programs and the counsellors are hence a kind of “guests” in the prisons. Prison staff and counsellors are not colleagues in a strict sense, but must work together in the drug free treatment units. Two different organisation and work “cultures” meet in these units. The prison culture is dominated by surveillance, punishment, and control techniques and here inmates and prison staff traditionally has only very little contact with each other. The treatment culture on the other hand is dominated by ideas of mutual confidence in the client/therapist relations, dialogue, and therapy and self-development techniques. Also the treatment staff wants to construct close relations with the inmates.

These different approaches are a huge challenge for the drug free treatment units. Prison staff in these units report that they must change attitude towards inmates by for example eat the three daily meals together with them, since this is part of the treatment program. Treatment staff, on the other

hand, report that they must adjust their goals of treatment to the possibilities that treatment within a closed system like a prison gives. The attitude of the prison staff is very much dependent upon the management, that they demand a different attitude by their employees, since the prison service is organised in a top-down, hierarchical organisational structure. The treatment staff, on the other hand, works far more as an independent unit in relation to the treatment service they are employed by, where the management structure is more horizontal. The hierarchical structure in the prison service creates a lot of frustrations among treatment staff. Also the client/therapist confidentiality is difficult to handle in the prison setting, since treatment staff might get to know something that would if known by prison staff be disciplinary punished (Asmussen et al 2006, Dahl & Pedersen 2006). No outcome evaluation on drug free treatment services in Denmark has been done, so the qualitative data are not comparable to any quantitative results of these treatment services.

The culture among inmates

Another theme is the relation among inmates and the impact these relations have on who seeks drug treatment in prisons.

Relations among inmates are of course dependent on many different factors and are expressed in different ways. The Prison Service operates with a category of prisoners that from experience dominate and construct hierarchical relations to other prisoners (Da.: “stærkt negative fanger”). These prisoners are usually members of gangs, biker gangs, etc. and are placed in particular units. However, hierarchical relations between prisoners also exist in many units and the nature of these relations causes that some inmates do not seek treatment. A counsellor provide the following example in an interview:

We had done all the preparatory work in order to send this inmate in a drug free treatment program. But on the day of change to the drug free unit, he refused to go. His explanation was that he regretted. But accordingly, it was because some of the other inmates used him as their “servant” and denied to let him leave their unit. We cannot do anything about that, since treatment is voluntary (Counsellor 2005).

Another aspect of the relations between inmates is related to drugs sold and used in prisons. The relation between drug user and drug dealer is often interdependent. The user needs the drugs, and the dealer needs the business. All kinds of drugs are circulating illegally in the Danish prison system, however, cannabis is the most used drug in Danish prisons and jails (www.kriminalforsorgen.dk). Therefore also cannabis treatment has become part of the new treatment guarantee from January 2007.

Implementing cannabis treatment seems more difficult than the government’s drug political action plan suggest. Even though none of the cannabis treatment programs have begun yet counsellors are sceptical towards who will join these programs for three reasons. The first reason is that cannabis is widely used as a way to get through the psychological stress imprisonment can be, including a way to kill time, a medication for sleeplessness, a way to deal with missing children, spouse, friends, etc. The other reason is, that drug dealers will make it hard for inmates in cannabis treatment if they quit using cannabis. It is important to note, that the cannabis treatment programs are not planned to be placed in separate units, but will function as out-patient treatment programs. Inmates from different units meet for example two or three times a week in therapy sessions. The inmates that participate in cannabis treatment are hence dispersed in different units. The last reason underlined by counsellors is how the random urine tests will influence inmates’ choice of participating in cannabis

treatment. As noted positive urine tests have consequences. There are hence different obstacles to be met concerning the set up of cannabis treatment.

Control policy and -techniques

Random urine tests are one of the new control techniques implemented as part of the “zero-tolerance” policy as noted above. The Prison Service published in 2006 an evaluation of the random urine test system that was implemented from July 2004 (*Direktoratet for Kriminalforsorgen* 2006).

The results of the evaluation show a general decrease in positive urine tests from 17 % in June 2005 to 12 % in June 2006. This drop is, however, mostly related to a decrease within jails from 28 % positive tests in June 2005 to 14 % in June 2006, and mainly a decrease in test that are positive for cannabis. If jails are excluded and only prisons are looked at the decrease in cannabis is a lot more moderate and varies more from month to month, as well as there hardly is any decrease in positive tests for hard drugs (*Direktoratet for Kriminalforsorgen* 2006).

The number of urine tests used within the Prison Service increased from 13.000 in 2003 to 40.000 in 2005. 27.600 of these tests were taken in the 13 prisons, the rest in jails. For comparison there is places for about 3100 inmates in the 13 Danish prisons at a time. Urine tests are used at a well-founded suspicion, at imprisonment, and before and after leave. It is the random urine tests that are new and cover about 70 % of all urine tests performed. In the drug treatment units and the drug free wings urine tests are also used on a regular basis. In some of these units inmates could be tested for drug use 2 – 5 times a week. For example twice before and after going on leave in the weekend, once or twice as part of the treatment program, and once or twice as part of the random urine test system. It is up to each prison how they establish a random urine test system, as well as to establish sanctions and punishments for positive tests.

Sanctions or disciplinary punishments for positive urine tests are a certain amount of time in a punitive cell or in isolation, withdrawal of rights to go on leave, prohibition towards participation in social activities (education, work, etc.) in the prison. The evaluation cannot say anything about the relationship between positive tests and disciplinary punishments and sanctions. The figures are too uncertain. Counsellors report however, that withdrawal to go on leave was quite widespread. In one prison an inmate had not been on leave for almost 2 years due to positive urine tests for cannabis use. The important point is, however, that sanctions and disciplining mainly becomes a deprivation of techniques and practices related to “rehabilitation”. The consequences of control policy undermine – so to speak – the idea behind rehabilitation and treatment, since punishment for violation of drug control policy in prisons is deprivation of right to go on leave, serving time in a punitive cell, etc.

Especially cannabis is widely used in Danish prisons, not only by cannabis users, but also by hard drug users as an alternative to hard drugs in prisons. It is cheaper and easier to get. To follow up on the counsellors scepticism towards inmates seeking cannabis treatment, their concern is related to the fact that if it becomes obvious who is cannabis users/misusers will this have any consequence for them in relation to the random urine test system? And hence to the disciplinary punishment system? If they go free, what consequences will that have for other cannabis using inmates? If they are randomly drawn out and deliver positive tests, what consequence will that have on the treatment process?

Concluding remarks

Treatment in prisons is in general both in Denmark and in Europe considered a good and sensible thing to do. Treatment programs are, however, dependent on the general national drug policy. The new line in Danish drug policy organise and attach importance to control and treatment in a new way expressed in the metaphors "zero-tolerance" and "treatment guarantee", respectively. The rationality in these aspects of policy is constructed in particular practices that become synonymous with the policy.

Treatment guarantee is a guarantee for psychosocial treatment, which covers drug free treatment, cannabis treatment, and psychosocial support for inmates in methadone maintenance treatment. However, a reform of how to prescribe methadone treatment to inmates is not part of the rationality behind "treatment guarantee". There might be organisational reasons for that, as I noted above, since methadone treatment is under the National Board of Health. However, these organisational constraints are also political, not natural.

The "zero-tolerance" policy accentuates the dilemma and hierarchy between "control" or "punishment" and "rehabilitation" aspects of a prison sentence. "Control" regarding drug use and drug dealing in prisons has become more increased and the sanctions are prohibition to participate in practices related to the rationality behind "rehabilitation", e.g. withdrawal from going on leave, isolation, or no participation in social life for a period of time.

The control techniques are hence also "disciplining" techniques, in the sense that the rationality behind the use of these techniques is to create "exemplary" inmates and to punish violation of rules and regulations. This way of disciplining is the traditional way of disciplining within prison systems, but in many ways it counteracts with the intentions and practices in drug treatment programs in prisons.

Bibliography:

Annual Report. The state of the drugs problem in the European Union and Norway. Lisbon: EMCDDA Report; 2004.

Asmussen, V. (2007), 'Danish cannabis policy in practice: The closing of Pusher Street and the cannabis market in Copenhagen', in: Fountain, J., Korf, D. (eds). *Drugs in society: A European Perspective*. Oxford: Radcliffe Publishing Ltd. (Forthcoming).

Asmussen, Vibeke & Jørgen Jepsen (2007). Dansk Narkotika-kontrolpolitik – aktuelt og historisk (Danish drug control policy – current and historical perspectives), in: Pedersen, Jacob Sejer (ed). *Ret og Samfund 2007*, København: Center for Rets- og Politiforskning, pp. 109-135.

Asmussen, Vibeke, Torsten Kolind & Bjarke Nielsen (2006). *Selvevaluering af stofmisbrugsbehandling i fængsler og arresthuse*. Aarhus Universitet: Center for Rusmiddelforskning.

Asmussen, Vibeke & Cecilie Moesby-Johansen (2004). The legal response to illegal "hash clubs" in Denmark. In: Decorte, Tom & Dirk Korf (eds). *European Studies on Drugs and Drug Policy*. Brussels: VUBPress, p. 75-98.

Carlin, Tony (2005). "An exploration of prisoners' and prison staff's perceptions of the methadone maintenance programme in Mountjoy Male Prison, Dublin, Republic of Ireland", in: *Drugs: education, prevention and policy*, vol. 12, no. 5, 405-416.

Dahl, Helle Vibeke & Mads Uffe Pedersen (2006). *Kvinder i motivations- og stofmisbrugsbehandling i Vestre Fængsel og Horserød Statsfængsel*. Aarhus Universitet: Center for Rusmiddelforskning.

Drugs in Focus (2003). Bimonthly briefing of the European Monitoring Centre for Drugs and Drug Addiction, no. 7, pp. 1-4. www.emcdda.eu.int

Focal Point. Narkotikasituation i Danmark [The drug situation in Denmark]. København: Sundhedsstyrelsen. 2004.

Focal Point. Narkotikasituation i Danmark [The drug situation in Denmark]. København: Sundhedsstyrelsen. 2005.

Grytnes, R. (2003), "Policing a drug scene – strategies, practices and dilemmas", in: Houborg Pedersen, E., Tigerstedt, C. (eds.), *Regulating Drugs – Between users, the police and social workers*, NAD Publications no. 43, Helsinki, pp. 85–100.

Laursen, L. (1996), 'Scandinavia's tug of war on drugs', in: Hakkarainen, P., Laursen, L., Tigerstedt, C. (eds.), *Discussing Drugs and Control Policy. Comparative studies on four Nordic countries*, NAD Publications No. 31, Helsinki, pp. 33–82.

Laursen, L. & J. Jepsen (2002). "Danish drug policy – an ambivalent balance between repression and welfare", *The Annals of the American Academy of Political and Social Science* 582, pp. 20-36.

Law Prohibiting Visitors to Designated Places Act of 2001, No. 471. www.retsinfo.dk

Law on Euphoria-inducing Substances Act of 2004 no. 445. www.retsinfo.dk

Law on Execution of Sentences (Act of 2006 no 1558). www.retsinfo.dk

Lipsky, Michael (1980). *Street-level bureaucracy. Dilemmas of the Individual in Public Services*. New York: The Russell Sage Foundation.

McIntosh, James & Esther Saville (2006). "The challenges associated with drug treatment in prison", in: *Probation Journal. The Journal of Community and Criminal Justice*, vol. 53(3):230-247.

Prendergast, Michael & Wexler, Harry K. (2004). „Correctional substance abuse treatment programs in California: a historical perspective“, in: *The Prison Journal*, vol. 84(1):8-35.

Shore, Chris & Susan Wright (eds.) (1997). *Anthropology of policy: critical perspectives on governance and power*. London: Routledge.

Storgaard, A. (1998). *Importmodellen i Vridsløselille. Straf og misbrugsbehandling under samme*

tag. København: Justitsministeriet, Direktoratet for Kriminalforsorgen.

Storgaard Laursen, L. (2005), 'Trends in cannabis use and changes in cannabis policy in Denmark', in: Kraus, L., Korf, D.J. (eds.), *Research on Drugs and Drug Policy from a European Perspective*, Pabst Science Publishers, pp. 35–47.

Stöver, Heino, Joris Casselman & Laetitia Hennebel (2006). "Substitution treatment in European prisons: A study of policies and practices in 18 European countries", in: *International Journal of Prisoner Health*, 2(1):3-12.

The Fight against Drugs – Action Plan against Drug Misuse (2003). København: Indenrigs- og Sundhedsministeriet.

The Prison law Act of 2004 No. 445. www.retsinfo.dk

www.retsinfo.dk