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Research report

Escapes from compulsory treatment

ABSTRACT

B. Svensson: Escapes from compulsory treatment

■ AIMS

The aim of this article is to describe and analyse the escape as a phenomenon in compulsory treatment of people with drug addiction. The primary research questions are: Why do the clients want to escape? What escape possibilities are available in different stations of the treatment? How are escapes planned and accomplished? What do the absconders do during the escape? How do they avoid getting caught? What are the health risks for the clients in connection with escapes? In what ways are escapes a problem in compulsory treatment?

■ METHODS

The study is based upon semi-structured interviews with 74 clients (38 women) at four LVM-homes, two for men, two for women. In addition to the interviews, the author also conducted informal conversations with both personnel and clients and carried out extensive observations of the conditions of compulsory treatment.

■ RESULTS

The clients make preparations in order to make the escapes as successful as possible. The flight is connected with feelings of excitement but also with the fear of getting caught before the primary aim(s) of the escape has been accomplished, namely to get high on drugs and to meet friends and partners.

Introduction

Compulsory treatment of alcohol abusers has been practiced in Sweden since 1913. From 1982, when the new LVM-law came into force, also drug abusers can become subject to compulsory treatment[1]. Compulsory treatment has had an 'exception to the rule' character in relation to voluntary treatment and, as such, has only been applicable to a small number of substance abusers. Compulsory treatment can only be applied if the abuse is continuous and voluntary treatment is not an alternative and there is a serious danger for the health of the abuser, or a risk that his/her life will be destroyed (a social indication) or a risk for the life of the abuser or his/her close ones. The paternalistic motivations are clearly more frequent than the protection of the family or society as a whole in the application of the law (Palm & Stenius 2002). Whilst the law is in its nature repressive, it is based on a desire to help the individual break free from their addiction. As such, it attempts to combine both comprehensive control with an ambition to help, two goals that research shows are difficult to combine (Billinger 2000; Billquist & Skårner 2009; Ekendahl 2001; Svensson 2001; 2003; 2008).

An individual can be sentenced to compulsory treatment for a period of six months if

During their stay outside the institution, help from the client's personal network is important in order to get a secure place to stay, food and money. Almost all clients describe that, during the escape, they return to a similar pattern of the drug and risk-taking behaviour they had before they were put into compulsory treatment.

■ CONCLUSIONS

When people with drug addiction are locked in for treatment they often show resistance and wish to regain control. Escapes are an unavoidable feature of compulsory treatment as eventually locked doors have to be opened in order to prepare the clients for life outside the institutions. It would seem that the best way to reduce the amount of escapes is to make the treatment as meaningful as possible for the clients.

■ KEYWORDS

Escapes, compulsory treatment, drug addiction, risk taking behaviour, personal interviews, observations, Sweden

he/she engages in life-threatening drug and/or alcohol abuse and won't agree to voluntary treatment. The treatment takes place in so called LVM-homes, where the clients have to stay behind locked doors and have to accept strict limitations on their personal freedom (Gustafsson 2001). The treatment has three goals: the immediate one is to stop a life-threatening abuse. The short term goal is to motivate further, voluntary treatment and the long term goal is to overcome abuse of drugs and alcohol (Palm & Stenius 2002). During the treatment period, in accordance with §27 of the law, attempts should be made to transfer the client to a voluntary treatment program, a clear illustration of the 'helping' intention of the legislation. However, if the client terminates the treatment program during their six-month sentence, or relapses, he or she will be returned to the LVM-facility, which again illustrates the legislation's controlling nature. Despite its helping ambitions most clients tend not to want the proffered treatment. This is evident in the fact that many escape from the institutions, if they are given the opportunity to do so. As a consequence, LVM-institutions have become increasingly secure and increased measures have been taken to prevent escapes.

The aim of this article is to describe and analyse the escape as a phenomenon in compulsory treatment of people with drug addiction[2]. The primary research questions are: *Why do the clients want to escape? What escape possibilities are available in different stations of the treatment? How are escapes planned and accomplished? What do the absconders do during the escape? How do they avoid getting caught? What are the health risks for the clients in connection with escapes? In what ways are escapes a problem in compulsory treatment?*

The article highlights one of the inherent conditions of compulsory treatment, namely that people who are locked up might try to escape, if the possibility comes up, even if the coercion is supposed to be for their own benefit.

In April 1994 the State took over the responsibility for LVM-treatment. It is coordinated through a new administrative body, Statens Institutionsstyrelse (SiS). Of the 13 current LVM-institutions, one offers treatment for both men and women, five offer treatment for women only, and seven offer treatment exclusively for men. There are a total of 203 places

for men, 115 for women and 11 for either women or men. During 2009 occupancy was on an average 87% (SiS 2009b).

Escapes have been a recurring feature in the history of compulsory treatment. When the treatment period was extended in 1989 – from two months (with a possible extension of an additional two) to six months – the ratio of escapes per client in one institution initially increased from 0,3 to 2,3, an increase that cannot be linked to a different make-up of clients (Gerdner 2004). Since its inception, SiS has considered escapes a substantial problem. By decreasing the number of open facilities, they have reduced the frequency of escapes. In all of SiS' yearly Strategy Plans between 2001–2009, there has been a specific goal aimed at minimising the number of escapes (SIS 2009a).

The prison as a point of reference

When it comes to the incarceration of humans, prisons function as a point of reference as they are the oldest and best-known form of incarceration (Foucault 1987). Prison convicts escape to a lesser extent than those under LVM-custody. In January 2009, 6%, that is 18 out of the 298 sectioned under the LVM Act, were on the run (SiS 2009b). Within correctional facilities, on December 1, 2008, a total of 1,5%, 74 out of 4,836 convicts, were on the run (Kriminalvården 2009). The percentage of women in LVM-custody is 36%, as opposed to only 5% in correctional custody.

It's worth noting that security is tighter at secure LVM-facilities than at open correctional facilities, where most of the prison escapes take place. Closed LVM-facilities have exercise yards with high walls, sometimes topped with barbed wire. Some facilities cover their exercise yards with nets. My impression of Hornö LVM-home was that the exercise yards looked like large tiger cages – and would probably function perfectly for just that purpose!

An additional difference is that correctional facilities allow for leaves of absence and meetings with relatives and other visitors in private visiting rooms, all of which are not permitted under LVM-custody. Prisons regularly reduce an offender's sentence by 25% for good behaviour, but according to SiS, since LVM-treatment is a form of treatment and not a punishment, no corresponding reduction of the treatment period is offered. Even the terminology differs, where, within correctional institutions the term "*fugitive*" is used, whereas within LVM treatment SiS emphasizes that the terms " *absconders*" or "*walkaways*" should be used in order to differentiate itself from prison terminology.

A review of the research concerning escapes occurring within juvenile care, correctional facilities and compulsory treatment, shows that escapes are particularly common within juvenile care and are rooted in both conditions relating to the individual and the institution. Escaping is a natural reaction for an inmate and the escape usually occurs when there is a suitable opportunity and where the consequences of the escape are perceived as manageable. One escapes in order to get away from a repressive institution, to get a change and because one is used to making one's own decisions, regardless of other's points of view. The escape represents an active rebellion against an authority that is perceived as unjust (Svensson

2008). Individual factors such as the client's background affect the client's propensity to escape and negative factors at the institution reinforce this (Andreassen 2003; Culp 2005; Wortley 2002). One of the most frequent motivations for escape is a relationship problem with friends and relatives on the outside (Bondeson 1974). The desire to take drugs is also a reason for escape, particularly within juvenile care (Bondeson 1974; Levin 1998). There is a correlation between escaping and the possibilities for escape and factors such as higher walls and more intense supervision have, for example, reduced the number of escapes within correctional institutions (Wortley 2002). There is a higher frequency of escapes from institutions where the client's are disgruntled, in comparison to institutions whose clients are more satisfied with the standard of care they receive. Institutional staff can also reduce escapes through a variety of positive measures (Andreassen 2003). The research review also showed that international research covering escapes both within compulsory treatment and correctional facilities, is sparse.

Method

This article is based on my interviews with 74 clients (of which 38 women) in four LVM-homes, two for men and two for women[3]. The interviews, which were evenly divided between the institutions, varied between 30 and 90 minutes in length, and were recorded directly onto mini-disc and transcribed word-for-word. Each institution was visited three times, once to present the study for the personnel, and the other two occasions in order to carry out the actual field-work. Each period of field-work has entailed a visit of three to four days, where I have had my own key and have been free to wander around the institution at will. In addition to the interviews, I have also made interviews with staff and informal conversations with both personnel and clients. I have carried out extensive observations of the conditions of compulsory treatment and I have reviewed the notes in the journals regarding clients' escapes. The aim of the informal chats was primarily to motivate clients to take part in the interviews. An important factor in my field observations was to try and gain an understanding of what it was like to be locked-up, thereby increasing my understanding of the client's situations.

The interviews presented the information that the interviewees wished to tell me, with the typical problems that this form of information gathering entails, for example, faulty recall, altered descriptions and constructed post-event descriptions that show those involved in a better light. The descriptions, as such, are constructions involving selection and interpretation (Hammersley & Atkinson 2007, 160). As with interviews in general, these are affected by their context. The interviews can be seen as accounts where both personnel and clients have a need to explain their actions in accordance with their views on the legitimacy of compulsory treatment.

The interviews were based on an interview guide consisting of thirty open questions. The first step of the analyse was to summarize the interviews, based on the transcripts. Then, ten of the thirty questions were selected for further analysis, based on their explanatory relevance to the sequence of events in an escape attempt[4]. After that, the answers were consolidated

further and summarized schematically for each institution. From these summaries of both qualitative and quantitative data, and in many cases after further control of the transcripts, it was then possible to categorize the various trends that emerged from the data.

Where quotations are used, they have been selected to illustrate the overall picture that emerges. Throughout the study, I have separated men and women in my analysis. I have also described the escape process within the timeframe it occurred in order to see if it was possible to determine a contrivance in the client's choice of action.

In my analysis of the escapes, I have tried initially to understand them from the client's perspective, which I have captured through both my interviews and informal conversations. In my interpretation of events, I have tried to reconstruct how they have occurred for the client involved. In line with a client-perspective, my basic analytic assumption is that the clients' actions, both within and outside the institution can be interpreted as rational (Gilje & Grimen 1993). This in turn means that I have not chosen a psychological explanation, where the clients' actions can be explained as a result of their characteristics or personalities. The perspective of rational choice is inconsistent with the view of the drug addict that the law is based on. Here, the clients are placed in compulsory care because social services and the county administrative court deem them as unable to act within their own best interest. However, the choices that the individual makes occur within the context of their own perceived *discretion*, which in turn is part of a large actual discretion. This in turn can mean that a choice that is seen as rational by an individual can well be perceived as irrational from a more objective perspective (Aronsson 1990; Engdahl & Larsson 2006).

The opportunity to escape varies

The interviews show that most clients are critical to compulsory treatment and that escape plans are a regular issue in their discussions with their fellow clients. Whether somebody escapes or not can be seen as a result of individual decision-making, where conditions both inside and outside the institution are important. There are internal pushes (reasons to leave) and pulls (reasons to stay) and external pushes (negative aspects of the addict life) and external pulls (attractions in the addict life), all of which are important for the escape process (Svensson 2008).

In this article the focus is on the escape, once the decision to run away has been made, not on the decision process itself.

In a secure facility, those wanting to get out are prevented from doing so by locked doors and locked windows with unbreakable glass. Clients are allowed out only under the supervision of 1–2 members of staff or in an exercise yard with members of staff present. Staff supervision is present 24 hours per day. One difference from correctional facilities is the lack of surveillance cameras and external, structural obstacles around the institution's perimeters in the form of high fences and barbed wire. Older facilities often tend to be situated in the countryside, with newer ones located in the cities. Institutions for men, which have existed for a long time, thus tend to be situated in beautiful countryside envi-

ronments. Institutions for women tend to be more recently established and as good transport communications for visiting social workers are now valued over seclusion, they are often located in built-up areas.

Those who plan to abscond from locked facilities are, according to the interviews, aware that the conditions for escape vary over time. Even if clients are incarcerated for long periods of time, situations will arise when the level of supervision is less intensive. It could be when one visits a hospital, court or other social institutions. Those who prove themselves to be orderly are sometimes rewarded with excursions outside the institution, accompanied by members of staff. Often the level of supervision decreases towards the end of a custodial period, the idea being that the person in custody should be as prepared as possible to face his or her impending freedom. If one is patient enough to wait, one will, sooner or later, be given the opportunity to escape with fairly minimal effort. Care is organised in the form of a treatment chain, where the links contain different forms of treatment and involve different levels of supervision. The possibilities for escape vary depending upon where in the treatment chain the individual is positioned. Generally, clients pass through the following stations:

1. *Admissions/detox*. This is where the custodial period begins, irrespective of whether or not the client has the need to detox. High level of security, difficult to escape. Duration – approximately a week.
2. *Placement in secure facility*. High level of security – difficult to escape. Treatment period 2–4 weeks. When escapes happen at this level, clients have usually resorted to violence, threats or have taken advantage of a momentary lapse in their surveillance.
3. *Placement in open facility*. Doors are kept unlocked during daytime and are locked at night. Escape possible. Treatment period 5–6 weeks. Trips to the cinema, sports arenas, and shops usually take place offering increased possibilities for escape as clients find themselves moving among people in public spaces. Members of staff make a risk analysis prior to excursions and transfers to open facilities.
4. *Visit prior to § 27-placement*. Prior to trial placements in voluntary treatment programs under § 27, an introductory visit to the treatment facility is planned. Escape is often possible during the trip.
5. *Placement in voluntary institution according to § 27*. These institutions keep the doors unlocked. Escape is easy, but transport from the institution can be problematic if it is situated in the countryside. However, clients often seek treatment alternatives close to their hometowns, meaning the escape route may be relatively short.

Escape comes at a cost. After each escape, the clients have to start over again from admissions. Sometimes the clients have to wait for 3–4 weeks before they can return to an open facility. If a client escapes repeatedly, he/she may be relocated to a maximum-security unit. Most of the clients consider these as consequences that have to be taken into consideration when plans of escape come up in the client group. When they eventually make their choices, it is often based on a rational weighing-up of the potential consequences (Gilje & Grimen 1993).

When staff calculate risks, the term "*prone to escape*" is used. If somebody receives that label, he or she may remain in a secure facility for a longer period than is normal. Sometimes these clients spend 2-3 months in wards where all resources are focussed around security and almost nothing is spent preparing the client for life after compulsory treatment. The risk as such is obvious, that the client's stay at the institution can only be seen as an expensive and, from the perspective of the client, a meaningless intermission between two periods of heavy drug abuse – the one before the compulsory treatment and the one following immediately afterwards.

Preparations are made to facilitate the escape

> The first escape? Well, it was fairly undramatic. I was in the open facility and fed up with the whole thing. It was last winter. Got some warm clothes on. Walked during the night to Baggetorp where I stole a bike and cycled to Katrineholm. Took the morning train towards Norrköping, on my way home. I didn't have a ticket, and not enough cash to buy one. Thought that the conductor might call the coppers and that. So I turned around and phoned the staff up, asked them to come get me. It was basically a really poorly planned escape. John, 22 years old

It is John, a man who tells this story. He is in compulsory treatment due to his amphetamine abuse and has been placed in an LVM-facility far from his hometown. After a few weeks of total incarceration, he is placed in an open unit where the doors and windows are kept unlocked. Now, the distance to the railway station – approximately ten kilometres – is the most significant obstacle. Approximately four kilometres from the institution, there is a small village, Baggetorp.

John's story contains the key ingredients of an escape – *motive* (he is fed up with the whole thing), *opportunity* (he is staying at the open unit), *capacity to act* (he walks and cycles ten kilometres), *caution* (the escape occurred at night), and *material preparation* (warm clothes). Ultimately, the escape was unsuccessful in that the material preparations proved insufficient. He didn't carry enough money with him since he hadn't been patient enough to wait until his weekly allowance was paid out. The lack of money meant John decided to terminate the escape. The escape was poorly planned, and once reflection and the hardships of life on the run set in, John didn't have a lot of action capacity to counter with. But if he had possessed a really strong desire to return to his hometown, he could have stolen a car or tried to get some money for a train ticket through criminal activities.

In their interviews, escapees describe different *precautionary strategies* to avoid getting detected and arrested during an escape. Good preparations increase the possibility of the escape succeeding.

1. Preparations in the form of suitable clothing and money

Just like in John's story, it is, according to the interviewees, important to have money, particularly if you find yourself far from home. If you have money, you can take a taxi, travel by train, fortify yourself with the help of drugs, and get a roof over your head in the form of a hotel room. Similarly,

your chances of getting people to help you out increase if you can offer payment. Institutions respond to this by limiting their client's access to money. In certain LVM-homes, shoes are carefully locked away, except when clients are taking part in approved outdoor activities.

2. Picking the occasion to escape

Escapees often take off from institutions during staff shift changes or at night when it's dark and the supervision of clients is less intensive than during daytime. One may chose to leave when members of staff are less prone to detect an escape, for instance when they are busy with meetings. Many chose to escape when outside the institution, on excursions, during a visit to the dentist or doctor, or when they visit treatment facilities prior to a § 27-placement.

3. Diversionary manoeuvres

Several LVM-clients recount how they have received help from fellow clients who attract the staff's attention, leaving an open field for the escapees. During evenings, with fewer members of staff present, this may involve a group of clients staging a fight or somebody simulating a panic attack. Increasing the volume of a TV-set or stereo to mask the screams of members of staff being attacked constitutes another such strategy. When several clients are out on a walk with only one or two members of staff, the clients may opt to run in different directions to confuse supervising members of staff.

4. Moving discretely away

If a treatment facility is situated in a built-up area, the absconder may move quickly from the area around the institution and disappear in anonymous environments. Managing to move discretely away from an institution situated far out in the countryside is more difficult. Although it is easy to hide temporarily in a forest, sooner or later you are going to have to reach a built-up area to make use of buses, trains or taxis. It takes a long time to make your way through woodlands. You may get lost, cut yourself on sharp vegetation or barbed wire fences, step in swamps or get wet in some other way, particularly at night. Despite the higher detection risk, escapees often keep close to main roads for just this reason.

5. Use of cunning to deceive pursuers

This involves strategies such as sitting still for several hours in a hiding place waiting for pursuing staff to tire, or using different escape routes, for instance by avoiding the nearest location with good communications and instead head towards a location further afield.

6. Ordering collection

The most effective way for escapees to protect themselves from pursuers is to arrange for somebody to collect them by car. This way, they can quickly leave the dangerous environment with the car offering an effective hiding place from pursuers.

These precautionary strategies are primarily linked to planned escapes. When the escape constitutes a spontaneous and relatively impulsive use of an opportunity to flee, the proceeding actions also tend to be impulsive rather than premeditated. In these situations, their actions are based less on rational reasoning, and more on quick, spontaneous decisions. This is

similar to what Max Weber termed as *affective action*, which should be contrasted to the decisions made in a planned escape, which are closer to Weber's term *goal oriented rational action* (Weber 1987).

The initial euphoria is followed by a struggle for survival

> And it's a kick to run away too. It's a massive kick actually, to escape. I think so. Yeah, it sets in when you start planning how you're going to take off and all that. And then if you go ahead and put your plan into action, then you get that kick. The wow feeling. I made it! The kick lasts until you land. Until you get to the place where you'll be, like, settling down. Sofie, 29 years old.

> But I'll never forget the first escape. God, I was all pumped up. Oh, I was so scared they'd catch up with me. I was thinking, I mustn't get caught, I must have one night of fun at least. I was panicking, I had to get out, I had to have some fun, right? I was sitting on the train and, oh, and still, it was dead exciting. And then you felt, every hour, that yes, yes, now I've been out. And after a few days you get tired and think "they might as well come and get me 'cause now I've had a great fucking time." Kristina, 35 years old.

Already during the planning of the escape, the sense of excitement starts. If several clients are involved, the escape becomes a common project that breaks the monotony of everyday life. When the escape is realised, the sense of excitement reaches its climax, but simultaneously the anxiety of getting caught sets in. If the escape is detected, the first hours on the run become critical, since the absconder moves in environments close to the LVM-facility. The risk of getting caught is considerable if staff and police take the time to search the area. For the absconder it is important to get a head start and is most easily achieved by opting to escape at night, which may lead to a head start of seven to eight hours, thus maximising the client's discretion.

The interviews show that most escapees travel straight to their hometowns in order to meet partners and friends. An exception is when somebody escapes with a fellow client and accompanies this person to his or her home town, if in the vicinity of the LVM-home. Spending time at an LVM-facility often involves making new friends and acquaintances and sharing experiences and plans with others (Svensson 2003). Many escapees tell of a strong desire to get high once the escape plans are put into action. Having craved a high for a long time, a successful escape therefore often initially results in alcohol or drug intoxication. The high becomes a symbol that the escapee is once again free to do as he/she pleases. At the same time the intoxication affects the client's ability to make reasonable decisions, and thus reduces their scope of action.

Those who plan to relapse for only a few hours may chose to head towards the nearest built-up area instead of travelling to a more or less remote hometown. Even in smaller communities you can buy a crate of beer and get drunk, and sometimes amphetamines and hash is available to those with the right contacts. If the relapse is the central source of motivation behind the escape, an absconder may not have to travel

very far, but if it's a partner or friends at home that constitute the main attraction, he or she will most often head towards his or her hometown. The advantage is that you often get access to your old network of fellow drug abusers very quickly; the disadvantage is that the local police authorities often keep tabs on the most problematic drug abusers, which may mean that you will be recognised, apprehended and returned to compulsory treatment.

In the next stage of the escape – when the escapee has returned to his or her domicile – events tend to depend mostly on his or her own actions. If the highest priority is to get high, a new phase of vulnerability is entered, especially for those taking heroin, which entails a high overdose risk. Having spent a long period without heroin, a client's tolerance for the drug will have decreased. Consequently, it will be difficult to determine an appropriate dosage. Similarly, getting drunk or high on amphetamines or tablets in a public place may be perilous. Most clients were initially taken into treatment precisely because they have difficulties controlling their intake of intoxicating drugs and display their intoxication in public. This inability usually reoccurs when the escapee returns to his or her abuse.

Until the absconder has returned to his or her place of domicile and everyday life, the escape, according to the interviews, is characterized by insecurity. The escapee exists outside of his or her usual routines and is constantly faced with new decisions. This may generate considerable existential anguish and can be a contributing reason why escapees sometimes phone and ask to be picked up and returned to the institution. The difference between the predictable life in the institution and the constant challenges escape involves is great. The feeling of being pursued, the risk of being detected and apprehended, adds to this sense of anguish. The cure is obvious – to score drugs as soon as possible, but even the purchasing of drugs is difficult in an unfamiliar environment. In other words, if you don't succeed in making it home, there are reasons why you would want to return to the institution. An effective way to avert the insecurity of the initial stages of the escape, is, as mentioned above, to organise to be collected by car; thus enabling one to be home within a few hours.

To be on the run is to relapse

> *If you run away from here, does that always mean you'll relapse?*
> Yes, because you feel you're pursued, you feel paranoid all the time. So you have to calm down and you do that by taking drugs. Automatically it becomes a relapse. Edward, 24 years old

The view that escapes and relapses are synonymous recurs in virtually every interview. Often an explanation similar to Edward's is offered – to be on the run is challenging and leads to a state of anxiety that can only be managed by the use of drugs.

The LVM-escapees who manage to stay on the run for a long period have consistently reduced their misuse of intoxicating drugs compared to the period prior to entering into compulsory treatment. This way, they have managed to go undetected by police and social services for weeks and months. The main contributing factor here is that they have received help from people who were not using drugs.

The LVM-escapees who do *not* relapse into drug misuse during the escape pose a significant challenge to the authorities' custodial sentence. If a client is taken into LVM-custody, it is the result of a county administrative court finding that the client lacks the ability to take care of him- or herself. If an escapee proves him- or herself able to cope in freedom without serious relapse, then by his or her actions, the client removes the foundation for the custodial sentence. In practice however, it is very uncommon for somebody to successfully disprove the judgement of caseworkers and county courts in this way. Instead, relapses into drug abuse during the escape period tend to confirm the appropriateness of the custodial sentence in the first place.

Escape is a risk situation – for both men and women

Both men and women escape from LVM-institutions. The greatest difference between the genders is their possibilities for escape. Most institutions for women take more active measures to prevent escapes than institutions for men. In their work, members of staff put into practice a series of preventive measures aimed at minimising the women's opportunities to escape. If attempted, members of staff try to prevent an escape by physically resisting the efforts of the absconder. From interviews with members of staff it appears that the reason behind this active approach is that female abusers are seen as victims – they are defenceless individuals who must be protected from men exploiting them and destructive sources of income such as prostitution. In reality, both genders are subject to most of the risk factors. Both men and women relapse, overdose on heroin, have accidents and engage in criminal activities during escapes. But judging from client interviews, the risk of different kinds of physical assault is greater for women than for men. Josephine, 20 years old, recounts:

> You know, if you're on the run, you tend not to have anywhere to go and if you don't have anywhere to go, you have to take what's on offer. And… I mean, I've heard of people who have run off having nowhere to go, and so they've met some bloke and then it all got messy. No, but, you know, it's like that with sexual assaults and… 'cause I mean, as a girl on your own, you're not that tough. Yeah, and if you're then offered a place to stay, then you're dependent on that person and that person can expect things from me, since, at the end of the day, I get to stay there. A lot of that kind of thing goes on.

However, there are obviously examples of situations where women are everything *but* weak and defenceless. One such example is the violent escapes that have occurred at LVM-institutions for women. At four LVM-facilities, one tells of women that manage to get out threatening others with blood-filled syringes. They claim to have HIV or hepatitis and threaten to stab members of staff who resist. Women have overpowered members of staff in order to escape, fires have been set to express dissatisfaction and members of staff have been served coffee spiked with psychopharmaca. Men too have used violence to get out, but my general impression is that this happens to a lesser extent with male than with female clients. One explanation may be that men tend to be placed in secure facilities to a

lesser extent than women and therefore have a greater number of opportunities for uncomplicated escape. Making a link to the concepts *discretion* and *sphere of influence* (Engdahl & Larsson 2006), that is, the possibilities and limitations that exist in a person's environment and the way in which they impact on the actions of that person, one could argue that the deciding factor in the realisation of an escape is not gender but the opportunities for escape and how the environment limits or facilitates an escape.

Overdoses of heroin is the ultimate risk

Many heroin users tell of heroin overdoses in conjunction with escapes. They are obviously aware that having been clean for a longer period their tolerance of the drug has decreased. Still, fears of not getting a proper high, to 'underdose', lead them to overestimate their tolerance levels (Richert & Svensson 2008). Even the overdose can, in this case, be seen as an effect of reasoned choice (Gilje & Grimen 1993). The first thing Samuel did upon returning to his hometown was to take heroin. At that point, thirteen hours had passed since his escape. He injected and took a nearly fatal overdose.

> I was very close. I collapsed. I did. But a friend gave me the kiss of life. To a large extent it was due to me having taken Rohypnol. But we took the Rohypnol because we weren't sure we'd manage to score heroin. And then when we got the heroin, then we had already taken the Rohypnol. But I was careful not to do too much, too large a dose, you know? I took 0.15 gram, which is not a lot compared to my old dosage, when I was doing like 0.50 gram. Samuel, 24 years old.

Because he had good contacts with dealers and sometimes dealt himself, he had previously consumed very high dosages – about a gram and a half a day. When he relapsed into heroin abuse following his escape, he took a third of what he usually took which, combined with Rohypnol, became a lethal concoction. What saved him was the presence of a friend who gave him artificial respiration.

The risk of overdosing among heroin abusers who escape from LVM-facilities is apparent. Compulsory treatment has resulted in *increased* risks. Clients have been forced away from their usual environments with a stable contact with dealers and accustomed security routines. They have been weaned of drugs, leading to reduced tolerance levels. Since they need a smaller quantity of heroin to get high, the decrease in tolerance levels in turn means the heroinists' drug abuse becomes cheaper. This proves an additional temptation. Expectations are high. It is easy to overestimate one's ability to handle the drug intake. The consequence may be a fatal overdose.

In order to avoid getting caught, help from a personal network is important

The escapees' success is determined by, amongst other things, their capital – social capital, cultural capital and economic capital (Bourdieu 1993). Social capital consists, for example, of family and friendships (social connections); cultural capital refers to different kinds of knowledge, and economic capital refers to material pos-

sessions. The English researcher Sarah Thornton (1995) has coined the expression *subcultural capital* to refer to the capital that is deemed as important within a certain sub-culture.

Most of the LVM escapees whom I interviewed possessed minimal economic capital; they often belonged to societies' poorest group. Their social capital consisted of friends who were often also fellow drug abusers and relatives who would rather see them locked-up instead of them being free to continue their drug abuse. Their cultural capital was primarily a form of specialised subcultural capital, which means that during an escape, they often sought out a familiar arena, that of drug abuse and drug abusers.

In the criminal subculture, there are informal rules for how escapees are to be treated (Kalderstam 1979; Svensson 2007). Those on the run can count on a certain degree of support from friendly people in their environment, at least for a shorter period of time. This can mean that they are offered food, drugs and accommodation for a couple of nights.

Matilda is a 22-year-old woman from a major Swedish city who escapes from a § 27-placement in her home city. Her escape is well planned. She has saved up three thousand Swedish kronor (approximately 280 €). After half a day she leaves the voluntary treatment programme where she is placed. She then manages to keep away for seven weeks. She takes amphetamines the whole time and supports herself through criminal activities. Her mother allows her to stay at home. She is apprehended when she arrives at a trial she has been summoned to attend. Matilda does not associate escapes with negative experiences. When on the run, she has managed well.

> I almost like it better, being on the run than being discharged for a while. You're more used to being pursued than not. All of your friends are there for you. This is when you find out who your real friends are, and who's not. They always make sure you have money so that you can take a taxi if you have to take off. Or if you're taken into police custody, then they come with money for you, that kind of thing.

Matilda rejects the thesis that there are no friendships in the drug world, but adds that it has to do with how you act.

> Yeah, there are three things you have to take into account. It's honour, loyalty and morals. If you have those three things you'll get far. Then you get it back too. From those who are your friends. Sometimes you're good at treating others really poorly, but those are not your friends. It's the kind of people you don't care about.

For those whose personal network consists of fellow abusers with low social positions and whose families are not willing to help, escapes are often short-lived. During her escape, Ylva, 20, hung around with her homeless boyfriend. They lived in a basement, washed at McDonalds and skipped showers. They shoplifted for food. She took amphetamine, but the effects disappointed her. When she was apprehended and returned to the institution after ten days, she found it nice to sleep in a real bed and meet friendly members of staff.

Her escape had to do with a wish to meet her boyfriend and drug cravings. Asked about the escape, she recounts:

> It was definitely not what I had expected it to be like. I mean, sure, it was nice to stand on your own two feet again, and all that. But still it was a lot more negative than positive, that's for sure.

In one of his books Gustav Jonsson, psychiatrist and for many years manager of a teenage institution, describes teenage girls who get their first experience of prostitution when on the run from young offenders institutions (Jonsson 1980). Escapees who lack money and contacts have to resort to the sources of income available to them.

Conclusions

Since care is supposed to be for the individual's own benefit, compulsory care is based on minimising the amount of time the client is incarcerated. This means that for those that will, the opportunity to escape will arise sooner or later, in the treatment chain. In other words it is essentially impossible to prevent escapes though repressive means such as surveillance, locked windows and doors and high barbed-wire fences. If the care received by the client is seen as meaningful, this fact provides an incitement to stay even if the opportunity to escape presents itself. However, the extensive Swedish research on LVM shows that many clients regard the care they receive as meaningless (Billinger 2000; Billquist & Skårner 2009; Ekendahl 2001; Svensson 2001; 2003; 2008), which in turn means that escapes will remain an inherent feature of compulsory care in the future.

In the stories recounted by clients, escape from institutional care can have several different ramifications. Already at its inception, the escape constitutes an extraordinary experience that makes the heart beat faster and that stands in stark contrast to the monotony of compulsory treatment. At the same time, it signifies an independence from the staff at the treatment facilities.

The escape entails a vacation from the institution in the form of a self-granted leave of absence. The goal is often to return to the home environment to fulfil a craving for intoxication or a partner. Those who manage not to be apprehended after a short period, usually list intoxication as their highest priority, either using their favourite drug or, if that's not available, other intoxicating substances such as alcohol and tablets.

This initial stage is often followed by a period of intensive abuse similar to that, which caused the custodial sentencing in the first place. The period of drug abuse comes to a close when police apprehend the client or when he or she becomes tired of feeling pursued and when the drug addiction starts to feel like another form of prison sentence. The paradox of the situation is that for the first time in a life of drug abuse, the client now has access to immediate detoxification, for those who agree to return into LVM-custody. Usually, drug abusers seeking detoxification are told they will have to wait for days and weeks to be admitted. When in LVM-custody, there is always a bed waiting at the institution. It is, as someone put it, "*a unique opportunity to do drugs whilst wearing your own private parachute*." From a rational perspective, at

least in the short-term, it can be seen that there are several god reasons to escape if the opportunity arises (Gilje & Grimen 1993).

Is it a problem within compulsory treatment that the client escapes? The answer to the question is double-edged. Escapes are a problem given the fact that they consume considerable material resources and personnel time, both in their prevention and their resolution. In addition to this, escapes can be interpreted by the authorities purchasing the LVM care as a quality deficiency, that is to say that the client declines the care offered to them because they do not perceive it as meaningful. This can result in the purchasing authorities using less compulsory care, which in turn causes low occupancy rates and financial problems at the LVM institutions.

But my study suggests that escapes, in the extent that they now take place within compulsory treatment – where on average only five percent of the clients are on the run – are not a particularly big problem in themselves. The personnel that I interviewed also agreed with this. Virtually all clients that escape from LVM facilities are returned. The treatment time is suitably long so the client will be able to test voluntary treatment. Even if many clients escape, most of the clients are still at the institution for most of the time and can receive the treatment on offer there. Even if escaping is intractably interwoven with days of drug and alcohol abuse, these days are just added to all the days in the past when the client was an active abuser. Even if their addiction poses risks during their escape, these risks are similar to those during their previous drug and alcohol abuse.

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NOTES

1) LVM is an abbreviation of *Lag (1988:870) om vård av missbrukare i vissa fall*. The Care of Alcoholics, Drug Abusers and Abusers of Volatile Solvents (Special Provisions) Act. and refers to the law governing the enforced treatment of drug and alcohol abusers.
2) The study has been financed by grants from the research committee of The National Board of Institutional Care (SiS)
3) The informants volunteered to be interviewed, since they were interested in the subject of escapes. About half of them had escaped at least once from compulsory treatment. Many of the others had escaped from youth institutions earlier in life. To supplement information also 33 interviews with staff (17 women) were conducted.
4) The most relevant questions from the client interviews were the clients' age, their type of addiction, previous experience of compulsory treatment and prison, the sequence of events surrounding their escape, their return to the institution, their views regarding escapes in general, their views regarding compulsory treatment and information regarding future plans to escape.

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