



WP5 2nd COUNTRY REPORT

AUSTRIA

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1. RECRUITMENT AND SAMPLE

When recruiting interviewees, the Austrian team first met with a leading officer in the “Department of Execution and Supervision in the Prison Service and Preventive Detention” at the Federal Ministry of Justice. The officer referred the team to organisations offering drug treatment officially approved by the criminal justice system, and introduced the team to leading managers and directors in select institutions within the system of restorative justice.

In the next step, the team conducted interviews with leading stakeholders in the selected institutions in order to obtain an official permission to interview young people in these institutions: The general director and a social worker at the youth prison in Austria; the general manager of the youth department in the Vienna Prison Josefstadt; medical directors at in-patient institutions; leading officials in probation services and ambulant drug prevention services; and therapists of institutes offering psycho-therapy and other social services. These stakeholders gave the official permission to conduct interviews with young people in their institutions and made the needed practical arrangements to carry out these interviews.

Subsequently, the Austrian team conducted xx interviews with young people in different settings: x persons were interviewed in an in-patient residential care facility; x interviews were conducted in a youth prison Gerasdorf (unconditional imprisonment for more than 6 months) and the woman prison Schwarzau; x interviews were conducted in the youth department of the Vienna Prison Josefstadt (juvenile remand prisoners in pre-trial detention); and x interviews were conducted with young people involved in out-patient psycho-therapeutic treatment programmes (see Table 1).

Table 1. Recruitment

<i>Recruitment channel and city</i>	<i>No. of interviews</i>	<i>Best practice</i>
Schweizer Haus Hadersdorf, Hadersdorf (in patient/residential)	7	yes
Justizanstalt Gerasdorf, Gerasdorf (youth prison)	5	yes
Justizanstalt Schwarzau, Schwarzau (women prison with youth department)	3	yes
Verein BASIS, Vienna (out-patient/ambulant)	3	yes
Justizanstalt Josefstadt, Vienna (prison with youth department)	7	yes
Verein PASS, Vienna (out-patient/ambulant)	1	yes
TOTAL	26	

The Austrian team followed good practices of research ethics throughout the interview process: Before each interview, the interviewer informed each young person about the aims of the project; explained that their participation is voluntary and that they could refuse and end the interview at any time; guaranteed anonymity and confidentiality as the interviewer did not ask for names, safeguarded the recordings and data, and kept the transcription in house; moreover, the interviewer explained the principle of the project’s legal independence to not having any

consequences for the person’s legal process. In the case of minors, the consent procedure required the signature of a parent or guardian – which made it more difficult to get minors involved.

Interviews were conducted by two researchers separately. The same researchers analysed the data and wrote the report. The interviews lasted on average 30 minutes. The interviews were audiotaped and verbatim transcribed in house. The researchers analysed the interviews transcripts using qualitative data analysis software, MAXQDA. The analysis combined inductive and deductive methods.

The final Austrian sample encompasses 26 young people between 14 and 24 years of age. Table 2 gives the distribution of age and other socio-demographic data.

Table 2: Sample description – Socio demographic data

<i>Gender</i>		<i>Age</i>		<i>Partner</i>		<i>Children</i>		<i>Education</i>		<i>Immigrant background</i>	
Male	22	14-18	8	yes	1	yes	1	primary	all	yes	20
Female	4	19-25	18	No	25	no	25	secondary	na		
								high	na	no	6

22 interviewees were males. Of all males, no one was married or had children. Approximately 75% had a migrant background, most of them were born in Austria (children of parents from Bosnia & Herzegovina, Turkey, Serbia, Croatia, Poland, Czech Republic, Hungary). Several young people in the residential home for drug patients were refugees from Syria, Morocco, Iran and Sudan. Almost all had penalties for multiple offences, often an accumulation of minor and major offences like robbery, violence and drug dealing. The penalties were combinations of conditional and unconditional sentences, of pre-trial detention and treatment programmes; some were released early on probation to take treatment.

Table 3. Sample description – Information about crime and penalty

Crime		First Penalty		Measure	
Drug dealing	x	yes	x	Prison without treatment	x
robbery	x	no	x	Treatment in prison	x
armed robbery	x			Treatment instead of punishment	x
aggravated robbery	x			Treatment after prison	x
aggravated injuries	x				
attempted murder	x				
aggression	x				
trafficking in migrants	x				
extortion	x				
rape	x				

Table 3 gives all forms of crime reported by interviewees. As most young people reported several offences in their past criminal career, no number is given. Most interviewees were convicted several times, but we did not ask that specific question. With regard to “measure” young people were interviewed in prison, where some of them although not all participated in some kind of personality training (anti-violence training, psychotherapy, etc.). Those measures varied quite substantially in the different institutions.

2. DATA ANALYSIS

Researchers in the European Centre for Social Welfare Policy and Research transcribed all interviews. Neither interview recordings nor transcriptions have been given away. Partners in the project – the Ministry of Justice, prison services, probation services, in-patient and out-patient drug treatment facilities have been informed about the ongoing proceedings and preliminary results, but no individual data has been forwarded to these institutions.

The researchers analysed the interviews transcripts using qualitative data analysis software, MAXQDA. The analysis combined inductive and deductive methods: First, we used the general coding system given by the WP5 coordinators, while at the same time we created additional codes that emerged from our interview analyses. In a second step this abundance of codes had to be reduced and integrated into family codes to present the material in a coherent way aligned with findings in the project partner countries.

With regard to these family codes, at some occasions we found it difficult to keep codes apart. For example, the codes “Onset” and “drug use patterns before entering the CJS” often collapsed into one category. In the following, we will therefore refer to these codes under one headline.

3. RESULTS

1.1 Drug careers

Onset

For the greatest part, the interviewees mentioned marihuana as the first substance of their drug consumption. The most mentioned age of onset was 14 years. The lowest age was 11 years, while no-one started taking drugs later than at the age of 16 years. One person recalled that she started with inhaling cocaine at the age of fourteen (AT_25_SCH2_F_19), but this was the exception rather than the convention.

In terms of motive of onset of drug consumption, a combination of social milieu, opportunity and sheer curiosity or inquisitiveness appeared to have led young people to their first encounter with drugs. This mindset resembled the concepts of “edgework” and risk-taking (cf., Lyng 1990, 2008). Combined with easy access to synthetic drugs in cultures of night-time leisure activities this mindset of thrill-seeking presented fertile grounds for persistence in drug consumption. The interviewees made statements such as “I knew someone who brought it along”, “they smoked it and I had a try” and “I was curious”. Young people reported peer influence such as: *“I was with friends, and they smoked weed, and then I smoked with them”* (AT_7_JAJos4_M_14), or they just wanted to look *“cool like the others”* (AT_24_SCH1_F_24).

Furthermore, the interviewees reported situations of responsibility and mutual trust among friends when taking drugs (“one of us stays sober”).

Temptation and curiosity coincided with social problems that started early in childhood and showed their effects in teenage years. In general, adolescence seemed the time when young people “break free” from social control of the family and other social institutions.

Many juveniles in the study lacked social control through their parents. Their family life was severely shattered, either in the way of an absent father, or living in conflict-ridden households together with more than 6 siblings. In these situations of “broken homes” young people experienced harsh and inconsistent discipline, abuse, maltreatment and neglect.

“My father did work and so on, and nobody could support me. I was alone at home and so, ... so I ran away from home” (AT_8_JAJos6_M_16).

Also, parents’ own problems such as crime, substance abuse, mental illness, and poverty contributed to a situation when nobody really cared. The young people stayed out at night and were absent from school with no consequences. This situation of lacking control provided fertile grounds for experimenting with drugs.

In one instance, a young woman reported that she learnt to smoke heroine from a family member, her brother-in-law, *“making me aware of it, made me interested in what he does and how he does it”* (AT_24_SCH1_F_24). It was only the second step that she got in contact with additional people from the street who also smoked Heroin.

There were some extreme cases in the sample, predominantly refugees with a myriad of severe personal problems in life, having experienced domestic violence, violence in school including physical punishments by teachers (e.g., AT_6_JAJos6_M_16), and suffering migration traumata. For these people drugs had become a means of self-medication to find relief from mental strain.

Young people often described their first experiences with drugs as “not exciting” and “disappointing”. Some said they felt no effect at all. Others said they felt that marihuana helped them to keep control over their impulsivity and to avoid fights. As one young man said:

“And whenever I smoked weed, I was simply only calm and did not do anything (violent)” (AT_8_JAJos6_M_16).

With Marihuana, a woman *“felt lighter and could sort out the problems somehow”* (AT_24_SCH1_F_24). Similarly, another young man reported to be “chilled and calm” when smoking grass, as opposed to talking chemical drugs such as ecstasy (AT_6_JAJos3_M_17).

Others said they smoked before taking classes to calm down so that they could better concentrate on what was said in the lecture. Later, the situation often aggravated when other drugs, particularly ecstasy and crystal meth, were taken. Then, aggression and tension resulted from withdrawal symptoms, and the young people said they needed the drug to calm down.

Some interviewees said they stayed away from drugs for several months after their first try, but others said they started smoking regularly right away.

Drug use patterns before entering the CJS

Interestingly, there was a small group of young people in the Austrian sample across the board who apparently did not start taking any drugs other than marihuana. Some felt that chemistry would harm their bodies, while a natural plant would not.

“I have never used another drug except grass because chemical drug—my body would get ruined by them” (AT_8_JAJos6_M_16).

The majority, however, also took cocaine and occasionally experimented with synthetic drugs such as ecstasy and crystal meth. As one person stated exemplarily: *“First, I smoked grass for a while, then this became too boring, and then Ecstasy and then coke* (AT_6_JAJos6_M_17). Only very few young people in the Austrian sample took heroin. Not surprisingly, we interviewed the latter group in in-patient care facilities. The three women interviewed in prison had taken heroine.

Before young people got caught by the police – either for drug dealing or for other offences – smoking marihuana or pulling coke had become part of their lifestyle. Truancy was one side effect of that lifestyle, when they did not sleep at night and by day met in the park instead of going to school. An adolescent described how he consistently stayed away from home and school:

“I was almost never at home, every day outside, I wake up in the morning when I had to go to school, I go outside and skip class, I come home at four or five in the morning, sleep a few hours and then go again at 7am to skip class, and return home again at the same time (AT_5_JAJos5_M_16).

Another adolescent described how he consistently stayed away from home use coke: *“I was almost never at home...I was outside, we pulled all-nighters and so on, we pulled coke. I did not sleep on the street, but we did so in the apartment of a friend”* (AT_6_JAJos6_M_17).

It was often not a physical addiction but rather the social routine with peers that amplified the consumption of drugs. Taking drugs and engaging in other deviant behaviour tended to be fun,

exciting and status-generating. Situations like this are often considered part of this “freedom” from institutions of social control such as family and school.

Drug use patterns after entering the CJS

The shift to prison typically had a significant (positive) effect on the interviewees’ drug consumption. The time in prison caused a dramatic change of everyday life and usually meant an interruption, at least a significant reduction, of their consumption habits. How did the interviewees cope with that?

Interviewees experienced their time in prison often as a time of withdrawal from drugs. In the interviews, however, they did not express a dramatic change as expected. In general, many young people maintained they did not have a problem with drugs and they could stop anytime.

This appeared maybe true for marihuana and to some extent cocaine. But others reported severe withdrawal symptoms while they were in prison. Sickness, head ache, fever, and severe back pain (called “cracking”) were some of the symptoms people suffered. One young woman described her experience: *“I felt the withdrawal, and only received pain medication, Vitranal, that was four to five days. I only laid on the bed and waited until it was over”* (AT_24_SCH1_F_24).

Prison personnel and young people reported that drugs get smuggled into prison – e.g., via food in the kitchen or thrown over the walls. One of the young juveniles reported that some smuggle drugs into the prison. He recalled one inmate in particular who smuggled marihuana into the facility “three to four times a month” and smoked it at his cell or in the courtyard (AT_5_JAJos5_M_16). Furthermore, some inmates are prescribed medical drugs, which they spit out and sell on. A young woman referred to the fact that she has been regularly in touch with the “poison” in the prison and that it was not easy to remain “stable”. She experienced a relapse in prison and then got substituted (AT_25_SCH2_F_19). A similar experience was made by another young woman who decided to no longer obtain drugs unofficially, but to get officially treated after she had gotten a positive urine sample:

“Before I build shit somehow and do this [taking drugs] unofficially, I let myself being treated officially [with a substitution], then nothing can happen” (AT_26_SCH3_F_24).

A black drug market seemed to exist inside prison, but in general drug consumption appeared significantly reduced compared to the time before incarceration. There were very few juveniles with problems of severe addiction in prisons, probably because those are separated and offered therapy instead of punishment in in-patient care facilities. The only exception were the interviewed young women in Schwarzau, who all were medically substituted. Due to a change of substitution substance, one woman in prison reported symptoms of withdrawal nonetheless: *“I feel the withdrawal...my joints hurt, and when I start yawning, I know I have a withdrawal or that it slowly starts because my eyes become glassy and my joints hurt, my knees become soft, and although it is cold, I am warm and hot, and I have this cold sweat”* (AT_24_SCH1_F_24).

Increasing factors of drug consumption

Factors increasing the risk of the interviewees' drug consumptions have two features: (1) they come in *clusters* - social arrangements such as family, school, neighbourhood etc. are meshed up; and (2) they are *cumulative* – the more risk factors an individual is exposed to, the higher the risk of drug use (see also Carlsson and Sarnecki (2016: 77)).

The interviews revealed a number of individual factors that had accumulated and jointly contributed to the troubles with the criminal justice system:

1. Psychological factors – including low school achievement, learning disabilities, anxiety, early aggressiveness are strong predictors of early onset of criminal offending. For example, one youth stated that he had troubles concentrating at school, that he missed tests and could not graduate to the next grade level (AT_8_JAJos6_M_16).
2. Family risk factors – including broken homes: socioeconomic status, large family size, but more importantly how families function in terms of poor parental supervision, harsh and inconsistent discipline, abuse, maltreatment and neglect, family conflict, or even death of a parent. As stated above, young people reported that their parents were not available. A woman stated the issue of lacking parental supervision: *“I lived with my mother, and there were no boundaries. She never said ‘hey, you need to be home at this time’. This did not exist, so I looked how far I could go, what I could do, and this is how far it developed then (AT_24_SCH1_F_24).”* She also stated that her family did not accept her because of her sexual orientation, which made her take drugs repeatedly, as she felt lighter with them.
3. Peer factors – including proximity to and association with delinquent peers and siblings (older brothers), gang membership. For example, one youth stated that *“my friends bought (the drugs), I have never bought them, and my friends also bought them for me. So my friends have always bought them, and I have smoked with them”* (AT_8_JAJos6_M_16).
4. School factors – including low academic achievement, truancy, dropping out or being expelled from school. A young man and a young woman both described how they systematically skipped school and became more involved with drugs (AT_5_JAJos2_M_16; AT_24_SCH1_F_24). Another young woman referred to her history of dropping out of middle school, then a professional school, and finally an apprenticeship within a short time period (AT_25_SCH2_F_19).
5. Neighbourhood and community effects – importance of community and place: economic deprivation, disorder and incivilities, poor neighbourhood integration, availability of firearms, level of gang activity. A young person recalled how a neighbour in the social assisted living quarter brought her into contact with drugs, which in turn brought her in contact with drug dealers (AT_25_SCH2_F_19). One youth mentioned for example that Praterstern in Vienna was the place where he and his friends hung out and got offered drugs (AT_6_JAJos3_M_17).

A holistic approach is likely to be more useful in understanding a person's pathway into drug use rather than the concentration on specific single risk factors.

Furthermore, availability of drugs was a factor that in many cases contributed to the onset of drug consumption at an early age. Many interviewees said they “slipped into the scene” or “one of my friends brought it”. Later on, as insiders, they knew where to go to buy and sell drugs. Availability of drugs in schools at compulsory level (grade 1-8) seemed an important critical factor because this is the time when young people are tempted by their peers to experiment with illegal drugs.

Decreasing factors in drug consumption

Decreasing factors in drug consumption address issues of desistance (Carlsson and Sarnecki 2016: 124). In criminology, desistance means, quite simply, that an individual who has previously engaged in crime, ceases to do so. Desistance in drug consumption is more complicated. One crucial qualitative difference is that committing crimes is no addiction in a medical sense, whereas taking drugs more or less is. Hence, desisting from property crime, for example, may be a rational decision, taking into account economic and maybe also some social arguments. Usually, property crime is done to obtain personal benefits. Violence, aggression and hostility are emotional, often irrational outbreaks of feelings. Several interviewees mentioned that they were engaged in physical fights and body injury, which did not necessarily have anything to do with drug use. Many of our interviewees mentioned they received anti-violence training due to problems of self-control.

Desistance from drug use seems to be a dynamic process involving physiological, psychological and social factors. Desistance of drug consumption is not just a matter of ageing out as Gottfredson and Hirschi (1990) proposed. The interviews suggest that instead, social institutions, employment, and the formation of relationships represent potential turning points and decreasing factors in drug consumption (cf., Sampson and Laub, 1993). Together with other factors such as change in routine activities and cognitive change, a change in social control seemed to be the crucial condition for desistance in crime and drug use.

Especially juveniles interviewed at out-patient institutions reported such turning points. Some told long stories about their consumption habits, how they started to engage in drug dealing and violence. However, in contrast to young people in prison and in in-patient homes, those young people were better able to revisit their lives (and crises) from a more objective point of view. Most of them had been sentenced to prison and were now out on probation with a condition to take psychotherapy and to accept medical surveillance of their health status. In regular meetings with a psychologist they reported that they had learned to reflect their present and past situation. Nonetheless, caution is needed in taking their “stories” for face value, as in some cases they seemed to simply “parrot” what they heard during therapy sessions.

Family appeared to play a major role in terms of “turning points”. As mentioned earlier, adolescence may be a time when young people break free from their parents’ supervision and social control. At some point, however, their families may become a crucial backing they can count on when things get worse. Occasionally we heard that the contact with family members

made them turn away from drugs. For example, one juvenile reported the importance of his father's faith:

"My father was not too strict. He always wanted that I would come home and pray five times a day. Then it was important to him that I would not lose my faith ... So I went regularly home to pray" (AT_5_JAJos2_M_16).

Furthermore, the "tears of parents" during prison visits, grandparents who died while the young persons were in prison, or the birth of a sibling, nephew or niece helped them change their mind. Apparently, these events seemed to make them think and regret. Sometimes, parents also helped them out with money for a lawyer.

Employment arose as a second important factor of desistance for young people in a late stage of rehabilitation. An existing employment contract seemed to give stability in life, some form of daily routine (a severe struggle for clients in in-patient homes), and a new perception of the relation between efforts and revenues. In one particular case, an employer supported the juvenile in court hearings as an advocate and promised to employ him further during his time of probation. Yet, many young people in the Austrian sample needed extra psychological and administrative support to enter the labour market. With their experience of making quick money through drug dealing, their tolerance of frustration was low when they realised the enormous effort of job applications and relatively low revenues (compared with earlier "income" from drug dealing). The development of a healthy work ethics for individuals would require special skills, proficiency and patience from both psychologists and probation workers.

For juveniles, **school** seemed also a stabilizing factor. While graduating from school is not possible in pretrial detention, graduation and vocational training are options in the youth prison. An adolescent expressed his desire to get back to the right track:

"But I try here now, to come onto a straight path, I graduate once again and will go to school" (AT_5_JAJos2_M_16). After his release, he stated his desire as follows: *I want to go to "school, graduate and then I want to go to trade school, continue trade school and maybe start to work something."* (AT_5_JAJos2_M_16)

In some cases a **re-location** was addressed as a critical point. For some juveniles, going back after imprisonment to a small town where one cannot shake off a bad reputation or stigma was certainly an obstacle to a healthy reintegration in society. Also, re-location to another district or moving to another city seemed promising for young people to come to rest and start a life free from drugs. Still, this would be an administrative challenge in terms of medical, social and administrative service provision.

Finally, how a young person entered into the **criminal justice system** and was dealt with influenced the person's drug use and trajectory. A criminal record usually started with the first note at the police. The offender could be fined on the spot or be taken in police custody for 24 hours before released. But then several different scenarios for processing their case were possible. Based on the interviewees' various situations, following scenarios were possible:

1. The young person got a criminal record with no further consequences
2. The young person was ordered (by the health authority or by the prosecutor) to take “therapy instead of punishment” and was free on probation
3. The young person was taken into pre-trial detention to wait for his court hearing
4. The judge offered “therapy instead of punishment” and a probation period. A young woman who served a prison sentence made it clear how important it is to get treatment, in her case both medically and therapeutically. Ideally, she wished for an inpatient treatment setting that would finally allow her to succeed in not taking any drugs any more. She was not successful alone (AT_24_SCH1_F_24).
5. The juvenile got sentenced to prison and could be released on probation after half-time or after 2/3 of the time in prison to take psychotherapy (including drug therapy). A young woman appreciated that the group drug therapy was led by an outside out-patient organization, which gave her the impression of trust and independence: *“It is different to talk to people from the outside because one can trust them more. Because one cannot really talk about what is going on without being afraid that this will affect one’s sentence or so (when people are employed by the prison). This is very helpful”* (AT_25_SCH2_F_19).

Accordingly, the trajectories of the interviewees did not represent a clear moment of “entering the criminal justice system”. Rather they moved back and forth, in and out, and regularly shifted between freedom and a variety of legal consequences. One interviewee explained how she oscillated between prison and outside world in a 10-year period until now (AT_24_SCH1_F_24).

They were found to be permanently “on probation” and under supervision of the criminal justice system. A minor mentioned how he oscillated between pretrial detention, freedom, and prison (AT_6_JAJos 3_M_17). When young people took treatment as clients of out-patient services such as psycho-therapy they were generally free, but that did not necessarily prevent them from committing further offences including drug dealing or from taking drugs. A young woman stated that she received a “therapy instead of punishment” sentence, but she dropped out of the residential program after three months and became criminal again (AT_25_SCH2_F_19). In this way, they sometimes accumulated several offences, and their consumption habits did not change significantly. As mentioned above, their drug consumption was part of their life-style and daily routine, and that rarely changed at times of probation. Finally, it became clear that after young people get released from prison, a reliable system would need to be in place to support them in their regained autonomous life, only then the circle between crime, freedom, and prison can be interrupted (e.g., AT_26_SCH3_F_24).

1.2 Young people's opinions and life experiences relevant to prevention

According to various interviews conducted in in-patient homes, out-patient psychotherapy facilities and in prisons, "prevention" could mean different things and therefore needed to be tailored to each situation.

For example, in severe cases of drug addiction, young people received treatment in the form of medical help. Some of the interviewees in in-patient care facilities suffered withdrawal symptoms and endured late effects of heavy consumption. In this situation, prevention had to combine medical and pharmaceutical treatment and support for daily routine activities under supervision. This kind of treatment was gratefully accepted by the clients. Some young people reported that they received tranquilizers, which helped them cope:

"No, I could not smoke weed (in prison), but I am doing actually well, I have been here now for half a year, and I have not smoked anything, but nevertheless, I am doing well. I am doing well because of the tranquilizers; the tranquilizers are like grass" (AT_6_JAJos8_M_16).

In other cases, prevention had a double meaning in terms of prevention of criminal re-offending and in terms of preventing relapses in drug consumption. Treatment in prison was perceived by the clients predominantly as a means to an end, specifically getting benefits in the bonus-malus system in place.

According to a young person, group sessions were "boring": *"We talk about I don't know what ... I do not feel like talking"* (AT_5_JAJos2_M_16). Another person also described the therapy as "boring": *"It was boring. We go there, we sit around, and everybody tells what he has done. This does not interest me. ... I am only interested in what I have done. One realized that many lied there and that many laughed dopily when somebody says something or so"* (AT_6_JAJos3_M_17).

As illustrated above, young persons did not experience the atmosphere of the group sessions as constructive and useful for their own needs.

The effect in relapse preventive is contingent upon the problem understanding of the client: If the client cannot perceive the consumption of drugs as harmful or critical for his further development, the preventive effect will be minimal. Then, prevention should include a fundamental change in lifestyle.

Programs that include study or work opportunities are most appreciated to get young people caught up in the criminal justice system back into education or employment. All juveniles in the youth prison (for male offenders) attended school or were in an apprenticeship program on site such as waitering or hairdressing. The (few) female juvenile offenders, however, were integrated into the women's prison which could not sustain an apprenticeship program. Still, short trainings e.g. for manicurists are provided to young female inmates.

The young interviewees emphasised the crucial need of receiving help after release, e.g. in terms of living arrangements, drug treatment, and emotional support.

The time after is important. Prison is good and fine, but what is after prison? There is a way onwards, and if this is mucked up, then ok, you know. After the door is open one needs to go the way (AT_26_SCH3_F_24).

The interviewee was aware of the organization “Neustart” that starts working with young people months before their release to help them prepare for their life after the release.

2. CONCLUDING REMARKS

The relationship between drug use and crime

Drug taking and criminal activity most often went hand in hand. The interviews with young people revealed several indicators for the relationship between drug use and crime. First, drug use and crime are intrinsically linked via sub-cultural deviant lifestyles. Leisure activities in peer groups included experimenting with drugs, delinquency and general “anti-social behaviour”. Also, violence happened within the drug scene in terms of vigilantism, if deals failed or went wrong and in cases of deception and fraud. The drug market seems to know only internal arbitrary law enforcement. Second, drug use and crime were economically related: Young people committed robberies to be able to afford drugs. Third, drug use and crime were directly related in the way of drug dealing. Young people discovered opportunities to make a profit and they started selling drugs, especially when they failed at school. Once in the business it was hard to step out.

At some point during their adolescence, some young drug users wished to stop the habit of “free-riding”. They no longer wanted to feel as spongers who consistently “borrowed” from friends. Rather, they wanted to take the supply of drugs into their own hands. Others needed the money to subsidise their drug habit. As an interviewee stated:

“I needed money for the drugs and became a criminal by assaulting people in order to obtain quick money” (AT_24_SCH2_F_24).

That is the moment when they tipped into drug dealing and robbing. During this early period of their criminal career the consumption of drugs became intermingled with criminal activities as a way of life. Young people committed theft and robberies either on strangers in the street, mostly for mobile phones, or within the drug scene. The interviewees often stated that they were convicted for violence and drug offences together. Violence often happened within the drug scene among drug dealers, in cases of cheating, fraud and deception. Illegal markets seem to function in the same way as legal markets in terms of demand-and-supply, price policies and trust relationships; however, the system of market control and sanctions is self-contained and naturally independent from the formal legal system. The practice of trust appeared to be a major element in drug dealing since dealing happens “in the dark”. For example, sellers appeared to sometimes give credit to set up dependent relationships with clients. This dependence in turn built up more pressure for the clients to resell the drugs. All this happened under the stress of getting caught by the police.

Many young people started dealing with small amounts in the park or in night clubs, making a little profit on the side. Some of them made a (moderate) living from selling marijuana only. Others characterized themselves as “professional” drug dealers (in prison) who had bought large amounts of cannabis or cocaine abroad and sold it for a higher percentage of the original price in Austria, making five-digit profits in one deal.

On the other hand, the sample consisted of young people who had no criminal record of dealing drugs. They said they never got caught with drugs. They often admitted having psychological (emotional) problems with aggression; they felt to lose self-control in situations of provocation, and that was why they committed violent crimes. One young person admitted that he became violent and fought back when he got bullied in school. He also talked about getting to know his companion in crime:

“On the first day (of school), when I came there, I got to know someone. He was a gangster, and I got to know my accomplice there” (AT_6_JAJos3_M_17).

Very often, the persons committed crimes with at least one other person. Furthermore, young people were often sentenced for violence and property offences rather than drug offences. Hence, their drug consumption was not at stake in the criminal process and consequently was not critically examined. On the contrary, many offenders were convinced to “have it under control”. This argument applied to consumption of cannabis and cocaine in particular and in fact corresponded to justifications for alcohol consumption. Here too, the difference between legal and illegal drugs was deliberately ignored. Even when the basis of conviction was a violent crime, they often acknowledged that they were taking drugs and also dealing drugs. As a consequence, they never got offered any drug treatment. However, their anti-violence training, given by psychologists, occasionally included issues of taking drugs.

Drug dealing was usually only one of many offences. Many young people had accumulated a long record of offences before they were sentenced to unconditional imprisonment. Sometimes, an arrest came as a surprise with delay. One interviewee noted that his offences happened years ago before being convicted (AT_6_JAJos3_M_17). Some had already given up dealing drugs and found a job when they were taken into custody. As one interviewee in psycho-therapy said:

“On the day when I was arrested, police officers appeared at my work place and searched the office, all desk drawers, the lockers and my car, but they found nothing. I had nothing to do with drugs anymore after I started my job (AT_1_BASIS1_M_19)”.

Agency, circumstances, and structures

Individual agency, social circumstances and socio-economic structures were highly correlated when explaining drug careers. Drug careers may result from an accumulation of a number of risk factors, including individual, psychological, social and economic factors. Following the dynamic life-cycle theory by Sampson and Laub (1993), informal social controls can be understood as a key to understanding why individuals engage in drug use and crime, why they persist, and why they stop. The interviews with young drug users in the criminal justice system

showed that adverse conditions of informal social controls in their criminal careers were present at different stages during their development: Successively, a lack of bonding in the family, school failure, delinquent peers and unemployment were significant risk factors for developing drug careers.

Drug consumption – no problem?

Juveniles seemed to have a rather ambivalent take on addiction: Addiction would be limited to severe physical suffering, but they were not sensitive to the way their own behavioural patterns changed and to the extent drugs affected their daily lives. Only in hindsight they realised that drugs had obstructed their opportunities in terms of education, vocational training, family relationships and partnerships.

The interviews revealed that taking risks and seeking thrills presented a fertile ground for drug consumption due to a particular curiosity in drugs and their psychic effects. Because many young people were sentenced for violence and property offences, their drug consumption, however, was not of their primary concern and was erroneously regarded as “being under control.”

This finding supports the preference of “edgework” (Lyng 1990) and rational risk-taking over older arguments of lacking self-control. In “A General Theory of Crime” Hirschi and Gottfredson (1990) argued that low self-control is the cause for criminal propensity developed in early childhood. This position rested on psychological rather than sociological factors: People with low self-control are characterised as “impulsive, insensitive, risk-taking, short-sighted and non-verbal and will therefore tend to engage in criminal acts such as smoking drinking, drug-use, etc.” (Hirschi and Gottfredson quoted in Carlsson and Sarnecki 2016:32). In contrast, Lyng presents the idea of “edgework” as an extremely skilled performance in risk management: “Edgeworkers claim to possess a special ability, one that transcends activity-specific skills such as those needed for driving a car, riding a motorcycle, and flying an airplane or one’s body in free-fall. This unique skill, which applies to all types of edgework, is the ability to maintain control over a situation that verges on complete chaos, a situation most people would regard as entirely uncontrollable” (Lyng 1990:859). This perspective of edgework theory may fundamentally change concepts in prevention, if the problem of drug use and abuse is addressed and reflected in that way.

3. LITERATURE

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