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**Female drug users in European prisons –  
best practice for relapse prevention and reintegration**

**FINAL REPORT AND RECOMMENDATIONS**

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**Responsible Scientist**

Heike Zurhold • Heino Stöver • Christian Haasen

Centre for Interdisciplinary Addiction Research

University of Hamburg

Martinstraße 52

D-20246 Hamburg

Germany

Email: [zurhold@uke.uni-hamburg.de](mailto:zurhold@uke.uni-hamburg.de)



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Heike Zurhold, Hamburg

Jacek Moskalewicz & Justyna Zulewska-Sak, Warsaw

Xavier Majo Roca & Cristina Sanclemente, Barcelona

Gabriele Schmied, Vienna

David Shewan & Gabriele Vojt, Glasgow

Heino Stöver, Bremen

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## ABBREVIATIONS

Abbreviation of the European Union Member states according to the international standard ISO 3166

AT	Austria
BE	Belgium
CY	Cyprus
CZ	Czech Republic
DK	Denmark
EE	Estonia
FI	Finland
FR	France
DE	Germany
GR	Greece
HU	Hungary
IE	Ireland
IT	Italy
LV	Latvia
LT	Lithuania
LU	Luxemburg
MT	Malta
NL	Netherlands
PL	Poland
PT	Portugal
SK	Slovakia
SI	Slovenia
ES	Spain - Catalonia
SE	Sweden
IF	UK -Northern Ireland
GB-S	UK - Scotland
GB-E	UK - Eng./Wales

## EXECUTIVE SUMMARY

The 12-month study bases upon a multi-site research and provides an overview on current prison policy and practice directed to adult female drug users in European prisons. One of the main objectives of the study was to fill the information gap as regards 1. the prevalence of this specific prison population and 2. the availability of drug services for this population across Europe. The second main objective was to investigate female drug users in selected prisons of the five participating European study centres with regard to their utilisation of available drug services in order to assess prison programmes due to “best practice” for relapse prevention.

The participating study centres were

- Hamburg and Bremen, Germany
- Barcelona, Spain
- Glasgow, Scotland
- Warsaw, Poland
- Vienna, Austria

To conduct the project, a multi-method research strategy was developed which consists in structured questionnaires with Ministries of Justice and with adult female drug users in prison, document analyses and oral information from prison authorities and service providers. This executive summary presents the major results of the

- literature review
- database generated from the “Prison Services Survey Questionnaire” among the Ministries of Justice of all 25 European Union member states,
- database generated from the structured questionnaires with 185 adult female drug using prisoners, which have been interviewed face-to-face in altogether ten prisons of the five participating centres.

### **I. Literature review**

The drug problem in prison is increasingly acknowledged on an international level. In Europe it is estimated that about half of the 350.000 prisoners ever have used drugs in their lives. Within prison drug use is often not ceased and a considerable number of prisoners not only continue drug use in prison but practice high-risk behaviour such as injecting and needle sharing. Although there are representative data on the drug problem in prisons lacking, studies indicate that up to 50-60% of drug users still use drugs in prison with about one third of them injecting drugs. In particular needle sharing is highly prevalent among drug injecting prisoners (up to 80-90% at highest) and needle sharing has been proved to be directly related to the spread of hepatitis, HIV and other infectious diseases. On average the prevalence for HCV infections is between 30 and 40% among the imprisoned drug injectors in Europe, in the UK this is more than 80%. This HIV prevalence is about 0 to

2% with considerable exceptions for instance in the UK where the HIV prevalence is up to 23%.

In order to ensure health care and drug treatment of drug addicted prisoners the European Union has defined a drug strategy (2000-2004) which requested the Member States to improve preventive measures to reduce health risks and to provide drug treatment in penal institutions. Although the Member States agree on principle to provide drug services equally to those available in community, in practice this is rarely the case. In many of the penal institutions drug services are only limited available to drug addicted inmates although there are examples of best practice. However, Belgium, Spain, France, Portugal and Sweden formally ascertained in their national drug strategies that prisoners have the right to gain the same medical care that all other citizens. Similar Germany, Ireland, Italy, Finland and the UK admitted the importance of drug treatment and rehabilitation of drug using prisoners. While this indicates to make harm-reduction as well as demand reduction programmes available, abstinence models predominate in prisons. In fact, methadone maintenance is still poorly available in prison and needle-exchange programmes had only be implemented in Spain and some prisons in Germany and Switzerland to date. Consequently most of the prisoners with drug problems did not receive adequate treatment and health promotion in prison and, in addition, were offered insufficient pre-release support. Long-term drug users often have not only repeatedly been incarcerated but as well often additional psychiatric and psychological problems. In particular women prisoners experience more drug and mental health problems compared to their male counterparts. Thus, especially female drug using inmates are in need for intense care while in prison and after prison release. Despite of the significant importance of throughcare or a continuity of care starting at entry and going on after release, this systematic support is currently only available in some of the European countries.

In conclusion, from the literature review there are two main findings to accentuate:

- Due to a lack of a regular monitoring in the penal system, there is not much evidence on the drug problem in prison at all. If studies or evaluations in penal institutions have been undertaken, these mostly base upon male samples. Accordingly there is an enormous lack of evidence-based knowledge on women prisoners with a past and/or current drug use.
- A number of studies confirm the impact of systematic release preparation and aftercare provision on facilitating the transition from prison to community and on reducing relapses to drug use and delinquency after release. To strengthen relapse prevention it is essential to improve a) the cooperation between penal institutions and external agencies and b) to ensure a continuity of care after release.

## **II. Results of the Prison Services Survey Questionnaire**

The results refer to a database generated from 37 questionnaires, which comprise all 25 European member states, autonomous regions and federal states. These questionnaires have been conducted among the Ministries of Justice in order to gain information on the

prevalence of adult female drug users in European problems and the provision of drug and treatment services.

As regards the prevalence of female drug users in European prisons the findings first of all reveal the following:

- Actually, in many of the Western and Eastern European countries there are either no or only little data on the prevalence of female drug using prisoners available. The poor availability of information is remarkable in terms of common agreements that the number of drug users in prison is steadily increasing. However, the lack of information evince that methods of proper assessments are missing.
- In general all data and results of the survey have to be handle with care because the given national prevalence adult female prisoners with a history of illicit drug use depends on the on the availability and quality of data sources (prison statistics etc.) and in equal measures on the respective definition of the term “drug user”.
- At present there does not exist a unique definition of the term “drug user”. Even if some national prison administrations have a clear definition of who is regarded as drug user, these definitions are extremely heterogeneous. Thus “drug use” can refer to both the use of legal and illicit drugs and in addition it could cover the use of medicaments either prescribed or not prescribed.
- Due to the lack of a unique definition of drug use in Europe and the effects of the data sources used by the countries to determine the prevalence it is not possible to compare the given data on illicit drug use among female prisoners in a reliable and valid way.
- As there is consensus in most of the European member states that the drug problem in prison is most challenging the penal systems it becomes increasingly important to establish a unique classification system in Europe to measure the prevalence of drug use. In addition there are good reasons for developing a regular national prison monitoring such as already existing in Scotland. A high availability and quality of evidence-based information will allow to undertake reliable between-country comparisons and to give positive information about the drug problem in European prisons.

#### a) Results on the prevalence of female drug using prisoners in Europe

- Half of the 17 countries/regions, which could provide any data for the year 2002, seem only to have a proportion of 10-30 % female drug users among the female prison population. For another half of the countries/regions the proportion of female drug users in prison amounts to 40-60 %; this is especially the case in Ireland, England/Wales, Catalonia, Estonia and Greece. The highest proportion of female drug using prisoners was reported by Finland who regarded 70 % of the female inmates as drug users.
- In the five countries Latvia, Lithuania, Slovenia, Luxemburg and Germany nearly all of the female drug users in prison are perceived to have a history of the use of illicit drugs. Scotland and England/Wales reported that 75 % and 54 % respectively of the female drug users have a history of illicit drug use. In Catalonia this is still the case for 48 % of the female drug users in prison. However six further countries stated that only a

minority of the female drug users (10-30 %) have a history of illicit drug use which is that most of the female drug using inmates are addicted to legal substances such as alcohol and/or pharmaceuticals.

- Only six out of 27 regions/regions had data on the number of female prisoners who continue the use of illicit drugs while in prison. According to the data it seems that only a few of the women still use illicit drugs during their imprisonment as this was named for 1-20 %. Simply the data given by Scotland reveal that 56 % of the female drug using prisoners are perceived to use illicit drugs in prison.
- Many of the countries don't know if the number of female drug using prisoners increased or decreased from 2001 to 2002. Of those countries that dispose of comparable data in particular the Eastern European countries stated that the proportion of female drug users has increased while in Denmark, Greece, Italy and Luxemburg this proportion has decreased.

#### b) Assessments of major drug-related problems challenging the national prison system

- From perspective of most European prison administrations the two major prison problems related to female drug using prisoners are health and rehabilitation problems. Altogether 13 European member states experienced drug-related health problems such as infectious diseases and mental disorders as most challenging the national prison system. This was followed by rehabilitation problems, which altogether 11 countries perceived to most challenging their prison system. Respectively six European member states stated that the high proportion of female prisoners with either multiple drug use or with prior illicit drug use cause major drug-related prison problems.
- The findings evince that the substance use or intravenous drug use in prison did not play an important role in the perception of major drug-related prison problems. Exceptions are the three countries Greece, Lithuania and Italy.
- Malta, Czech Republic and Hungary are those countries among Europe that have a small proportion of female drug using prisoners and nearly no detections of drug use in prison. As a consequence these countries stated not to face any relevant drug-related problems in their prison system.

#### c) Provision of drug and treatment services in prison

- As concerns the availability of harm-reduction services, nearly all European countries/regions provide information on health risks, health education and hepatitis vaccination to female drug using prisoners. Thus it can be assumed that these three services have been established to some kind of standard prisoners health care. Furthermore 14 European countries provide to some extent drug-free wings, self-help groups, and peer-support to female drug using prisoners. At the same time there are some European countries that still do not meet this standard although they reported to face drug-related health problems. For instance the prison system in Belgium Latvia, Lithuania, Northern Ireland, Poland and Slovakia do not offer any hepatitis vaccination.

- With regard to the availability of drug treatment services the results show that psychosocial support, individual counselling and drug counselling are provided in the prisons of almost all European member states. Exceptions from this rule are Ireland, Estonia, Latvia and Cyprus where one or all of these three offers are not available in prison. In addition 22 countries/regions provide detoxification with pharmaceuticals whereas 13 countries/regions do as well provide detoxification without medicaments. However, detoxification either with or without medicaments is not provided in the prisons of Northern Ireland, Hungary, Estonia and Lithuania. To address the drug problem in prison 19 countries/regions offer abstinence oriented short-term interventions either in all or in some prisons. Finally substitution maintenance treatment is provided to a different extent in the prisons of 17 countries/ regions.
- A comparison of harm-reduction offers and treatment offers in terms of availability reveals that in prison there is a tendency to provide rather treatment options than to provide basic harm-reduction measures. Likewise the European prisons systems tend to favour abstinence models instead of for example methadone maintenance treatment.

In relation to a) the national prevalence of female drug users in prison and b) the reported drug-related problems it has been assessed if the current provision of drug and treatment services is adequate to address these problems. Hereby it has as well been taken into consideration if different services are only available in some prisons or on principle in all national prisons. According to these assessment procedures the countries' provision with drug and treatment services in prison can be evaluated as follows:

- In terms of harm-reduction the prison systems of Scotland, Spain-Catalonia, Finland and Czech Republic can be regarded as examples of "best practice" because they make a broad range of different kinds of harm-reduction offers available to female drug using prisoners. With respect to treatment services again the prison systems of Scotland and Spain-Catalonia and as well the prison systems of Belgium, Malta and Italy are assessed to meet conditions of "best practice as they have implemented several kinds of drug treatment services, which are in addition most often available in all prisons.
- Due to the lack of data it is impossible to clearly assess the provision of drug and treatment services for several countries. Thus it remains unclear if the low provision of harm-reduction offers in the prisons of Northern Ireland, Luxemburg Belgium and Poland is sufficient to address drug-related problems. Similar for Hungary, Poland, Portugal and France it is hardly to assess if the current availability of treatment services is adequate to meet the challenges resulting from female drug users in prison.
- With respect to the almost 60% prevalence of female drug users in prison and the high number of prisoners with prior illicit and multiple drug use, the current availability of harm-reduction services in Ireland is to be regarded as insufficient. Furthermore Estonia, Northern Ireland, Ireland and Cyprus are assessed to provide insufficient opportunities of drug treatment in their national prisons in the light of the reported drug-related problems.

- All other European countries are assessed to either provide an appropriate or at least a sufficient range of harm-reduction and treatment services in prison.

#### d) Provision of pre-and post-release services

- In order to ease the prisoners' transition into community after prison release 22 European countries/regions provide referrals to community-based drug and health agencies. In Sweden, all prisons do as well provide referrals to NGO's. In addition 19 countries/regions offer pre-release support for housing and jobs to female prisoners and up to 17 European member states reported to provide through care, a systematic pre-release training programme and outside prison treatment. In contrast, interventions aiming at relapse prevention are only provided in 13 countries/ regions with some of them providing this offer merely in some prisons. As well the initiation of substitution treatment close to prison release rather uncommon and only provided in 11 out of 27 countries/regions.
- Among Europe the countries Scotland, Catalonia, Denmark, Belgium are assessed to provide best practice in terms of several activities to promote rehabilitation and to prevent relapses after prison release. Another three countries – Czech Republic, Poland, and Italy – are assessed to provide good release practice as pre-release support and training, relapse prevention programmes and through care activities are basically available in all prisons.
- Mainly some of the Eastern European countries are to be found to insufficiently provide pre- and post release services because they show different kinds of shortcomings. However, most worrying is the finding that the prison systems in Greece, Portugal, Latvia and Malta seem not to provide any systematic and comprehensive support to prepare female drug users for prison release.

#### e) Future demands for drug services in prison

- In sum 14 European countries agreed that additional harm-reduction and/or treatment services should be made available in the women's prisons. Here in particular countries with an inappropriate provision of drug services evince to be sensible for the present deficiencies in their prison system.
- With respect to further harm-reduction offers the data show that there is a high need for introducing peer-support in prison; this is confirmed by Austria, the Netherlands, Luxemburg, Ireland, Malta and Cyprus, Estonia, Latvia and Slovenia. In addition, six countries agree that drug-free wings should be provided in prison (Ireland, Cyprus, Estonia, Latvia, Belgium and Lithuania). The following most frequently favoured offers are health education training and self-help groups. With regard to a prevention of communicable diseases Ireland, Luxemburg and Slovenia supported the introduction of needle-exchange programmes in prison.
- Nine countries are of the opinion that additional drug treatment services should be provided in prison. Thus, seven countries perceived the availability of therapeutic communities as necessary (Belgium, Luxemburg, Sweden, Cyprus, Ireland, Estonia and

Lithuania). This is followed by the demand for help of community drug agencies. Due to the present lack of available services, especially the prison administrations in Ireland, Estonia and Lithuania observe the need for further drug treatment options such as substitution maintenance, detoxification, counselling and support, which should be made available to female drug using prisoners.

- Altogether 11 countries/regions confirmed to have plans to implement additional drug services for female drug using prisoners in near future. Accordingly Belgium, Cyprus and Finland plan to introduce therapeutic communities in prison while Slovenia and Catalonia intend to introduce needle-exchange programmes in prison. Release training programmes are to be realised in Luxemburg and a post-release hostel is planned in England/Wales. Last not least in Latvia and Sweden it is planned to provide a specific drug prevention programme in near future.

### **III. Results of the questionnaires with female drug users in prison**

A cross-sectional investigation of 185 adult female drug using prisoners from the five European sites Barcelona, Glasgow, Hamburg, Vienna and Warsaw-Poland has been carried out. Inclusion criteria for the participation in the questionnaire was: to be adult (18 years +), to be 1-6 months before prison release and to be past or current regular users of drugs like opiates, cocaine, crack and/or amphetamines.

In detail, 40 inmates were interviewed in the Barcelona prisons *Brians* and *Wad-Ras*, 36 inmates were interviewed in the Glasgow prison *Cornton Vale*, and in Hamburg 37 inmates were interviewed in the prison *Hahnöfersand*. In Vienna 32 inmates were questioned in the prisons *Favoriten* and *Schwarzau* and in Poland 40 female drug users were interviewed in the four prisons *Lubliniec*, *Grudziadz*, *Krzywaniec* and *Warszawa*.

#### a) Social profile of the female drug using prisoners

- Barcelona: The women are on average 31,8 years old, expected their prison release in 6,4 months and had served on average a three-years prison sentence. Before entering prison they are most likely to be in a partnership and to finance their living mainly either from wage or from prostitution.
- Glasgow: The women average 27,8 years, had to stay 9,4 months in prison until release and served on average a prison sentence of one year and eight months. Half of the women had a partner. The main finance in the year prior to imprisonment consists most often in welfare or disability benefits followed by drug selling.
- Hamburg: The women average 32,4 years, expected to be released from prison in 5,6 months after having spent a 13-months prison sentence. They are mostly single or divorced and financed their living before entering prison mostly by drug selling, followed by prostitution and thefts, burglaries and robberies.
- Vienna: The average age of the women is 30,7, they have to wait still one year until prison release after having served a prison sentence of two and a half years. A majority



lives in a partnership. The main financial sources consisted in a wage or unemployment or welfare benefits.

- Warsaw-Poland: The women average 27,3 years, expected their prison release in 21 months and had to stay in prison on average for more than three years. The women are most likely to be single or to be in a partnership. They financed their living in the year before entering prison predominantly by criminal activities such as shoplifting, thefts and drug selling.

#### b) Delinquency and prior imprisonments

- In terms of illegal activities in the past 30 days before the current imprisonment, in all five European study sites drug possession along with drug selling and/or shoplifting are most prevalent among the female drug users. Drugs have been possessed and – with exception of the women from Vienna – as well sold every single day in the past month. As well shoplifting had been committed almost every day in Glasgow and Poland and nearly every second day in Hamburg and Vienna.
- A vast majority of the female drug users have ever been convicted to different penal sanctions. In fact, 92.4 % of the 185 interviewed women reported a minimum of one conviction in lifetime. Most of them have been sentenced to a fine but as well prison sentences are quite common with exception of the women from Barcelona.
- The great many of 72.4 % of all study participants have been previously imprisoned. Prior stays in both remand prisons and prisons for convicts are highly common among all female drug users with exception of those from Poland. In addition most women already experienced frequent numbers of prior imprisonment of four times and more. This high frequency of prior imprisonment is in particular the case among the women from Hamburg and Vienna while the lowest frequency of prior imprisonment is to be found in the women from Barcelona.
- The younger the women have been at their first imprisonment the higher is their overall duration of previous imprisonment. This correlation is statistically significant.

#### c) Drug use patterns outside and inside prison

- In the month before entering prison about two thirds of the female drug users used multiple drugs. In Barcelona most women used cocaine powder, which is followed closely by the use of non-prescribed medications. In Glasgow the use of heroin and non-prescribed medications along with cannabis was most prevalent. In Hamburg the women mainly smoked crack, followed by the use of heroin and prescribed methadone. In Vienna most women participated in substitution treatment before entering prison. This was closely followed by the use of heroin and cocaine powder. In Poland first of all heroin and kompot was used, followed by the use of amphetamines.
- With respect to the use of heroin, crack and non-prescribed medications there is a clear tendency towards daily use. Furthermore 54 % of all female drug users have injected drugs in the month preceding their imprisonment.

- In prison altogether 49.7 % of the women continued the use of illicit drugs in the first weeks after entering prison and during their imprisonment this number scaled down to 37.8 % (92 and 70 female drug users). While outside prison a multiple drug use was most widespread during imprisonment the use of one or two different substances is most common. Furthermore there is a decrease in the frequency of drug use in prison from daily drug use outside prison to an occasional or regular drug use inside prison.
- In prison the smoking of cannabis along with the oral use of non-prescribed pharmaceuticals such as buprenorphine, morphine and benzodiazepines, the use of heroin and in Hamburg the use of crack are most common among the drug using prisoners.
- Different to the prevalence of drug injection outside prison, inside prison the intravenous drug use remains an exception. Of all respondents only three women from Vienna injected drugs in prison in the last month preceding the interview.

#### d) Health status and psychosocial strains of the imprisonment

- As regards the prevalence of hepatitis C and HIV the data reveal that in Barcelona more than 70 % of the women are infected with hepatitis C and more than 60 % are infected with HIV. In Vienna and Hamburg as well there is a significant number of the women infected with hepatitis C that amounts to 78 and 65 % respectively whereas the rate of HIV-infections adds up to 6.3 and 5.4 % respectively. In Warsaw-Poland nearly similar proportions of the women are infected with hepatitis C and/or HIV (35 and 30 %). In Glasgow however as comparable lower number of the female drug users suffers from hepatitis C and/or HIV, which amounts to 11 and 3 %.
- With entering prison most of the female drug users began to recover physically so that with - exception of the Hamburg women - more than 50 and up to 65 % of respondents reported to be in a fine physical condition at present.
- On the other hand caused the imprisonment a variety of psychosocial strains. The most common distress is related to the separation from children and partner and in addition a considerable number of the women mostly suffer from feeling lonely or even depressed. Furthermore many of the women feel disturbed by boredom during their imprisonment. Apart from these strains in Glasgow and Barcelona more than 40 % stated to suffer from prison restrictions. In addition half of the Polish women and 44 % of the women from Glasgow admitted to suffer mostly from being afraid of prison release.

#### e) Utilisation of drug services inside and outside prison

- During the year before entering prison a vast majority of all respondents have made any use of community drug services. Only 27 out of 185 respondents did not utilise any drug service (14.6 %) with almost half of them coming from Glasgow. In the past 30 days before being imprisoned still most of the respondents have utilised any of the community drug services (73 %).
- The experiences with community drug services have been assessed as fine or even as very well most often by the women from Barcelona but as well a majority of the

women from Hamburg and Vienna assessed their experiences with drug services as positive. In contrast many of the Polish female drug users stated that their experiences with community drug services were either mean or even bad while in Glasgow a majority of the female drug users assessed their experiences as bad or even very bad.

- Since entering prison altogether 169 respondents (91.4 %) have ever made use of any available drug and treatment service. At the time of the interview still 156 respondents (84.3 %) utilised any available service. Most of the female drug users have utilised a range of different interventions during their imprisonment. Even though there are differences in all five study sites most of the women prisoners made use of prison medical care along with counselling offers, substitution maintenance and to some extent as well of psychiatric treatment and health education training.
- As regards the satisfaction with the drug and treatment services the women have ever utilised in prison the findings reveal that most of the respondents seem to be quite satisfied with the support they have received. Furthermore a vast majority of the women from Barcelona, Vienna and Poland confirmed that the professional support helped them to reduce or stop drug use while especially the women from Hamburg denied this.

#### f) Preparation for release and needs for support

- With exception of the women from Barcelona only a minority of the respondents reported that there has been compiled a treatment plan in order to initiate required referrals to drug and treatment services in prison and after prison release. A transitional care plan as part of the preparation for prison release has even more seldom been made.
- At the time of the interview only little more than half of respondents already attended any release service. The low number of respondents who received professional support in order to be prepared for prison release indicates that many of the female drug users will leave prison without any systematic preparation for their transition into community.
- A great many of the women from Glasgow, Hamburg and Vienna are rather or even very displeased with their preparation for release. Only in Warsaw-Poland and Barcelona a majority of the female drug users agreed to be pleased or even very pleased with their preparation for release.
- A considerable number of the female drug users agreed to be in need for professional support in order to deal with the multiple problems they expected to face after prison release. Common needs for support exists due to drug problems and occupational problems. In addition many women mentioned to be in need for support as concerns financial and legal problems. In Vienna and Warsaw-Poland a great many of the women is as well in need for support because of physical and/or mental health problems.

# 1 INTRODUCTION

In Europe - as well as in North-America, Canada, Australia and New Zealand - women prisoners had become a growing administrative, societal and public health concern. Most of the European countries assume that especially female drug users constitute a significant group of the criminal justice and prison population. The drug problem has been identified as the major current problem of prisons. In addition, drug users are likely to be re-offended, because, even if they learned to be drug-free in prison, they are hardly prepared for a drug-free life when returning to the community. High rates of recidivism among drug offenders lead to a “revolving-door” effect, so the criminal justice system has repeated to deal with the same drug using offenders.

With regard to female drug using prisoners, international studies document that a high proportion of this prison group suffers from severe psycho-social distress and is in high need for professional support. Female drug using prisoners are characterised by prolonged social disadvantages due to their experiences of physical and sexual abuse, economic instability, social isolation and unmet needs for mental health treatment.

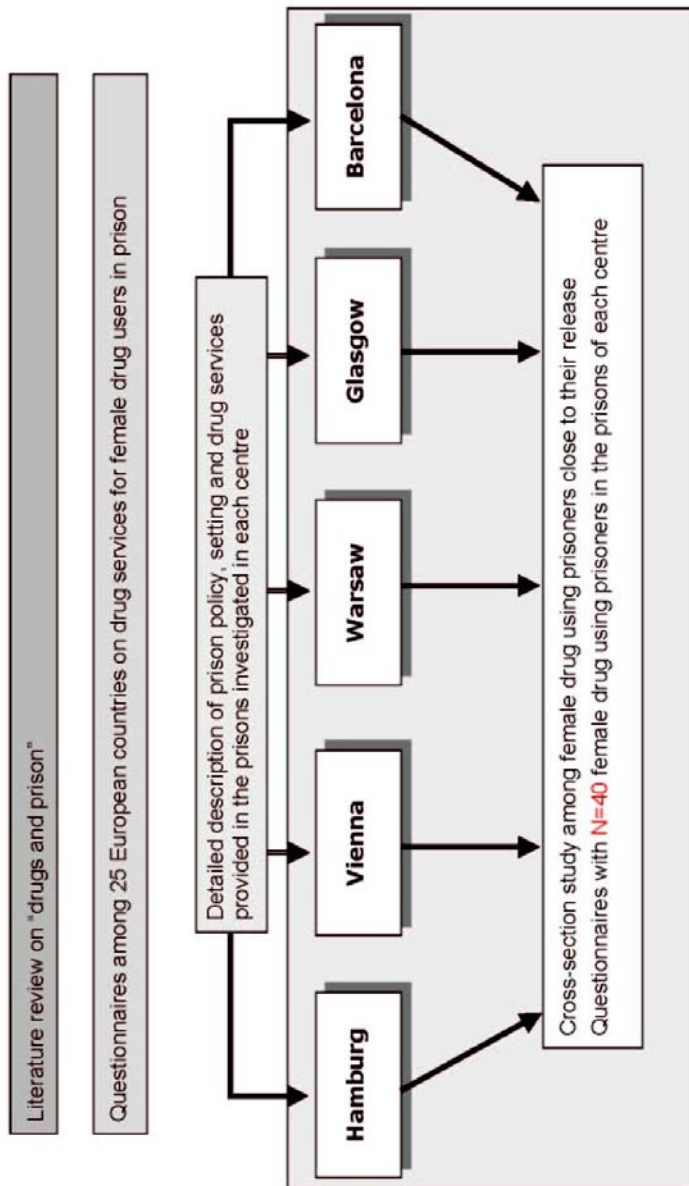
Despite of the increased relevance of this prison population, European research is dominated by studies on male prisoners. For this reason, there is a lack of evidence-based information on

- prevalence of female drug users in prison
- availability and types of drug services and treatment provided to this group
- profiles and characteristics of female drug using offenders
- utilisation of prison and aftercare programmes and their effects on relapse prevention after prison release

This research gap built the starting point of the reported project, which has two main objectives. First objective is to provide an overview on the current prison policy and practice directed to female drug users in European prisons. Second objective is to assess available prison programmes as to their effects on relapse prevention.

The project had a duration of 12 months – from September 2003 to August 2004 – and was designed as a multi-site research with the five European participating centres Hamburg, Barcelona, Glasgow, Warsaw and Vienna. With regards to methods and procedures, the project has been conducted via document analyses, structured questionnaires with Ministries of Justice and with adult female drug users in prison and oral information from prison authorities and service providers. In general, the study design follows a perception on prison policy and practice which starts from an international perspective, than becomes closer to an European survey and finally ends up in a more detailed insight of prison examples of the participating five European centres.

Figure 1-1: Project structure



The final report presents the results of single work packages of the project and its structure follows the project structure (see table 1-1) In **chapter 1**, the overall objectives and methods used are explained. **Chapter 2** covers the international, European and national literature reviews on “drugs & prison”. In **chapter 3**, the results from the prison services survey questionnaire among the 25 European Union member states are exposed. Subsequently, the focus of the report centres on the prison settings of the five participating European countries. This starts in **chapter 4** with a description of those prisons, where the interviews with the adult female drug users took place. The prison description includes the document analyses of the prison policy and different types of drug services provided to female drug users. On basis of this background information, the results from the questionnaires with altogether 200 female drug users are presented in detail in **chapter 5**. The

analyses of the self-reported data embrace biographical, social and delinquency data as well as the utilisation of drug services, future plans and self-confidence not to relapse after prison release. In **chapter 6**, the different results of the single analyses are integrated and summarised. The report ends with **chapter 7**, where recommendations for “best practice” in European prisons are formulated on basis of the different analyses and results.

## 1.1 Project partners

Together with the leading centre in Hamburg, Germany five countries with following metropolis participated in the project (see table 1-1 for further details):

- Germany with Hamburg
- Spain with Barcelona
- Scotland with Glasgow
- Poland with Warsaw
- Austria with Vienna.

The participating research sites all show high rates of female drug users in prisons. Furthermore do their national prisons provide different types of drug services, which are addressed, to female drug users in order to strengthen their relapse prevention.

The project partners from the study centres were selected due to their broad range of expertise in the field of prison and drug research or in prison policy. Within the project, the partners had been responsible for national data collection, the conduction of empirical work and national reports, which are included in this final report.

In addition, the adherence of homogenous procedures and quality standards during all stages of the project had been supervised by a project partner from Bremen (Germany), who is a prison research expert of national and international reputation.

**Table 1-1: Project partners**

<b>Centre</b>	<b>Institution</b>	<b>Responsible Scientist</b>
Hamburg, Germany	Centre for Interdisciplinary Addiction research University of Hamburg (ZIS-Hamburg)  <a href="http://www.zis-hamburg.de">www.zis-hamburg.de</a>	Dr Heike Zurhold Criminologist, Sociologist Project management <a href="mailto:zurhold@uke.uni-hamburg.de">zurhold@uke.uni-hamburg.de</a>
Bremen, Germany	Bremen Institute for Drug Research (BISDRO) University of Bremen  <a href="http://www.bisdro.uni-bremen.de">www.bisdro.uni-bremen.de</a>	PD Dr. Heino Stöver Social Scientist Project supervisor <a href="mailto:heino.stoever@uni-bremen.de">heino.stoever@uni-bremen.de</a>
Barcelona, Spain	General Directorate of Substance Abuse and AIDS, Department of Health and Social Security  In cooperation with Association Àmbit Prevenció  <a href="http://www.gencat.net/index_eng.htm">www.gencat.net/index_eng.htm</a>	Xavier Majó Roca Physician Cristina Sanclemente Psychologist, Public Health Project partners <a href="mailto:xavier.major@gencat.net">xavier.major@gencat.net</a> <a href="mailto:csanclemente@interbook.net">csanclemente@interbook.net</a>
Glasgow, Scotland	Glasgow Centre for the Study of Criminal Violence Glasgow Caledonian University  <a href="http://www.gcal.ac.uk/research/news/violence.htm">www.gcal.ac.uk/research/news/violence.htm</a>	Dr David Shewan Psychologist Project partner <a href="mailto:dsh2@gcal.ac.uk">dsh2@gcal.ac.uk</a>
Warsaw, Poland	Institute of Psychiatry and Neurology  <a href="http://www.ipin.edu.pl">www.ipin.edu.pl</a>	Ph. Dr Jacek Moskalewicz Sociologist Justyna Zulewska-Sak Sociologist Project partners <a href="mailto:moskalew@ipin.edu.pl">moskalew@ipin.edu.pl</a> <a href="mailto:zulewska@ipin.edu.pl">zulewska@ipin.edu.pl</a>
Vienna, Austria	European Centre for Social Welfare Policy and Research  <a href="http://www.euro.centre.org">www.euro.centre.org</a>	Mag. Gabriele Schmied Sociologist Project partner <a href="mailto:schmied@euro.centre.org">schmied@euro.centre.org</a>

## 1.2 Objectives

Western European prison policy has established various strategies of tackling the drug problem in their prisons which range from several supply reduction and demand reduction measures up to pre-release and aftercare activities (Stevens 1998). However, among the European prisons, both policy strategies and provided services for drug using prisoners differ substantial not only country by country but also within a county.

Although there already had been some efforts to provide an overview on available drug services in European prisons (Turnbull and Webster 1998; Turnbull and McSweeney 2000; Stöver 2002), with exception of the study of Fowler (2001) there still does not exist any European survey on drug services for female prisoners. In addition, none of the present surveys did cover the Eastern European countries, which are members of the European Union since the 1<sup>st</sup> May of this year.

Against this background, one of the primary objectives of this research project was to generate a comprehensive database about the prevalence of female drug users in prisons and their provision with drug services and aftercare which comprises all current 25 European Union member states.

In general, the research based upon the rational approach that the provision of appropriate drug services would result in reduced drug use and re-offences after prison release. Scientific results and as well experts' experience show little evidence that conviction and punishment of drug using offenders does anything to prevent drug-related crime and to cut down consumption. In contrast, there is well-founded evidence that appropriated tailored interventions and treatment options can substantially reduce drug use and drug-related crime (Edmunds, Hough et al. 1999). Research findings indicate consistently, that the utilisation of drug counselling and treatment in prison and after release is strongly associated with reduced re-arrests and reconviction rates and with better parole outcomes of drug using offenders (see chapter 2).

Despite of the knowledge that there are different support needs for male and female drug using prisoners, most research is conducted among male offenders. To both, penal system and professionals in charge of rehabilitation it becomes increasingly important to know how female drug users cope in prison and if provided rehabilitative opportunities meet their needs.

For this reason, a second main objective of this research project was to evaluate which kind of female drug using prisoners make use of available drug services and how this prison population assesses available drug services with regard to their adjustment to needs and their impact on relapse prevention. On basis of these assessments the study's aim was to examine the effects of interventions utilised on the likelihood not to relapse and become re-arrested after prison release. In order to evaluate the effects of interventions utilised, face-to face questionnaires with a sample of 40 female drug using prisoners in each of the five participating European metropolis had been conducted. The questionnaires enable not only to investigate to which the extent and intensity female drug users utilise different intervention types, but also to identify support needs which are not covered so far by the services provided. In addition, the empirical data allow assessing the impact of drug



services and aftercare on reducing relapses to drug use and on promoting the women's reintegration process.

Based on the evaluation results, a third objective of this project was to identify and describe examples of "best practice" in several European countries. In sense of a policy briefing recommendations are defined how penal systems in major European cities can meet the challenge to prevent drug-related delinquency and re-arrests of female drug using offenders. The project results in differentiated and evidence-based information, which should encourage prison policy to develop good relapse prevention practice.

### **1.3 Definition of the target group**

The report refers to adult female prisoners (18 years +) who show a current and problematic use of illicit drugs and whose imprisonment is related to their drug use. We take 'problematic drug users' in order to differentiate between those with a regular, dependent and usually polydrug use which is associated with social, mental, health and legal problems, and those with a casual or recreational drug use which in general tend not to create serious problems.

A current and problematic drug use of female prisoners is defined according to following criteria (cut-off):

- A regular use of opiates, cocaine powder, crack and/or amphetamines on a minimum of 3 days a week or on two consecutive days a week during 6 months within the last 12 months preceding the actual imprisonment.

**or**

- A use of one or more drugs on a minimum of once a week during the actual imprisonment.

Adult female prisoners, who did not use drugs in the defined pattern, do also belong to the target group if they meet following criteria:

- Prior arrests or imprisonments in the year preceding the current imprisonment were caused by drug-related crimes and a known history of drug use
- Participation in drug treatment during the year before the current imprisonment. Drug treatment includes detoxification, substitution, abstinence therapy or drug counselling.

The study focused on the specific prison population of female drug using prisoners for several reasons. First of all, there is a broad range of research on drugs and prison conducted among male prisoners, but only little research is directed to female prisoners. Compared to the United States, especially in Europe there is a lack of knowledge about characteristics and treatment needs of female drug using prisoners (see chapter 2). From this background, this study tries to attain new insights.

Secondly, existing international research indicates that most of the female prisoners suffer from a multitude of severe health and social problems (Kothari, Marsden et al. 2002; Stöver 2002):

- poor educational level, bad work situation, social isolation and malnutrition,
- adolescent pregnancy and problems with child care,
- physical and emotional strain because of experiences of prostitution, violence, rape and physical and sexual abuse,
- higher rates of HIV-infections than men,
- feelings of shame and a reduced self-esteem,
- strong social stigmatisation and marginalisation of drug using women.

In addition, women tend to have shorter criminal histories in comparison to men and they “outgrow” crime earlier, but are more likely to be arrested for less serious offences and non-violent crime. However, most studies agree that a vast majority of the female prison population had become delinquent in close connexion with their drug use.

Due to the strains resulting from their adverse living conditions and their substance use, a high proportion of female drug users in prison has been found to be in need for professional support and treatment (Maden, Swinton et al. 1990; Lo and Stephens 2000; Malloch 2000).

Despite of those common findings, female prisoners compared to male prisoners are still offered less treatment options. This is ascribed to smaller numbers of female prisoners, their shorter sentences and to the fact that treatment offers are mainly designed for male adult prisoners. But it can be deduced from literature that a lack of appropriate help services in prison and after release puts female drug users at a higher risk to relapse when returning into community (Jones 1999; Redondo, Sanchez-Meca et al. 1999).

## 1.4 Methods

The project is designed as a multi-site research with cooperating project partners from Hamburg, Vienna, Warsaw, Glasgow and Barcelona (see table 1-2). With a sociological and criminological approach, different kinds of data have been collected in order to survey available drug services for female drug using prisoners in Europe and to evaluate the effects of those services on relapse prevention.

The research strategy comprised:

- An investigation of the prevalence of female drug users in European prisons and their provision with drug services and treatment. This investigation had been carried out by using a structured questionnaire, which was sent to the Ministries of Justice of all 25 European Union member states.
- A cross-sectional study among female drug using prisoners close to their release. For this study, in each of the five research sites a sample of 40 female drug users had been recruited in prisons until altogether 200 female drug users could be included for a

detailed evaluation. The cross-sectional had been conducted as well on basis of a structured questionnaire.

- Key-person information to describe the prison settings, where the interviews with female drug users took place. If available, documents about the conception and practice of drugs services had been analyses in addition to key-person information.

The standardised instruments used had been developed and piloted especially for purpose of this project in order to acquire the needed data. The decision to use structured questionnaires was made basically for two reasons: First of all, this procedure guarantees a homogeneous execution of the investigation in all research sites concerned. Secondly, a standardised data collection enables to undertake comparative statistical analyses to figure out similarities and differences in prison policy between single European countries.

In general, all instruments and data analyses comply with European and scientific standards. From the questionnaires comprehensive databases were generated which provide the opportunity to a) determine the European dimension of the problem “female drug users in prison”, b) to present in detail the current provision with drug services in prison and c) to assess the effects of drug services on relapse prevention.

#### **1.4.1 Questionnaire among the 25 European Union member states**

The objective of this work package was to conduct a survey on the current state of drug services provided to female drug users in prisons across Europe. Special attention was given to data on the national prevalence of female drug users in prisons and their provision with in-prison and pre-release interventions.

Since the project started in September 2003, originally this objective should be met by questionnaires among the Ministries of Justice of the 15 European Union member states. For reason, that in Mai of 2004 the eastern enlargement took place, the project partners decided to include as well the 10 European Union acceding countries.

In order to achieve detailed and comparable data on the proportion of female drug users in prison and on the current prison programmes dealing with this prison population, a structured questionnaire had been developed by the principal investigator (Heike Zurhold, Hamburg) and in close cooperation with the project supervisor (Heino Stöver, Bremen).

Currently there do not exist survey instruments on the topic of female drug users in prison, but there are some first attempts to establish a questionnaire for prison surveys such as from the Trimbos Institute in the Netherlands and from the EMCDDA<sup>1</sup>. These two questionnaires had been taken into consideration when developing a specified questionnaire within this project.

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<sup>1</sup> The Trimbos “Prison Services Questionnaire” was developed in 2000 by the Trimbos Institute for the project “Encouraging Health Promotion for Drugs Users in the Criminal Justice System”. The EMCDDA questionnaire has been developed in co-operation with Cranstoun Drug Services, but actually it is still under construction.

## **Instrument**

Because data collection on prevalence of drug users in prison and prison services vary considerably within Europe, the developed questionnaire had to cover all possible differences. Therefore, the questionnaire had been pre-tested by the project partners in Barcelona and Warsaw and afterwards been modified.

The final version of the questionnaire consists of following four sections:

- Section 1: general information on the prison system for female prisoners
- Section 2: national data on prevalence of female drug users in prison, reasons for their conviction and duration of their sentences
- Section 3: information on availability and spread of drug services and treatment options for female drug users in prison
- Section 4: information on pre- and post-release services and their estimated effects on drug demand reduction and reduced re-offending rates

In addition the Ministries of Justice were asked to provide results of service evaluations and guidelines for the treatment of female drug using prisoners, if available.

The questionnaire had been translated in the five European languages German, English, Spanish, Polish and French. In those five languages it also has been made available online as download on the website of the leading center ZIS-Hamburg: <http://www.uke.uni-hamburg.de/kliniken/psychiatrie/kernklinik/zis/EU-questionnaire.html>. The English version of the questionnaire is attached in the enclosure of this report.

## **Strategy**

In January 2004, the questionnaire had been sent directly to the respective Ministry of Justice of all 25 European countries. In consideration of several autonomous regions (like in Spain) and federal states (like in Germany), altogether 44 Ministries of Justice had been addressed. The questionnaire was accompanied by a letter of support, which includes the request to distribute the questionnaire to the responsible who can provide national data for this survey.

All Ministries of Justice had been asked for returning the filled questionnaire to the ZIS-Hamburg until the end of February 2004. However, the given timeframe of 6 weeks was obviously too short to get back as many responses as possible. Those European countries that did not respond until April had been requested once again to fill in the questionnaire. In addition, national contact persons from prison administration or non-governmental prison projects were requested to support the survey and to distribute the questionnaire to a responsible. However, to be able to include all of the 25 European Union member states, the time span of the survey had to be expanded to June 2004.

## **Procedure**

In consideration of the enormous efforts to contact and often re-contact the several European Ministries of Justice, there had been had been an almost 100% response rate to the survey. Only from Central Spain a response is lacking. Nevertheless, it had been possible to

successfully include all 25 European Union member states as Spain is represented by the autonomous region Catalonia.

The table below shows, how many of the addressed Ministries of Justice responded to the questionnaire and how many of them sent back a filled questionnaire.

**Table 1-2: Responses to the Prison Service Survey-Questionnaire**

<b>Number of questionnaires sent</b>	<b>Responses</b>	<b>Filled questionnaires</b>
44	43	35

In Germany, the Federal Ministry of Justice does not have access to national data and therefore the Ministries of Justice of the 16 German federal states were requested to participate in the survey. Although all of them had responded to the request, four federal states declined to fill in the questionnaire and further three federal states were unable to answer the questionnaire due to their absence of penal institutions for women prisoners in their state. Thus, from Germany there are data of altogether 9 federal states.

On basis of the filled questionnaire a database could be compiled which includes survey data of altogether 35 European countries, autonomous regions and federal states. If disregarding the autonomous regions and federal states, the database refers to all 25 European Union member states.

The analyses of the database-file result in precise data on the prevalence of female drug users in European prisons and on the current provision with drug services and aftercare. All analyses were done computer-aided with SPSS. Some of the respondents added guidelines for the provision of drug services or results of programme evaluation to their questionnaire, which are taken into account when presenting the results of the European prison service survey. The comprehensive country-by-country data not only allows to determine the problem of female drug users in European prisons, but also to assess current good practice.

The results of the analyses are introduced by general information from the national “prison brief” of the 25 European Union member states. These “prison briefs” have been developed by the International Centre for Prison Studies of the King’s College London and comprise online-information on the national prison population and the number of institutions (see: <http://www.kcl.ac.uk/depsta/rel/icps/worldbrief/europe.html>).

#### **1.4.2 Questionnaire among female drug users in prison**

In research, prisoners are rarely asked for their views and opinions on available drug services. Therefore, a main emphasis of the research project was put on questioning female drug using prisoners in order to investigate, which types of drug services they utilise and how they assess these drug services with regard to provide adequate support and reduce the likelihood to relapse after prison release.

This part of the project was designed as a naturalistic cross-sectional study, which was conducted in the participating five European cities – Hamburg, Barcelona, Glasgow, Warsaw and Vienna. In each of these cities, questionnaires with a sample of 40 female drug using prisoners close to their prison release (1-6 months before release) should be carried out. By using a structured questionnaire three main objectives should be reached.

- An investigation of the female drug users' utilisation of different types of drug services and treatment options available in the investigated prisons.
- An evaluation of those factors promoting their relapse prevention after prison release.
- An assessment of support needs to enforce the reintegration process after prison release.

### **Instrument**

In order to meet the substantial interest of this cross-sectional investigation, a structured questionnaire had been developed which integrates already tested instruments as well as self-developed variables on particular topics.

In detail, the questionnaire consists of following domains and respective instruments:

- Social profile: The social profile was recorded by corresponding items of the EuropASI. This multidimensional and uniform research instrument was developed to enable comparisons of drug and alcohol users (in and out of contact with treatment agencies) across Europe (McLellan, Kushner et al. 1992).
- Critical life-events: To investigate critical life-events, an adapted form of the an questionnaire on life-changing events (Sh 43) had been used, which was developed for the regular German Shell youth study (Jugend '92 1992). The original Sh 43 consists of 15 items of which only 11 relevant items were adopted for this questionnaire. With this scale respondents are asked, if they ever experienced critical life-events, at which age this happened and how much this event had changed their lives. The self-assessment of the life-changing effect of single events is done according a 5-point scale from “none” to “very strong”.
- Experiences of violence as adult drug user: Corresponding items were adopted of the Maudsley Addiction Profile MAP (Marsden and Gossop 1998).
- Substance use: For this topic an adjusted version of the MAP was used. The MAP is a brief, interviewer-administered questionnaire that measures drug-related problems in four domains, which one of them concerns patterns of substance use. The MAP was extended by items regarding drug use in prison and experiences with drug treatment in the year preceding the current imprisonment (Marsden and Gossop 1998; Marsden, Nizzoli et al. 2000).
- Delinquency and prior imprisonments: All variables to investigate delinquency and frequency and duration of prior imprisonments were completely self-developed.
- Social functioning: To measure the social functioning in the year before entering prison and during the current imprisonment an adjusted version of a scale was used which the German criminological research institute KFN has developed. The scale on social

functioning was part of an instrument, the KFN developed for a study on “prison and its consequences” (Hosser and Greve 1999).

- Utilisation of drug services in prison: Variables on acceptance, intensity and benefits of the utilisation drug services were completely self-developed.
- Satisfaction with drug services: For this self-assessment the Treatment Perceptions Questionnaire (TPQ) was used. The TPQ is a brief scale to measure client satisfaction with treatment for substance use problems. It was developed at the National Addiction Centre in London and examines the perception of clients towards the nature and extent of their contact with a treatment programme’s staff team (5 items) and aspects of the operation of the treatment service and its rules and regulations (5 items). Each item is in the form of a belief statement and client response is recorded using a 5-point Likert-type scale from strongly agree to strongly disagree (weighted 0-4; total score range = 0-40) (Marsden, Nizzoli et al. 2000; Marsden, Stewart et al. 2000).
- Plans after prison release: Variables to acquire existing plans after prison release, potential problems and support needs after release and the self-confidence not to relapse to drug use and delinquency were self-developed.

The questionnaire took about 30-45 minutes.

The developed English version of the questionnaire has been translated by the project partners into German, Polish and Spanish language (the English version is attached in the enclosure of this report).

### **Strategy**

Because prison research is a sensitive field, the investigation in prison demanded to comply with several obligations. First of all, the questionnaire had to correspond to national data protection rules. In addition, the respective Ministry of Justice and as well the prison warden in each of the study locations had to agree to the conduction of questionnaires among the female drug users in prison. And finally, the researchers were required to inform the female drug users about objectives of the questionnaire and to ensure data protection and anonymity. For participation in the questionnaire, the female prisoners gave informed consent.

Since it was intended to investigate those female prisoners with a current and severe problem with illicit substances, a criterion-oriented sample strategy was used. Inclusion criteria for the participation in the questionnaire was:

- adults (18 years +)
- 1-6 months before release
- regular use of drugs like opiates, cocaine, crack and/or amphetamines

Regular drug use is defined as:

- a) drug use on a minimum of 3 days a week or on two consecutive days a week during 6 months within the last 12 months preceding the actual imprisonment **or**
- b) use of one or more drugs on a minimum of once a week during the actual imprisonment

If female prisoners did not use drugs in the defined regular pattern, they were also included, if they met following criteria:

- Prior arrests or imprisonments in the year preceding the current imprisonment were caused by drug-related crimes and a known history of drug use.
- Participation in drug treatment during the year before their actual imprisonment. Treatment includes detoxification, substitution, abstinence therapy or drug counselling.

The screening of the inclusion criteria was done on basis of self-reports by the female drug using prisoners.

According to the inclusion criteria, in each of the five study locations face-to-face questionnaires with a sample adult female drug users were conducted. The sample was recruited consecutively in the local prisons until each study location could include 40 female drug users.

For their participation in the questionnaire, the female drug using prisoners received 5 Euro or an equivalent donation for compensation.

### **Procedure**

When conducting the questionnaires in prison, several unforeseen problems occurred. For instance, in Poland it appeared to be necessary to question female drug users not only in the Warsaw prison but in three additional prisons located elsewhere in Poland in order to recruit the requested sample for 40 female drug using prisoners. In Vienna, Glasgow and Hamburg it was not possible to question the intended 40 female drug using prisoners because there were no more inmates, which could have been included in the study during the interview time-span of three months. In other words, the slightly reduced number of respondents did cover the entire female drug using prisoners in the three cities which were willing to participate in the questionnaire and which met the extended inclusion criteria.

The extension of the inclusion criteria refers to a second and major unforeseen problem. All of the five project partners experienced difficulties in finding female drug using inmates meeting the criterion “1-6 months before prison release” due to long prison terms. In order to include a significant number of female drug using prisoners, it became necessary to widen release criterion and to include as well those female drug users who either expected to be released on licence within the next six months or who would be released at a later date. The question of the date of release has turned out to be rather difficult, as most of the female drug users did not definitely know when they would be released. These difficulties are closely related to legal proceedings such as open penalties, not yet decided release on parole or an outstanding court decision for a premature release for undergoing treatment.

With respect to the practical problems mentioned above, the table below shows which prisons had been involved in the study and the respective sample recruited there. In addition it is mentioned how many months the interviewees still had to stay in prison from time of the interview until their expected release.



**Table 1-3: Recruited sample**

	<b>Hamburg</b>	<b>Barcelona</b>	<b>Glasgow</b>	<b>Warsaw</b>	<b>Vienna</b>
Sample (N)	37	32	36	17	11
recruited at prison	<i>Hahnöfersand</i>	<i>Brians</i>	<i>Cornton</i>	<i>Lubliniec</i>	<i>Vienna-Favoriten</i>
		8	<i>Vale</i>	10	21
		<i>Wad-Ras</i>		<i>Grudziadz</i>	<i>Schwarzau</i>
				10	
				<i>Krzywaniec</i>	
				3	
				<i>Warszawa</i>	
<b>Total sample (N)</b>	<b>37</b>	<b>40</b>	<b>36</b>	<b>40</b>	<b>32</b>
Months left until prison release - on average	5,6	6,4	9,4	21,5	12,9
- median	5,0	5,3	3,5	18,8	7,0

The questionnaires result in a comprehensive data record of 185 female drug users in several European prisons. The analyses of the data record are done computer-aided with SPSS.

In general, analyses were conducted under two main aspects: to compile a profile of the female drug users from each of the five study sites and to compare the results of the single analyses in-between the female drug using prisoners of the participating European cities. For data analyses only established statistical procedures were used, depending on the measurement scale of variables.

Due to the fact that there has not been conducted a comprehensive and multi-site investigation of female drug using prisoners before that present study offers several opportunities to learn about this specific population in European prisons. In fact, the analyses of the data enable to identify characteristics of female drug using prisoners as regards their drug use, delinquency and prior imprisonments. Furthermore, the data allowed evaluating the acceptance and utilisation of different types of drug services in prison and after prison release. In addition, the data allow assessing the likelihood not to relapse to drug use and crime after prison release. Thus, conclusions can be drawn to the effects of drug services on relapse prevention.

### **1.4.3 Key-person information on the prison setting**

A detailed description of the prison setting and the provision with drug services was compiled for each of the European prisons, where the questionnaires with the female drug using prisoners took place. Main objective of the prison description was to gain background information about prison policy including supply reduction measures and the equipment with staff and rehabilitation services.

### **Strategy**

Instruments for the description of prison settings were mainly key-person information and document analyses. Key-informants were the prison warden as well as other prison staff and staff of external drug agencies or outreach clinics. Document analyses based upon all available information on prison policy and service providers, which could be gained from programme descriptions, yearly reports and prison data.

For each of the five study locations, the responsible project partners submitted a description of the prisons involved illustrating the respective prison regulations, the prisoners' accommodation, and some general characteristics of female drug users. As well information on type, length and capacity of all in-prison and community linked services provided to female drug users were described.

### **Procedure**

The description of the prison policy and prison setting offers a detailed insight in the arrest conditions of female drug users and endeavours to strengthen their rehabilitation in prison and after release. These insights serve as an example for the current prison policy towards female drug users in European prisons.

## **2 LITERATURE REVIEW ON “DRUGS & PRISON”**

The systematic literature review on “drugs and prison” covers scientific reports, articles and grey literature as of 1990 until today. It focuses on gender differences in prison population, health and social problems of female drug users entering prisons and the provision with drug services and treatment options. With regard to drug services, special attention was directed to programme evaluation, which investigated the effectiveness of prison programmes on reducing delinquency, drug use and re-offending rates after prison release.

The literature analyses consist of three parts:

- Analysis of the international scientific literature on female drug using prisoners and evaluations of the relapse preventive impact of intervention programmes offered in prison and after release.
- Analysis of the European scientific literature. This review includes reports of the EMCDDA<sup>2</sup>, cross-country evaluations and national literature of those countries, which do not participate in this project.
- National literature reports of the five participating counties.

The literature review has a value of its own, as it is the first systematic and comprehensive survey regarding the problem of female drug users in prison. Linked to the review, there is a database of scientific and grey literature published since 1990 on drugs and prison. The

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2 European Monitoring Centre for Drugs and Drug Addiction, which is based in Lisbon and was set up in 1993 in response to the escalating drug problem in Europe.

results of literature analyses indicate, what is proved to work best in Europe. For this reason, these results will also enter the recommendations on best practice for relapse prevention.

## **2.1 International findings on drugs & prison**

Heike Zurhold

### **2.1.1 Introduction**

On an international level, there is a body of literature on the issue of drug using offenders in the criminal justice system with most research conducted in the United States, and to a lesser extent in Australia and Canada.

One common finding indicates, that between 1980 and 1990 there has been an explosion in women prisoners in North America, Australia and Europe (Sudbury 2002). In North-America, since 1980 the female prison population is increasing more rapidly than the male prison population and at same time there is an increase of correctional facilities for women (GAO 1999; Haywood, Kravitz et al. 2000; Richie, Freudenberg et al. 2001; Fickenscher, Lapidus et al. 2002; Kim 2003). The escalating female prison population becomes clear when noticing that between 1985 and 1995 the number of incarcerated women tripled in United States (Morash, Bynum et al. 1998). In Australia, this development is nearly the same: Although women comprise less than 7% of the Australian prison population, the number of female inmates increases by 95% between 1992 and 2002. This increase is mainly due to sentences for drug offences which results in that the absolute number of women incarcerated for drug offences has almost doubled in Australia in the last 10 years (Willis and Rushforth 2003).

Drug-related offences are as well the primary reason for women entering prison in the United States (Henderson 1998; Kim 2003). From federal statistics we know that drug offences accounted for half of the increase in number of women incarcerated in state prisons between 1986 and 1996 (Siefert and Pimlott 2001). On any given day in 1998, of 84.400 women in U.S. prisons 37% in state facilities and 72% in federal prisons were charged with drug related offences (De Groot 2000). Today, about 1 million women pass through U.S. jails each year (Richie, Freudenberg et al. 2001).

The reasons for the increasing number of female prisoners in the first world were mainly attributed to the particular effects of the “war on drugs” on women (Boyd and Faith 1999; Sudbury 2002; Bloom, Owen et al. 2004). In addition, the increased popularity of crack cocaine and associated crime as well as public policy issues are seen as major factors for the increase of female drug using inmates (Inciardi, Martin et al. 1994; Arcidiacono and Saum 1995; Greenberg 2001). The mentioned authors pointed out that public policy is characterised by harsher punishments, mandatory minimum sentences for substance abusers and societal intolerance of criminal behaviour on the one hand (Arcidiacono and Saum 1995; Greenberg 2001) and the ignorance of the context of women’s lives on the other hand

(Sudbury 2002; Bloom, Owen et al, 2004; Boyd and Faith 1999). Female drug users suffer from selective criminalisation and incarceration, although their criminal behaviour must be seen as part of their social problems such as poverty. From this background women face both punitive and economic sanctions.

However, in relation to the increase of female prisoners there is an alarming recidivism rate of female inmates. Parsons and Warner (2002) cited that of all state female prisoners 71% had served a sentence prior to probation or incarceration. This finding was supported by Travis, Petersilia et al. (2001) who highlighted that the rate of prisoners re-entry has reached new heights. In particular parole was said not to have been proven effective at reducing new arrests. In contrast, parole has been shown to increase technical violations so that parole violators constituted 37% of the U.S. prisoners in 2000. These findings implicate a strong need for a more systematic reintegration policy.

### **2.1.2 Characteristics of female drug using prisoners**

From Canadian and Australian literature it is known, that women are less likely than men to be incarcerated for violent offences such as homicide, assault and robbery. Adult female prisoners are mainly sentenced for drug offences, theft, fraud and prostitution (Guyon, Brochu et al. 1999; Willis and Rushforth 2003). A similar trend is reported from the United States (Henderson 1998) and Taiwan (Deng, Vaughn et al. 2003).

Although in Taiwan there is an overall decreasing number of imprisonments for drug-related offences, more female than male offenders were incarcerated for drug-related crimes (21% vs. 13%). Deng, Vaughn et al. (2003) found no gender differences in type, duration and frequency of drug use, but in criminal activities and social problems. Taiwanese female drug users were characterised by an earlier involvement in criminal activities, but less violent offences and fewer prior arrests. Similar to results of Northern-America, Taiwanese female drug using offenders were more likely to have a spouse with alcohol or drug problems, experience physical or sexual abuse and to grow up in a non traditional household.

Most of the Northern-American literature on female drug using offenders is unique in reporting gender differences in terms of victimisation, mental and physical illness and single parenting, which place women in a disadvantage (Morash, Bynum et al. 1998; Langan and Pelissier 2001). A study on 199 recently incarcerated women documented that the majority of these interviewees reported living conditions at high health risks (Fickenscher, Lapidus et al. 2002). Of the sample, 79% had ever used cocaine and 69% had ever used crack. Furthermore, the high rate of 79% reported a history of physical abuse, 67% a history of sexual abuse and 43% admitted trading sex for money or drugs. Another 60% stated poor health, which was associated with a history of physical assaults and homelessness during the month prior to arrest. A literature review indicated that nearly 80% of female drug using prisoners are a single custodial parent. In addition, most of these women lack supportive family and social networks and come from families with mental illness, suicide, substance dependence and/or violence histories (Harm, Thompson et al. 1998).

Henderson (1998) pointed out, that a typical women inmate in the United States committed a non violent crime related to her drug abuse. Female prisoners were characterised by being young, of colour, poor, single mother and having a history of mental illness, physical and sexual abuse. Compared to men, female inmates show a high incidence for severe mental disorders such as depression and coexisting psychiatric disorders. Nevertheless, they are less likely to have a prior criminal history and to return to prisons.

### **2.1.3 Health and social problems of female drug users entering prison**

Health problems seem to comprise some of the most important concerns about female offenders today. There are several research findings from the United States, Australia and New Zealand, which agree that women prisoners show a high prevalence of health problems and psychological and psychiatric disorders.

Health conditions that are over-represented in incarcerated women in the United States include substance abuse, frequent and serious chronic diseases, HIV/AIDS infection and other infectious diseases, and acute illness and injuries (Freudenberg 2001; Anderson, Rosay et al. 2002). The high prevalence of health problems among female prisoners is explained by poverty, inaccessible medical care and poor nutrition.

Results of a study on 805 women shortly after entering prison indicated that although 53% of the women reported previous experiences with substance abuse services and/or mental health services, the majority of inmates met criteria for current disorder despite of their past treatment (Jordan, Federman et al. 2002). A literature review on female prisoners in the United States confirmed that this population suffers from major psychiatric disorders, especially post traumatic stress disorder (PTSD), personality disorders and self-harm (Byrne and Howells 2002). These findings lead to the conclusion that rehabilitation should base upon the needs of women prisoners and take gender-specific needs and requirements into consideration.

From a data record analyses of all incarcerated women in Tasmania in 1981 to 1990 emerged that of 210 inmates 35% had prior contacts to psychiatric services and of those 4% were drug dependants. In comparison to non-psychiatric inmates, inmates with psychiatric disorders were sentenced more often and for longer periods (Jones, Marris et al. 1995). A pilot study from New Zealand on the prevalence of psychiatric disorders among male and female inmates (Brinded, Stevens et al. 1999) came to following results: Of the 50 questioned women prisoners 51% showed a life-time prevalence of an alcohol dependence, 41% of a drug dependence and 48% were screened for major depressive episodes. According to the results for the one-month prevalence, still 19% of the female inmates had major depressive episodes.

Another health and social problem is associated with the U.S. trend to incarcerate drug-involved pregnant women to protect foetal health. In prison, health services fail to face the complex needs of these inmates as there are lacking specialised medical care and psychological services (Siefert and Pimlott 2001).

An investigation of 92 women prisoners (mostly Aborigines) in New Zealand and Australia (Hurley and Dunne 1991) highlighted that female inmates are not only psychologically and

mentally burdened before entering prison but the prison itself has an impact on the occurrence of psychological distress. According to that study 54% of the women had lifetime prevalence of substance dependence and 53% of the women were diagnosed as current cases of psychiatric disorders, mostly depression, chronic paranoid, anxiety and personality disorders. Entry into prison constitutes a stressful experience because of the loss of liberty, deprivation and the disruption of the social network. From perspectives of the women the most common stressor was caused by a recent court case (52%) and the separation from children (38%). The distress was more severe for women awaiting trial and for women with previous prison experiences. In general, the maximal stress appears during the early weeks of the imprisonment, degrades over months but remains relatively high. The latter was proved by a 4-month follow-up, which revealed no decrease in the prevalence of psychological distress and psychiatric morbidity of female inmates. The sustained existence of distress was explained by the women's involvement in long series of events beginning with arrest, progresses to trial and imprisonment and continues after release from prison.

Loper (2002) argued that an inmate's adjustment to the stresses of incarceration may impact their ability to take advantage of vocational, educational, and rehabilitative opportunities. The comparison of women (N=630) either incarcerated for drug possession, for drug trafficking or for non-drug offences showed that women incarcerated for drug possession are better adjusted to prison than their fellow inmates. Possession offenders reported less internal stress, lower levels of anger and conflict and a greater satisfaction with institutional conditions. However, no differences between the three groups were found as regards their participation (11% of the women) in a Therapeutic Community (TC).

### ***2.1.3.1 Drug use and health risks in prison***

Several international studies report that drug use in prison and even injecting is quite common in prison, which places drug using inmates at risks for the transmission of HIV, HCV and other blood-borne diseases.

A Northern-American study on drug use in prison among 281 male and 191 female drug using inmates documented that 31% of the former injection drug users had used illicit drugs while in prison. Half of these inmates had injected drugs during imprisonment (Clarke, Stein et al. 2001). These findings were supported by an Australian study among 789 prisoners (Butler, Levy et al. 2003), where as well half of the female and male injectors reported injecting while in prison. Lower rates of drug injecting were reported by a prison study in Ontario, Canada which based upon a random sample of almost 600 inmates (Calzavara, Burchell et al. 2003). Among those with a prior history of injecting (32%), 11% injected drugs while incarcerated in the past year. However, the results show that the rates of injecting with already used needles were the same prior to incarceration and while incarcerated (32%). Due to the high prevalence of drug injecting in prison and the high levels of sharing injection equipment both the American and Australian study proposed to introduce needle exchange programmes – like available in some European prisons – in order to reduce the HIV-risk and improve the inmates' health.

From a Canadian study it is learned that drug use patterns change when entering prison (Plourde and Brochu 2002). Results of a random sample of 317 inmates in 10 prisons show that in prison most inmates (more than 50%) use drugs less often and in smaller quantities than before incarceration. Half of the respondents used drugs several times a week, half less than once a week. One important finding indicated that drug use in prison was higher in maximum security (52%) and medium security (35%) than minimum security (19%). In prison, most drugs used were cannabis followed by cocaine which both were mainly used to relax.

Much different to industrialised countries appeared the prevalence of drug use among prisoners in Nigeria (Adesanya, Ohaeri et al. 1997). Of a sample of 395 inmates (2.5% females), Cannabis was the only drug regularly used by 6.6% male inmates. The use of different drugs in prison than Cannabis was not common and no intravenous drug use could be observed.

As regards the HIV prevalence among female prisoners, several studies from Canada and the United States agree in their findings that female prisoners and in particular addicted female prisoners are a high-risk population for a HIV infection. An older Canadian study on 394 women incarcerated in Quebec found a HIV infection in 6.9% of all participants, but in 13% of women with a history of injecting drug use (Hankins, Gendron et al. 1994). A comparison between addicted and non-addicted female inmates from Montreal allocated that addicted inmates were significantly at a higher HIV risk (82% versus 51%) (Guyon, Brochu et al. 1999). From a recent Canadian study it is known that in December 2000 the HIV infection rate was 4.69% for federally incarcerated women and 1.66% for male prisoners (DiCenso, Dias et al. 2003). American studies on HIV prevalence among incarcerated women attributed the high prevalence of HIV infection in women prisoners to their sex work, drug use and physical and sexual victimisation (Fogel and Belyea 1999; De Groot 2000).

Additional to the health problem of HIV-infected women entering prison, there is the problem of a possible HIV incidence during imprisonment. This problem was addressed by Rich, Dickinson et al. (1999), who presented the results from mandatory HIV testing of 3146 incarcerated women in the United States, and by the above mentioned Canadian study of DiCenso, Dias et al. (2003). The findings of the first study documented a 3.3% prevalence of HIV and a 0.6% HIV incidence rate in initially seronegative women who were retested on re-incarceration. A high incidence of at risk behaviour was explored in the comprehensive investigation of the risk behaviour of 156 female prisoners across Canada. Main findings demonstrated that 1 in 4 woman was engaged in tattooing, 1 in 4 had unprotected sex and 1 in 5 did inject drugs while incarcerated.

With regard to drug use in prison and treatment needs, two American studies reported that a large proportion of the drug using inmates affirmed to be in need for drug treatment. In one of these studies, 60% of 200 respondents stated to need treatment whereat more incarcerated females than males were in need for treatment for cocaine and opiates (Lo and Stephens 2000). The second study from Hawaii revealed that a high number of the almost 200 interviewed inmates was extensive user of cocaine, crack and heroin and felt appropri-

ate for drug treatment, but do not seek treatment (Kassebaum and Chandler 1994). Surprisingly, their non-accepting of treatment was not influenced by the extent of drug use or by previous treatment experience.

#### **2.1.4 Drug and treatment services for female drug users in prison**

Prisons are seen as an opportunity to reach women drug using offenders and link them to drug services. In U.S. prisons, taking that opportunity has become more realistic only in recent years because in the beginning of the nineties basic health care and programmes for female inmates were practically inexistent (Yang 1990; Wellisch, Anglin et al. 1993).

Due to the increase of incarcerated women, there had been a growth of treatment options and drug abuse programmes for women in the past years. A survey among prison and jail administrators in the States in 1998 noted that 17 states could not name a women's programme, whereas 30 states reveal a clear indication of systematic planning to respond to the increased number of female offenders (Morash, Bynum et al. 1998). At present, a vast majority of the U.S. correctional systems offer female offenders some level of health care related to female-specific issues, basic education programmes, job training, and sometimes aftercare (GAO 1999). However, especially substance abuse treatment was still identified as not sufficiently provided to female inmates. Moreover, the percentage of female inmates who reported to being treated for drug abuse declined in past decade (Morash, Bynum et al. 1998; GAO 1999). A review on treatment orientations came to similar results (Haywood, Kravitz et al. 2000): Nationally, 79% of the prisons provide mental health services and most prisons provide medical services, but only 20% of the jails do have drug treatment programmes involving paid staff. It is estimated that 2 out of 3 inmates (Simpson and Knight 1999) or even 80% of the state prison population (Travis, Petersilia et al. 2001) admit a history of drug use. Nevertheless do only 7% to 15% of the drug dependent inmates receive a systematic and professional drug treatment since admission (Simpson and Knight 1999; Taylor and Bennett 1999; Haywood, Kravitz et al. 2000; Freudenberg 2001; Richie, Freudenberg et al. 2001; Travis, Petersilia et al. 2001).

Peugh and Belenko (1999) criticised that when treatment is available to female prisoners, it is often not adequate to meet the manifold needs of this population. Poor health, HIV risks, psychological problems, histories of victimisation, family responsibilities, and a lack of employment skills greatly complicates their recovery process. For this reasons they claim to expand treatment programs for women inmates, which should be gender sensitive and combined with aftercare.

This statement was supported by a Canadian investigation which pointed out that current programmes and services are marked by inconsistent implementation and accessibility (DiCenso, Dias et al. 2003). There was an overall dissatisfaction with the quality and accessibility of medical services since fewer than 1 in 10 women stated to be content with these services. Furthermore, harm reduction is characterised by inconsistent distribution of condoms and bleach and syringe exchange is not provided. Although a variety of support and counselling is available, women prisoners felt that services did not meet their needs.



Taking gender specific issues and the unmet needs of incarcerated women into consideration, several innovative programmes had been established mainly in the United States but as well in Australia and New Zealand. Overall objectives of these programmes are directed to reduce risk behaviour and recidivism and to link women to community-based services after release.

In Rhode Island, the pilot project HIV prison prevention programme (WHPPP) was designed for the high-risk group for HIV infection and offers discharge planning. Evaluations results show that the programme participants (N=78 women) demonstrated lower recidivism rates than the control group at 3 months (5% vs. 18.5%) and at 12 months (33% vs. 45%) (Vigilante, Flynn et al. 1999). A recent Australian study clearly indicated that prison methadone maintenance treatment (MMT) is effective to reduce risk behaviour (Dolan, Shearer et al. 2003). Results from a random sample of 191 MMT participants and 191 untreated control group verified: Treated subjects reported significant lower use of heroin use, lower levels of drug injection and syringe sharing than the control group at 5-month follow up.

Some of the innovative programmes specifically address the problem of drug using pregnant or parenting women. In California, pregnant women drug users are offered an inter-agency community-based treatment programme (ORF) which acts as an alternative to prison (Berkowitz, Brindis et al. 1996) and in Michigan the intervention programme WIAR for women and infants at risk has been established providing a comprehensive residential treatment (Siefert and Pimlott 2001). However, WIAR evaluation results identified high rates of recidivism with 39% sanctioned for illicit drug use in the year after delivery. Similar poor outcomes were documented for a parent education programme in Arkansas as no differences in programme benefits could be detected between substance abusing prisoners and other participants (Harm, Thompson et al. 1998).

In order to provide a systematic integration planning, in New Zealand and in New York new treatment programmes for drug using inmates are offered. The New Zealand programme includes a cognitive-behavioural treatment followed by community-based relapse prevention groups on release (Huriwai 2002). In New York, the pilot programme *Health Link* was designed to assist drug using women prisoners to successfully integrate in community after release. The programme integrates a variety of different services including case management and residential prison and aftercare programmes (Richie, Freudenberg et al. 2001). Programme evaluation resulted in two key findings: 1. Length of time in treatment (more than 90 days) is directly associated with reduced drug use and re-arrest rates. 2. Participants of post-release aftercare have significantly lower re-arrest rates in the year after prison release than women who attend only jail services (38% vs. 59%) (Freudenberg, Wilets et al. 1998). This view is supported by findings of Porpino, Robinson et al. (2002), who stated that continuity of treatment provision is important, particularly following release and that this is linked to re-offending rates. Yet, it seems not completely clear whether residential TC or structured day support as kind of continued support after release is most likely to be successful.

### 2.1.5 Evaluation results of intervention programmes

When searching for programme evaluation, there is one feature attracting attention: There is a body of literature which firstly come solely from the United States and which secondly do predominantly focus on outcome of in-prison therapeutic communities (TC). In general, TC treatment models are designed as a total-milieu therapy, which promotes the development of pro-social values, attitudes and behaviours through the use of positive peer pressure. Although each TC differs somehow in terms of services provided, most TC programmes based upon a combination of behavioural models with traditional group-based, confrontational techniques. As a high intensity, often multistage programme, TCs are provided in a separate unit with a usual programme duration of 12 or 9 months and sometimes only 6 months. Many in-prison TCs ensure a continuum of care by providing a community-based aftercare treatment, which is close connected to the specific therapeutic community and part of the correctional system.

The three largest prison-based therapeutic communities for drug-involved offenders are *New Vision* in Texas (Knight, Simpson et al. 1997; Knight, Hiller et al. 1999), *Crest* in Delaware (Martin, Butzin et al. 1995; Inciardi, Martin et al. 1997; Butzin, Martin et al. 2002; Dietz, O'Connell et al. 2003) and *Amity* in California (Wexler, Melnick et al. 1999; DeLeon, Melnick et al. 2000; Prendergast, Hall et al. 2004). Due to the fact that most of the existent TCs are for male prisoners there had been some attempts to modify the TC model in order to meet the needs of incarcerated women drug users (Lockwood, McCorkel et al. 1998). However, there is little research on the effectiveness of in-prison therapeutic communities for women (Henderson 1998). Some exceptions worth mentioning are the outcome evaluation of the specifically female programme *Forever Free* in California (Prendergast, Wellisch et al. 1996; Hall, Prendergast et al. 2004), the quality control of the women programme *Turning Point* in New York (Strauss and Falkin 2000) and the evaluation of mixed-gender TCs as to their sufficiency to meet gender needs (Bouffard and Taxman 2000).

These studies detected that treatment models are effective for incarcerated women if they address sexual and violence issues, improve the women's self-esteem and develop a positive client-staff relationship. The provision of psychological treatment, extensive individual counselling to build up personal skills, and a continuum of care had been proven as most important to prevent relapses.

However, Greenberg (2001) argued that the connection of substance abuse treatment with criminal justice programmes has increased the effectiveness of treatment but on the other hand this leads to difficulties for clients to separate a "healer from a jailer". Nevertheless asserts a recent study of 13 prison-based substance abuse treatment programmes that the majority of participants are positive about their treatment experience despite of being coerced into treatment (Melnick, Hawke et al. 2004).

### ***2.1.5.1 Impact of intervention programmes on relapse prevention***

Not surprisingly, a quantity of results on the impact of programmes on relapse prevention come from evaluations of the above mentioned three largest in-prison therapeutic communities.

Results of the only male TC *New Vision* in Texas which based upon a 6-months follow-up of 222 in-prison TC programme graduates and a comparison group of 75 parolees without TC showed: Completers of TC (9 months) and aftercare (3 months residential treatment) had best outcomes with regard to a marked reduction in drug use, relapse and recidivism rates (Knight, Simpson et al. 1997). Drug offences decreased from 76% to 28% from 6 months before imprisonment to 6 months after release. Only 16% of the completers were rearrested within one year after prison release compared to 30% of the TC-only group and comparison group. Similar results were reported from the 18-months follow-up data of 448 male and female participants of the TC *Crest* in Delaware. Again those who completed in-prison TC, work release TC and outpatient aftercare had significant lower rates of drug relapses (54% vs. 76%) and criminal recidivism (27% vs. 55%) than the group of only prison TC completers during the follow-up period (Inciardi, Martin et al. 1997). Results of an even longer follow-up period do exist from the California's *Amity* in-prison TC. The 3-years outcome of a random sample of 478 male and female drug addicts documented that completers of both TC and aftercare had statistically significant lower rates of reincarceration (27%) than those who received no treatment (75%) and TC dropouts (82%) (Wexler, Melnick et al. 1999). Findings of the 5-years outcome underlined that the largest reduction in recidivism is associated with the completion of aftercare. Those who attend aftercare had lower levels of reincarceration, longer time to reincarceration and higher levels of employment (Prendergast, Hall et al. 2004).

In California, there is a specifically female in prison TC – *Forever Free* – which has been evaluated. The first outcome study on 64 women drug users participating in an intensive prison programme followed by a community-based outpatient programme presented following findings: Women participating in both programmes had significantly fewer custody returns (31.6%) than those in prison TC only (47.8%) and non-treatment participants (72.8%) (Prendergast, Wellisch et al. 1996). A one-year follow-up study of the prison programme revealed that those with more lifetime arrests had a definite increased risk of reincarceration but treatment decreased the likelihood to relapse (Hall, Prendergast et al. 2004).

All of the above mentioned studies report consistently the impact of treatment participation and aftercare completion on reducing drug use and re-arrests after prison release despite of different outcome measures (self-reports, hair analyses, urine tests) (Knight, Hiller et al. 1999; Simpson and Knight 1999; DeLeon, Melnick et al. 2000).

However, there had been several criticism of these studies. Bouffard and Taxman (2000) pointed out these findings generally represent well-funded, controlled programmes that have benefited from formative process evaluations. In addition, the absence of good study designs was criticised as treatment effects depend on the particular statistical approach (Rhodes, Pelissier et al. 2001).

In particular the latter has prompted the Federal Bureau of Prisons (BOP) to support study designs on residential substance abuse programmes in prison, which consider the common methodological problems. Anyhow, a BOP multi-site evaluation of 760 male and female treatment participants did come to similar results as it was again proved that individuals who entered and completed in-prison residential treatment were less likely to experience post-release relapses to new arrests and substance use (Pelissier, Wallace et al. 2001). Another BOP study on genders differences in post-release outcome produced some important findings on women prisoners (Pelissier, Camp et al. 2003): Despite the greater number of life problems among women than men, women had lower three-year recidivism rates (34% vs. 55%) and rates of post-release drug use (42% vs. 54%) than did men. For both men and women, treated subjects had longer survival times than those who were not treated but the outcome results are only statistically significant for men. However, the question why women show better outcomes than men although at higher risk levels for relapses remains unanswered.

Beside the proven impact of participating in prison-based treatment and aftercare there are several Northern-American studies demonstrating that time spent in treatment has as well an impact on reducing relapse. A Californian study on 4155 participants of a prison-based TC found out that the increased time spent in TC predicted an increased participation in aftercare and that an increased time spent in aftercare decreased the 12-month return to custody (Burdon, Messina et al. 2004). The findings also highlight the importance of education in facilitating post-release reintegration and ensuring successful outcomes. The relationship between the time drug using inmates spent in treatment and their recidivism was also investigated by a former study. Swartz and Lurigio (1999) figured out that 90-150 days treatment in prison had maximal effect on reducing re-arrests whereas more than 150 days in treatment show diminishing effects. Community aftercare was reported as important as it reduces the chances for re-arrests by 50%.

That even prior treatment has an impact on recidivism because of its cumulative effect was documented on a sample of 308 heroin and cocaine addicts. Results show that those with 6 or more prior treatment episodes and who had been in treatment for 12 or more months averaged only 0.2 arrests in the 2 year post-treatment period. In contrast, those with no prior treatment but 12 or more months in recent treatment averaged 0.88 arrests (Merrill, Alterman et al. 1999).

#### ***2.1.5.2 Gender specific needs and barriers for relapse prevention***

In literature several needs and re-entry issues for female drug using prisoners have been identified. As incarcerated women are often not only burdened by drug dependence but also by psychological distress, poor health and a lack of supportive relationships there is a unique need for psycho-educational and skills training and specific treatment interventions in order to prepare them for community living. Specific treatment should include counselling, vocational preparation, mental health care, promoting self-esteem and drug abuse treatment (Taylor 1996). The women's successful transition from prison to community requires an affordable place to live, financial and emotional stability, the development of

vocational and life skills prior to prison release and professional support after release from social and health services (Parsons and Warner 2002).

Despite the multiple needs of female drug using prisoners, especially their mental health problems and drug dependence still represent an untreated problem (Haywood, Kravitz et al. 2000; Langan and Pelissier 2001). Although programmes for women are improving they remain inadequate in terms of availability. A large number of incarcerated women drug users return to community without receiving any treatment while in prison and without any formal transition services. This is due to that most prisons lack a comprehensive discharge planning or community aftercare (Henderson 1998; Richie, Freudenberg et al. 2001).

### ***2.1.5.3 Assessment of best practice on basis of the evaluation results***

Evaluation results are unique in their scientific evidence that for drug-involved offenders participation in a continuum of treatment is most effective in reducing their post-release recidivism. Treatment programmes should provide appropriate placements and cover the time of incarceration until reintegration into community. In particular engagement in transitional aftercare has been proven as crucial for reducing post-prison recidivism (Simpson and Knight 1999; Vigilante, Flynn et al. 1999; Butzin, Martin et al. 2002).

“Relapses to drug use and crime are common in all substance abuse treatment approaches, especially during the first 90 days after discharge, but community-based aftercare helps prevent these unfavourable outcomes. (...) Effective in-prison treatment appears to require a continuum of care that takes the drug-involved offender from the institutional environment to the reintegrative processes of community-based initiatives” (Hiller, Knight et al. 1999).

With regard to best practice for relapse prevention it was pointed out that increased referral, monitoring and supervision does not work to effectively reduce recidivism (Chanhatsilpa, MacKenzie et al. 2000). In fact, proper discharge planning and long-term trusting therapeutic relationships formed in prison and continued after release would ease transition into community (Vigilante, Flynn et al. 1999). However, adapting treatment models for drug-involved women offenders still remains a challenge.

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## 2.2 European research on drugs & prison

Heike Zurhold

### 2.2.1 Introduction

The number of drug using prison inmates has continuously increased in Europe during the last two decades. Although there is no data record system in the European member states that allows a valid quantification of drug scale in prison, the UN, the WHO and also the EMCDDA estimate that, in most European countries drug users are over-represented in prison.

The proportion of prisoners ever having used illicit drugs varies according to countries and penal institution (town, country, women's or adolescents' prison) and the nature of imprisonment (awaiting trial, serving of a sentence, closed or open penal institutions or communal housing). But it can be assumed that this proportion ranges between 29 % and 86 %, in most cases over 50 % (EMCDDA 2002; 2003). In numbers, about half of 350,000 prison inmates in Europe used illicit drugs either in the past and or while in prison. In addition a major part of these prison inmates are re-imprisoned several times (Stöver 2002).

In Eastern European prisons the drug problem appears to be quite different in terms of a considerably lower proportions of drug addicts imprisoned. According to a survey on prison health care in the Czech Republic, Poland and Hungary (MacDonald 2001; 2003) there exists a problem with drugs and drug addicts in prison, but to a minimal extent. In the Czech Republic routine drug tests at entry show that 20 % of the check-ups were positive for drugs but detection of drug use in prison is the exception. Similarly in Hungary and Poland there are only small numbers of drug-addicted prisoners. Thus in all three countries drugs are not perceived as a major problem compared to the situation in Western Europe. However, due to a zero tolerance legislation in Poland an increased number of drug users is imprisoned (Malinowska-Sempruch 2002).

In Lithuania a relevant drug problem could be observed since gaining independence from Soviet Union in 1991. Now most of the drug dependent population (19 % female) consume homemade heroin and/or an extract from the poppy seed. More than 95 % inject these substances. Prisoners are considered to be the highest risk group in terms of drug use as the number of drug using inmates increased from 2000 to 2003 from 7.5 % to 11.6 % of all prisoners (Semenaite and Kasperunas July 2003).

Even though for instance the EMCDDA provides useful information on drug problems in prison across Europe, they offer only small information on female drug users in prison (EMCDDA 2002). Thus, in general there are only very few estimates on the prevalence of drug use among women prisoners. However, all available data indicate that drug use experiences are particularly high among the female prison population. Data from a recent study suggests that approximately 75 % of women entering European prisons report a history of drug or alcohol abuse (Fowler 2001).

Apart from some Eastern European countries, drugs are currently one of the major problems of the penal system in Europe. Due to the dominance of drug related problems in

prison, the cornerstones of the penal system's task of re-socialisation are endangered. This is especially true for female prisoners due to their extremely high proportion of past or present drug use. Assuming that dependence is an indication of need for treatment, a very serious need for treatment, care and counselling exists in the European penal institutions.

### **2.2.2 Characteristics of female drug using prisoners**

As in general only little information on female drug using prisoners is available, there is no report highlighting characteristics of the population. Only within the European survey on drug and HIV/AIDS services in European prisons there is a separate small chapter on women prisoners (Stöver 2002). According to this survey there are indicators where women tend to have shorter criminal histories than men but are more likely to be arrested for less serious offences. Imprisonment seems to be related to less serious crimes such as shoplifting. This is in line with international findings.

Along with drug problems, childcare, family problems and poor educational level are found to be central issues of imprisoned women, which have adverse side effects on the rehabilitation after prison release as well. Thus discharge planning must take account to the gender problems.

### **2.2.3 Health and social problems of female drug users entering prison**

Although the proportion of drug using women in prison is very high in most of the EU countries, there is a considerable lack of research on this population.

According to the little information available (Stöver 2002), women prisoners face a multitude of chronic health and social problems resulting from poverty, drug use, violence, sexual assault, rape, adolescent pregnancy, malnutrition, and poor preventive health care. On the one hand, mental distress due to experiences of sexual assault and violence can often not be addressed within the prison setting because of a lack of adequate services. In addition, feelings of shame, isolation, helplessness and loss of autonomy, which are particularly experienced by victims of violence, are triggered by common prison procedures such as body or cell searches.

However, two other studies indicate that women often suffer from mental disorders which demand psychiatric support.

In England/Wales up to 70 % of male and female prisoners have found to be poly-drug users (Singleton, Farrell et al. 2003). In addition, there are high rates of co-occurrence of two or more mental disorders among drug dependent prisoners. This is case for 83 % remanded and 75 % sentenced female prisoners.

A study on the prevalence of psychiatric disorders in women's prison in Dublin, Ireland (Mohan, Sully et al. 1997) examined 45 female prisoners who were diagnosed applying DSM-IV criteria, of whom 26 (58 %) met the criteria for substance dependence and 21 of these had been re-offended. The study results show that younger prisoners are more likely to be substance dependent while older women prisoners are more likely to have other psychiatric problems. The high percentage of substance users with repeated prison

sentences raises concerns regarding availability of legal, psychiatric and social services to deal with problem adequately.

### ***2.2.3.1 Drug use and health risks in prison***

Drug use in prison and particularly infections related to drug use are considered a widespread problem in Western Europe and have become a steadily growing problem in Eastern Europe (MacDonald 2002). Subsequently the main problems faced by prison health care are the use of drugs in prison and related communicable diseases, as a high number of drug using inmates are HIV-positive and/or Hepatitis C-positive (Nelles, Fuhrer et al. 1999; Rotily, Delorme et al. 2000; Stöver 2002). However, according to the findings of MacDonald (2002), not all prison systems acknowledge the problems:

“For example, Italy acknowledges that there are high numbers of prisoners who are HIV-positive but does not officially acknowledge that there is extensive drug use within prisons. The English and Welsh prison service acknowledge drug use in prison but underplay the extent of HIV.”

Risk behaviour is mostly investigated on male dominated samples, thus there is not much evidence for drug use and health risks among female prisoners.

A study on substance misuse among prisoners in England and Wales found higher rates of drug use in sentenced than in remanded prisoners (Singleton, Farrell et al. 2003). According to the study, 34 % of sentenced and 25 % of remanded women prisoners did use drugs during their current prison term. Compared to men, women are less likely to report initiating drug use in prison.

In Lithuanian prisons some drug users continue using drugs while others initiate drug use in prison due to having become an outcast. Major substances used in prison are opioids. According to an anonymous survey among 986 predominately male prisoners in 2002, more women had a lifetime drug use than men (62.9 % vs. 30.2 %) with almost half of them stating that drug use initiated while in prison. More than 50 % of the women reported that they would continue drug use in prison (Semenaite and Kasperunas July 2003).

Due to lower availability of illicit drugs, drug use and also drug injecting is less frequent in prison than outside. But at same time there is a considerable higher level of sharing equipment among larger cohorts of individuals (Stöver 2002).

According to data of the EMCDDA (2002; 2003), drugs are used within prison by 16 to 54 % of inmates, while a significant number of drug users in prison (3 to 26 %) reported their first use of drugs while in prison. Between 0.3 and 34 % of the prison population report having ever injected while imprisoned and up to 21 % of IDUs started injecting in prison. With respect to risk behaviour, the EMCDDA cited studies from Germany and France showing that more female drug using prisoners compared to males share drugs and injecting materials.

Local studies among male inmates from Greece and Ireland confirm high rates of needle-sharing in prison while studies from England/Wales and the Netherlands reported low injecting drug use at all.

A national cross-sectional study among 861 male inmates in ten Greek prisons found that 33.7 % reported injecting drugs at some time in their lives, of whom 60 % had injected while imprisoned. Among those who had injected while imprisoned, 83 % had shared equipment while incarcerated (Koulierakis, Gnardellis et al. 2000). These results were confirmed by a more recent qualitative study among 31 male prisoners in Dublin prison (Long, Allwright et al. 2004). Exploration of the prisoners' views showed that risk behaviour is due to low availability of heroin in prisons, which results in shifts from smoking to injecting. The lack of injecting equipment fostered sharing injecting equipment far more frequently than outside, while inadequate cleaning practices and the renting of injecting equipment in exchange for drugs also added to this trend.

Contrary to other findings, low level of drug injecting was reported by studies from England/Wales, the Netherlands and Slovenia. In England/Wales drug injecting in prison was rare – 2 % of all investigated prisoners (Singleton, Farrell et al. 2003). Similarly in the Netherlands high rates of drug use in prison, but low level of infections related to drug use during imprisonment were found. Of 188 mainly male study participants 37 % reported heroin use and 20 % cocaine use in prison. Only 3 % of them admitted intravenous drug use in prison and none of them shared needles or syringes (van Haastrecht, Bax et al. 1998).

Low levels of drug use and drug injecting in prison were reported by a research network project in all Slovenian prisons (Hren, Zagar et al. July 2003). According to the results of the questionnaire among 456 mainly male participants some drug use in Slovenian prisons, ranging from 10 to 23 % with minimal drug injecting, was found. Likewise prevalence rates for infectious diseases among inmates were very low with 3.7 % for both hepatitis B and C and 1 % for HIV infection (Ursic-Perhac 2002).

However, most studies identified intravenous drug use in prison, frequent imprisonments and high-risk practice of needle-sharing as major reasons for infectious diseases such as HIV and HCV and HBV. These include studies from France (Rotily, Delorme et al. 2000), Ireland (Long, Allwright et al. 2001), Greece (Malliori, Sypsa et al. 1998), Spain (Sanz Sanz, Hernando Briongos et al. July 2003), and surveys among Western and Eastern European prisons (Rotily, Weilandt et al. 2001; Malinowska-Sempruch 2002).

A cross sectional study from Ireland of 607 prison entrants in five of seven committal prisons (Long, Allwright et al. 2001), found a prevalence of hepatitis B infection of 6 %, hepatitis C 22 % and HIV infection 2 %. Prevalence of hepatitis B and C was higher among drug injectors. In conclusion use of injected drugs and infection with hepatitis C are endemic in Irish prisons. A multi-centre pilot study was carried out in six European prisons (France, Germany, Italy, The Netherlands, Scotland and Sweden) in order to survey the surveillance of HIV infection. Saliva from 817 out of 1,124 inmates was processed for HIV antibodies: 27 % reported lifetime drug injections and 49 % of these reported they had injected whilst in prison. The HIV prevalence among IDUs was 4 % (versus 1 % among non-IDUs) (Rotily, Weilandt et al. 2001).

Even higher prevalence rates among prisoners were found in studies from Greece, Spain and Latvia. A Greek prison study (Malliori, Sypsa et al. 1998) showed that of the 544 drug

users 68.9 % had injected drugs at some time, 35 % of whom had injected whilst in that prison. Of the 533 blood samples tested, prevalence rates for IDUs were only 0.27 % for HIV-1, but 80.6 % for hepatitis C and 62.7 % for hepatitis B. 92 % of IDUs injecting in prison shared needles, indicating that IDUs inject less but share more during incarceration. According to data from various needle exchange pilot projects in Spanish prisons (Sanz Sanz, Hernando Briongos et al. July 2003), 46.1 % of IVDUs are infected with HIV and 78.9 % of them are infected with the hepatitis C virus. In contrast, of the whole prison population 12.7 % are HIV positive, 42 % is infected with HCV. The high incidence of communicable diseases in Spanish prisons lead to the introduction of syringe exchange and various treatment options to preserve prisoner's health and life.

With respect to the HIV prevalence among prisoners, particularly the Eastern European countries have been found to show a dramatic increase in injecting drug use and the world's fastest rate of increase for HIV infections (Malinowska-Sempruch 2002). Similar to all countries the risk and incidence for HIV infection is higher in prison than in the general population. In Latvia for instance, half of the new annually reported HIV cases come out of the penitentiary system. Although total number of HIV cases in Latvian prisons is low, 87 % are IDUs (Malinowska-Sempruch 2002).

The epidemic of hepatitis B and C and the potential for HIV spread among imprisoned drug users give reason to implement or enhance harm-reduction programmes such as HBV vaccination, methadone maintenance treatment and syringe exchange schemes, in order to prevent a further spread. Decision makers are encouraged to implement social and health policies targeted on drug users.

#### **2.2.4 Drug treatment services for female drug users in prison**

Drug users who use drugs in a frequent and problematic way often experience numerous periods of imprisonment. Confronted with increasing number of drug addicts in prison systems, supply and demand reduction programmes have been developed within the penal system, differing according to the different politics in the member states. In the "old" European Union with former 15 member states, most of the current interventions for drug using prisoners have been developed during the last ten years. Both the number and type of interventions were still increasing rapidly over the recent years and responsibilities for care of addicted prisoners have moved from Ministry of Justice or Home Office to Ministry of Health (France, Italy, in process in England/Wales).

In order to get an overview of the extent and kind of interventions for drug users in prison within the European Union, several surveys had been carried out (Stevens 1998; Turnbull and Webster 1998; Muscat 1999; Fowler 2001; EMCDDA 2002; Stöver 2002; EMCDDA 2003; MacDonald 2003; Stöver, Hennebel et al. 2004). However, only the survey by Fowler (2001)<sup>3</sup> has investigated the nature and extent of drug services for women and youth offenders in prisons across Europe.

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<sup>3</sup> With respect to this objective, 76 questionnaires were sent to European women's prison settings. But only seven questionnaires were returned, representing two Finish and three English prisons, one Belgian and one Scottish prison.

In conclusion, the information provided by these surveys draw the following picture of current drug services in European prisons:

- About 26 countries stated to have a policy related to interventions with drug users in prison.
- The majority of the interventions consist in abstinence-based drug treatment (available in 80 % of the European Union prisons), detoxification, prevention of drug use and supply reduction.
- With the aim of demand reduction, several countries have established drug-free units and therapeutic communities in separate sections of the prison (Austria, Netherlands, Finland, Sweden). The development of drug-free units is rapidly increasing.
- Methadone maintenance or substitution treatment was commonly or occasionally available in eight member states (particularly in Austria, Denmark, Luxembourg and France).
- Harm-reduction by means of blood tests, vaccination programmes and distribution of condoms and disinfectant are available in almost all prisons of two thirds of European countries, in one third they are lacking completely in prisons.
- About 19 of the Council of Europe member states seem to have a policy directed at pre- and post-release programmes for drug using offenders.

Although drug demand reduction consists predominantly of increased control measures including drug testing combined with sanctions, several prison administrations acknowledged the need to tackle health care and rehabilitation in a more systematic way in prison settings. This resulted in many countries developing “prison drug strategies” or directives on care and treatment for addicted prisoners (EMCDDA 2002). Furthermore some countries like Ireland, Portugal, Spain, have recently improved care for imprisoned drug users by cooperation agreements between penitentiary system and non-governmental health services.

England Wales and Italy have specialised external teams providing drug services. In England and Wales drug treatment for prisoners is provided by a multi-agency approach, called CARAT (Counselling, Assessment, Referral, Advice, Throughcare) teams. In the Italian prison system drug treatment programmes are controlled by the National Health System and delivered by the community drug addiction teams called SERT which are multi-disciplinary teams as well. According to a survey of MacDonald (2002), in practice the success of CARAT differs across the UK prisons and the SERT teams in Italy are only available in very few prisons.

In general, drug service provision can be divided into harm-reduction measure, drug treatment services and pre-release and aftercare programmes. A table on available drug services in European prisons of the former 15 EU member states is provided in the annual report of the EMCDDA (2003).

### **a) harm reduction measures in prison**

Supplementary to existing abstinence models in prison, harm-reduction measures have been adopted in prison during the past 15 years. In fact, only a limited number of countries and prisons have made harm-reduction by vaccination programmes, disinfectants and condom provision and syringe exchange programmes available, each of these integrated differently (Stöver 2002).

Until today there are 10 years of experience with syringe provision in several European prisons. In 2003 there are altogether 38 prisons in Switzerland, Spain, Germany and Moldavia, which have introduced needle-exchange programmes in prisons. In Germany 6 of the 7 ongoing projects have been terminated within only 15 months despite encouraging findings of scientific evaluation and positive practical experiences. The termination was only due to a new conservative government and their political refusal of continuing needle exchange in prison. On the other hand, in Eastern European prisons this offer has been introduced and in Spain the number of penal institutions offering access to sterile syringes has increased rapidly (Stöver July 2003).

The Spanish Laws guarantee prisoners the right to health and the right to the same treatment and prevention measures as in the community. The Spanish Penitentiary Administration decided to introduce syringe exchange schemes first in 1997 in a Bilbao prison and by 2002 exchange programmes had been implemented in 27 prisons. By 2003 all prisons had the technical and legal conditions to exchange syringes in prison: the programme is for active injecting drug users, the objective is to avoid the spread of infectious diseases, promote healthier behaviour, facilitate access to treatment through health education and advice (Sanz Sanz, Hernando Briongos et al. July 2003).

However low provision of needle and syringe exchange schemes in prison raises the question why this harm-reduction offer is declined by most of the European prison administrations. Stöver (July 2003) and Hughes (2000) both discussed several possible reasons for this refusal with respect to feasibility, safety and security issues of needle-exchange programmes in prison as well as prison policy and prison staff aspects which may explain the negative attitude.

### **b) Drug treatment in prison**

Abstinence models are still the main response in the treatment of the drug problem in prisons. Nine countries have structured abstinence-oriented treatment programmes, but the total number of places is very low compared to the estimated number of prisoners with a drug problem. This is especially the case for Finland, Denmark, Ireland and Norway where only few programme places are available (EMCDDA 2002). In Poland there are drug treatment programmes for 3-6 months with psychological and psychiatric care for mentally ill prisoners in specialised psychiatric wards (MacDonald 2001). About 11 EU countries and Norway run drug-free units to protect non-dependents inmates from drugs and to provide some kind of treatment. Especially in Finland an expansion of drug-free units to 50 % of all prison wards is foreseen (EMCDDA 2002).

Detoxification is offered in nearly all member states although varying in length and form. Quality guidelines are often lacking (EMCDDA 2003) and in particular detoxification with methadone is only properly implemented in a small number of prisons (e.g. Czech Republic, Italy, Norway, Greece) (Stöver 2002).

Substitution treatment has been widely introduced in prisons during the 1990s and currently differs considerably between countries. Higher levels of substitution treatment are found in prisons in Spain and Austria but also in Portugal. However, in many of Western and Eastern European countries provision is minimal and not much developed (Stöver 2002; Stöver, Hennebel et al. 2004). The latter is also the case in countries with extended substitution practice in community such as in Germany and Netherlands. Substitution rates in prisons in Germany and Netherlands are about 1 to 4 % compared to estimated 30 to 50 % in the community (EMCDDA 2002). In Greece and Sweden substitution treatment is not available at all. In many countries substitution is only available during short-term sentences, for pregnant drug users and for those with severe mental or physical health problems. Initiation of substitution in prison is rare, although legally possible in most countries (Stöver, Hennebel et al. 2004)

A broad study on organisation of substitution treatment in French prisons (Michel and Maguet July 2003) revealed that each prison has a different scheme which depends on what healthcare professionals are materially capable of. Furthermore, penitentiary teams often do not understand substitution treatments properly as they frequently suggest drug users to drug withdrawal treatment. On the other hand, prisoners complain about difficulties as regards the practical, day-to-day organisation of treatment provision. Due to these problems about 13 recommendations were made, which cover different practical aspects of the prescription in prison, security problems and staff training.

Apart from the mentioned offers, external drug services play an important role, being available in Scotland in every prison and in Spain in the majority of prisons. Services by external agencies include treatment motivation, referral to community-based drug treatment, preparation for release and partly aftercare. In Germany since the mid-1980s such agencies have been involved in prison drug work, now available to a large extent.

### **c) Release services and aftercare**

In order to reduce relapses and provide rehabilitation after prison release, pre- and post-release interventions are of high importance to ease the transition from prison to community. In most cases, pre-release interventions are provided six months prior to release with the objective to support continuity of care, prisoners' integration and health. Specific assistance mainly focuses on drug treatment information and providing for new or continued treatment.

Concerning aftercare activities, six European countries stated that they did not provide any aftercare, whereas 19 countries reported offering some kind of help to recently released drug users. The predominant mode of aftercare offered to released prisoners consists in residential treatment. However, the availability of aftercare strongly differs. Only six coun-



tries stated that some kind of aftercare is available to most of the released drug users (Turnbull and McSweeney 2000).

Aftercare in Austria and Sweden is integrated in prison services because it is largely built into the sentence plan. In Italy the link between SERT and the prison is seen as good practice as it guarantees the continuity of therapy and enables innovative approaches to working with drug users. In Scotland and England/Wales through-care, as a continuity of care from entry until release (before and after), is offered (Stöver 2002). In Scotland, prisoners receive transitional care during the first 12 weeks after release to facilitate return into community (EMCDDA 2002). In England through-care is offered through CARAT teams, but there is no sentence planning for prisoners, which includes assessment for follow-up treatment after release (MacDonald 2002). Through-care is not much developed in Hungary, Czech Republic and Poland, although there are efforts to provide a continuity of care (MacDonald 2003).

Since most interventions are addressed to male adult prisoners, many women drug users receive only a minimum of support during their imprisonment and particularly after release. In England/Wales half of women drug dependents received some sort of drug treatment in year before imprisonment, but only 32 % received help during their current prison term (Singleton, Farrell et al. 2003). According to Fowler (2001) only few countries assess the women's needs and develop a care plan for individual women (Belgium, England, Scotland). The low level of help and treatment services meeting the needs of female drug users may encourage them to return to previous drug use habits and income-generated delinquency after release.

A survey of aftercare programmes for drug using prisoners in the four European countries Sweden, Scotland, Austria and Netherlands was presented by Fox (2000). In her four-country study, Fox came to the following key findings:

- Short-sentence prisoners have the least chance of receiving aftercare and are most likely to re-offend. These prisoners need to be 'fast-tracked' into release planning and encouraged into treatment.
- Aftercare that is built-in to the last proportion of a sentence appears to increase motivation and uptake.

### **2.2.5 Evaluation results of intervention programmes**

Concerning research in Europe, evidence of programme or policy effectiveness is missing in many countries. If there are programme evaluations, they mainly existed at local or prison level which are not representative for the respective countries.

Existing evaluations focus on preventive measures like needle-exchange programmes and substitution treatment to reduce communicable diseases.

Regarding the effects of needle exchange, scientific studies were carried out in 11 prisons and to date, the findings have shown that syringe exchange programmes are feasible in prison without any major upheavals (Stöver July 2003). A Spanish evaluation study found that, although intravenous drug use in prison remains unchanged with the availability of sterile syringes in prison, the programme proved to be successful in changing risk practices

related to intravenous drug use and in reducing the risks of disease transmissions. In addition it was found that that needle-exchange in prison do not cause distortions or security problems (Sanz Sanz, Hernando Briongos et al. 2003). These findings were also supported by evaluation of needle-exchange in German and Swiss prisons (for German details see: literature report Germany). A pilot and follow-up evaluation of syringe exchange in an only female prison (Hindelbank) in Switzerland showed that drug use and injection in prison did not increase. Moreover the frequency of drug use increased in relation to duration of incarceration but it decreased the longer the project had been implemented. The fact that assault or an increase in drug injecting was not found to be evident allowed the conclusion that syringe exchange has a role in prison settings (Nelles, Fuhrer et al. 1999).

In Spain effects of increased methadone maintenance in community and in prison have been evaluated. The results show that there has been a decrease in the cases of AIDS in prison (from an incidence of 18.4 per thousand prisoners in 1994 to 3.7 per thousand prisoners in 2001), as well as a decrease in the prevalence of HIV, from 23.3 % in 1994 to 12.7 % in 2002 (Sanz Sanz, Hernando Briongos et al. 2003).

In the Netherlands an Amstersdam project called Street Junk Project has been evaluated over 4 years (Vermeulen and Walburg 1998). The project was implemented to respond to the about 1,500 highly criminal drug addicts who were repeatedly arrested for small crimes like thefts and burglary. Within project arrested drug users were visited by a probation officer in the police cell and offered two forced-choice options: First, the drug user accepts a drug-treatment module in an in-patient treatment facility. Second, if the drug user refused the first offer, he would be placed in a drug-free ward of the prison with daily urine controls and body and cell inspections. In the 4-year period only 22 % of the street junkies opted for in-patient treatment. The main reason for the low success of the project was the considerable increase in the number of police and prisons cells, resulting in more junkies being sentenced quickly and sent to prison, so that the need for alternative routing became less urgent for judicial authorities.

### ***2.2.5.1 Impact of intervention programmes on relapse prevention***

Regarding evaluations on relapse prevention, isolated studies of specific interventions can be found for individual – mainly men's – prisons in Austria, Sweden, Ireland, Netherlands, France, England and Scotland. For instance, drug-free units were evaluated in Dutch and Austrian prisons and the in-prison treatment was evaluated in specific prisons in Austria, Sweden, Denmark and Scotland. A short description of the programmes and evaluation results can be found in Stöver (2002). In addition, aftercare had been evaluated in England and France. However, most evaluations are based upon analyses of re-offending rates as the principle indicator of programme success.

An evaluation of the Drug-free units (DFU)– introduced in 1985 – came to the following results: DFUs are effective in providing continuity of care on release. 42 % of the DFU participants continue treatment compared to 8 % of drug using prisoners released from regular units. A higher acceptance of treatment was underlined by a study on a drug-free detention treatment in a Rotterdam jail (Schipper, van den Hurk et al. 1998). A follow-up

comparison of 86 male programme volunteers with 42 inmates from other wings one year after release revealed that there are no differences found in drug use and relapse. The lack of any treatment impact on relapses was explained with a) the programme duration being too short (mean 3 months) and b) the highly difficult treatment population.

With regard to impact of a therapy unit in Austrian prisons, the results indicate that almost 30 % of the prisoners were abstinent after regular release. In one Swedish prison, in-prison treatment was evaluated for more than 20 years by several studies. Two of these evaluation studies compared the relapse rate of programme completers and dropouts for two different periods (1979-1981 and 1982-1996). The results show that treatment completers have better outcomes with respect to relapse than dropouts: 46 % vs.16 % in the first study, 66.6 % vs. 35.4 % in the second study (Stöver 2002).

Evaluation of programmes including aftercare have been undertaken in England (Kothari, Marsden et al. 2002) and France. Both evaluations indicate that aftercare is vital for preventing relapses and re-offences. In France, an intensive pre-release training combined with aftercare plans was introduced 1992 as a pilot programme by Antenne Toxikomanie. The programme evaluation found that 38.6 % of the programme participators returned to prison within one year of release. Without a pre-release course, 63.4 % of the same client group returned to prison (Turnbull and Webster 1998). Due to the proven impact of this intervention, the programme has been introduced in six further cities.

In France a retrospective study on impact of different types of drug treatment in prison, such as methadone and buprenorphine substitution, was carried out analysing 3,606 medical files of nine prisons (Levasseur, Marzo et al. 2002). The study found a statistical relation between substitution treatment during imprisonment and a reduction in the number of re-incarcerations in the 3.5 years following the first imprisonment.

In the four-countries study on aftercare, Fox (2002) found that aftercare for drug-using prisoners significantly decreases recidivism and relapse rates, and saves lives. Unemployed and homeless ex-offenders are most likely to relapse and re-offend. Therefore Fox recommended that aftercare, housing and employment should be offered together with treatment.

In conclusion, more research is needed to understand why some drug users manage to stay drug-free after release and others do not. For this purpose, studies on the period immediately following release are particularly important. As regards present evidence-based knowledge on relapse prevention, there are several gaps in research, which can be summarised as follows (Turnbull and McSweeney 2000):

- In general, the literature on impact of interventions addressed to drug using prisoners is not well developed.
- Nearly all of the existing studies have been conducted among male substance users in prison, women drug users are not very present in research activities
- Most of the evaluations of the effectiveness of interventions are primarily based on re-offending rates. Other relapse or integration factors are not taken into consideration.

### ***2.2.5.2 Gender specific needs and barriers for relapse prevention***

In general, the time of release is perceived as a crucial time for drug using prisoners. Some studies indicate, that after release many drug injectors continue their habit. Dutch findings show that 42 % of drug injectors relapsed to drug injecting after release, most of them (34 %) even at the very first day of prison release (van Haastrecht, Bax et al. 1998).

In addition to the risk of relapse, a number of studies have proven that there is a high risk of drug-related deaths after release because of the reduced tolerance to drugs. A study from Switzerland on deaths after prison release during the period of 1982-86 found out that the majority of death among drug addicts occurred within the first weeks after release. Death related risk factors were frequent prison sentences as well as psychological and social distress (Harding-Pink 1990). The high risk of death after prison release was confirmed by more recent studies. In a study on 316 male IVDU recently released from prison, Seaman, Brettle et al. (1998) found that the risk of drug injectors dying from an overdose was almost eight times higher in the two weeks following prison release than in the subsequent ten weeks. In a German study, the mortality rate was found to be 11.7 % within the first 10 days after release (Heinemann, Kappos-Baxmann et al. 2002), in a Scottish study the percentage was 13 % (Seymour, Oliver et al. 2000).

With respect to gender specific barriers, it has to be noticed, that women prisoners often do not get any sentence planning due to their mostly short-term prison sentences. In addition, basic health care is often missing. For this reason, Harding (1997) complained that in the majority of prisons primary health care remains unsatisfactory in terms of reducing common problems of hepatitis and HIV infections among prisoners and promoting mental health. In his view, prisons should be seen as an integral part of the community, which means providing continuous care and social and psychiatric care across institutional barriers.

### ***2.2.5.3 Assessment of best practice on basis of the evaluation results***

Little information is available on the drug use of female prisoners and related needs for care. One of the crucial treatment approaches for drug using women seems to be substitution treatment. To be successful, a continuity of prescription seems to be inevitable. However, substitution treatment in the community is most likely to result in detoxification when admitted to prison. In many European countries access to treatment service immediately after release is also limited.

However the few results indicate that the provision of in-prison treatment and the continuing support after release seems to show best results for relapse prevention. With respect to a maximum impact on reintegration, Turnbull and McSweeney (2000) summarised research evidence as follows:

“Two key factors in increasing treatment success, both in terms of reducing the chances of prisoners re-offending and returning to drug use, appear to be the duration of the intervention (the longer the intervention, the better the outcome) and the provision of help and support on release. Aftercare is

increasingly seen as an important component of an integrated treatment programme offered to drug-using prisoners”.

A comparison of community-based treatment services and in-prison help services reveals that community-based services frequently offer long-term interventions providing continuous support over many months or even years, whereas interventions offered to prisoners are mostly short-term with few opportunities for ongoing support after release.

In conclusion, Fowler (2001) stressed that there is only limited evaluation data to guide policy-makers in determining the best course of action for the future. With regard to European prison and judicial policies, researchers strongly recommend the investigation and definition of ‘best practice’ according to specific needs of male and female drug using prisoners.

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## 2.3 National reports

### 2.3.1 GERMANY

Heike Zurhold

#### 2.3.1.1 Introduction

In the past two decades, there has been an enormous increase of prisoners in Germany sentenced because of drug-related crime. While in 1970 only 0.2% of the prisoners had been imprisoned for offences against drug law, in 1999 this was already the case for 13.5% of the prisoners (Preusker 2000). Prosecution statistics of 2001 show that of all offences against the German drug law (BtmG) more than 60% account for drug consumption and drug possession while only 30% are related to drug trading and smuggling (DBDD 2002).

Exact figures on the prevalence of drug users in the about 220 prisons in Germany do not exist. However, it is estimated that among the prison population 30-50% are (former) drug users. The prevalence of drug users seems to be even higher among juvenile and female prisoners. A recent investigation in a Bavarian juvenile prison showed that between 1988 and 1999 the rate of drug experienced prisoners increased from 15.4% up to 84.1%. One third of these juvenile prisoners had been identified as drug dependent (Tillack and Hari 2000). As regards the proportion of drug users among female prisoners recent estimations amount to 70-80% of female inmates with a drug problem. In numbers 700 up to 1,900 female drug user are currently in German prisons (DBDD 2002). In consideration of the high number of drug using prisoners, several studies agree that time in prison appears to be one of the primarily experiences in the drug users' life (Jacob and Stöver 1997).

In order to respond to the increasing number of drug-dependent offenders, the German legal system has elaborated numerous paragraphs of semi-voluntary measures to reduce the demand for drugs. One of these measures was introduced in the German drug law in 1981 and offers drug using convicts the possibility of "therapy instead of punishment" under certain conditions. According to section 35 ff of the drug law the public prosecutor may, with the approval of the court, postpone the execution of a prison sentence of not more than two years in favour of undergoing a drug treatment. Those with a sentence of more than two years, first have to serve their prison sentence and could then apply for "therapy

instead of punishment” if the remaining prison term does not exceed two years (Kreuzer 2002). As well probation can be connected with the court instruction to undergo a detoxification or treatment for purpose of the convict’s rehabilitation.

Apart from penalties according to §35ff of the German drug law and prison sentences within standard penal institutions (“Normalvollzug”), the German legal system has imposed coercive measures of treatment in accordance with section 64 of the penal code (StGB). This kind of compulsory treatment was introduced in 1933 and is ordered by court mainly in case of mentally ill prisoners to ensure access to intensive treatment and to promote rehabilitation. As regards drug using offenders, these are primarily sentenced to compulsory treatment after several failed attempts at “treatment instead of punishment” (Heckmann, Kerschel et al. July 2003). Coercive measures of treatment are executed in specialised penal institutions (“Maßregelvollzug”) such as forensic clinics. However, decisions of public prosecutors and as well the prison settings differ partial enormously as in Germany the penal system is in the responsibility of the 16 federal states.

Despite of regional differences in sentences, the proportion drug using offenders participating in treatment according to “therapy instead of punishment” had triplicate between 1985 and 1995 (Stöver 1999). As well court decisions to compulsory treatment had steadily increased over the last 20 years (Schalast 2002; von der Haar 2002). On a specific date in 2000 almost 1.800 offenders had been in compulsory treatment (Schalast 2002) and about 40% of the treatment participants were ascertained to be addicted to drugs (Seifert 1999).

The primary national policy strategy to deal with the drug problem is repression along with health support and supply reduction. A gross estimate of the total expenditures in Germany for some activities taken in these fields in 2001 result in a sum of nearly 300 millions Euro which were spent for the execution of sentences (trade offences not included) (DBDD 2002).

From legal authorities and prison staff the high prevalence of drug users in prisons is perceived as the major problem of the today’s penal system which even leads to undermine the prison policy principles of treatment and rehabilitation (Preusker 2000; Tillack and Hari 2000). Although every second prisoners is regarded to be at risk for drug use and every third prisoners is considered to be in need for treatment (Stöver 2002a), the drug problem in prison is still predominantly addressed as a matter of security. This approach has to do with the penal system’s claim to be drug-free. Therefore, supply reduction measures in terms of high security levels and intense controls such as drug testing, body checks of prisoners and visitors, cell controls, and acoustic supervision play an important role to push back the drug use in prison (Preusker 2000; Kreuzer 2002).

### ***2.3.1.2 Health and social problems of female drug users entering prison***

Most of the German prison studies centre on health risks of drug using prisoners so that there is little known about their social problems when entering prison. From practical experience it is a fact that women respond to their imprisonment with psychosomatic symptoms or with drug use in order to relieve from mental strain (Schaper and



Schumacher 1996). This mental strain is closely connected with the loss of social contacts, the loss of autonomy, the lack of opportunities to contact the outside world and unwanted withdrawals. In addition, women entering prison suffer from several severe diseases such as untreated genital diseases, undernourishment, malnutrition, and multiple drug use (Jacob 1997). Due to these stresses women prisoners rather seem to focus on dealing with their present situation than to develop perspectives for future life after prison release.

As regards health risks of drug users in prison, several studies agree in their findings that imprisonment is strongly associated with an increased risk for hepatitis and HIV infections (Kleiber 1991; Müller, Stark et al. 1995; Stark, Müller et al. 1996; Keppler and Schaper 2001; Stöver 2002a; Stöver 2002b). The prevalence of hepatitis was investigated within two pilot schemes on syringe exchange programmes in prisons of Lower-Saxony and Berlin. On basis of medical records in a women's prison in Lower Saxony it could be determined that drug using women were infected to 78 % with hepatitis B and to 74.8 % with hepatitis C. In addition it could be proved that the considerable rate of about 50% of these hepatitis-infections did happen during imprisonment (Stöver and Weilandt 1997; Keppler and Schaper 2001). Findings from the medical examination for admission in the needle exchange programme showed as well a high seroprevalence among drug using inmates with 52% hepatitis B, 85% hepatitis C and 16% HIV infections (Lang and Stark 2001).

Concerning the spread of HIV official data record an HIV infection rate of 0.12-2.8% among male prisoners and an even higher HIV rate of 0.48-8% among female prisoners (Stöver 2002a). Due to results from studies outside the penal system the official data on HIV prevalence must be regarded as underestimation especially with respect to drug using prisoners. For instance, analyses of HIV tests in Hamburg from 1991-1997 indicated an overall HIV but increased prevalence of 1.5% among the more than 50,000 tested prisoners. While the overall HIV rate had increased from 1.1% (1993) to 1.9%, this increase was even stronger among IVDU prisoners and rose from 2.1% to 6.3% (Stöver 2002b). A large epidemiological study on HIV prevalence among 1253 drug users found as well a significant correlation between prison experiences and HIV infections (Kleiber 1991). Drug users without any imprisonment had been at 10% HIV-positive while this rate was 26% for those drug users with prior imprisonments. If they in addition did inject drugs during imprisonment the HIV-rate increased to 33.7%. Furthermore the findings clearly indicate an even increasing HIV risk with an increased number of imprisonments; female IVDU who had been in prison more than three times showed an HIV infection at 40 %.

### ***2.3.1.3 Characteristics of female drug using prisoners***

Different to Northern-America and even the United Kingdom, in Germany there does not exist any single study on the characteristics of female drug users in prison. As well there are no studies on psychological strains or psychiatric disorders of women drug users entering prison. All in all, there is a high demand for research on female drug using inmates, as we nearly know nothing about the social, mental and health profile of this prison population.

What we know of women offenders in general is that they commit less serious crimes and that their crimes are mostly related to conflicts within their private environment or to their

drug addiction. Due to their less serious crimes, women tend to get off lightly more often than their male counterparts as they are more often released on licence or punished to a fine. In case of repeated and continuous crimes the situation turned and women have to expect longer prison sentences than male offenders (Schaper and Schumacher 1996).

As regards drug using offenders studies revealed that total time drug users have spent in prison exceeds the total time they ever have participated in treatment. A needle exchange pilot programme in two prisons of Lower-Saxony found following relation between prison and treatment experiences (Stöver 1999): female programme participants had an over-all prison term of 16 months but did only have 11 months of experiences with drug and psychiatric treatment. For male programme participants this discrepancy was even higher as their entire duration of imprisonments and treatment participation was 55 months to 22 months.

#### ***2.3.1.4 Health risk in prison and after prison release***

Epidemiological studies agree on their findings that the high risk of Hepatitis and HIV infections in prison is significantly associated with intravenous drug use in prison and especially with the high risk behaviour of needle-sharing among this prison population (Müller, Stark et al. 1995; Stark, Müller et al. 1996; Rotily and Weilandt 1999).

Despite strict and continuous controls it is estimated that about half of the approximately 20,000 drug addicted prisoners in Germany continue using drugs while in prison (Stöver 1999). According to the results of needle-exchange pilot project in Lower-Saxony (Meyenberg, Stöver et al. 1999) 74% of the female and 94.3% of the male drug addicts still use heroin during imprisonment. In addition, 73.5% of the women and 58.5% of the men continue using benzodiazepines in prison. Although there had been a significantly decrease of the consumption frequency from prior several times per day to an occasional or weekly drug use in prison, an increased risk behaviour especially among female drug using prisoners could be observed. In fact, IVDU's are less likely to inject whilst in prison, those who do inject in prison are more likely to share injecting equipment, and with a greater number of people. As drug users are mostly used to easily access sterile injecting equipment in community, in prison they relapse to risk behaviour due to the lack of sterile syringes. Before the pilot scheme started, study participants reported a nearly seven fold higher frequency of needle sharing in prison than outside prison. In general 47% of the drug using prisoners stated to share drugs and 42% stated to share injecting equipment in prison. Among female prisoners this risk behaviour was even more widespread as 71% shared drugs and 56% shared injecting equipment mostly with 1-3 other inmates. Since participating in the needle-exchange programme the risk behaviour decreased to 33.4%.

Prior studies confirmed that needle- and drug-sharing is common among prisoners who continue drug use and that this behaviour is one of the most important reason for the high transmission of Hepatitis and HIV infections in prison (Stark, Müller et al. 1996). A cross-sectional study from 1993 to determine HIV risk factors among intravenous drug users in Berlin showed that 48% of the drug users continue injecting drug when entering prison. Of

those 75% reported needle-sharing whereas one fourth shared needles more than 50 times (Müller, Stark et al. 1995).

In conclusion there is empirical evidence that drug use in prison is not only a widely spread phenomena in prison but also increased a high-risk behaviour that have been successfully reduced in community. Harm-reduction offers such as needle-exchange programmes had been proved to be effective in order to confine needle-sharing related health risks and subsequently to prevent infectious diseases.

### ***2.3.1.5 Drug and treatment services for female drug users in prison***

In the last 10 to 15 years a wide range of different harm-reduction and treatment services had been established for drug users in community. Compared to the standards and provision of drug services in community, in prison there is still a considerable disparity in both although the penal system code postulates the “principle of equity”. Since its amendment in 1977, the penal system code demands that living conditions in prison have to be adjusted to the general living conditions in community, which as well affects the availability of health and treatment services. In addition, the penal system has to act according to the “principle of counteraction“ and to compensate adverse effects of the imprisonment.

In fact, both principles are not achieved for drug using prisoners until today. In prison, medical care, harm-reduction offers such as syringe exchange and drug treatment such as methadone maintenance are still less available and even more difficult to access than in community. Furthermore, drug using inmates are regarded as not to be suitable for eased restrictions and an earlier release after two-thirds of their prison term (Jacob and Stöver 1997).

However, medical examination of all women entering the prisons in Baden-Wuerttemberg found a high need for drug therapy and at 42 % a demand for drug counselling (Dolde 2002). If regarding drug addiction as an indication for treatment there is a considerable need for drug treatment in prison. Nevertheless standards of well-approved community-based drug services have not been realised in prison so far. In fact, a survey of prison drug services in Germany evinced that abstinence-oriented drug services prevail while only few harm-reduction offers are provided to drug using inmates (Stöver 1999; Jacob 2001).

In detail, following drug services are provided in German prisons:

- Abstinence-oriented offers

Most of the prison drug services are directed to place drug addicted prisoners in an external inpatient drug therapy according to “therapy instead of punishment”. As a consequence a high number of drug addicts is not addressed by this procedure as they either do not accept to be forced into therapy or as they have to stay in prison a too long time until the referral into treatment did finally succeed. Usually there are long waiting periods until the transition from prison into a community-based treatment could be realised because there are only about 5,000 places in inpatient drug therapy in Germany for more than 15,000 drug addicted prisoners (Kreuzer 2002; Stöver 2002a). In addition, public prosecutors and health

fund and not the prisoner himself decide on the specific treatment facility, which leads to a maladjusted placement of drug addicted prisoners.

- Drug-free units

In order to separate non-addicted from drug-addicted prisoners and to offer those prisoners who want to stay drug-free a safe environment some federal states did provide drug-free units in their prisons. In general the structure of these drug-free units differs considerably and ranges from a separated unit only to a special drug treatment programme. However, it is common that prisoners applying for admission are obliged to undergo urine testing and that they are sanctioned for rule violations. For this reason treatment-oriented drug-free units are mostly addressed to highly motivated drug addicted prisoners who want to undergo a supervised in-prison treatment (Stöver 2002a).

In contrast to England and Wales there do not exist therapeutic communities in German prisons (Stöver 2002a).

- External drug counselling

In almost all federal states community-based drug service providers offer care and counselling to drug using prisoners. Some prisons even have their own advisory bureau for staff of external drug agencies. Although including outside drug agencies promotes the necessary orientation towards the outside world, quality and quantity of their services could differ much. Partly drug agencies do visit prisoners only on demand and partly they are regularly present in prison for defined hours per week. However, in accordance with the abstinence orientation of the prison as whole main objective of the external drug agencies is as well to prepare referrals into drug treatment and to clarify related cost issues (Niedersächsisches Sozialministerium 1994; Kunkel-Kleinsorge 2002). Those prisoners who do not accept treatment do often get no individual counselling as well due to limited staff resources of external drug agencies. Additionally, due to budget cuts external drug counselling has been closed down in several of the German states most recently.

At the same time drug using prisoners show a high demand for individual counselling and care by community-based drug help. Complementary to external drug counselling some prisons provide internal drug counselling, which is offered by general prison officers. This in part not much trained staff has similar duties as the external staff and both do cooperate (Stöver 2002a).

- Methadone-based treatment

Methadone-based treatment has been proved to be especially successful for long lasting and difficult to treat drug addicts. For this reason experts consider methadone treatment as particularly appropriate in prison because most drug addicted prisoners meet those criteria and, in addition the prison setting enables to develop a steady treatment (Keppler 1997). However, methadone-based treatment has not been implemented in all prisons up to now and some federal states are even negative towards methadone treatment in prison apart from detoxification purposes. Although most prisons practice a gradual detoxification the detoxification procedure and methadone dose rate are often considered as problematic. In some prisons inmates complain about that the dosage is reduced too quick and duration of the gradual detoxification is too short (Stöver 2002b; Stöver, Laetitia et al. 2004, 435).

Methadone maintenance treatment is still poorly developed as only 6 out of 16 federal states provide methadone treatment in prisons (Berlin, Bremen, Hamburg, Hesse, Lower-Saxony and North Rhine-Westphalia) (Keppler 2001). On principle, methadone treatment in prison has to comply with the same legal requirements, the drug law and treatment guidelines like in community (Keppler 1997). Despite these regulations a discontinuation of methadone maintenance treatment, which has been started in the community, is often a fact for drug users when entering prison. In prison it is less common to continue methadone treatment without interruption until release than to provide this treatment for short-time prisoners or to initiate methadone treatment for relapse prevention purpose in the process of preparation for release.

Currently, there are no exact figures on the number of methadone patients in penal institutions but according to estimations only about 800 drug users are treated with methadone or buprenorphine (Stöver 2002a). A major problem of methadone treatment in prison is the lack of standards for best practice such as available in England and Scotland (Stöver 2002a), and that the acceptance of this treatment depends on the favourable opinion of the prison warden (Keppler 2001).

- Syringe exchange

In Germany, since 1985 syringe exchange programmes had been established in community where drug users can easily get access to clean syringes. In prison, there had been pilot programmes on needle exchange in altogether 7 German prisons with the first pilot programme started in 1996 in three Hamburg prisons. This was followed by needle exchange programmes in two prisons in Lower-Saxony (the women's prison *Vechta* and the men's prison *Lingen*) and in Berlin (the women's prison *Lichtenberg* and the men's prison *Lehrter Straße*). Evaluation results showed that despite of different distribution modalities and exclusion criteria in the piloted prisons the syringe exchange programmes have been proved to be effective to prevent infectious diseases and to promote health (Stöver 2002b). However, although there are encouraging findings of the programme evaluations and as well positive practical experiences, six of the ongoing projects have been terminated in the time span of only 15 months. In Hamburg and Lower-Saxony the syringe exchange in prison had been abandoned in February 2002 and June 2003 respectively with the election of a conservative government which clearly indicates that the termination was due to purely political interests (Stöver July 2003).

- Peer-support

Peer-support is one measure to impart health information and to strengthen self-help of prisoners by educating peer-leaders (Jacob 2001). A multisite European peer-project experienced a high acceptance of this approach in prisons of Lower-Saxony (Stöver 1999).

### ***2.3.1.6 Evaluation results of intervention programmes***

Different to Northern-America and Australia, in Germany there are only few programme evaluations and the existing studies are limited in their results as they did not include control groups. In addition, the studies mainly focus on syringe exchange in prison and compulsory treatment.

With respect to the piloted syringe exchange programmes there are results from the Hamburg programme (Gross 1998), the programme in Lower-Saxony (Meyenberg, Stöver et al. 1999) and the Berlin programme (Lang and Stark 2001; Stark, Herrmann et al. 2001). All studies agree in their findings that syringe exchange is not only feasible in prison but also highly accepted among drug using prisoners. During the pilot period (1996-2001) there had been a total of 9,201 syringes exchanged in the male prison of Lower-Saxony (Lettau, Sawallisch et al. 2001). In Berlin about 8,000 syringes had been distributed to prisoners between 1998 and 2002, and in Hamburg altogether 17,408 syringes were exchanged during 4.5 years (Stöver 2001). With the introduction of the syringe exchange programme a decrease of the intravenous drug use in prison, and most important a decrease in needle sharing could be observed. While 70% of the programme participants in Berlin did practice needle-sharing in prison before the pilot scheme started, this did happen only in single cases six month after the programme start (Lang and Stark 2001). In an open prison in Hamburg there had been a decrease in needle-sharing among IVDU's from 51% to 26% after providing access to sterile syringes (Heinemann and Gross 2001).

As mentioned above, some evaluations of compulsory treatment have been carried out. Within this context these studies mainly deal with the controversial issue of which offenders are regarded as to be appropriate to this kind of intense treatment and if admission to treatment should depend on specific preconditions in order to ensure a favourable treatment outcome. Thus the study of Berger, Scheurer et al. (1999) aimed to identify favourable and unfavourable treatment proceedings of 103 male alcohol and drug addicted offenders who finalised compulsory treatment at a psychiatric clinic in South Germany between 1993-1997. The analyses of data files came to following results: Drug addicted offenders with low age at entering treatment, a lack of education and vocational qualification, an early first-time sentencing, and a broken-home history had been found to be those with most unsuccessful treatment attempts. On basis of a cluster analysis, three different treatment groups could be classified: 1. a completely successful treatment group, who are elderly alcohol addicts with a late onset of delinquency; 2. a very probable unsuccessful treatment group who are offenders with several previous convictions and a high tendency to offences; 3. a poorly predictable treatment group who are young patients with an early onset of delinquency.

Another study on 83 participants in compulsory treatment which focused on treatment motivation could figure out that a positive treatment experience is closely connected with a therapist keeping the patients grounded and with the cohesion between the patients (Schalast 2000). Seifert (1999) argued that treatment not only demands quality assurance but also standardised preconditions of who should be admitted to compulsory treatment. In order to address the issue of false admissions to compulsory treatment a sample of 144 predominantly male drug addicted offenders hospitalised in a clinic in North Rhine-Westphalia in 1996 were investigated. According to the findings almost 95% of the offenders had been previously convicted for on average 7 times. The offenders stayed on average 12 months in compulsory treatment and had to stay additional 14 months in prison. After release 29.9% of the treatment participants relapsed to drug use or use of

medicaments (Seifert and Leygraf 1999). From perspectives of the authors a major problem to identify the rate of false admission is the lack of a valid definition of who is classified as to be suitable for compulsory treatment. Depending on different definitions - such as crime prior to drug addiction or poor treatment success after 6 months of inpatient treatment, relapses to drug use and crime during treatment – the rate of false admission to treatment varies between 21.5% and 28.5% for the investigated sample.

In conclusion it was criticised that there is neither a consistent definition nor evidence in terms of which factors predict a positive treatment outcome (Seifert 1999; Seifert and Leygraf 1999). As well Berger, Scheurer et. al. (1999) argued not to focus particularly on treatment outcome but on differentiated treatment concepts in order to consider different needs and profiles of the offenders.

### ***2.3.1.7 Impact of intervention programmes on relapse prevention***

As regards the effectiveness of treatment alcohol and drug addicted prisoners are perceived as a problematic treatment group because of their high risk to relapse during and/or after treatment. According to a literature review 30-40% of the patients in compulsory treatment relapse to drug use, 53% escape from the institution and 8-24% relapse to crime during treatment. In addition, between 11% and 47% patients have to be returned to prison due to poor treatment outcome. With respect to treatment success the findings underline the high importance of the first months of treatment (Berger, Scheurer et al. 1999).

An earlier study of Egg (1993) on the effects of the measure “therapy instead of punishment” highlighted the importance of time in treatment. Due to the study results treatment outcome was best for those drug addicted offenders who completed the programme without any interruptions and who underwent a rapid transition from imprisonment to treatment. It could be proved that the risk to relapse decreases with the time spent in treatment. This is in line with international research results. However, more than one year in treatment did not show any more effect than 8 months of treatment (Heckmann, Kerschel et al. July 2003).

Relating to compulsory treatment Schalast (2000) found out that although most offenders were aware of their drug-related problems only a minority showed a strong motivation to stay abstinent. More than half of the investigated patients relapsed during the first year of treatment and in more than one third of the cases psychiatric detentions were cancelled due to a negative prognosis of further treatment. Finally most of these patients had returned to prison. Despite of these outcomes the author concluded that compulsory treatment seems to be more effective for high-risk offenders than for those with a low risk to relapse. In other words, offenders with a high risk to relapse are considered as to be appropriated placed in compulsory treatment (Schalast 2002).

Another study investigated the compulsory treatment outcome on basis of a three-year follow-up. Three years after treatment 26,3% of the participants had been sentenced again and about 7% had been legally prosecuted. A legal probation could be observed in 46,5% of the treatment group (von der Haar 2002). In addition the findings showed that only few of the patients did make use of aftercare offers provided in community. 45% did not utilise

any aftercare and only about 15% made use of some kind of drug counselling after treatment.

A most recent evaluation addressed the effectiveness of drug-free wings on legal probation. 247 male drug using participants in a Hamburg prison were investigated during 1990 and 1998 and compared to a control group of 64 non-admitted applicants for the drug-free wing (Heinemann, Bohlen et al. 2002). The follow-up results are in line with results from Northern-America and evinced that programme completers show with about 78% a significantly lower recidivism rate than dropouts. Those who dropped out in the first 100 days of treatment showed the worst outcome with an almost 100% recidivism rate 5 years after release. Most surprisingly, the control group did not have any higher relapse rate as regards property offences and drug delinquency during the 5 years follow-up compared to participants of the drug-free wing (81% to 86,6%). As a conclusion the authors considered drug-free wings as a measure with short-term but not with long lasting effects on legal probation.

As most studies base upon a male sample there is not much evidence about relapse rates of female drug using prisoners. However, findings from a first nationwide comprehensive statistic on recidivism (Jehle, Heinz et al. 2003) provide some hints to this issue. This data record, which investigated the 4-year recidivism rate of all prisoners released in 1994, could reveal: The more severe the sanctions are, the higher is the risk of relapses. Although women released from prison generally had a significant lower recidivism rate than men (24% to 38%), those women sentenced to prison show at 47% the highest rate of recidivism. With regard to those punished for offences against the national drug law, the risk of recidivism was proved to be even higher-than-average with about 50%.

### ***2.3.1.8 Gender specific needs and barriers for relapse prevention***

From literature as well as from practical experiences there had been identified several barriers and needs for female drug using prisoners. Beside a lack of health and harm-reduction offers in prison (Jacob 2001) the process of preparation for release is criticised as too short-dated (Schaper and Schumacher 1996). In addition women drug users rarely are furloughed from prison, which leads to a nearly unprepared release into community with related harms. Especially drug-related death are proved to occur often after a sudden prison release (Schaper and Schumacher 1996; Kreuzer 2002). An analysis of the 1213 drug-related deaths that occurred in Hamburg between 1990 and 1997 revealed that during the first 10 days after prison release the risk to die of opiate intoxication is extremely high (11,7%) (Heinemann, Kappos-Baxmann et al. 2002). An early death after prison release is associated with a young age, a long overall imprisonment, and long duration of the last imprisonment.

From practice it is known that the longer the women had to stay in prison the more they are convinced not to be able to change their life anymore. Furthermore female compared to male prisoners had worse conditions for rehabilitation after release because they suffer more from social exclusion, discrimination and resignation (Schaper and Schumacher 1996). For this reason the usual measure of probation is considered as insufficient to



promote rehabilitation after release. Moreover there is a need for genderspecific support after prison release particularly by providing aftercare such as assisted living in order to prevent relapses (Lösel 1998).

### ***2.3.1.9 Assessment of best practice on basis of the evaluation results***

Treatment of female drug using prisoners' demands specialised concepts and approaches in terms of a close cooperation between community-based agencies that are experienced in gender-oriented care and provide social and health support. As women prisoners usually serve short-time prison terms it is necessary to start with the preparation for release immediately after entering prison (Jacob 2001).

To ensure "best practice" there had been compiled recommendations on an European conference on "prison and drugs" in Oldenburg in March 1998 (Prison and Drugs 1998). According to these recommendations drug services in prison should meet following main principles:

- availability of differentiated offers in prison such as methadone maintenance treatment harm-reduction, drug-free treatment, needle-exchange and peer-support
- health of prisoners has highest priority; treatment and care must be sufficiently available and base upon treatment standards outside
- consideration of individual needs
- ensuring continuity of treatment during imprisonment and providing relapse prevention and aftercare
- drug services in prison need to be evaluated

Promotion of health and rehabilitation requires not only differentiated drug and treatment services for drug addicted prisoners but a structural modification to ensure expertise of prevention and treatment and to strengthen cooperation with community-based agencies.

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## 2.3.2 AUSTRIA

Gabriele Schmied

### 2.3.2.1 *Health and social problems of female drug users entering prison*

There is no systematic data collection in Austria concerning the history of violence, history of prostitution and psychosocial strains of female inmates before imprisonment. However, there are research findings from other European countries, which document a connection of experiences of violence against girls and women and their drug use. Drug use and addic-

tion have been seen as a victim's attempt to escape from psychological distress out of sexual abuse (Obrist and Werdenich 2003). But in turn drug addiction increases the danger to again become a victim of sexual violence.

The European Network for HIV and Hepatitis prevention in prisons (Spirig 1999) carried out a survey which included 143 male adult inmates, 51 young male inmates (age till 21) and 69 female inmates in two Austrian prisons (District court Vienna-Josefstadt and the penal institution Schwarzau, the only penal institution exclusively for women). This study as well only partly distinguishes statistically between drug users and women who do not use drugs; therefore most of the following findings refer to all female interviewees.

This study documents some tendencies and gives an impression of the history and current health status of female prisoners. About a third (32,3%) of the female interviewees stated to have used drugs intravenously, this is a higher percentage compared to the males (26,6%). 20,3% have already been in therapeutic drug treatment before imprisonment. This percentage is almost twice as high as the percentage of the males.

50,7 percent stated that they have never been in prison before, 23,2 % that they have been in prison once, and 26,1% twice or more often. This study did not raise the question of the kind of previous convictions. Haller et al. point out that an aggregation of the few studies suggest that the kind of delinquency of drug users is more dependent on gender than on drug use (Haller, Dittrich et al. 2003). Women rarely commit violent crimes but rather small crimes against property.

About a quarter of the female inmates stated that they had been raped (24,6%), or were forced to have sex in the past (Spirig 1999). There is no information available about the percentage of drug users with experiences neither of rape or sexual violence nor about experiences of non-sexual violence.

A quarter of the women stated that they ever had taken money for sexual intercourse. There is no data on whether or how many women did trade sex for drugs.

Concerning health before imprisonment, data about consultations, hospital stays and prevalence and testing of Hepatitis and HIV were collected. In the year before imprisonment almost 90% of the female inmates have seen a medical doctor. About one third (33.3%) stayed in a hospital. The numbers are higher compared to the males, which might be a sign of a difference in health status but probably also reflects the tendency of women to care better for their health.

15,9% was already afflicted by acute hepatitis. 13% are vaccinated against Hepatitis B, 7,2% is only partly vaccinated. This numbers are slightly lower compared to the males, but on the other hand there are more females who do not know if they were vaccinated at all (31,9%) or they do not know when they were vaccinated last (43,5%). 34,8% were tested. Since 1997/98 (regarding males since 1996) more tests have been carried out. The number of hepatitis C positive females is slightly lower compared to the males. An infection with Hepatitis C is stated by 8,7% of the females, 10,5% of the males.

68,1 % was tested on HIV. One woman (1,5%) stated to be HIV-positive.

### ***2.3.2.2 Gender differences of the Austrian prison population***

About two thirds of all illicit drug users in Austria are males (Frießenbichler 1997), (Obrist and Werdenich 2003) Only about 6% of the prison population in Austria is female. The study carried out by the European Network (1999) indicates the percentage of drug users among female inmates is higher than among male inmates, which corresponds with several studies from European countries (European Monitoring Centre for Drugs and Drug Addiction 2002). The women in this study usually get sentenced later and the sentences imposed are usually shorter than those of men, which also reflect international research findings. The crime committed by women compared to men is often small crimes against property and less often violent crimes. Obrist and Werdenich (2003, 216) suppose that drug dependent women are more likely or able to live their life without delinquency compared to drug dependent men. Women who (finally) commit offences probably have tried to stop drug use repeatedly and have been using drugs for a long time. They are likely to have severe problems of physical and mental health.

### ***2.3.2.3 Health risks in prison and post-release mortality***

#### **Drug use in prison**

Drugs are available in prison in spite of the attempts to banish them from penal institutions. However, regular drug use is hindered partly by the high costs (Oesterreichisches Bundesinstitut für Gesundheitswesen 2001).

Concerning illicit drug use while in prison, no systematic data collection exists, only estimations can be made (Oesterreichisches Bundesinstitut für Gesundheitswesen 2001). In the mid-80s up to 10% of arrested persons in Austria were opiate-dependent, today conservative estimates give a figure of up to 20%. Taking also into account the irregular or occasional iv use of opiates while imprisoned, estimations of up to 50% of all prison inmates are plausible (European Network, country report 2003, 8). There are considerations that most of the drug users in prisons are using more than one drug parallel (polydrug use) (Oesterreichisches Bundesinstitut für Gesundheitswesen 2001).

The drugs smuggled into prison are particularly hard drugs, but also soft drugs like cannabis. Soft drugs are often used as a “substitute” for hard drugs. On the other hand, in prisons where urine tests are carried out, some inmates change their drug use from soft to hard drugs due to the fact that hard drugs are detectable for a briefer period of time than soft drugs (Salhofer 1997, 104).

In the study carried out by the European Network on HIV and Hepatitis Prevention in Prisons (1999) referred to earlier, 9,2% of the females stated having used drugs intravenously during imprisonment, more than the half of them (5,7%) used drugs the day before or at least within the last week. 2,9% stated to have used intravenously first in prison.

#### **Needle sharing and cleaning**

Health risks due to needle sharing are a considerable problem in Austrian penal institutions. Needle exchange programs are not available in prisons. As it is very difficult to bring

needles to prison, a black market for needles exists and the costs for needles are very high (Salhofer 1997, 101). The risk enhances if HIV-positive persons try to conceal their infection and share the needle with others (Salhofer 1997, 1).

In the survey amongst female inmates (Spirig 1999) about 90% of the female intravenous users (80% of the males) use only their own injection material. The question whether this is caused by better health consciousness or more „discipline“ in safer use compared to the male inmates would be an interesting issue. 31,7% of the women answered questions about cleaning the injection material: half of them do not clean their needles at all and only a quarter of them clean their needles thoroughly.

Tattooing and piercing is a health risk if carried out under unsterile conditions. In this study, 8,7% stated to have themselves tattooed (males 37,8%), 10,1% got a piercing during imprisonment.

### **AIDS, HIV and Hepatitis**

At present an estimated 12,000-15,000 persons in Austria are HIV-positive. This yields an HIV prevalence of 0.15 to 0.2%. The HIV prevalence in prisons is considerably higher. Estimations were carried out by the ministry of justice, using two different methods<sup>4</sup>. These estimations for male inmates reaches 1.2 and 1% respectively, for women 1 and 3.9% respectively (Pont 2002).

The higher percentage of iv drug users among women being in prison and the widespread drug-related prostitution may probably, among other factors, account for the higher HIV prevalence in female inmates. Furthermore, it corresponds with the HIV prevalence among iv drug-dependent women who are not imprisoned – this figure, too, is significantly higher than that of iv drug-dependent men on the outside (Pont 2002). On 20<sup>th</sup> February 2002 0,17% of the total number of prison inmates were suffering from AIDS (11 male inmates and 1 female inmate) (Spirig 2003).

Estimations on hepatitis B/C prevalence in the penal service were carried out 2002. The results showed a prevalence rate of 5% for positive hepatitis B serology and 20% for hepatitis C. Using the same methods to estimate the prevalence of hepatitis as of HIV/AIDS results in bigger discrepancies between the two methods: prevalence of positive hepatitis B serology 5% and 2.6% respectively, prevalence of hepatitis C 13% and 9% respectively. Pont (2002) attributes greater importance to method I (percentage of hepatitis-positive new inmates) due to the assumption that positive hepatitis serology are less conspicuous than HIV serology (Spirig 2003). There are no separate estimations for men and women available.

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<sup>4</sup> First method: Percentage of HIV-positive new inmates in prisons with an HIV testing frequency >80%; second method: the percentage of prison inmates that were known to the prison doctor as being HIV-positive at the date of reference that HIV prevalence.

### **After release**

About health status after release, very few data are available.

A study carried out by the drug information centre “Ganslwirt” in Vienna points out that drug users who had been arrested have a much higher risk for Hepatitis B; the prevalence is 22% higher than with persons without former imprisonments (Zach, Haltmayer et al. 1999, 8). This study does not answer the question whether this risk is different for men and women. In that report, prostitution is no risk factor for Hepatitis B, which differs from findings to other (European) studies.

Concerning post-penal institution mortality of both male and female drug using inmates there is no literature at all available.

### ***2.3.2.4 Prison policy towards female drug users***

There are considerations that the prison practice with female inmates differs from the prison practice with male inmates. For instance, only 15,9% of the females continues their substitution programme during imprisonment.

In Austria, officially no special policy towards female drug users exists. In principle, for men and women the same services are open, except of drug free wings due to the low number of women in prisons.

In accordance with the WHO guidelines and with Recommendation no REC (93) 6 of the Council of Europe on “Prison and criminological aspects of the control of transmissible diseases including AIDS and related health problems in prison” the principle of equality applies: Prisoners should be offered the same medical and psychological treatments as other members of society. The Austrian penal system only partly complies with this principle (Spirig 2003). For example, there are needle exchange programs available for drug users in the cities (carried out by the Aids-Hilfe and by street-work projects and low threshold institutions) but not in prisons. However, it is under discussion to make needle exchange also accessible for prisoners. In other European countries (Switzerland, Germany, Spain, Moldova) the outcome of this measure is very satisfying (Liebl 2002). Some authors point out that a hindering factor for needle exchange is the difficulty of the disposal of the needles. Others note that needle exchange reduces the danger caused by used needles.

In Prisons, bleach is available on demand (Bundesministerium für Justiz 2001; Österreichisches Bundesinstitut für Gesundheitswesen 2003). There is no possibility to get the bleach anonymous which probably reduces the demand.

The concept “therapy instead of punishment”, based on the national and international drug laws, grants addicted delinquents with shorter sentences (lower than two years) or sentences without imprisonment (penalties) to apply for reprieve and to get medical treatment. If the delinquent undergoes this treatment, he or she proves his or her will to rehabilitation and his sentence will be changed into a conditional release with a probation period (Dittrich, Kocsis et al. 2003). The Austrian penal law code intends for persons submitted to the use of a narcotic or addictive drug, to be admitted to an „institution for law violators in need of abuse treatment“ to prevent them from committing further severe violations in connection with their abuse treatment, if the sentence does not exceed two

years. In addition to that the penal execution law orders convicts for abuse treatment too, if they wish to undergo an abuse treatment voluntarily and if the remaining sentence is between fourteen months and two years. Further requirements are a written application, motivation and attitude. Subject to a positive decision and to the availability of places the convicts may undergo this abuse treatment in special penal institutions (Bundesministerium für Justiz 2002).

Information policy concerning health risks due to drug use attempts to inform inmates properly about health risks due to drug use. The central distribution office for information material on HIV and hepatitis for all prisons in Austria is located in Favoriten Prison (Vienna). The material includes the so-called “Care-Paket” („Care Package“), which is offered to every prisoner during his medical exam on admission. It contains information brochures on HIV/AIDS and hepatitis C, a 3-pack of condoms, lubricant, and an information sheet pointing out potential risk behaviour during imprisonment (Spirig 2003). In the Austrian penal institutions information events concerning HIV and Hepatitis among prison staff and inmates are regularly carried out by the “Österreichische Aidshilfe”.

In spite of these information activities, the survey carried out by the “European Network on HIV/AIDS and Hepatitis prevention in prisons” found that the inmates lack information. A high number do not know whether they were vaccinated against Hepatitis, or they do not know their test results (more women than men). Some inmates do not know whether they were tested for HIV and if they were tested they do not know their test result (more men than women). One possible reason could be that tests and vaccinations start in prison, but once a person is released there is no appropriate medical aftercare available (Spirig 1999).

### ***2.3.2.5 Drug and treatment services for female drug users in prison***

The main aims of drug abuse treatment in Austria’s penal and measures execution (“Maßnahmenvollzug”) are: health maintenance (medical examinations, medical treatment – substitution); therapy and psycho-social treatment; measures for the reduction of the demand for drugs (drug free zones); and preventive measures (specifically trained officers, multiprofessional teams) (Bundesministerium für Justiz 2002).

Over the last few years preventive and treatment activities have been broadened but a basic standard applicable to all of Austria still does not exist (Spirig 2003). The measures mainly concern the prisons Favoriten, Hirtenberg, Eisenstadt, Sonnberg, Stein, Innsbruck and Feldkirch, as well as the co-operation with the Schweizer Haus Hadersdorf (Therapie statt Strafe – “Therapy instead of punishment” according to Article 39, SMG, see above). The “Schweizerhaus Hadersdorf” is an institution founded by WOBES (association for housing-aunting programme) and the Evangelical orphan supply association in 1997. Specialists for psychiatry and neurology, clinical psychologists, psychotherapists, social workers and life, job and social advisers treat addicted persons. The institution provides a capacity of 30 places and treats a lot of released prisoners. There are community units for men and women and a small part of the house is used as units for partners or families. The main



aims of the treatment concept are: social reintegration, advice, medical care, therapy, social welfare and abstinence from narcotics (Bundesministerium für Justiz 2002).

The measures in Austrian prisons focus on abstinence-oriented treatment, substitution treatment, and drug free wings. The court can order measures for treating delinquents who need detoxification (Spirig 2003). It is recommended to continue ongoing substitution treatments and combine them with gradual dose reduction. The treatment with oral substitution is possible in all penal institutions of Austria. The physicians and psychiatrists of the penal institutions decide about and carry out the abuse treatment offered independently of the sentence. Generally seen, mainly HIV- positive inmates or those with a grave opiate case history are concerned, with some exceptions of inmates who attend the programme before being released because a high risk of relapse is expected (Bundesministerium für Justiz 2002). In Austria the penal institutions Wien-Josefstadt, Innsbruck and Eisenstadt focus their attention on substitution treatment. On 28 February 2002, 513 prisoners were receiving oral opioid substitution, which represents 7.5% of all prison inmates. 410 prisoners were receiving methadone, 115 retarding morphine and 6 other oral opioids. Compared to previous years, this means a further increase. (Spirig 2003). Drug free zones are provided by about one third of Austrian prisons, no women's prison included.

Co-operations with external drug prevention institutions are common practice in many prisons concerning therapeutic and psychosocial support measures. These institutions are also the most important partners in the context of social, psychological, and medical care after release (Spirig 2003).

Up to now Vienna-Favoriten has been the only penal institution in Austria dedicated exclusively to the treatment of addicted convicts and those who wish to voluntarily undergo an abuse treatment. The institution can take about 100 inmates, a special department for 41 women included (Bundesministerium für Justiz 2002). Abstinence therapy as well as substitution therapy (in the form of reduction) and also the combination of psychotherapy and substitution treatment is available. About 60% of the female inmates get substitution treatment (Obrist and Werdenich 2003). Apart from the penal institution Vienna-Favoriten there are no special programmes for addicted female inmates available. In this prison, the work project "NORA", a typing office, provides work for four female inmates having absolved computer classes (Bundesministerium für Justiz 2002). The penal institution only for women (Schwarzau) does not offer special drug related programmes.

There is a deficit concerning drug-specific programmes, which are gender-sensitive. The ministry of justice plans to provide a therapy in external drug treatment institutions available for addicted female inmates.

#### ***2.3.2.6 Evaluations results of intervention programmes (pharmaceutical treatment, therapy, counselling, throughcare, aftercare)***

Evaluation concentrates on the analysis and assessment of the drug free zones. As noted before, drug free zones are not available for female inmates. Drug consumption and consumption of psychotropic drugs were effectively reduced by the establishment of drug

free zones, and the inmates perceive the drug free zone in a very positive way. Evaluation results reveal that primarily not addicted drug users benefit from the drug free zones (Oesterreichisches Bundesinstitut für Gesundheitswesen 2001).

The European network on HIV/AIDS and hepatitis prevention in prisons carried out an examination of preventive measures in five Austrian prisons (Spirig 2001). In only two of them women are detained: the penal institution Vienna-Favoriten that was described earlier, and the penal institution Innsbruck. The penal institution Innsbruck is a detention centre for those awaiting trial as well as a prison for shorter sentences. A maximum capacity of 407 is available, of which 28 are for women. Since 1993, this prison has been using a special unit for drug addicted criminals. There are 12 places available in the unit. In 1997 a drug free wing was set up for around 50 (male) inmates. Substitution treatment is available. In May 2001, 14 men (6%) and 4 women (25%) were being treated.

The methods of this evaluation were examination of documents, interviews with prison staff and medical personnel in the form of informal talk and discussion in small groups, and complementary qualitative data which was already available or was requested (Spirig 2001). The main results of this study are: Not all measures available on the outside are available in prison; there is lack of information particularly within special groups, e.g. inmates from rural backgrounds, and there is no one responsible for a systematic strategy of providing prisoners with regular information. Drug free areas are considered to be effective. Substitution programmes are acknowledged as standard in all prisons, and differences in the operation are minimal. In general the authors suppose that abstinence is the decisive requirement for all harm reduction options, whether said or unsaid. Neither the WHO guidelines nor the “European Network on HIV/AIDS and Hepatitis Prevention in Prisons” guidelines have been put into practice entirely. The authors also point out that little research has been done by independent institutions on the available or necessary measures (Spirig 2001).

### ***2.3.2.7 Impact of intervention programmes on relapse prevention***

An evaluation study of the Hirtenberg prison (Spirig, Schmied et al. 2003), which is a prison only for males, found that inmates of the drug free wing with comparable criminal histories have a better chance for rehabilitation than prisoners in an ordinary prison.

A project concerning risk reduction during rehabilitation among drug using female inmates was carried out 2001 in co-operation of the University of Vienna and the penal institution Vienna-Favoriten. The outcomes of this project are not yet available and will be published in the journal for “Verhaltenstherapie und Verhaltensmedizin” 2/2004. In the project description the authors emphasize that drug dependent imprisoned women often have to fight with crises and relapse. It is planned to document risk factors for relapse (life events, personal situation, psychological factors) during the rehabilitation phase of inmates in the penal institution Vienna-Favoriten. The aim of this study is to develop strategies for risk reduction and early diagnosis. Apart from this study, there are no research findings about relapse of female inmates available.

### ***2.3.2.8 Gender specific needs and barriers for relapse prevention***

The data concerning specific groups (women, juveniles, migrants) are very deficient. Many authors agree that drug using women in penal institutions are in need of targeted measures (Oesterreichisches Bundesinstitut für Gesundheitswesen 2001). The specific situation of women is characterized by concentration on the family and partnership and dependent relationships. Especially in the lower strata factors which lead to addiction cumulate. Programmes for female addicts therefore need to enhance emotional and economic independency (Obrist and Werdenich 2003).

At the moment, women are treated by the same methods as men not taking into account gender specific needs. On the other hand, criteria for rehabilitation differ between the sexes: women are expected to manage gender-specific attitudes like house keeping and looking good (Obrist and Werdenich 2003).

The effect of drug free wings is proven by some studies (e.g. Spirig 2003); (Gerold 1999). It is questionable whether it is possible to establish drug free wings also for female inmates. This might only be possible in the penal institution Schwarzau.

### ***2.3.2.9 Assessment of best practice on basis of the evaluation results***

Criteria for the selection of health-related measures, as well as appropriate methods to assess the progress and control the quality of these measures, will have to be developed in a joint effort of the judiciary, the health authority and the drug treatment services (Hacker, David et al. 1999).

The authors of the report “Vienna Drug Policy Programme” demand new schemes for drug-dependent offenders, especially for first offenders and young people before, during and after imprisonment. They also point out that the implementation of the principle “therapy instead of punishment” needs to be further developed and broadened through appropriate measures (Hacker, David et al. 1999). Additionally there is need for co-operation between the support facilities for drug addicts and probation officers.

### ***2.3.2.10 References***

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### 2.3.3 POLAND

Jacek Moskalewicz & Justyna Zulewska-Sak

#### 2.3.3.1 Introduction

Annually, a bibliography of penitentiary sources is published in Poland (Koreccy and Koreccy 1993-2003; Korecki and Korecka 1993-2003). It includes all publications in Polish language which are directly or indirectly associated with problems of imprisonment or detention as well as with activities of relevant national institutions and NGOs. The bibliography covers books, book chapters, conference proceedings and journal articles, including prison-specific professional journal(s). In addition, it includes articles from three most important daily papers of national circulation if they may contribute to the scientific and professional penitentiary debate.

All issues of that bibliography that covered the period from 1990 to 2001 were sought in order to identify and review the available literature. The bibliography contains bibliographical details of a publication and its short description. Each entry has also symbols of subject classification. For a purpose of this search following symbols were considered:

- ME – drug addiction
- VHD – isolation of women
- MF – HIV/AIDS

The question of HIV/AIDS was added because 50-70 percent of the recorded HIV infections in Poland are transmitted by contaminated injecting equipment. On the other hand, however, few sub-topics, were excluded as they are not specific to the question of drug using female prisoners: motherhood and special prison wards for mother and child, female murders, girls from juvenile reformatories and prostitution among them as well as debate on drug legislation.

In sum, over thirty positions were identified that met at least one of the criteria applied. Unfortunately, none of them was focused on female drug using prisoners. This apparent failure constitutes an important finding itself and requires further elaboration. Little interest can be attributed to the low number of female prisoners in Poland which does not exceed 2.000 inmates or 2-4 percent of prison population (Bulenda, Holda et al. 1992). In addition, the proportion of drug users among female prisoners is relatively low and can be estimated not higher than several dozens individuals.

Nevertheless, general information on drug users in Polish prisons and in particular the scattered information about female prisoners shed some light on the situation of female drug users in Polish prisons.

The literature review requires a more general policy context as background to understand the trends in drug epidemiology and policy, including prison drug policy. In the beginning of the 1980's, the drug problem in Poland shifted from a hidden question to a public issue. Hectic public debate associated with the first appearance of Solidarity movement led to its redefinition. Drug abuse became defined as an outcome of intergenerational family problems. Thus, care and treatment appeared to be considered as a more appropriate response than prosecution (Swiatkiewicz, Moskalewicz et al. 1998). By 1985, the new drug abuse definition was reconfirmed by a new legislation that depenalised drug possession and built the foundation for a comprehensive treatment system. The number of drug addicts in prisons was very low indeed and did not surpass 1% of the prison population. In addition, there was only a small hidden population of addicts and sooner or later most of the addicts came into contact with detoxification or rehabilitation services. The majority of the rehabilitation services were run by non-governmental organisations. A HIV epidemic among addicts broke out not earlier than in 1988/1989. Soon after first infection cases were recorded, syringe exchange programmes had been initiated. They attracted much attention as they offered HIV education and treatment options in addition to the distribution of injecting equipment (Kulka and Moskalewicz 2001).

Despite of those relatively rational policy measures, a fear of AIDS prevailed among general public. Their families as much as by the society as a whole often rejected young seropositive addicts. Democratisation of the political system even reinforced that trend. Enjoying new powers, local communities demanded the closure of drug rehabilitation centres, which were perceived as a source of infection. Prison staff shared these worries as much as other inmates. Special cells and units were created for HIV-infected prisoners. It took several years to change both, attitudes and policy. Within the last decade the question of AIDS has been normalised. Seropositive inmates are not separated any longer and each prisoner receives relevant education at admission how to prevent infection.

On the other hand, drug policy has become more restrictive. Since 1997 drug possession except for small amounts for personal use has become penalised and few years later even this exception was dropped. The number of addicts in prisons increases rapidly.

### ***2.3.3.2 Health and social problems of female drug users entering prisons***

As stated above, no article was identified describing the specific health and social problems of female drug users in prisons. Nevertheless, three publications are worthwhile quoting with as they offer few hints on the growing proportion of drug abusers in Polish penitentiary system. A study carried out in the late 1980's on the large sample of nearly 3.000 prisoners demonstrated, that drug abuse and HIV/AIDS were very rare among prisoners in general. Drug abuse was only reported by 1.8% while HIV/AIDS by 0.1%. Much more prevalent were problems associated with alcohol use that affected nearly 20% of a sample. Prostitution was reported for about 8% of the sample and had been found for female prisoners only (Caban, Dolezel et al. 1990). This suggests, that female prisoners highly share the experience of prostitution, taking into consideration the low number of females in prison population in general. Unfortunately, the authors do not offer any gender breakdowns in their paper.

Kotlarczyk, quoted by Wasik (1993), carried out a study on drug addicted prisoners in the beginning of the 1990's. His findings confirm that a hidden population of drug users was not that high since 40% of drug addicts entering prisons had already been in contact with drug specific detoxification services. Their drug of choice was an injectable, home made opioid known as kompot or Polish heroin. According to this study 40% of drug addicts were under the influence of drugs and another 40% suffered from withdrawal symptoms while admitted to prison. Only four percent were under the influence of alcohol.

A decade later, the proportion of drug users among prisoners seemed to be much higher. According to a survey run on a random sample of all male inmates in Poland, 19.5% of them reported drug use during the 12 months before imprisonment. A vast majority of them used cannabis, but amphetamines and licit psychoactive drugs were also prevalent (about 15% each). The 12-month prevalence for heroin and cocaine ranged between 3-5%, respectively that for kompot about one per cent. Injecting drug use was confined to about 2% of all prisoners. Roughly half of those who admitted drug use in last 12 months reported also drug use during the 30 days before imprisonment. Still cannabis was most popular (about 9%), followed by amphetamines and licit psychoactive drugs (6,3% and 8%) (Sieroslawski 2003b).

Comparing the epidemiological data today with a decade earlier, it can be said that the proportion of drug users in prisons increased in several fold but the proportion of opioid addicts has not changed that much. Nevertheless, a declining trend is observed in kompot use, which is slowly replaced by imported heroin. This change, however, is more cumulative than substitutive. In other words, the overall proportion of heroin users grows much faster than the proportion of kompot users declines.

Sieroslawski (2000) purposefully did not include women in his survey as they represent a very small proportion of addicted prisoners and their sample would be too small to under-

take any meaningful statistical operations. In an earlier pilot study, which had been carried out in all drug specific therapeutic prison units, he found that women constitute less than 6% of their patients and all but one are located in one prison. The report does not produce any other data about specific problems of female drug users in prisons. It suggests, however, a significant spread of HIV infections compared to the late 1980's. Seropositive patients constitute about 20% of all patients that undergo drug specific treatment in prisons.

### ***2.3.3.3 Characteristics of female drug using prisoners***

From the above mentioned pilot study we learn that female drug users are a bit older (mean age 30) than their male inmate counterparts (mean age 28). Among recidivists, however, they are slightly younger. All other characteristics do not make any distinction with regard to women. Nevertheless, it can be deduced that drug users in prisons in general and women in particular do not achieve high educational levels as 80% of all prisoners under the survey have completed vocational school at the most, while only 1% completed University degree. More than 90% serve sentences longer than one year (Sieroslowski 2000). From the data provided by Sieroslowski, it can be calculated that median sentence lasts 30 months.

According to Kolarczyk (1990), drug addicts in prisons are more conflict-prone than e.g. alcoholics. Other prisoners, particularly due to their seropositive status, socially exclude them. On the other hand, they feel somehow better than ordinary criminal offenders and look their inmate down. This ambivalent social standing of drug addicts in prisons is also confirmed by Sawicka (1990).

Kolarczyk (1990) provides brief socio-demographic characteristics of drug addicts in prisons. They are relatively young (85% below 30 years), over 90% of them come from large cities and about one third originates from the families with criminal history of other family members.

### ***2.3.3.4 Health risks in prisons and after prison release***

Studies from the beginning of the 1990's and from the 2000's confirm that drugs are available in prisons. According to Kotlarczyk (Wasik 1993), nearly 90% of the prisoners confirm that there is a possibility to get drugs while in prison and about one quarter of them had used drugs in prison. This proportion is remarkably similar to a study from the 2000's in which 22.5% of prisoners had used some drugs during their imprisonment. Among 20-24 years old prisoners every third inmate experienced drug taking while in prison. Nevertheless, it is rather an occasional than a regular drug use pattern. Most commonly, inmates use tranquillisers and sleeping pills and to lower extend marihuana products. Only about 3% confirmed drug injection and 1% shares injecting equipment (Sieroslowski 2003a).

Wasik argued that prisoners tend to use substitutes rather than "real" drugs. Most popular is "ordinary tea but prepared in an extra-ordinary way [...]". First of all, it is extremely highly

concentrated pot. You get it from about 20-30 grams of tealeaves and one litre of water, which is rapidly boiled, with a simple electrical device (two wires fixed to a blade on the one side and to the electric outlet, on the other). Such an extract [...] has narcotic properties [...] 85.5 percent of prisoners confirmed drinking such a tea in the survey” (Wasik 1993).

Smuggling drugs to prisons may also be a risky enterprise while prisoners swallow plastic backs with drugs and then vomit such a supply while in cell (Kowalski 1996). Destruction of the back in a stomach may lead to serious health consequences.

The risk of suicide seems to increase among addicts in prisons. According to Kotlarczyk drug addicts commit every sixth suicide in prisons, particularly in association with HIV/AIDS (Kolarczyk 1993). Self-inflicted injury represents another source of health hazards. In one of the arrests in Gdansk, a dozen HIV-positive prisoners committed three self-injury acts per person on average in about one year (Opawska 1992). From the data presented by Opawska, it can be calculated that a risk of self-injury for a HIV-infected prisoners is 15 times higher than for other inmates.

As reported by Czarnecka (Czarnecka 1994) drug abuse combined with a HIV-infection led to collective riots and demands to “improve medical care for seropositive addicts (periodical medical examinations, more retroviral drugs, breaks in imprisonment)”. According to the same author, drugs and/or alcohol reinforced collective inobedience.

### ***2.3.3.5 Prison policy towards female drug users***

Specific prison policy towards female drug users has not been discussed in the existing Polish literature. Nevertheless, its features can be inferred from sources available with regard to the prison policies towards female prisoners, drug addicts and HIV positive inmates.

According to Gordon (1990), who traced relevant policies and legal regulations for about 70 years, many innovative, often liberal policies were first tested among female prisoners to evaluate their feasibility due to the “small number of women in penitentiary institutions, their lesser threat for legal order, and their distinctive psychophysical and social features. After piloting new policy among female prisoners, these were applied to all prisoners” (447).

At the legislative level, however, there are only two issues that make differences between men and women. Female detainees have more space of 4 square meters, at least as compared to 3 square meters for male prisoner. Prison regime may be liberalised by its headmaster for a breast-feeding female (Bulenda, Holda et al. 1992).

In the beginning of the 1990s, a formal ban on humiliating searches of female prisoners was adopted as formally requested by the Ombudsman (Letowska 1992).

Until recently, a problem of drug addicts in Polish prisons was considered much smaller compared to the problem of alcoholics. Academic handbook published in 1992 argues that execution of prison sentence for “alcoholics and drug addicts is based on special procedures of treatment-upbringing character [...] That group (of drug addicts – J.M. & J.Z-S.) is not numerous and offered treatment of the most recent advances of medicine” (Walczak



1992). According to Kolarczyk (1995) drug addicts undergo psychological and social rehabilitation while Bartnik (2001) stresses that execution of prison sentence for them is very much labour consuming not in terms of isolation but in terms of rehabilitation.

Current legislation offers provisions, in which treatment may be seen as an alternative to prison sentence. If an addicted person, who is prosecuted for a crime which may be punished with a prison sentence of less than 5 years, undertakes a treatment, an attorney can suspend legal action till the treatment is completed and then re-consider necessity of further prosecution, depending on treatment outcomes. Also a court has possibilities to encourage or impose treatment as an alternative to imprisonment. First of all, if suspended sentence is adopted, the court may oblige an addict to undertake treatment, rehabilitation or re-adaptation. If imprisonment is not suspended, the court may place an addict in relevant health care facility for no longer than 2 years. After treatment completion, the court decides whether imprisonment penalty has to be enforced (Haak 2000).

According to Szumski, Polish legal frame has reduced amount of coercion in drug treatment as “an opinion prevails in science that therapy without patient’s consent is anticipated to fail [...] without real motivation towards liberation from addiction and without patient’s approval and active participation in treatment, positive treatment outcomes are very unlikely to appear [...] contemporary drug treatment programmes see patients as subjects, assuming their active participation, and not passively responding orders only [...]” (Szumski 1998).

Polish prison policy towards HIV/AIDS has undergone deep changes that definitely affected drug addicts including female drug users. In the late 1980s and in the beginning of the 1990s, both prison staff and their in-mates rejected seropositive prisoners socially. HIV positive prisoners were kept in separate units or cells. As noted by Bulenda, Holda et al. (1992) in their article on human rights: “prison staff, particularly from pre-trial arrests, protests against admitting HIV-carriers. Not infrequently, personnel are feared or even resistant to offer basic services including medical care [...]“. Separate laundry and shower facilities were made available for HIV-positive prisoners (Urbanska 1995).

After years of cumulating experiences and parallel education, a break through took place in the late 1990s. New instruction was launched by the Central Prison Administration that all newly admitted prisoners receive appropriate information and education including information on hazards of HIV-infections and preventive measures. Prisoners at risk are offered voluntary HIV testing and no separation of HIV-positive persons from other prisoners is possible any longer. By that time Janiszewski could summarise that: “ [...] during last 2-3 years the prison system underwent qualitative change in philosophy and general approach to in-mates with HIV [...]. Policy of isolation from other prisoners was given up. Ending stigmatisation required breaking numerous prejudices and negative stereotypes prevailing among the personnel and other prisoners. At present, prisoners living with HIV are treated as anybody else, are not stigmatised and benefit from programmes targeting all prisoners” (Janiszewski 1999).

### ***2.3.3.6 Drug and treatment services for female drug users in prisons***

Special units for drug dependent prisoners were established in 1987 for both men and women. Initially, there were two sub-units for female addicts in Grudziadz and Lubliniec. Soon, Lubliniec acquired a status of a unit exclusively for drug dependent female prisoners. Grudziadz was left behind as sub-unit for alcohol dependent females (Gordon 1990). Separate units for drug addicts were established because they: “[...] require a distinct therapeutic-penitentiary model” (Slusarczyk 1991).

For many years, a kind of therapeutic pessimism dominated, particularly due to social background of prisoners, frequent mental problems, cross-dependence on alcohol and drugs and last but not least HIV/AIDS: “There are many alcoholics and drug addicts among prisoners. Social and criminal derailing is associated with lesser intellectual capacity [...]. As regards drug addicts, an additional, extremely negative factor appears – HIV infection and possibility to spread AIDS in the prison setting. Both drug and alcohol addicts, [...] require a distinct, special resocialization treatment” (Machel 1994).

Currently, the system of drug treatment in prisons seems to mature although it is still in a status nascendi “[...] no single model (of treatment – J.M. & J.Z-S.) was not sufficiently verified in practice” (Bartnik 2001). According to Sobczynski (2003), who made an assessment of the drug treatment system in prisons, without any special reference given to its part for women, professional level of personnel, is varying. Nevertheless, the majority of existing programmes are based on psychological mechanism of dependence elaborated by Jerzy Mellibruda. Sobczynski lists following changes in profiles of addicts recorded in a prison system:

- increasing number of addicts among juvenile prisoners (their drugs of choice are amphetamine, cocaine, and heroin),
- non-injectable pattern of use among juvenile prisoners in contrast to intravenous pattern among recidivists,
- growing number of prisoners with double diagnosis (drugs and mental disorders),
- growing number of cross-dependence (drugs and alcohol),
- growing number of physical complications that require hospitalisations,
- poor educational performance including illiteracy or secondary illiteracy,
- growing proportion of HIV+ prisoners (Sobczynski 2003).

In general, capacity of drug treatment system is not sufficient and can accommodate about 20% of addicts only. Relevant facilities are overcrowded and waiting time is several months. Growing proportion of HIV-positive inmates increases substantially costs of treatment (Szumski 1998). These problems, however, affect mostly male prisoners. The existing treatment unit for women does not use its full capacity.

### ***2.3.3.7 Evaluation results of intervention programmes***

There is no recent research on outcomes of treatment in penitentiary institutions. The only study from the late 1980s suggests rather good outcomes: 27% abstained from drugs at

least one year after release while 84% were not arrested or detained again. About 10% died due to unspecified causes (Kolarczyk 1990). Wasik (1993, 272-273) who also quotes these findings expresses his criticism as the study covered small number of patients (about 70) with relatively short sentences. According to Wasik attrition rate from the follow-up was about one quarter.

In the mid-1990s, Czarnecka commented that majority of addicts return to drug use after prison release. She attributes this to a complex set of causes including "lack of life prospects, serious barriers to employment, lack of support from non-pathological environment, awareness of coming illness and death in a case of seropositive prisoners, lack of social welfare (Czarnecka 1995).

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Recent years have seen a large rise in the numbers of people entering treatment programmes including drug treatment via criminal justice interventions within prisons as well as in the community (Office 2002). In relation to prison admissions, in May 2003, two-thirds of tests carried out at admission were positive for the use of drugs. Of all male and female prisoners admitted to prison in Scotland, nearly three-quarters were referred to addiction services (Scotland 2003). A recently published report emphasises the problematic situation regarding prevalence and extent of drug misuse amongst female prisoners in Scotland (Inspectorate 2004). Statistics indicate that over ninety percent of female admissions have addiction problems (Inspectorate 2004). Further national research estimates that between 1991 and 2001 the average female population in England and Scotland rose by one hundred and forty percent. It is therefore reasonable to assume that there has been an increase in drug problems within the community as well which presumably added pressure on community and prison-related treatment agencies. While drug users often share common characteristics such as unemployment, or poor mental health, the literature concerning drug-using female prisoners suggests that the manifestations and severity of these are often distinctly different for female and male prisoners (Borrill, Maden et al. 2003a; Borrill, Maden et al. 2003b).

For the purpose of this literature review, all available reports and studies in relation to female drug using prisoners in the UK were gathered. In addition, findings on male drug using prisoners have also been included. This review has been structured according to the provided headlines. All research mentioned has been briefly outlined and critically analysed. The report concludes with an overall summary in relation to findings or the absence of findings in the UK and general methodological limitations discussed.

#### ***2.3.4.1 Health and social problems of female drug users entering prison***

The Office for National Statistics Office carried out a Survey of Psychiatric Morbidity among Prisoners in England Wales in 1997 on behalf of the Department of Health. O'Brien, Mortimer et al. (2001) were commissioned to further explore obtained data in relation to women prisoners. The survey included assessment of personality disorders, neurosis, psychosis, alcohol and drug dependency and post-traumatic stress disorder, and the comorbidity of these disorders. Additional questions were asked on medication and service use, and socio-demographic as well as other factors that may be associated with mental disorders. All prisons in England and Wales were included in the survey. All inmates aged 16 to 64 years were eligible for sample selection. Respondents were interviewed and if permission was granted, participants' medical files were examined. In addition, a randomly selected sub-sample was asked to participate in a follow-up study exploring the progress of personality disorder and psychosis. Findings are largely presented by means of descriptive statistics. For instance, it was reported that of all women interviewed

(N=771), forty percent (N=308) of women prisoners reported to have had help or treatment for a mental health problem in the year prior to imprisonment. Twenty-eight percent (N=216) reported that they had received help or treatment since entering prison. The authors continue to describe and present statistics for various disorders, however, the report fails to set findings into perspective as findings are not linked to recent research or current drug policy and treatment options within and outside of prisons.

Stuart & O'Rourke (1997) assessed regional variations and socio-demographic correlates in patterns of pre-imprisonment drug use amongst female offenders. Data were collected on type of drug used; administration of drug; offence type; pre-imprisonment residential area; participants' current health status in relation to HIV, Hepatitis B and Hepatitis C; as well as drug withdrawal symptoms, in particular epileptic seizures induced by drug misuse. Complete datasets were obtained from N = 616 out of N=709 women (87%) who were eligible for sample inclusion (i.e. drug users). Approximately eighty-four percent of the sample reported to have injected drugs six months prior to imprisonment with almost a quarter admitting to have shared injecting equipment. The majority of respondents were charged with one or more offences relating to theft; prostitution; and breach of bail. It was found that poly drug use was common amongst the female Scottish prison population. Further results indicated that a significantly larger proportion of drug users were resident in Glasgow prior to imprisonment as opposed to non-users (89% c.f. 53.5%). Furthermore when comparing drug users living in Glasgow with drug users residing in other Scottish areas, Glasgow drug users were found to be more likely to have used heroin and temazepam, they were less likely to have used dihydrocodeine, less likely to have been prescribed methadone prior to custody, and they were more likely to have been imprisoned for prostitution. All of these findings were statistically significant. In relation to heroin and temazepam users it was found that they were more likely to have experienced epileptic seizures. However, the authors do not report any corroborating evidence such as inspection of medical files and seem to merely assume that the self-reported epileptic seizures may be due to drug use. Methodological limitations of the study are acknowledged, for example, prisoners were interviewed in the company of two additional medical staff. This may have had an effect on the reporting of the extent of drug use prior to imprisonment, e.g. the findings may be based on an underestimate. Although the authors attempt to explain results in relation to residence and factor interactions, the study is essentially descriptive and does not seem to have generated useful implications for treatment or relapse prevention other than suggesting that appropriate units for detoxification and rehabilitation need to be set up within prisons. The authors claim that the findings enforce that pre-imprisonment characteristics such as residence have crucial implications and clinical relevance when dealing with female admissions to prisons but fail to acknowledge the importance the findings bear in particular for prison through- as well as aftercare.

#### ***2.3.4.2 Characteristics of female drug using prisoners***

Boys, Farrell et al. (2002) investigated initiation and current drug use in prisons in England and Wales as part of a major national psychiatric morbidity survey. The aim of the study

was to explore background characteristics of prisoners who had been identified as first time heroin and/or cocaine users during imprisonment. Structured interviewer-administered questionnaires as well as clinical interviews in relation to personality disorders were carried out with N=3142 out of N=3563 prisoners (88%). The majority of the sample was male, white British and aged in their twenties. Demographic findings indicated that the prevalence, and percentage of users in prison was highest for heroin and cannabis at 60% when expressed as a proportion of lifetime users. In comparison, less than a quarter of the lifetime cocaine users reported using cocaine in prison. Lifetime heroin users were statistically more significant to initiate heroin use in prison (26%, N=318) than any other drug users i.e. cannabis, amphetamines, and cocaine/crack. Four percent of all drug users (N=130) indicated that they had injected at some point while in prison. A quarter of these reported they had initiated injecting while in prison. Unfortunately, Boys et al. did not examine this matter further due to the small number of cases involved. Various variables were looked at which the authors considered to be stressful and potentially related to drug use e.g. divorce, separation, homelessness, injury, and trauma. It was found that when controlling for personal background characteristics and social history factors, prison-related measures consistently played an important part in characterising individual drug use and initiation profile. In other words, the extent of an individual's experience of prison is more consistently related to heroin and/or cocaine/crack use in prisons than any other variable examined. In addition, having been in prison before was overall more strongly associated with heroin use than with cocaine/crack use. However, the effects of having been in prison before differed between the genders. Males who had served previous sentences were more likely to have used heroin in prison than male first timers. For females, having been in prison before was more strongly related to use of cocaine/crack in prison when compared to their male counterparts. While the authors acknowledge that all findings are based on self-report measures, and thus may be biased, they nevertheless claim that there may be a causal relationship between elevated levels of drug use and spending time in prisons. However, none of their analyses allows for causal assumptions to be made. In addition, it may be that the study sample had entered prison at an age at which they were more likely to initiate heroin use regardless of prison environment. Furthermore, Boys et al. failed to take into account that the selected potential stressors are subject to personal interpretation and circumstances. For instance, some people may view their parents' separation or divorce as a relief whereas others may find it upsetting. In addition, the selected stressors may interact with each other, thus cannot be interpreted as independent.

Singleton, Farrell et al. (1999) provide a more detailed description of Boys, Farrell et al. (2002) sample in relation to drug use by type of prisoner and gender. Further analysis indicated that amongst male remand prisoners 38% reported having used drugs during their current sentence as did 48% of male sentenced prisoners. Amongst women, 25% of female remand and 34% of female sentenced prisoners indicated they had used drugs during their current sentence. As outlined before, the drugs most frequently used in prison were found to be Cannabis and Heroin in Boys et al. analysis. In relation to drug injecting, it was found that a higher proportion of female remand prisoners injected when compared to female

sentenced (14%), male remand (17%) and male sentenced prisoners (13%). However, these figures relate to injecting behaviour outside prison. There is no detailed reference to injecting behaviour inside prison other than Boys et al. reported estimate of four percent. In relation to drug treatments, Singleton et al. point out that about one third of male prisoners and half of female prisoners who had been assessed as drug dependent in the year prior to imprisonment reported to have received help with their drug problems in the community. This was reported to be mainly in the form of methadone prescriptions. In relation to gender, women were more likely to have been prescribed methadone both inside and outside prison. Further analysis indicated that there was a low level of continuity between community and prison methadone treatment. This was illustrated by the finding that less than one third of those who reported having received methadone treatment in the month prior to imprisonment had received treatment in the first month in prison. However, the authors failed to examine any background or in-prison assessment variables that may have been related to this discontinuity in care. Although the authors provide a detailed breakdown of female and male reports of drug problems, the study is essentially descriptive and did not generate any suggestions or implications for treatment and relapse prevention in community or prison.

One of the most comprehensive studies on characteristics of female drug using prisoners has been carried out by Borrill, Maden et al. (2003a; 2003b) in England, and summarised in two reports. Both reports outline the prevalence of substance misuse and mental health issues, and examine demographic and social factors associated with substance misuse. Both reports aimed to compare patterns of drug use among white and black/mixed race women; to compare findings with studies on male prisoners' drug use; to estimate the prevalence and type of drug used before and during imprisonment; and to assess the association between drug use and a range of other problems such as social, psychological and psychiatric. Participants were selected from ten establishments accommodating female remand and sentenced prisoners in England only. While Asian, Chinese and other ethnic minorities were excluded from the study, the authors acknowledged that this was not representative of the female prison population as a whole. Measures used in interviews included AUDIT (Alcohol Use Disorder Identification Test), SDS (Severity of Dependency Scale), HADS (Hospital Anxiety and Depression Scale) and MINI (Mini International Neuropsychiatric Interview). Further data were collated on type of drug used most commonly; type of offences committed; relationship to children; unemployment and use of mental health services. Findings indicated that sixty-six percent of the sample were either drug dependent or reported harmful levels of alcohol consumption during the year prior to custody. Only sixteen percent (N=49) of the entire drug dependent sample also reported hazardous levels of alcohol intake. Heroin and crack cocaine were found to be the drugs most commonly used amongst white women as opposed to white men. When comparing the results to a previous similar study (Singleton, Meltzer et al. 1998), the authors remarked a significant increase of overall pre-prison prevalence of crack cocaine and heroin use amongst all ethnicities examined. However, the two studies differed considerably in sampling technique used, sample size and cultural ethnicities involved, all of which needs to be taken into



account when interpreting the findings. For instance, whereas Borrill, Maden et al. (2003 a, 2003b) used a stratified sampling method to ensure that the number of black/mixed and white prisoners would represent prison population proportions, Singleton, Meltzer et al. (1998) used different sampling fractions thereby over-sampling male and female remand prisoners to allow for the possibility of separate analyses.

In relation to ethnic differences, Borrill, Maden et al. (2003a) found that white women as opposed to black/mixed race women were more likely to have used illicit drugs twelve months prior to incarceration (77% c.f. 63%). In particular, white women were more likely to be dependent on heroin while black women were more likely to be dependent on crack cocaine. White women were also more likely to inject drugs than black/mixed race women (44% c.f. 9%). This is not surprising considering the higher number of white women using heroin. However, the overall prevalence for drug injecting in prison was very low at two percent. In relation to drug dependency as opposed to drug use, white females were twice as likely to be dependent than black/mixed race females (60% c.f. 29%). There was no significant difference between dependency rates for remand and sentenced prisoners regardless of ethnicity.

In relation to gender differences, Borrill, Maden et al. (2003b) suggested that women drug use in prison was similar to male drug use:- the prevalence and frequency of reported drug use was significantly lower in prison than during pre-prison period. This finding is supported by previous research findings (Shewan, Gemmel et al. 1994). In general, prisoners report more use of depressants than stimulants in prison (Borrill, Maden et al. 2003a). This leads to the question as to why there has been an increase in use of heroin as well as crack cocaine amongst females when comparing drug statistics from 1997 to statistics from 2001 in prison (Borrill, Maden et al. 2003b). Some critics believe this is due to prison drug policy developments such as drug-free units and mandatory drug testing (MDT) (Edgar and O'Donnell 1998; Hughes 1998). The rationale behind this assumption is that cannabis has a much longer duration of detectability in urine (14 – 21 days) as opposed to approximately three days for heroin or cocaine, yet has similar penalties for use while in prison (Edgar and O'Donnell 1998). Unfortunately there is only little systematic information available on the operation and effectiveness of MDT policies although current research is being conducted to investigate these issues, for example by Singleton, Meltzer et al. (1998) as well as Shewan et al. (forthcoming).

From a sociological perspective, Malloch (1999) examined the impact and effect of social construction of femininity on female drug using prisoners. The study is based on the rationale that women who use drugs are unaffected by dominant images and aspirations to femininity as the author states that use of illicit drugs is considered an “unfeminine preoccupation” (p. 349). Qualitative interviews were conducted with an undefined number of women prisoners in the UK who had been identified to have used drugs prior to incarceration. No demographic information is given, nor does the author provide any data on type of drug used, type of offence committed, sentence length nor any other background information. All of these information are important as they provide a valuable framework or context for research findings to be meaningful. Nevertheless, the author embarks on a

detailed account and outline of the broader context of penalty in relation to social control, i.e., maintenance of gender identity. Special attention has been given to the hardship and pressure of women to conform in society. According to Malloch, this also transgresses into prison policies as in her opinion rehabilitation programmes are more intensive for women than for men as they are largely aimed at teaching women to accept their role as main nurturer. In relation to why women continue to use drugs despite reported detrimental effects, various quotes are listed concerning themes such as escape from stress and problems; removal of negative emotions; increased self esteem; as well as means of coping. The author stresses that it is not seeking to be high but rather feeling able to cope with life that makes women continue their drug habit. Further quotes are provided in relation to women's perceptions of their appearance, previous hospitalisation, needle fear, pain experienced while injecting, the presence of physical marks (scars, abscesses), overall health and sharing injecting equipment.

Although Malloch (1999) acknowledged the interaction of variables such as class, race, ethnicity and gender in determining perceptions of identity, she nevertheless failed to specify any background data of the women interviewed as a total, and quoted individually. Malloch did generate some interesting points but she failed to relate findings to previous research. Malloch's main argument that women use drugs as a coping mechanism has been supported by previous research i.e. there is a strong correlation between female drug use and a variety of emotional and physical stress factors such as abuse, violence and impoverishment (Jacob and Stoeber 2000; Hollin and Palmer in press). Jacob and Stoeber (2000) suggest that there is a particular need for female outside workers and agencies to offer specific help. To date there does not seem to be any evaluative data available on the effectiveness of accredited prison programmes addressing problem solving skills especially for female drug using prisoners.

Various statistical reports in relation to gender-specific characteristics of female drug using prisoners have been collated over the last ten years e.g. O'Brien, Mortimer et al. (2001); Scotland (2003). However, most of these reports are descriptive and do not explore possible underlying factors and associations.

#### ***2.3.4.3 Health risks in prison and after prison release***

One of the most prominent health risk features in prison has been the issue of injecting and sharing injecting equipment. There seems to be only a small number of prisoners who inject drugs during imprisonment (Shewan, Gemmel et al. 1994). However, this specific group has been suggested to have a tendency to share injecting equipment. This is a serious health issue considering the increased risk of contracting HIV, Hepatitis B or Hepatitis C these individuals subject themselves to (Taylor, Goldberg et al. 1995).

Bird and Rotily (2002) outline a specific methodology – Willing Anonymous Salivary HIV (WASH) - to estimate the prevalence of HIV and related risk behaviours amongst prisoners. This methodology was used in a study in Scotland spanning from 1991 to 1996 and involved prisoners giving a saliva sample and self-completing an anonymous questionnaire on risk factors. The saliva sample and the questionnaire were then linked by a sealed

number and enveloped chosen at random by the prisoner, which guaranteed anonymity and confidentiality. The authors claimed that they received very impressive response rates of up to ninety-nine percent in male prisons (Gore and Bird 2000). There are no gender-specific results except a brief descriptive reference to response rate (94%) and injecting prevalence in Scotland's only female prison. Gore & Bird (2000) estimated that amongst Scottish female prisoners forty-six percent were injectors, fifty-seven percent of whom had injected in prison at some point. It is unclear how the authors arrived at these estimate, also what time span or how many sentences these figures refer back to. There are further problems with the WASH methodology especially in relation to ethical issues. Not only is a conflict with officers' 'duty to care' highly likely, but also the data obtained are bound to be merely descriptive. If prevalence results in relation to HIV, Hepatitis B and Hepatitis C should not match up with documented prison records, no immediate actions can be taken to protect the individual(s) involved. Bird and Rotily (2002) further argue that presenting descriptive data on prevalence rates to prisoners is possibly a powerful means to educate prisoners about the risks of injecting, especially sharing injecting equipment. However, research within the area of health psychology has repeatedly pointed out to a phenomenon referred to as 'unrealistic optimism' (Weinstein 1984). Essentially, this theory asserts that the average individual tends to underestimate the likelihood of stressful events happening to them. Specifically, research showed that a vast majority of homosexual men as well as heterosexual men and women who engaged in unprotected sex believed that the likelihood of them contracting HIV was below average when at best the likelihood would be 50 -50 (Woodcock 1992).

In addition, Gore and Bird's (2000) results do not confirm any other research carried out in this area (Power, Markova et al. 1992). A study conducted by Shewan, Gemmel et al. (1994) implied that drug use in general and injecting in particular appeared to drop significantly upon admission to prison as opposed to prevalence rates in the community. The authors claimed that this demonstrated the effectiveness of security measures in restricting the supply of drugs into prisons as compared to outside of prison. Supplies of drugs into prisons appeared to be fairly regular, however, only in low quantities. Hence, heavy drug users were identified not by the quantity of drugs used but by the frequency drugs were used. Shewan et al. further found that a small number of prisoners continued to inject drugs, and believed that most of the injecting equipment was likely to be shared. The authors suggested that harm reduction strategies on how to clean their injecting equipment properly ought to be taught to prisoners while maintaining efforts to prevent injecting especially import of injecting equipment in the first place. However, this point proves complicated due to the fact that probably a vast number of drug injectors are not known or at least not acknowledged by prison and addiction officers. These belong to what Shewan et al. refer to as the 'hidden population'. Unfortunately, Shewan et al. research was only undertaken in male establishments thus no reference can be made to imprisoned female drug injectors.

To date there does not seem to be any estimates in relation to the extent of the female 'hidden population'. Malloch (1999) describes female drug injecting prisoners in terms of

rebels against patriarchal norms and definitions of femininity. She suggested that female drug injectors are actually a separate type of self-harmers. As outlined before, Malloch found that it was not the actual feeling of experiencing a hit but rather an attempt to cope with life that made women use including injecting drugs. The act of injecting per se and the physical pain of withdrawal are described as simply another means of stress relief. There is, however, no corroborating evidence to support this assumption nor can it account for all those other factors that influence and mediate an individual's use of drugs. In fact, Borrill, Maden et al. (2003a) pointed out in their study that there was no apparent relationship between drug dependence, which is linked to injecting, and self-harm and suicide risk. Findings indicated that self-harm and suicide risk was associated with previous experiences of family violence including physical as well as sexual violence. Bogue & Powers (1995) further confirm that there is a low association between mental health problems and suicide in Scottish prisons when compared to the community. Findings are based on data covering 1976 up to 1993. However, the authors point out that for instance the lower rate of depression in prison suicide may be due to underdiagnosis as symptoms of depression such as helplessness may be seen as a feature of imprisonment. Alternatively, prisoners may under-report or deny the presence of psychiatric problems for fear of being stigmatised, ridiculed and isolated.

Shewan, Hammersley et al. (2000) assessed the role of reduced tolerance to opiates amongst female drug users following liberation from prison in contributing to drug overdose deaths in Scotland. The study was carried out by linking drug induced deaths to medical records held at Scotland's only female prison. The authors concluded that despite their expectations female ex-prisoners did not seem to fatally overdose due to a reduced intolerance. Although the hypothesis was not supported, Shewan et al. draw attention to the importance and impact of community drug facilities and management of through- as well as aftercare in prisons. The authors acknowledge limitations of their study for instance in relation to methodology and reliability of summary data obtained from the Scottish Prison Service, and suggest pathways for further research. In addition, Shewan and his colleagues point out various problems concerning errors in estimate, i.e. the proportion of known drug users as opposed to the hidden population, deaths known to be due to a fatal drug overdose as opposed to unknown overdose deaths and accidental overdose as opposed to suicide.

#### ***2.3.4.4 Prison policy towards female drug users***

Malloch (2000) published a sociological report on the experience of female prisoners in England and Scotland in relation to the impact of prison policy initiatives i.e. health care provision for imprisoned drug users. In-depth interviews were conducted with a total of eighty remand and sentenced prisoners, thirty-five prison officers and ten nursing staff. Further data was collected via structured questionnaires and informal interviews were conducted with psychologists, prison governors, social workers, educational officers and agencies involved in the care for drug users in prison. Findings are presented in form of quotes and occasional descriptive statistics. For instance, Malloch reported that seventy-two

percent of the study sample were not satisfied with medications received, and sixty-nine percent of respondents claimed to continue to use illicit drugs in prison. Malloch's report concludes with a brief summary outlining that there is a need to control the supply and use of drugs in prison, but also a need to help and care those affected by drug use. The author states that punishment remains a central concept of women's imprisonment despite current policy documentation (Loucks and Spencer 1998) relating to the treatment of women prisoners. Unfortunately, Malloch fails to give any information regarding methodology used, sample demographics nor cultural background. No specific reference is made to the perceived impact of present prison drug policies on study participants, neither did the author seem to have considered how organisational strain factors such as staff shortage, shiftwork or increased workload may have impacted on staff as well as prisoners' perceptions of prison drug policies.

Recently a new initiative - the Women's Offending Reduction Programme (WORP) - has been launched feeding the Government's strategy for women offenders published in 2001 into a Home Office led programme in England. The WORP promotes a more holistic approach to the whole range of factors contributing to women's offending behaviour. Issues such as mental and physical health, housing, substance misuse, history of abuse, caring responsibilities, education and employment are being tackled by the programme. The overall aim is to strengthen links between the various departments, agencies and other organisations that are responsible for providing interventions, support and assistance (Home Office Research Development and Statistics Directorate 2003).

#### ***2.3.4.5 Drug and treatment services for female drug users in prison***

Data derived from the Scotland Social Work Services and Prisons Inspectorates (1998), Scottish Office Central Research & Statistics Unit (1999), Office(2002), SPS (2003) as well as the Inspectorate (2001) offer descriptive information on what type of drug treatment programmes are currently available for female drug using prisoners: Lifeline, 21hour Drug Awareness, Alcohol Awareness and Cognitive Skills. These programmes aim at helping prisoners understand and tackle their drug problem, thereby enabling prisoners to re-interpret and re-assess high risk situations both in prison and in the community. However, of these programmes only Lifeline has been accredited while the remaining programmes have only been approved. The latter term refers to programmes that have been designed and evaluated in one individual prison. Accredited programmes are essentially approved programmes that have been extensively checked by a multi-disciplinary team in the relevant jurisdiction, and that are accompanied by detailed manuals and instructions so that they can be used in other prisons. There is a notable lack of consistency across prisons housing women as well as men throughout the UK, services and interventions available in some establishments are not available in others. For instance, in Scotland the Drugs Relapse Prevention Programme, which is an accredited programme, is only run in four prisons out of a total of fifteen prisons.

Borrill, Maden et al. (2003b) provided descriptive data on female prisoners' needs and experiences in relation to alcohol and drug treatment programmes in England and Wales.

Findings indicated that forty percent (N=120) of female drug using prisoners overall received help or treatment for drugs. Of the drug-dependent women, seventy-one percent (N=105) reported receiving help or treatment for drugs. The proportion of drug-dependent women receiving intervention such as opioid detoxification and counselling was statistically higher for white women than for black/mixed race women (76% c.f. 53%). Further descriptive information summarises women's self-reported needs for specific intervention programmes focusing on detoxification and medication issues, counselling or other forms of support such as help cutting down as opposed to help giving up. In relation to alcohol consumption, even when levels of alcohol intake had been identified as potentially harmful, interviewees seemed to perceive heavy drinking as a legitimate way of coping with stressful life events and depression.

Borrill, Maden et al. (2003a, 2003b) conclude that in relation to drug treatment programmes, special attention has to be given to various factors, most notably ethnicity. The authors found a statistically strong difference between the needs of white as opposed to black/mixed race female prisoners. Furthermore, the aetiology of drug use and thus the needs of female prisoners are very distinct from that of their male counterparts. For instance, drug use amongst women has been suggested to be primarily associated with variables such as low self-esteem, other emotional problems (e.g. depression), and actual drug use by significant men such as partner (Covington 1997). Considering that most if not all drug treatment programmes have been designed for male drug using prisoners, this raises considerable doubt as to what extent these programmes enable female drug using prisoners to tackle their drug use within a long-term perspective. Further research may also want to address possible differences regarding motivation and cognitive intake between long-term and short-term prisoners accessing drug treatment programmes.

#### ***2.3.4.6 Evaluation results of intervention programmes***

To date there are no national evaluation results of intervention programmes for neither female nor male prisoners. Martin and Player (2000; 1996) conducted a preliminary evaluation of the Substance Abuse Treatment Programme in English prisons. This programme is based on the '12-step' approach that requires total abstinence from drugs and alcohol for its participants. The focus of the intervention is to overcome addiction, regardless of the specific substance involved. The evaluation was carried out in four male prisons in England. Overall, the study found that fewer prisoners who had completed the programme relapsed to using drugs. However, findings are essentially descriptive, and the authors failed to take into account the impact of individual motivation and strength of commitment to change. Thus there is very little evidence concerning the effectiveness of this programme other than a large amount of positive anecdotes.

Borrill, Maden et al. (2003b) highlight opinions and experiences of female drug using prisoners in English establishments. Thereby information is collated looking at pre-imprisonment, during imprisonment and aftercare in terms of what prisoners receive, how they rate this and what they would like to have changed. Unfortunately, most of the data is

merely descriptive, and the authors fail to describe or outline the content of intervention programmes or strategies mentioned.

In Scotland, there are currently only two drug intervention programmes accredited, these are Cognitive Skills and Drug Relapse Prevention. Due to lack of consistency of programmes amongst establishments, large-scale evaluations seem rather difficult. However, the majority of prisons run in-prison evaluation sessions asking prisoners to rate the content and effectiveness of programmes attended (Service 2004).

Substitute treatments, mostly methadone treatments, are predominantly used as a means to get drug-dependent people off drugs, in particular heroin. Unfortunately, methadone has been found to be just as addictive as heroin (NHS 2004). Shewan, MacPherson et al. (1994) conducted an extensive evaluation on in-prison methadone treatment in Edinburgh prison. Prisoners receiving treatment were assessed and prescribed methadone on a level that was reduced over a four-week period. In addition, counselling and health advice was provided. The evaluation looked at the levels of drug use in the month following treatment and again around two months later, for a group of 30 programme attendees and a control group of equal sample size. Drug use was found to be reduced among the treatment group at both stages. However, the sample sizes are small, and the background characteristics of the two groups do not appear to have been taken into account, thus leaving the validity and generalisability of the results questionable.

Shewan, Reid et al. (2001) further provide follow-up data to this evaluation, which essentially indicated that any effects identified while in prison were lost when prisoners were released back into the community. This study will be outlined and discussed in more depth in the next section.

#### ***2.3.4.7 Impact of intervention programmes on relapse prevention***

To date there do not seem to be any studies conducted in this area in relation to female drug using prisoners in the UK.

In relation to intervention programmes in male establishments, Shewan, Reid et al. (2001) provide evaluative data on the impact of in-prison and community drug treatment programmes in Edinburgh, Scotland. In particular, Shewan et al. followed up a sample they had recruited in 1994 for an evaluation of an in-prison drug reduction programme employed in Edinburgh prison. The follow-up study intended to assess to what extent participation in the drug reduction programme, as well as community drug services impacted on drug use in particular injecting risk behaviour after release. The study sample consisted of N=67 males, with a mean age of 27 years. Two follow-up semi-structured interviews were conducted to collate data on participants' demographics, drug using behaviour, prison experience, HIV status and contact with community drug agencies. The authors assigned participants to two groups, either to the control group or to the intervention group. Participants were allocated to the intervention group only if they had completed educational and groupwork sessions on the drug reduction programme in Edinburgh prison. The authors report evidence of initial injecting risk behaviour amongst study participants soon after liberation, however, over time respondents' pattern of inject-

ing behaviour including sharing equipment turned out to be irregular. It was found that neither community nor in-prison drug treatment programmes seemed to have a major effect on patterns of drug use. Instead, the best predictors of respondent's injecting behaviour was previous behaviour and general drug use. However, Shewan and his colleagues point out that the sample may be homogenous concerning participants' life history of drug use and criminal behaviour and thus findings may be not generalisable to other prisoner groups. Further limitations in respect to methodology and sample characteristics are acknowledged. Shewan et al. conclude that the role of setting or environment may be more influential than study participants' contact with either in-prison or community-based drug treatment programmes.

#### ***2.3.4.8 Gender-specific needs and barriers for relapse prevention***

Hollin & Palmer (in press) have recently conducted a literature review on the special needs of women substance-using offenders. The authors point out that most research is limited to American and Canadian studies, nevertheless Hollin & Palmer argue that findings may be generalisable to the UK in terms of a range of gender-specific features in the association between substance use and crime for females. Female substance use and crime seems to strongly correlate with histories of sexual and physical abuse, mental health status, relationships with children as well as poor education and special need education. The pathways into substance use and crime for women strongly correlate with histories of physical and sexual abuse, mental health status as well as relationships difficulties. These suggestions are supported by Borrill, Maden et al. (2003a, 2003b) who found that education attainment was a possible indicator for drug dependency as well as drug use amongst females. All of these variables are not assumed to be destined to lead to drug use and crime, however, it may be the interaction between various factors or the absence of mediating factors that may lead to substance use.

The authors conclude that there are gender-specific pathways to substance use related to offending. In terms of implications for treatment design and delivery, to date there are not strong outcome-related studies. Thus Hollin & Palmer recommend to conduct a review of all substance use programmes for male offenders with the aim to producing programmes sensitive to female-specific substance use needs. This may then be fed into an appropriate working model on female drug use and prisons. It would also be useful to consider providing a tiered range of treatment options for female drug using prisoners relevant to their specific needs. Thereby addiction officers could use the 'what works' principles of risk, need and responsivity (Dowden and Andrews 1999).

#### ***2.3.4.9 Assessment of best practice on basis of evaluation results***

To date there does not seem to be any data available in this area in relation to female drug using prisoners in the UK.

In conclusion, research in relation to female drug using prisoners is rather sparse in the UK. A large number of research papers fail to give a breakdown of gender-specific results.



In addition, researchers often fail to acknowledge the difference between drug use, drug misuse and drug dependency and use these terms rather interchangeably. Drug use for example can be merely recreational or opportunistic (Shewan, Reid et al. 2001), which does not necessarily mean that the individual is dependent on drugs. Borrill, Maden et al. (2003a, 2003b) further point out that culture plays a very important role in assessing the aetiology, prevalence and type of drug used.

There is a clear need for evaluative and outcome-led research examining the effectiveness and appropriateness of drug treatment programmes and options for female drug using prisoners once these have been designed. Hollin & Palmer (in press) suggest a tiered range of treatment options for female drug using prisoners relevant to their specific needs. The feasibility of designing such a comprehensive operation may need to be researched in more depth. At the moment groundwork research is being undertaken to examine prison staff and prisoners' perception and attitudes towards current drug policies, assessment and referral requirements as well as in-prison treatment, throughcare and aftercare arrangements in Scotland (Shewan et al., forthcoming).

Overall, drug treatments cannot be considered as universally effective, rather there is a need for client-matching, for adequate time in treatment, and for effective throughcare and aftercare. The recognition that substance abuse stems from the interplay of numerous social, genetic, biological, psychological, financial and legal factors also adds to the argument that treatment needs of drug-abusing female prisoners, and therefore relapse prevention strategies are clearly diverse (Ramsay 2003).

#### ***2.3.4.10 References***

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### **2.3.5 SPAIN**

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Above all, it must be pointed out, that in Spain there are nearly no data or studies about the specific population of female drug users in prison. There are only some descriptions of female drug users in prison. Since the relation between male and female IDUs is 3:1, women drug users are less represented in most surveys. Therefore, most data do not differentiate between both sexes. In addition, only a minority of the existing researches focus exclusively on women.

#### ***2.3.5.1 Prison context in Catalonia***

Catalonia, as Autonomous Region, assumes full jurisdiction of Justice and consequently of its prison services. At present, there are 11 prisons with a capacity of 4.863 prisoners which, however, in June 2003 had 7.307 inmates (523 (7.15%) women, 6.659 (91%) men and 125 people under age) (OSPDH (Observatori del Sistema Penal i dels Drets Humans de la UB) 2003). Some of these prisons are exclusively meant for serving sentences, however, most of them are for custody and convict prisoners. There is one prison for under age men (custody and convict prisoners); another one that had initially been planned for women only (custody and convict prisoners), but which at present, also disposes of an open section for men; 4 mixed prisons, among which only one has a separate wing for women; 3 exclusive prisons for men; and 2 open prisons, 1 for men and the other one mixed. Regarding the capacity of these prisons, it should be pointed out that three of them make up 65% of the whole prison population.

#### ***2.3.5.2 Health and social problems of female drug users entering prison***

In this country, female as well as male drug users have great problems of health and social deprivation. Among the health problems, the most important one to be pointed out is AIDS, which is, however, followed by hepatitis, overdose, tuberculosis, sexual transmission diseases and unwanted pregnancies. Among the social problems, there is the low cultural standard, unemployment, difficulties to cover basic needs (housing, maintenance, hygiene), the need of carrying out marginalized activities (begging, prostitution, street selling) or illegal activities (minor thefts, robbery, drug traffic), criminal records, loss of children's care, suffering of aggression or gender violence.

A Barcelona study from 1995 on the characteristics of 149 IDUs, recruited by means of needle exchange programmes in the street, showed that the average age of the IDUs was

28 years, consuming intravenous drugs for 8.4 years (Sanclemente 1996). 31% of the IDUs lived alone, 32% had children, 78% had a primary or incomplete education, 84% were unemployed, 90% carried out marginalized activities and 73% had a prison record with an average stay of 2.9 years in prison. Among the latter, 47% had used intravenous drugs during their stay in prison. 64% of the women had practised prostitution and 55.5% defined themselves as infected by the HIV, i.e. more than the percentage of men (47%). Finally, 65% of the total sample had suffered an overdose and 29% sexual transmission diseases.

In Catalonia and in Spain, the registered number of AIDS cases of IDUs is one of the highest in whole Europe. At the date of September 30, 2003, 14.388 cases of AIDS had been diagnosed in Catalonia, 56.8% of which were IDUs and among which 19.5% were women, being 66.8% of them between 25 and 34 years old (Direcció General de Drogodependències i Sida 2003).

Spain, with 40.928 registered cases of AIDS attributed to IDUs stands in the first place in Europe, followed by Italy with 29.856 cases and France with 12.592 cases. Data of the year 2002 show that in Spain, 50% of the AIDS cases are attributed to IDUs, followed by Portugal representing 47% and Italy with 34% (European Center for the Epidemiological Monitoring of AIDS 2003).

### ***2.3.5.3 Characteristics of female drug using prisoners***

According to the survey made by the OSPDH in 2003 (Olmo 1998; OSPDH (Observatori del Sistema Penal i dels Drets Humans de la UB) 2003) the profile of imprisoned women is: two third are between 26 and 40 years old and the rest is evenly distributed between the ages of 21 and 25 and the ages above 40. 75% have one or two children, who are usually younger than 18 and mostly younger than 14. Most of the female drug users are single mothers, who take care of the maintenance of the family on their own. It is also important to point out that among the female prisoners, there are 15 to 20% foreigners.

Almost half of the women has suffered physical abuse or been sexually assaulted by their partners, husbands or fathers. Regarding their education, they have a rather low cultural standard and more than two third of them only have a primary education level.

Another point to be underlined is that work precariousness is one of the factors explaining the commencement of crime among female prisoners.

On a national level (Observatorio Español sobre Drogas 2002) the profile of the imprisoned woman is: Spanish nationality, drug user who has offended against drug law. From 1999 until 2001, offences against drug law among the female prison population have increased, representing 54% in the year 2001.

In the Catalonian prisons the same phenomenon appears, however, with a slightly lower proportion in the same year: 45% of the offences committed by female prisoners were offences against drug law (OSPDH (Observatori del Sistema Penal i dels Drets Humans de la UB) 2003).

The Prison Observation Centre (Secretaría de Estado de Asuntos Penitenciarios 1996; Observatorio Español sobre Drogas 1997) states that drug addiction is a variable significantly related to recidivism groups.

#### ***2.3.5.4 Health risks in prison and after prison release***

Pallas survey (Pallás, Fariñas et al. 1999) with a sample of 507 IDU inmates, among which only 6.1% are women, points out that the risk of becoming an IDU increases in proportion to the number of imprisonments, regardless of the duration of the stay outside prison. IDUs in prison run a higher risk of infection by HIV, hepatitis B and C, not only due to sharing needles and a long drug consumption history, but also to maintaining sexual relations with many different partners or with people infected by the HIV or by tattoos. These results have not been separated by gender and it is therefore unknown whether the risk factors of becoming an IDU are the same for female IDUs.

According to a survey carried out in a Spanish prison (Martin, Cayla et al. 1998) female IDUs run a higher risk of being infected by the HIV than male IDUs.

Reverting to the survey on IDUs recruited in the street (Sanclemente 1996), 73% had been in prison with an average stay of 2.9 years, during which 47% had used intravenous drugs, running the extremely high risk existing in prison of being infected by the HIV. Besides, this practice proved to be significantly related to the later practice of sharing needles in the street.

A survey carried out in Madrid in 2002 (Estebanez, Zunzunegui et al. 2002) with female IDUs showed that there was a high prevalence of risky habits among female IDUs in prison, among whom more than one third had consumed intravenous drugs. Furthermore, considerable reproductive health problems were detected, which required gynaecological care.

According to follow-up study in Catalonia (Sánchez-Carbonell and Seus 1998) to 135 heroin addicts, those who are sent to prison run a lower risk of death, contracting AIDS and starting a new treatment, but a higher risk of contracting tuberculosis and co-infection. These differences were only significant with regard to the risk of contracting tuberculosis. In their study, the authors conclude that imprisonments do not influence the natural history of heroin addicts, since they die, are diagnosed AIDS or start new treatments in the same proportion as those who have never gone to prison.

#### ***2.3.5.5 Prison policy towards female drug users***

Legally speaking, the possession and use of substances (including alcohol) is banned and criminalized inside the prison centres, according to the common laws and the internal prison regulations. This also refers to the use of instruments or tools related to drug use, such as needles. Regardless of the behaviours that may constitute an offence, sanctions are included in the internal prison regulations.

Prison policies towards drug addictions are centred on drug-free treatment programmes, but above all, on harm reduction with methadone maintenance programmes, which in the

year 2001 (OSPDH (Observatori del Sistema Penal i dels Drets Humans de la UB) 2003) were offered to an average of 1.115 inmates. There are also sanitary education workshops to reduce the risk of AIDS, hepatitis and other infection diseases and some isolated needle exchange programmes.

With regard to the treatment, there are three intervention levels (Departament de Justícia. Direcció general de Serveis Penitenciaris i de Rehabilitació 2002): the basic, the intensive and the community level. The basic level consists in a Motivational Programme. The intensive level consists in an In-Prison Drug Service Programme and further alternatives, among which there is the Specific Care Department (DAE) acting as a Therapeutic Community, the *Pont Programme* (relapse prevention) and an Individual Outside Prison Control Programme. The community level consists in four treatment alternatives for the prison population: outside prison programmes (through the outside prison community net), residential programmes (therapeutic communities and flats belonging to the outside prison community net), specialized open prison and specialized dependant unit (outside prison therapeutic community).

Female prisoners have the right to use all of these services, however, the availability of DAEs is rather limited, due to their capacity of 35 vacancies only. Besides, in practice, this service is preferably offered to prisoners who are in the final stage of serving a sentence. This seems to be the most consistent programme, as far as the applied treatment is concerned. However, it is completely insufficient, considering that in the year 2003, 523 women had been sent to Catalonian prisons.

### ***2.3.5.6 Drug and treatment services for female drug users in prison***

This is the data of 2001 (OSPDH (Observatori del Sistema Penal i dels Drets Humans de la UB) 2003): In the Motivational Informative Programme of the basic level, 999 people participated. The programme is divided into two intervention modules: the health and the psycho-educational module and it is based on providing information on drugs and their effects.

Regarding the intensive level, there are different programmes:

- In prison group programme: Drug-free in-prison programme divided into three intervention modules: health, socio-educational and socio-familiar module. It has a minimum duration of 9 months, during which skills are developed and activities carried out. 725 users participated in this programme.
- Individualized Drug and Treatment Service with a participation of 652 inmates, who, for different reasons, were not able to integrate into the group programme. It has a duration of 3 months and works with techniques teaching how to face drug addiction.
- Specific Care Department (DAE) consisting in in-prison therapeutic communities offering treatment. The DAE for women is located in one of the Catalonian prisons (CP Brians), in a special wing and it disposes of 35 vacancies. There is also a DAE for men (CP Quatre Camins) with 74 vacancies.
- Pont Programme centring on inmates returning from the third degree, due to toxicological problems. This programme works on relapse prevention.

### **Community level:**

Drug users who have to serve a sentence may also enter an outside prison therapeutic community, where they receive a treatment while serving their sentence. 76 prisoners in whole Catalonia used this solution and it requires an approval prior to the imprisonment.

It is also possible to receive an outside prison treatment offered by the public drug and treatment services to prisoners on leave, to prisoners in open section (third degree) and to released prisoners. In the year 2001, 3.019 prisoners used this treatment.

In 2002 (Direcció General de Drogodependències i Sida 2003), 774 drug and treatment services were offered in the prison centres, in which 52 women participated.

Priority is still being given to Methadone Maintenance Programmes according to a harm reduction policy and, above all, to prevent AIDS and hepatitis among the IDUs. In 2002, this programme was used by 2.452 inmates, among which there were 141 women (5.75%).

After their prison release, female drug users may continue to be in contact with the public drug and treatment service net including 60 care centres distributed all over Catalonia. In fact, in 2001 (Direcció General de Drogodependències i Sida 2002), among the 12.310 treatment commencements attended by these centres, 385 cases had been sent by the Department of Justice.

### ***2.3.5.7 Evaluation results of intervention programmes***

In spite of a poor evaluation of the treatment programmes in order to know their effectiveness, some trials that have been carried out in the prisons suggest the possibility of changing cognitions at short term, with a significant reduction in the perception of relapse risk and of increasing the motivation of drug using prisoners receiving treatment (Belaustegui 2002).

In the follow-up study (Sánchez-Carbonell and Seus 1998) made with a cohort of 135 heroin addicts who had started a treatment in the year 1985, the authors say that 10 years later, 30% had died, 25% had been diagnosed AIDS, 15% had contracted tuberculosis, 39% had been imprisoned at least once and 56% had carried out further treatments due to relapse. Women represented 28% in this study.

On the other hand, men ran a higher risk of imprisonment - especially during the first year - than women, even though the difference was not significant. This could be understood as if men and women behaved in the same way. However, this is not true if we compare it to the population in general (there are more men committing crime) and to the above referred prison population (drug users in prison carry more weight among women than among men).

In another working line, there is a study on methadone and life quality made in the year 2001 (Alonso, Val et al. 2002) with 356 people according to a methadone maintenance programme (PMM) in Catalonia, including 27% of women. It should be pointed out that using methadone during an average period of 3.5 years, the social relations of 68% of these people improved and 79% said to have a high or medium-high level of social support in general. Unemployment did not improve, and more than the half had incomes lower than the minimum wage, which is far below the present actual cost of living. 41% reported

health problems making it difficult for them to work and one fourth received economic aid. Among the women, 73% had children (compared to 41% of the men) and – even though the relationship with the family of origin did improve - 18% stated that they did not receive enough help during their pregnancy and the child's first year of life and almost the half (40%) would have appreciated to receive more support from their partners or family at that moment. At present, one fourth of the children do not live with their parents. With regard to the state of health, 63% had some type of chronic problem hindering their everyday life. As far as the use of drugs is concerned, there is a considerable reduction, especially in the use of cocaine, followed by alcohol and, to a lesser extent, tablets.

Regarding legal problems, 23% were imprisoned while being treated with methadone and 41% were still waiting for their trial or still had to serve a sentence.

### ***2.3.5.8 Impact of intervention programmes on relapse prevention***

In 2001, a longitudinal and retrospective study (Caixal and Roca 1999; Roca and Caixal 2001) of all subjects (n=259 and 25.1% women) was carried out, who had completed sentence from January 1, 1990 until December 31, 1995 in one of the Catalan prisons and who, in order to receive a treatment, had been completing sentence either in a Outside Prison Therapeutic Community or had been sent to the Specialized Care Department (DAE) (in-prison therapeutic community), in order to evaluate recidivism during the time period of 10 years.

The results proved that there was a probability of no recidivism of 68% as for the people progressing positively in the treatment and of only 45% as for the people progressing negatively. With regard to women, there is a significant lower risk of recidivism (21.9%) compared to men (43.6%), especially after the first year of follow-up, although according to the authors' opinion, these differences between men and women regarding recidivism probabilities are likely to be due to other variables or factors to be investigated in future surveys.

To ensure a good progress in the treatment, it is significant to be of age when being imprisoned the first time, to have few previous sentences and to carry out a treatment and after-care treatment during long periods. Inmates who progress positively in a treatment are characterized by fewer institutional incidents and by serving sentences with a low level of aggressions towards others, especially against public health. Inmates who progress negatively are authors of violent robberies or intimidation.

Critical recidivism periods to be pointed out are the time starting 6 months after the end of the treatment until the first year and a half and then, the second period starting about 3 years and a half after the intervention.

According to the study, foreseeable recidivism variables are: the person's age of imprisonment, the accumulation of sentences and the age of release. The risk increase, if the person is young when imprisoned, has a large number of sentences and is young when released from prison.

The author also report that men stop treatments earlier, that people receiving a treatment for less than one year coincide with those who re-offend more frequently and that people



receiving an outside prison treatment usually fail more often during the first 6 months than those treated by the DAE.

A follow-up survey carried out in 1993 (Redondo, Luque et al. 1993) for 3 years among the prison population released from Catalanian prisons in 1987 showed that 38% of the evaluated population re-offended in a period of three years, even though this survey does not include an analysis separating sexes and the female population only represented 7.6%.

It also describes the characteristics of the recidivism group with higher levels of recidivism (68.8%): Imprisonment before the age of 26, released before the age of 26, 3 or more imprisonments and a total of at least 330 days of stay in prison. The variable of drug addiction was considered as a factor causing a higher index of recidivism, representing 73.4%.

### ***2.3.5.9 Genderspecific needs and barriers for relapse prevention***

The addiction to opiates is not the drug user's main problem, but the deterioration of the quality of life, as a consequence of the conditions of the social and legal environment. Changes in the use of drugs thanks to treatments do not necessary imply improvements in all areas of functioning or in the same intensity (SURT 1999; Alonso, Val et al. 2002).

### ***2.3.5.10 Assessment of best practice on basis of the evaluation results***

Methadone programmes may improve, above all, the state of health of the users. They also have an effect on other social aspects, such as the decrease of delinquency. However, these changes are not enough and they are accompanied by more extensive interventions meant to improve the psychosocial welfare, so as to cover other needs (social, legal, labour, educational needs) and to work on individual improvement.

Among the in-prison drug-free programmes described above, only the treatments in in-prison (DAE) and outside therapeutic communities have been evaluated, with regard to criminality and penalty, however there is no information on their effectiveness as for other aspects of the person, such as drug use relapse, social and labour integration and insertion. There is no analysis either on the effects of community treatment offered after the prison release, with regard to social, education or labour aspects. According to the results, it seems that there is a decrease of recidivism, especially among women, with a percentage of 21.9% compared to the 43.6% of men.

Taking as a basis the data available, the treatment offered by the in-prison and outside prison therapeutic communities in particular seems to decrease the risk of recidivism especially among women. Methadone maintenance programmes also prove to decrease the incidence of crime and drug use and to improve the state of health, but on the other hand, the population is put into a state of poverty and exclusion. These aspects have not at all been considered by the survey on the therapeutic communities and it is therefore not possible to draw any conclusions in this sense.

### 2.3.5.11 References

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## 3 RESULTS OF THE EUROPEAN PRISON SURVEY

### 3.1 Introduction

In this chapter, the results of the “prison services survey” questionnaire among the Ministries of Justice of the 25 European Union member states are presented. The results refer to a database generated from 37 questionnaires which comprise all 25 Member States, autonomous regions and federal states. Great-Britain is covered by England/Wales, Scotland and Northern-Ireland while Spain is only represented by Catalonia.

Germany is a special case as there are no national but only federal data. Of the 16 German federal states 9 are included in the analyses. Four federal states – Lower-Saxony, Bavaria, Saxony-Anhalt, and Mecklenburg-Western Pomerania – declined their participation in the questionnaire. Three federal states – Brandenburg, Saarland and Thuringia<sup>5</sup> – do not imprison women in their own prisons because of a judiciary convention with bordering states (Berlin, Rhineland-Palatinate and Saxony) to place female inmates in those prisons. Due to the fact that the German data are composed of the data of 9 different respondents, the results for the German prison system always represent the average value built from all data available.

In general, the data of the prison survey provide information on

- the prison system for adult (+18 years) female prisoners,
- the prevalence of female drug using inmates and related problems,
- the availability of prison drug services and pre-release and aftercare services.

It is important to point out that the questionnaire always asked for data and not for estimations. For this reason there are missings if data were not available to single items. In addition, many of the respondents did comment single items of the questionnaire with explanations on what their answers refer to in detail. These explanations will be taken into consideration when analysing the data.

The results of the European prison survey are introduced by general information on the prison population among the 25 Member States.

### 3.2 Prison population of the 25 European Union member states

The background data on the prison population in Europe derive from the national “prison brief” which has been developed by the International Centre for Prison Studies of the King’s College London. This centre provides online information about the national prison system and prison population around the world (see: <http://www.kcl.ac.uk/depsta/rel/icps/worldbrief/europe.html>).

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<sup>5</sup> Thuringia only has few female inmates who are accommodated in prison until being transported to the women’s prison in Saxony. Nevertheless, Thuringia filled in the survey questionnaire which will be disregarded in further analyses because of the absence of female drug using prisoners there.

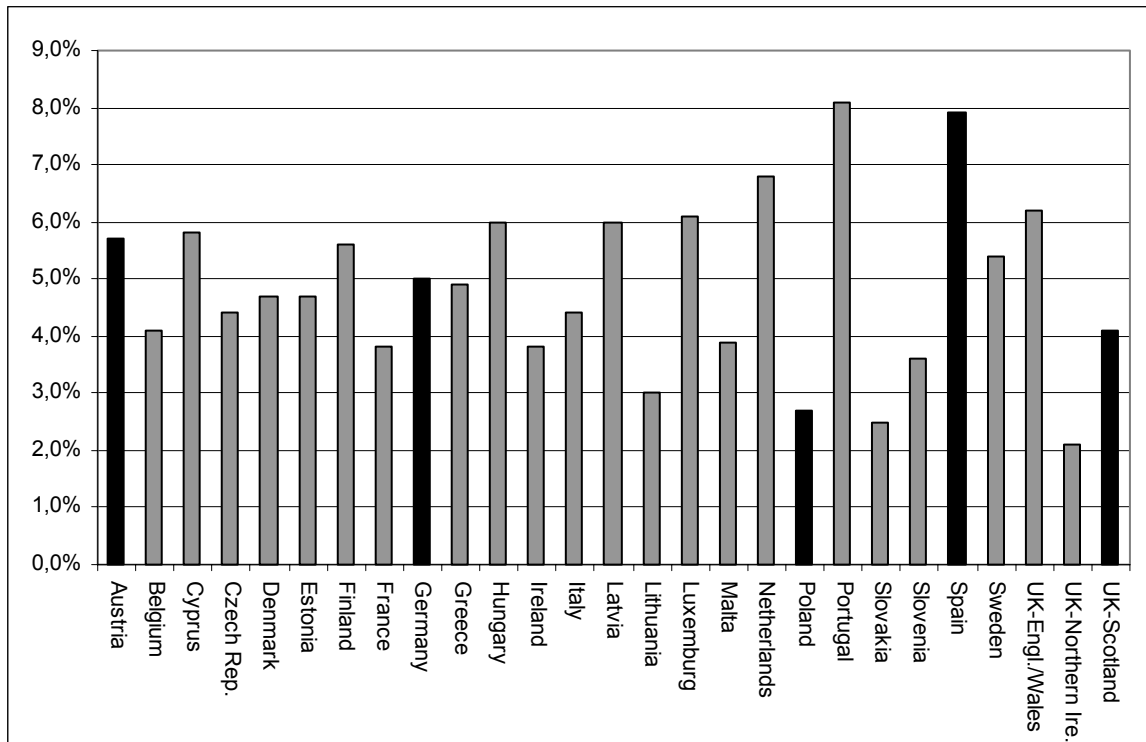
As can be seen from the table below, the total prison population in Europe varies considerably between a minimum of 283 prisoners in Malta and a maximum of 79,153 prisoners in Germany. When regarding the prison population in relation to the inhabitants, the minimum-maximum rate of prisoners draw a quite different picture. In relation to 100,000 inhabitants the small Eastern European countries Latvia and Estonia have the highest rate of prisoners which is 3-4 times higher than those of Finland and Denmark or even than those of Germany.

**Table 3-1: Prison population of the 25 European Member States in brief – an update from June 2004**

	Prison population total / Prison rate (per 100 000 inhabitants)	Female prisoners (% of prison population)	Pre-trial + remand prisoners (% of prison population)	Juvenile prisoners (% of prison population)	Foreign prisoners (% of prison population)	Number of establishments/ occupancy level
<b>Austria</b>	8,114 / 100	5.7 %	26.8 %	2.5 %	33 %	29 / 101.1 %
<b>Belgium</b>	9,147 / 88	4.1 %	36.7 %	1.1 %	40.9 %	32 / 113 %
<b>Cyprus</b>	355 / 50	5.8 %	13.2 %	7.0 %	42.9 %	1 / 119.0 %
<b>Czech Republic</b>	18,035/ 177	4.4 %	18.8 %	1.2 %	9.9 %	35 / 95.6 %
<b>Denmark</b>	3,908 / 72	4.7 %	29.3 %	0.3 %	16.3 %	56 / 104 %
<b>Estonia</b>	4,458 / 330	4.7 %	28.9 %	4.9 %	35.8 %	10 / 88.9 %
<b>Finland</b>	3,719 / 71	5.6 %	12.7 %	0.2 %	7.9 %	28 / 107.1 %
<b>France</b>	56,957 / 95	3.8 %	37.4 %	1.4%	21.4%	185 / 124.7 %
<b>Germany</b>	79,153 / 96	5.0 %	21.2 %	4.4 %	29.9 %	222 / 100.5 %
<b>Greece</b>	8,841 / 83	4.9 %	28.5 %	6.9 %	42.4 %	25 / 158.3 %
<b>Hungary</b>	16,700 / 165	6.0 %	22.4 %	0.9 %	4.4 %	33 / 147.7 %
<b>Ireland</b>	3,602 / 90	3.8 %	14.8 %	1.5 %	9.2 %	16 / 86.8 %
<b>Italy</b>	56,761 / 99	4.4 %	20.9 %	0%	30.1 %	205 / 134.5 %
<b>Latvia</b>	8,150 / 351	6.0 %	38.8 %	4.0 %	0.5 %	15 / 90.7 %
<b>Lithuania</b>	8,063 / 234	3.0 %	16.9 %	2.4 %	1.6 %	15 / 84.2 %
<b>Luxemburg</b>	498 / 111	6.1 %	43.6 %	2.4 %	63.9 %	2 / 110 %
<b>Malta</b>	283 / 73	3.9 %	23.0 %	1.1 %	35.0 %	1 / 94.3 %
<b>Netherlands</b>	16,239 / 100	6.8 %	44.2 %	0.8 %	36.4 %	79 / 97.3 %
<b>Poland</b>	80,693 / 211	2.7 %	25.2 %	0.7 %	1.7 %	156 / 116.4 %
<b>Portugal</b>	14,060 / 134	8.1 %	29.2 %	2.1 %	12 %	59 / 121.8 %
<b>Slovakia</b>	8,891 / 165	2.5 %	33.1 %	0.7 %	2.3 %	18 / 93.6 %
<b>Slovenia</b>	1,099 / 55	3.6 %	23.8 %	1.0 %	15.3 %	7 / 103.0 %
<b>Spain</b>	58,299 / 142	7.9 %	22.3 %	0.3 %	25.4 %	85 / 112.5 %
<b>Sweden</b>	6,755 / 75	5.4 %	20.7 %	0.2 %	27.2 %	84 / 106.9 %
<b>UK - N. Ireland</b>	1,243 / 71	2.1 %	35.8 %	5.7 %	1.5 %	3 / 89.6 %
<b>UK - Scotland</b>	6,988 / 137	4.1 %	16.8 %	2.8 %	1.2%	16 / 110.9 %
<b>UK - Eng./Wales</b>	75,324 / 143	6.2 %	17.8 %	3.1 %	10.8 %	138 / 112.7 %

As the research project focuses on female prisoners, the proportion of female prisoners among the European prison population is illustrated separately in the next figure.

**Figure 3-1: Proportion of female prisoners among the national prison population – (N=27)**



The average percentage of female prisoners among the European prison population is located between 3 % and 6 % with some exceptions. An much higher proportion of female prisoners is to be found in the Western European countries Portugal with 8.1 % followed by Spain with 7.9 % and the Netherlands with 6.8 %. In contrast, the lowest percentage of female prisoners showed Northern-Ireland (2.1 %), followed by Slovakia (2.5 %) and Poland (2.7 %). In numbers, 1,139 women are imprisoned in Portugal, in the Netherlands this is the case for 1,104 women and in Spain 4,606 women are imprisoned. On the other hand, for instance in Poland altogether 2,179 women are imprisoned although their proportion among the prison population rather low.

With regard to the participating five countries Austria, Germany, Spain, Scotland and Poland (marked in black), the number of imprisoned women is much different but with exception of Poland also high compared to other countries.

In the following chapters the results of the prison survey are presented.

### 3.3 Adult female prisoners in Europe

The first section of the survey questionnaire addressed the prison system for adult female prisoners in general. Data were requested about the number of penal institutions for

women prisoners and the official capacity of these institutions. In addition it was asked how many female prisoners had been imprisoned on a specific date in 2002 and how many women in sum had passed through the prisons during the year 2002.

**Table 3-2: Number of penal institutions for adult female prisoners and number of female prisoners – (N=27)**

	Number of penal institutions for female prisoners	Number of female prisoners on a specific date in 2002	Official capacity of the penal institutions	Yearly number of female prisoners during 2002
<b>Austria</b>	14	380 (28.02.02)	n/a	1,138
<b>Belgium</b>	7	394 (30.12.02)	353	1,381
<b>Cyprus</b>	1	20 (06.06.02)	18	110
<b>Czech Republic</b>	17	667 (31.12.02)	n/a	1,464
<b>Denmark</b>	4	160 (31.12.02)	n/a	323
<b>Estonia</b>	1	300 (31.12.02)	300	60
<b>Finland</b>	8	213 (01.05.02)	245	435
<b>France</b>	56	1,971 (01.06.02)	2,029	5,041
<b>Germany</b>	33	2,437 (several dates)	2,222	8,196
<b>Greece</b>	3	427 (01.01.02)	290	n/a
<b>Hungary</b>	2	1,057 (31.12.02)	408	2,138
<b>Ireland</b>	2	86 (31.12.02)	96	581
<b>Italy</b>	62	2,469 (31.12.02)	2,605	6,413
<b>Latvia</b>	1	466 (31.12.02)	382	1,007
<b>Lithuania</b>	2	416 (31.12.02)	600	1,668
<b>Luxemburg</b>	1	22 (31.12.02)	35	70
<b>Malta</b>	1	19 (11.11.02)	20	37
<b>Netherlands</b>	7	723 (31.12.02)	744	1,996
<b>Poland</b>	21	2,091 (31.12.02)	2,056	3,963
<b>Portugal</b>	14	1,112 (31.12.02)	786	2,286
<b>Slovakia</b>	1	160 (31.12.02)	274	134
<b>Slovenia</b>	1	27 (01.01.02)	77	65
<b>Spain - Catalonia</b>	6	484 (11.05.02)	n/a	954
<b>Sweden</b>	n/a	361 (01.10.02)	n/a	n/a
<b>UK -Northern Ireland</b>	1	26 (09.05.02)	48	192
<b>UK - Scotland</b>	5	293 (30.03.02)	308	n/a
<b>UK - Eng./Wales<sup>6</sup></b>	18	4,299 (15.07.02)	4,956	15,580

As can be seen from the table, 11 out of 27 countries/ regions have only one or two prisons for adult female prisoners. Additional four countries – Austria, Czech Republic, Portugal and England/Wales – dispose of 10 to 20 penal institutions to imprison adult

<sup>6</sup> From England/Wales no data for a specific data in 2002 was available. The number of female prisoners based upon the average number of women prisoners held during 2002 including young offenders (18-21 years old) and juveniles (<18 years old). The data on the yearly number of female prisoners refers to the data of 2001 on the total number of all female prisoners, regardless of their age.

women. The highest number of penal institutions can be found in Italy with 62 women prisons followed by France, Germany and Poland.

With respect to Germany and Spain it must be taken into consideration that there are data missing from some German federal states and from central Spain. For this reason the number of prisons and as well the number of female prisoners will be even higher in both countries than the data given in the table.

However, as regards the number of adult female prisoners on a specific date in 2002 there are considerable differences across Europe. A great many of the European countries have about 200-500 female prisoners. Indeed there are several exceptions downwards as well as upwards. In fact, small countries like Cyprus, Luxemburg, Malta, Slovenia and Northern-Ireland only have a minimal proportion of 20 to 30 female prisoners. Contrary to that, large countries with a high number of prisons (France, Germany, Italy, Poland, Portugal) are at the same time those with a very high number of adult female prisoners ranging from 1,000 up to 2,500. However, there are two peculiarities worth mentioning: First, compared to all other European countries in England/Wales a disproportional high number of female prisoners can be observed which is on top of Europe with about 4.300 imprisoned women. Second, in Hungary there are only two prisons but the considerably number of more than 1,000 female prisoners on a specific date in 2002. Thus it can be assumed that these two prisons must be very large-scaled which is associated with known security and health problems of putting a vast proportion of prisoners together. In addition, the Hungarian respondent reported that there are 19 remand prisons where female prisoners are placed also.

When comparing the number of female prisoners on a specific date with the official prison capacity it becomes clear that the women's prison in Belgium, Germany, Greece, Hungary, Latvia, and Poland are to a certain extend overcrowded. The capacity overload in the prisons of these countries differs partly enormously and ranges from a minimum of a 101.7-122% load up to a 147.2% load in Greece and ends up with a maximum in Hungary whose prisons are at 205.9% overcrowded. For Hungary this means that there had been more than twice as much women imprisoned on a specific date in 2002 than there are places available in the women's prisons. According to the data the prisons in Portugal seem to be overcrowded too but the respondent noted that the number of places was not available for a couple of male dominated prisons which have a women's section. For this reason the question of a capacity overloaded cannot be answered clearly for Portugal.

In most of the European countries about twice as much women passed through the prison system during one year compared to the number of imprisoned women on a specific date. The yearly number of adult female prisoners is comparable much higher for Ireland and as well for Cyprus and Luxemburg but who only have few female prisoners at all.

### **3.3.1 Prevalence of adult female drug users in European prisons**

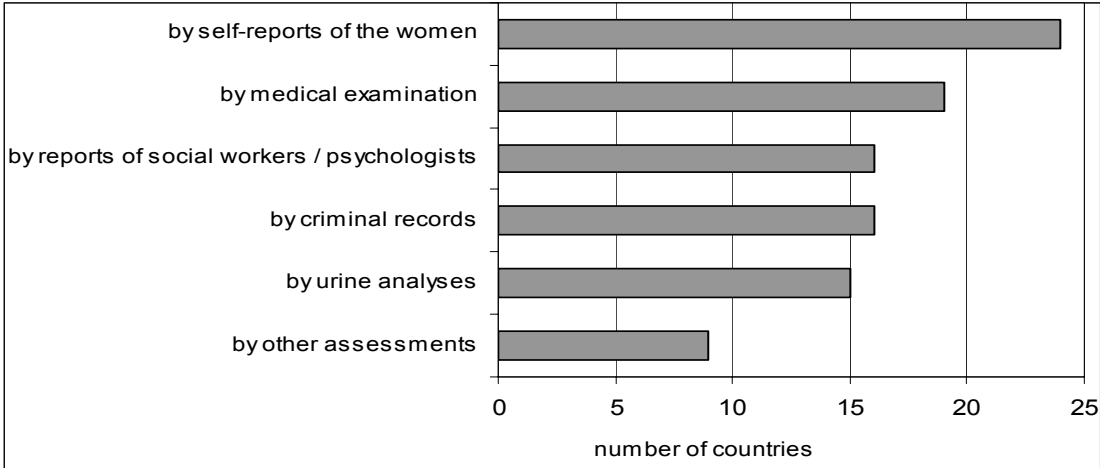
The second section of the survey questionnaire was about the national prevalence of female drug users in prison. In detail it was asked for data about the percentage of female drug users among the female prison population and about the percentage of those who had

been re-incarcerated. In order to know who is regarded as “drug user” by the prison system the respondents were requested to answer how they identify women prisoners as drug users.

From the international and European literature there is consistent evidence that most of the drug using prisoners are addicted to illicit drugs and that a substantial proportion of them continues drug use while in prison. Drug use during imprisonment has been proved to be one of the major health risks in terms of an HIV and hepatitis infection. In addition, those who continue drug use in prison are shown to be at high risk to relapse after prison release and to suffer post-prison mortality due to an overdose. For these reasons data were required about the percentage of female drug using prisoners who have a history of illicit drug use and about the percentage among them who continue using illicit drugs while in prison.

With respect to the identification of drug users in prison the respondents could choose from six given answers all that apply in their prison system. How drug users are identified in the national prison system was answered by all respondents with exception of Belgium.

**Figure 3-2: Basics to identify drug users in the national prison system (N=26) – multiple nominations**



In order to find out if the female prisoners have a history of drug use or not the majority of the prison officers rely on self-reports of the women. Only in Portugal and Estonia self-reports of the women prisoners did not play any role in identifying who might be a drug addicted prisoner. In most of the European prisons medical examinations are usually done immediately after women have entered the prison. For this reason medical examination is as well one of the most important basics to assess possibly drug addicted female prisoners. In addition, data sources such as social reports, criminal records and urine tests are used by many of the national prison systems for the identification of drug using inmates. In general most of the prison systems combine the different sources of information in order to assess who is regarded as drug user or drug addicted.

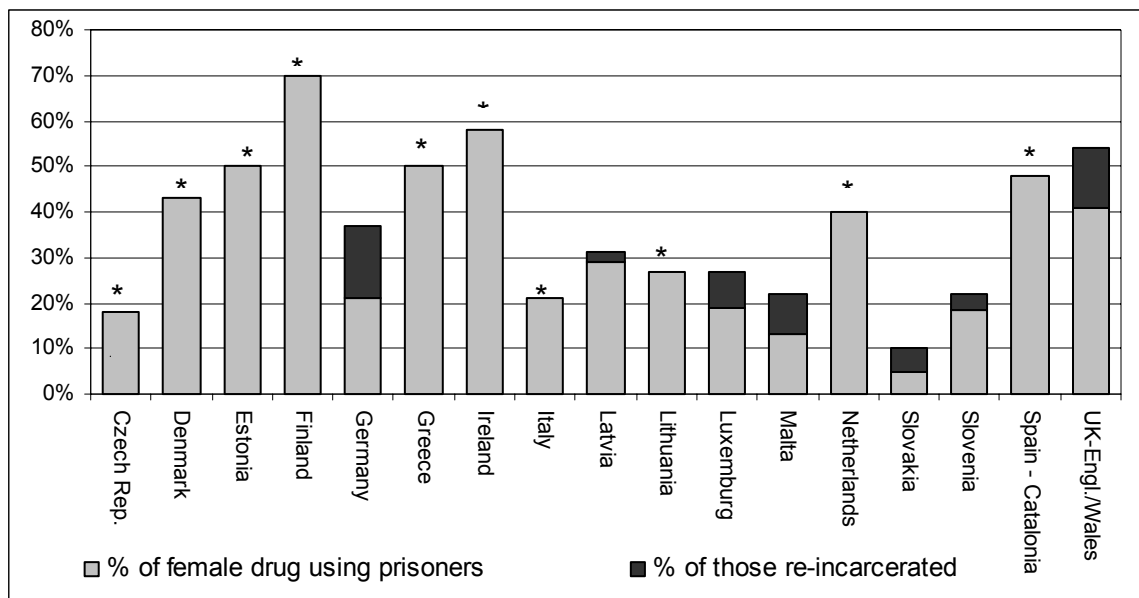
Other kinds of assessment were reported by Sweden and Malta who additionally make use of the standardised questionnaire EuropASI to determine the existence of a drug addiction.



In England/Wales the CARAT-team carries out Motivational Interviewing which is used as an additional assessment method. CARAT is an acronym for Counselling, Advice, Referral, and Treatment which describes a service offered in all prisons by qualified drug workers who are often contracted in from health and private sectors. Furthermore in France controls by the security staff and in Ireland nursing assessment on committal are additionally used as information to identify female drug using prisoners.

Against the background of several assessment procedures the following data represent the prevalence of adult female drug users among the female prison population. The prevalence indicated refers to the specific date in 2002 respectively listed in table 3-2.

**Figure 3-3: Percentage of adult female drug users on a specific date in 2002 – (N=17)**



\* no data on the percentage of those re-incarcerated available

As regards the prevalence of female drug users in the European prisons 10 out of 27 countries/regions could not provide any data about the percentage of female drug users amongst their female inmates imprisoned in 2002.

On the basis of the 17 countries/regions with available data it becomes apparent that about half of them seem to have only a small proportion of adult female drug users in their prisons which is at 10-30 % while another half stated to have about 40-60 % female drug using prisoners amongst their female prison population. The later is especially the case for Ireland, England/Wales, Catalonia and in Estonia and Greece. The highest proportion of female drug using prisoners was reported by Finland who regarded 70 % of the female inmates in 2002 as drug users.

As mentioned above we were also interested in how many of the adult female drug users had been incarcerated once again. Most of the countries could not provide any data to this question. Of those with data, the two European countries Slovakia and Malta who only have a small number of female drug using inmates stated that 51 % and 40 % respectively

of them had been re-incarcerated in 2002. In Germany on average 42.5 % of the female drug using prisoners have been imprisoned again.

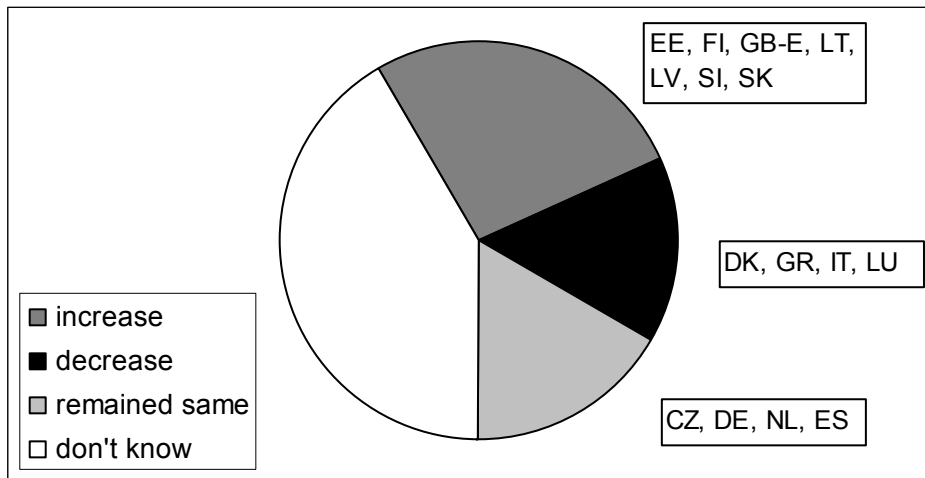
However, the results on the prevalence of female drug users in European prisons had to be handled with care as it remains unclear what the different European countries apply as definition for “drug use”. For instance, the respondent from England/Wales noted along with the questionnaire that the number of female drug using prisoners is a “the subject of great debate” as every practitioner in the field knows that the official data is a significant under-representation. This perspective was supported by an European overview on drug and HIV services in European prisons. This survey pointed out that only few countries have a clear definition of the term “drug user” but when comparing these definitions they are extremely heterogeneous (Stöver 2002b). For instance, some countries define drug use as any substance use without medical prescription (Sweden, Belgium) while other countries focus on physical and psychological dependency (Germany) or problems related to the use of psychoactive substances (Spain). Again others define drug use as the regular use of drugs or medication during the year preceding the imprisonment (France) (Stöver 2002b). Taking these differences into account it becomes obvious that the reported proportion of female drug users in the national prisons more or less reflects the variety in definitions. As long as in the European prison system there is a clear and unique definition of “drug users” lacking as long all data quantifying the scale of the drug problem in prison need to be treated with caution.

The problem of definition has to be kept in mind further on when looking at the following data which represent first the trend in the imprisonment of female drug users and second the results to the prevalence of illicit drug use among female drug using inmates.

The trend in imprisonment was evaluated by the question if the proportion of female drug users in prison had changed from 2001 to 2002.

The number of 11 European countries don't know if there had been a change in the proportion of female drug users imprisoned on a specific date in 2002 compared with the data of 2001. From Sweden this question had not been answered at all. This obviously poor availability of information is remarkable in terms of common agreements that the number of drug users in prison is steadily increasing. However, the lack of information evince first of all that methods of proper assessments are missing.

**Figure 3-4: Trend in the proportion of imprisoned female drug users from 2001 to 2002 – (N=26)**

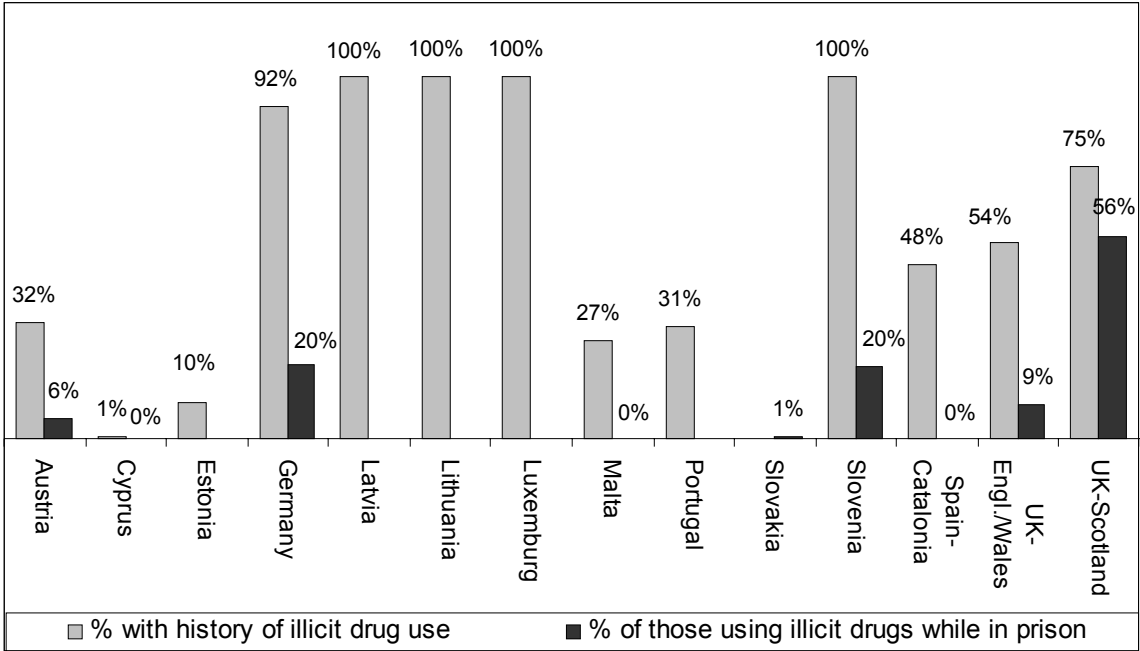


When regarding the results for those countries who dispose of comparable data it appears that altogether seven European member states report an increase in the percentage of imprisoned adult female drug users from 2001 to 2002. This is particularly the case for the Eastern European countries. In contrast, a decrease in the percentage of imprisoned female drug users was reported from Italy and Luxemburg and from Denmark and Greece who both had a compared to other European countries still a considerable number of female drug users prisoners in 2002. Another four countries such as Germany and Spain confirm that the proportion of female drug using inmates remained same in 2002 compared with 2001. However, for Germany and Spain there had possibly been a different picture if there had been data available of all 16 German federal states and of central Spain.

Due to the different definitions of “drug user” the data on female drug users presented above could refer to both the use of legal drugs such as alcohol and illicit drugs such as opiates as well as it could cover the use of medicaments either prescribed or not prescribed. In fact, the data illustrate rather the perspective of the prison administration on the extent of the national drug problem in prison than to indicate a valid prevalence of the prison drug problem in Europe.

For this reason it was one of the survey’s objective to cut down the drug problem on the use of illicit drugs in order to get a more consistent picture on what the drug problem in prison is about. Thus it was asked for the recent percentage of adult female drug using prisoners who have a history of illicit drug use prior to their imprisonment. In addition data were required to those women prisoners who continue using illicit drugs such as opiates, cocaine, amphetamines and cannabis while in prison.

**Figure 3-5: Prevalence of illicit drug use among female drug using prisoners – (N=14)<sup>7</sup>**



One major result of the survey is that almost half of the European countries/regions stated to have no data on the scale of illicit drug use among the women prisoners prior to their imprisonment and/or during their prison term. Only 14 out of 27 countries/regions provide data to this issue although most of them could only specify the percentage of female drug using prisoners who have a history of illicit drug use. As regards specifications for the proportion of women prisoners using illicit drugs while in prison there are data available from only 9 countries/regions (the missing black columns in figure 3-5 indicate the lack of data to this topic).

According to the given data, in the Eastern European countries Latvia, Lithuania, and Slovenia and as well in Luxemburg entirely all of the female drug using prisoners seem to have a history of illicit drug use. Obviously none of the female drug using prisoners in these countries is only addicted to legal substances such as alcohol or pharmaceuticals. Similar results can be found in Germany and to a lower extend in Scotland where three-quarter of the female drug users are reported to have a history of illicit drug use. In contrast about half of the female drug using prisoners in Catalonia and England/Wales are users of illicit drugs prior to their imprisonment while another half of this prison population is identified as users of other substances than illicit drugs. In Austria, Portugal, Malta,

<sup>7</sup> From Austria it was noted that the most recent data on the prevalence of illicit drug use among the female drug using prisoners was from 1999. The data reported from Portugal derived from a 2201 study on “Drugs and Prisons in Portugal”. The answer from England/Wales was drawn from the last published report by Singleton, Farrell & Meltzer on “Substance Misuse amongst Prisoners in England and Wales” which based on 1997 data.

Estonia, and especially in Cyprus only a minority (1-32 %) of the female drug users are reported to have a history of illicit drug use.

In Cyprus solely 1 % of the female drug using prisoners seem to be users of illicit drugs and none of them seems to continue illicit drug use while in prison. Similarly Malta and Catalonia stated that none of the female prisoners who are experienced to illicit drug use continue using illicit drugs in prison. However, due to literature and practical experience it can be assumed that these data represent an understatement. The same is true for the data on illicit drug use in prison reported by England/Wales and probably as well for Slovakia and Slovenia. As regards the Austrian and German data on illicit drug use in prison it can be assumed that the reported 6 % and 20 % respectively tend not to represent the real prevalence. According to the comment of the Austrian respondent the 6 % incidence of illicit drug use in prison covers only those female drug using inmates who inject drugs while in prison. There are no data available on those inmates with other consumption patterns than intravenous drug use. In Germany, several prison studies showed that about three-quarter of the female drug using prisoners still use heroin while in prison and about half continue injecting drugs during their imprisonment (see chapter 2.3.1). Taken these information into consideration there are not much doubts that the given data are underestimated and in fact a considerable higher proportion of the Austrian and German female prisoners continue using illicit drugs while in prison.

In contrast, the 56 % reported prevalence of illicit drug use among female prisoners in Scotland seems to be representative to describe the prison reality as in Scotland annual prison surveys are conducted. Therefore Scotland represents one of the European countries which is in funds of well-founded prison data. Likewise Ireland could provide detailed data on the spread of illicit drug use among their female prisoners. Due to the data Irish female inmates use at 2.7 % cocaine, 5.8 % amphetamines, 17 % opiates, 30.1 % benzodiazepines and at 35.3 % cannabis while in prison.

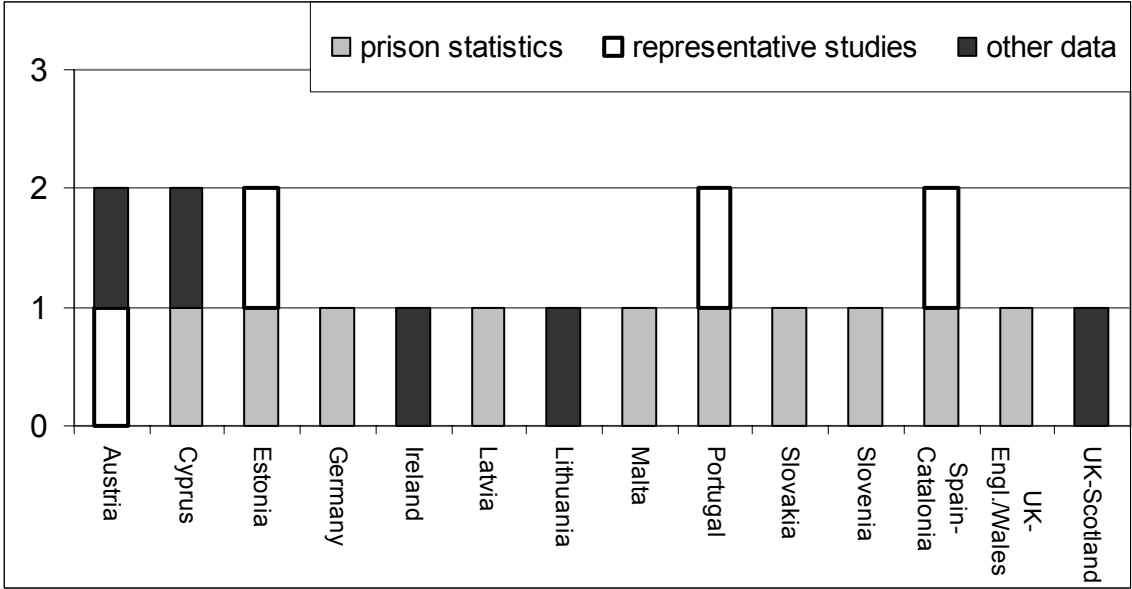
In general the survey results on the prevalence of illicit drug use among the female drug using prisoners in the different European countries reveal that the given data and its potential understatement depend on what kind of prison information is available in the respective country. In order to acquire which kind of information has been used as data origin it was asked for the specific source of information.

With exception of Luxemburg all countries providing data to the percentage of female drug using prisoners with either a history of illicit drug use and/or illicit drug use during imprisonment did answer this question.

Obviously most countries (10 out of 14) made use of prison statistics - which include results of drug testing or other assessment procedures - in order to specify the prevalence of illicit drug use in their women's prison. In some of the countries such as Slovakia, Slovenia and England/Wales prison statistics are the only source of information while others use additional data sources such as representative prison studies. The latter is the case for Estonia, Portugal and Catalonia in Spain. However, independent representative studies are apparently only available in these three countries and as well in Austria.

However, other kinds of data are second most common sources for information as this is the case in five countries.

**Figure 3-6: Source of information for data on prevalence of illicit drug use – (N=14)**



In Austria, additional to representative studies information from a report of the European network on HIV/AIDS and hepatitis was applied to determine the prevalence of illicit drug use among the female drug using prisoners. The data of Cyprus did include reports of prison psychologists along with prison statistics. On the other hand Ireland, Lithuania and Scotland stated only to use other data as single source of information but at the same time the quality of these information sources is maximum different. As mentioned above the Scottish data base upon the evaluation results of the annual prison surveys while the data from Ireland were drawn from a so-called laboratory service provider. A highly unreliable source of information was reported from Lithuania who noted to “have information that illicit drugs are being used in prison though we don't know the exact proportion”. This statement highlight a much common difficulty among European prison systems which is that the prison administration is on the hand aware of the problem of drug use in prison but on the other hand feels unable to scale the extent of this problem.

In conclusion, the survey on the prevalence of illicit drug use experiences and/or illicit drug use in prison results in three major findings:

- The national prevalence of illicit drug use among adult female prisoners depends on the on the availability and quality of data sources and in equal measures respective definition of the term “drug use”.
- As regards the availability of data, the many of 6 European countries could neither specify the percentage of female drug using prisoners nor the percentage of women prisoners with history of illicit drug use. Specifications on both are missing from Belgium, France, Hungary, Northern Ireland, Poland, and Sweden.

- Due to the lack of a unique definition of drug use in Europe and the effects of the data sources used by the countries to determine the prevalence it is not possible to compare the given data on illicit drug use among female prisoners in a reliable and valid way.

When surveying the state of the drug problem in Europe the EMCDDA face the same difficulties in comparing the reported data. (EMCDDA 2003):

“Given the dependability of current estimation methods, data quality and data availability, it is not always possible to interpret trends reliably. In addition, there is no estimation method that can be used in all countries in a comparable way, therefore between-country comparisons should be carried out with caution.”

As there is consensus in most of the European member states that the drug problem in prison is most challenging the penal systems it becomes increasingly important to establish a unique classification system in Europe to measure the prevalence of drug use. In addition there are good reasons for implementing assessment procedures at the intake of prisoners and for developing a regular national prison monitoring. A high availability and quality of evidence-based information will allow to undertake reliable between-country comparisons and to give positive information about the drug problem in European prisons.

Actually, in many of the Western and Eastern European countries there are either no or only little data on female drug using prisoners available. One exception is could be regarded as an example of good practice among Europe in terms of a regular and comprehensive monitoring of the Scottish prison system. The monitoring is annually conducted by the SPS (Scottish Prison Service), which does not only investigate trends in the prison population but also evaluates the provision of proper standards of care for prisoners (<http://www.sps.gov.uk>).

### **3.3.2 Assessment of drug-related problems in prison**

In order to assess drug-related problems in the penal system the Ministries of Justice were asked for

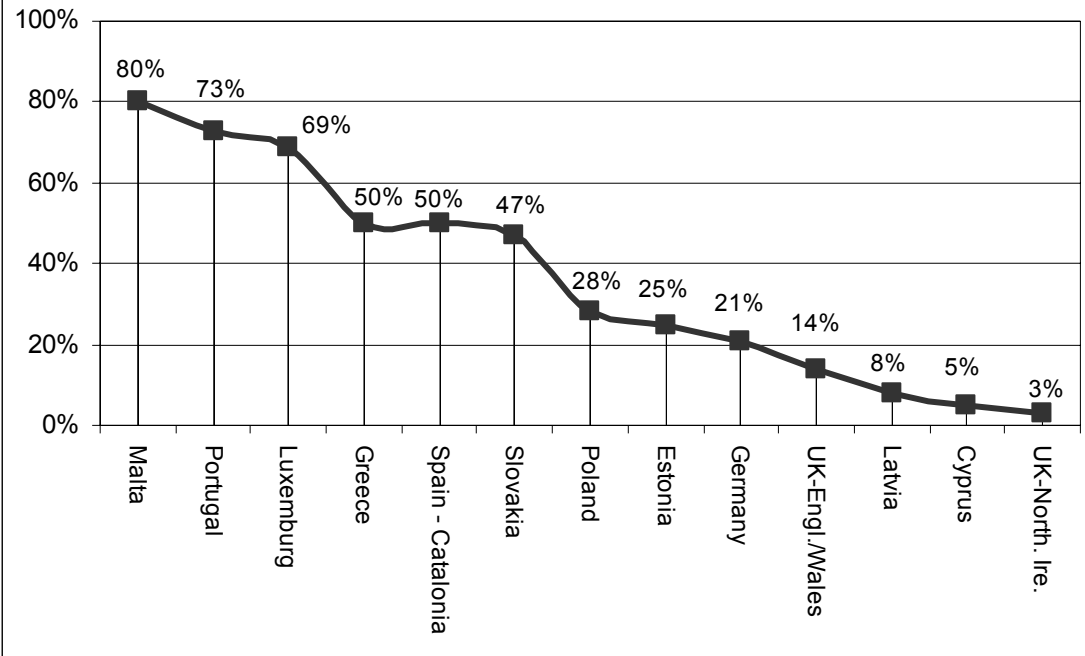
- data about the reasons for the imprisonment of female drug users referring to a specific date in 2002
- average duration of the imprisonment of this prison population
- assessment of the major drug-related problems challenging the national prison system.

With regard to the reasons for imprisonment of adult female drug users about half of the European member states could not provide data to this issue. Of those countries with available data, Portugal and England/Wales could only specify the reasons for imprisonment amongst the female prison population as whole and not for female drug users in particular. In Germany, the given data represent only 3 out of 9 federal states, which is due to the lack of available data in those missing six federal states.

In consideration of the different data baseline among the European countries the analyses of the reasons for imprisonment focus on offences against the national drug law. This procedure has two advantages: First it can be assumed that women sentenced to prison for drug law violations will be mainly those with prior illicit drug use. Second the information

on the percentage of women prisoners sentenced for offences against the drug law includes at the same time information about the percentage of those female drug users sentenced to prison for acquisitive offences.

**Figure 3-7: Offences against the drug law as reasons for imprisonment – (N=13)**



Among the European member states there are enormous differences in the proportion of female (drug using) prisoners who had been imprisoned because of offences against the drug law. On a specific date in 2002, these differences ranged from a maximum of 80 % (Malta) to a minimum of 3 % (Northern-Ireland). The highest percentage of female prisoners imprisoned for violations of the national drug law can be found in Malta, Portugal and Luxemburg, however it has to be considered that Malta and Luxemburg each only had about 20 female drug using prisoners at all.

In Greece, Catalonia and Slovakia about half of the female drug users had been imprisoned for offences against the drug law while another half had been imprisoned for acquisitive offences such as e.g. shoplifting. Between 21 to 28 % of the female drug users are imprisoned for drug law violations in Poland, Estonia and Germany. The slightest percentage of female prisoners sentenced for drug law offences (3-14 %) can be found in Northern-Ireland, Cyprus, Latvia and England/Wales, which is that obviously a majority of the female drug users were imprisoned due to acquisitive offences.

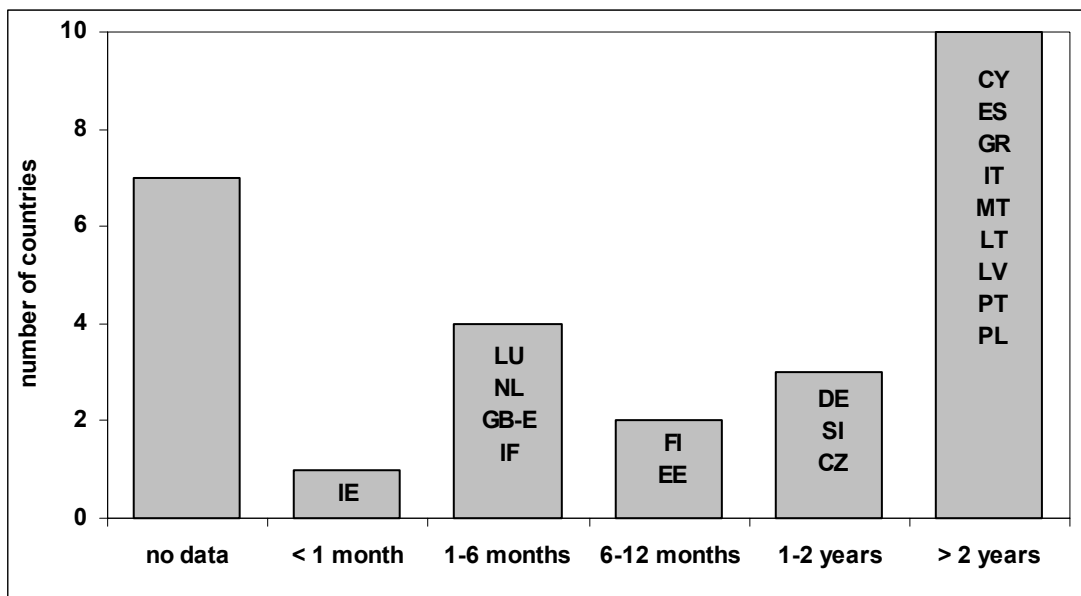
In general, the country-by-country data mainly illustrate the differences in the tendency among European member states to imprison women drug users for offences against the drug law. This tendency again reflects the nature of the respective national drug law. Thus, the EMCDDA pointed out that in some Member States the sanction for possessing an illicit drug depends on the type of drug in question, while in other countries the law does not differentiate between illicit substances. For example, in the eight countries Belgium,



Spain, Ireland, Italy, the Netherlands, Portugal, Luxembourg and the UK, the penalty for a drugs offence varies according to the nature of the substance involved. In contrast, in the remaining countries the law officially does not recognise differences between drugs, although judicial authorities do in practice consider the nature of the substances (as well as the quantity and other determining factors) when sentencing (for more country specific details see: <http://eldd.emcdda.eu.int/trends/classification.shtml>).

The severity of drug and/or acquisitive offences determine the severity of the sentence and therewith the length of the prison sentence. Within this context it is analysed how long the majority of the adult female drug have been sentenced for. Again there could be noticed differences in the data baseline as in Ireland the data were reported for the total female prison population incarcerated in 2002 due to not being able to link the length of sentences to the drug history. England/Wales annotated that according to the “Statistics on Women and the Criminal Justice System 2002”, 76 % of the women that received custodial sentences were committed to a 12-month sentence or less. The average length of time spent in prison by such an inmate is only 4 and a half months on average. There is a significant minority of women imprisoned for drug importation. On average these women receive 7-year sentences but have a very different substance misuse profile to the rest of the population (<http://www.homeoffice.gov.uk/rds/pdfs2/s95women02.pdf>).

**Figure 3-8: Average duration of imprisonment for women drug using prisoners – (N=27)**



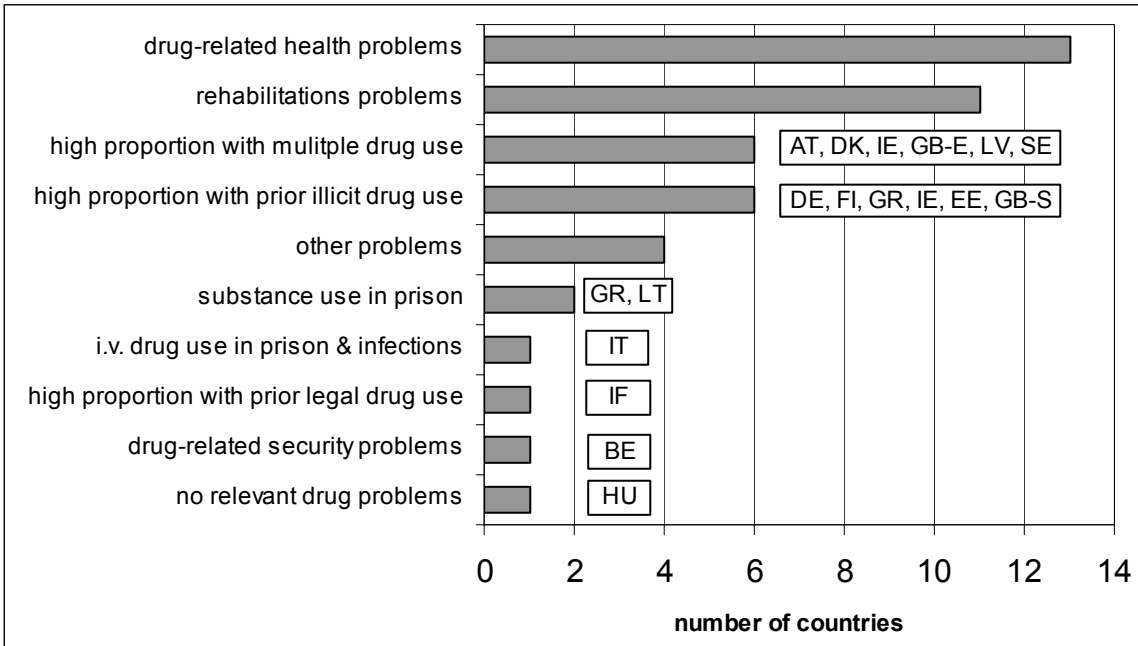
The data clearly demonstrate that in 13 out of 20 European countries that provided data, the majority of the female drug using prisoners had to serve long-term prison sentences of on average more than one year. In a vast majority of these countries the women inmates even had to stay more than two years in prison. The latter is particularly the case in the countries of the eastern enlargement. On the other hand short-term prison sentences up to six months could be found in the five countries Northern Ireland, Luxemburg,

Netherlands, England/Wales and most notably in Ireland. In Finland and Estonia female drug using prisoners are imprisoned on average for six to 12 months.

However, as female drug using prisoners in most of the European countries have to serve long-term prison sentences it can be assumed that the relevant prison systems will face numerous drug-related problems.

In order to assess which kind of drug-related problems the prison administration regards as most challenging their prison system, the respondents were requested to choose from 10 specified drug-related problems the two most important. From Portugal there was no answer to this issue.

**Figure 3-9: Major drug-related problems challenging the prison system – (N=26)**



From perspective of most European prison administrations the two major prison problems related to female drug using prisoners are health and rehabilitation problems. Drug-related health problems such as infectious diseases and mental disorders of the prisoners were regarded by 13 European member states as most challenging the national prison system. This was followed by rehabilitation problems, which altogether 11 countries stated to be most challenging their prison system. Respectively six European member states experienced the high proportion of female prisoners with either multiple drug use or with prior illicit drug use as major drug-related prison problems.

The findings show that substance use or intravenous drug use in prison did not play an important role in the perception of major drug-related prison problems, with exception of the three countries Greece, Lithuania and Italy. Similar, prior legal drug use and security problems are mostly regarded as no or minor prison problem with exception of Northern Ireland and Belgium.

Four European countries stated to have other than mentioned problems while three of them – Czech Republic, Malta and Spain-Catalonia – said to have only other problems. The respondents from Malta and Czech Republic explained only to have small numbers of female drug users and that there is no or only rarely drug use detected among their female prisoners. In Malta regular urine testing proves this. However, along with Hungary also in Malta and Czech Republic there are obviously no relevant drug problems facing their prison system. From perspective of the Catalonian respondent personality disorders of female drug using prisoners are a major drug-related prison problem. In Finland social problems of the female prisoners in freedom along with the high prevalence of prior illicit drug use are regarded as major prison problems.

In conclusion the survey comes to two relevant results:

- There are four areas where major drug-related problems of the prison system could be identified. According to the assessments of the prison administration drug-related problems such as health and rehabilitation problems, the high number of female drug using prisoners with multiple drug use and/or prior illicit drug use are most challenging the prison system in the majority of the European countries. One or more of these problems are stated by at large 22 European countries/regions.
- Among Europe the three countries Malta, Czech Republic and Hungary are those with a small proportion of female drug using prisoners and nearly no detections of drug use in prison. As a consequence these countries stated to have no relevant drug-related problems in their prison system. A recent study on prison health care in the Czech Republic and Hungary supported their assessment that drugs are not a major prison problem up to now (MacDonald 2001; 2003).

However, as the vast majority of the European member states reported having drug-related prison problems it is evaluated below how they address these problems.

### **3.4 Provision of drug and treatment services in European prisons**

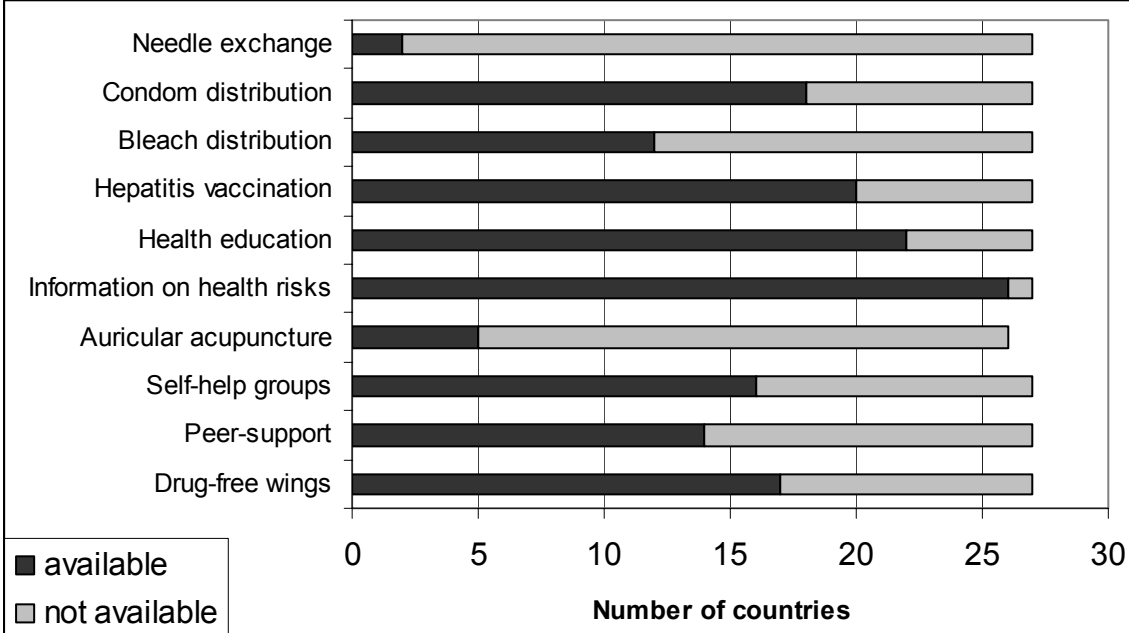
One of the main objectives of the survey was to gain wide knowledge about the drug and treatment services provided to female drug users in European prisons. So far a comprehensive survey covering the availability of all types of prison drug services has never been made before. Thus the survey presents the results of available drug services for female drug using prisoners among European prisons for the first time.

In order to survey the provision of drug and treatment services in prison, the respondents were asked which of the altogether 18 listed offers are available to female drug using prisoners and if these services are available in all of their national women's prisons.

The listed 18 offers can be divided in "harm-reduction" services and in "treatment" services. For each kind of drug services is evaluated which of the specified offers are available in general and which are not available at all. The results show what help offers exist in the prison systems of the different European member and what is common standard of care.

The figure below first illustrates the availability of “harm-reduction” services in the prisons of the 27 European countries/regions.

**Figure 3-10: Availability of harm-reduction services in prison – (N=27)**



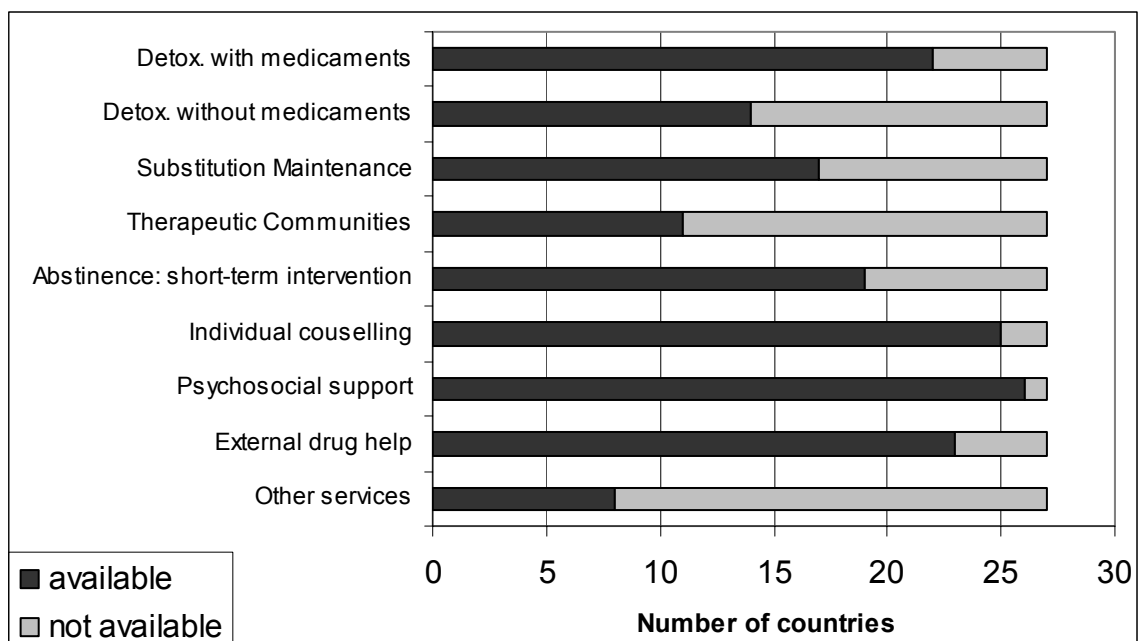
From altogether 10 different harm-reduction offers, three offers are most common as they are provided in the prisons of nearly all European countries/regions. With exception of Estonia all prisons in Europe provide information on health risks to female drug using prisoners. This was followed by health education available in 22 countries and by hepatitis vaccination available in 20 countries. Thus it can be assumed that health information, health education training and hepatitis vaccination have been established to some kind of standard prisoners health care. At the same time it must be noticed that some of the European countries do still not meet this standard although they reported to have drug-related health problems. For instance, despite of being aware of health problems the many of six countries - Belgium Latvia, Lithuania, Northern-Ireland, Poland and Slovakia - do not offer hepatitis vaccination to the female prisoners. As a measure of health promotion these countries are recommended to ensure the availability of these offers in future.

Furthermore the majority of 14 to 18 European countries provide to some extend drug-free wings, self-help groups, and peer-support to female drug using prisoners. Especially drug-free wings or units are regarded as an important opportunity for female prisoners to keep distance to drug using inmates and to stay abstinent in prison. As the number of 10 countries – Belgium, France, Luxemburg, Catalonia, Northern-Ireland, Poland, Cyprus, Estonia, Latvia, and Lithuania – do not provide drug-free wings, there is a need to exceed the availability of this type of drug service in prison.

Rarely available harm-reduction offers are auricular acupuncture and in particular needle exchange programmes. Auricular acupuncture is offered to all female prisoners in Italy and

to some of the female prisoners in England/Wales, Estonia, Finland, and Germany. Needle exchange was only provided in some prisons in Germany and in Spain-Catalonia. With respect to harm-reduction services the survey points up that most countries put emphasis on health promotion by means health information, health education and hepatitis vaccination in order to address drug-related health problems and to prevent infectious diseases. Especially the prevention of health risks could be improved if bleach and syringes would be made available to all female prisoners who still inject drugs in prison. In context with the presented results it has to be taken in mind that not all of the services available in general are at the same time available in all prisons. Especially in countries with a high number of prisons, some of the services are only available in most or in some prisons. The same limitation is valid for the availability of treatment services presented in the next figure.

**Figure 3-11: Availability of drug treatment services in prison – (N=27)**



The results on the availability of drug treatment services show that especially psychosocial support and individual as well as drug counselling are provided in the prisons of almost all European member states. Exceptions are Ireland, Estonia, Latvia and Cyprus where one or all of these three offers are not available in prison. Another mostly provided treatment service is detoxification with pharmaceuticals, which the majority of 22 countries/regions make available to female drug using prisoners.

As drug using women often still depend on drugs when entering prison, detoxification with medicaments play an important role in the medical care of this prison population. Chemical detoxification is often provided to drug dependents in initial reception prisons and after the detoxification or initiation of maintenance treatment had finished they are moved to resettlement prisons where detoxification is not provided any longer.

In addition to a detoxification with pharmaceuticals 13 countries/regions do as well provide detoxification without medicaments. Only Sweden merely offers detoxification without any medication. Detoxification without medicaments differs much as for instance some countries provide not any support while others offer symptomatic relief by alternative therapies. Thus, England/Wales reported to detoxify stimulant users by means of herbal teas, analgesia, hot chocolate and alternative therapies such as auricular acupuncture and yoga. However, detoxification either with or without medicaments is not provided in the prisons of Northern-Ireland, Hungary, Estonia and Lithuania.

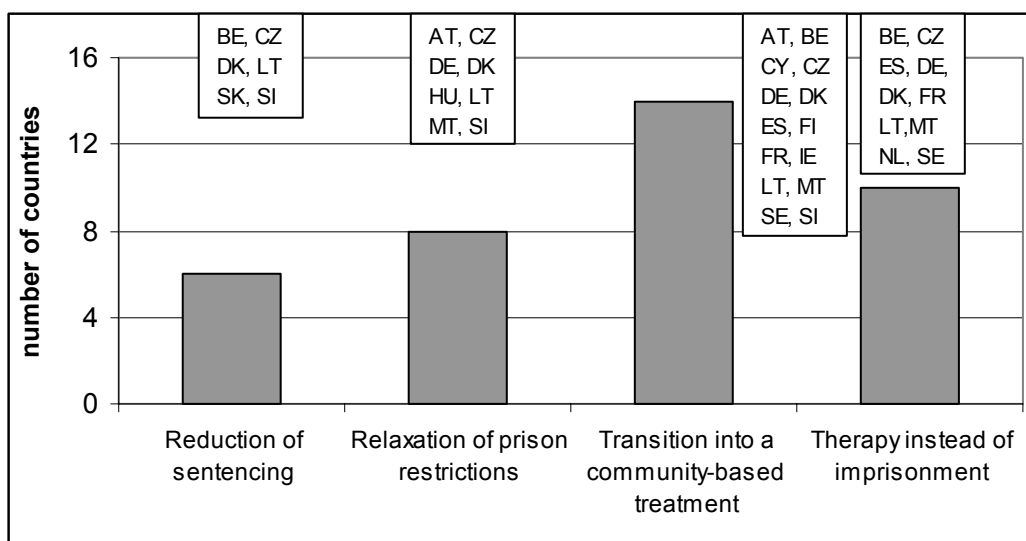
There are two further treatment services often available in European prisons; firstly abstinence oriented short-term interventions are provided in all or in some prisons in 19 countries/regions. Secondly substitution maintenance is provided to a different extend in 17 countries/ regions. Particularly substitution maintenance is one of the most important services from perspective of female drug addicted prisoners as this kind of treatment is not only helpful to deal with drug craving but effectively prevents drug use while in prison. For this reason substitution maintenance treatment represents as well a harm-reduction measure in terms of reducing high-risk practices of needle sharing among prisoners. Thus, there are good reasons to make substitution maintenance treatment available to as most drug addicted prisoners as possible. Currently this kind of treatment is only available in all prisons in 11 European countries/ regions.

Last not least therapeutic communities which either support female drug using prisoners to be prepared for a referral into a community based drug therapy or which act as preparation for prison release are at present only available in prisons of 11 countries /regions.

Other than already mentioned treatment services, eight respondents reported to provide also other services. In Malta, Slovakia and Germany psychiatric care is offered in some of the national prisons. Additional to external drug help, the prison system in Luxemburg and Germany has established as well a cooperation with staff of community based AIDS and youth care. In Ireland there are formal linkages with both community drug and psychiatric services and also housing is provided. In Italy work therapy is offered to female drug using prisoners. In some of the prisons in Poland there are drug-free treatment programmes providing training of assertive abstaining behaviour and relapse prevention. In Finland additional prison offers are programmes on motivation to treatment, family work in some cases and networks with community agencies.

With regard to treatment programmes such as substitution maintenance, therapeutic communities, abstinence-oriented short-term intervention and drug-free wings, the respondents had been asked for their opinion on the probable benefits for female drug using prisoners when participating in any of these programmes. The respondents could make a choice to each of four given benefits. The data analyses show that about one third of the European member states (N=8) did not answer the question of possible benefits. For this reason the following data bas upon the assessments of 19 respondents.

**Figure 3-12: Benefits for female drug users when participating in treatment programmes – (N=19)**



The results on possible benefits of treatment participation reveal that in most countries the participation in a prison treatment can lead to a transition into a community-based treatment. Second most often it was stated that a participation in a prison treatment programme is helpful to be released on licence according to the conditions of “therapy instead of punishment”. In contrast, only a minority of the respondents approved that treatment participation would result in a reduction of the term of imprisonment and/or a relaxation of prison restrictions. Obviously are these advantages of treatment participation rather an exception and more common in the Eastern European prisons.

In conclusion, the availability of drug treatment services can be summarised to three main findings:

- When taking the most available treatment services as an indicator for what is standard care in European prisons the results clearly show that psychosocial support, individual counselling, and external drug help are those drug services most common and available to address the drug problem in prison.
- Along with counselling and support most of the European member states do provide as well detoxification with medicaments and/or short-term interventions in order to promote drug abstinence. Compared to the availability of substitution maintenance the European prisons systems tend to favour abstinence models.
- A comparison of harm-reduction offers and treatment offers in terms of availability reveals that in prison there is a tendency to provide rather treatment options than to provide basic harm-reduction measures.

### 3.4.1. Country specific comparison of available drug services in prison

As mentioned above, not all of the drug and treatment services are basically available in all prisons. Especially in countries with a high number of prisons there are considerable

differences in how widespread these services are. In order to be able to compare the availability of drug and treatment services between countries it is necessary to group the countries according to their number of prisons. This procedure is argued by the fact that it is more difficult for countries with more than one or two prisons to provide generally available services in all prisons.

For reasons of comparability the countries were grouped as follows:

- Group 1: countries with 1-2 prisons for female prisoners
- Group 2: countries with 3-10 prisons for female prisoners
- Group 3: countries with 11-20 prisons for female prisoners
- Group 4: countries with 21-62 prisons for female prisoners

In a sense it would have been favourable for comparison reasons if for each of the groups the respective number of drug using inmates per 100.000 inhabitants could be mentioned. However, due to the lack of the data on the number of female drug using prisoners in a many of countries it is impossible to specify the prison rate for female drug users.

As a result the availability of drug services can only be analysed country-by-country in relation to the grouping without considering the respective proportion of female drug using inmates. First of all the country-by-country analyses are directed to the availability of harm-reduction services by means of identifying which of the harm-reduction services are available in general and which of the services are available in all existing prisons (see table 3-3).

The grouped country-by-country data evince that the availability and dispersal of harm-reduction services differs enormously not only among the 27 countries/regions but also between and within the groups.

The comparison of the harm-reduction provision shows that surprisingly the countries of group 1 have the lowest availability of harm-reduction offers although operating only one or two women's prisons. In a sense the opposite has been expected, that is to say that those countries with numerous prisons would provide a smaller number of harm-reduction measures at all and especially in all prisons as it is more difficult to them to ensure a high level and quality of care as this is the case in one prison. However, the survey results clearly indicates that in particular the countries of group two with three to eight prisons provide not only the highest number of different harm-reduction offers but also provide these offers most often in all prisons. The availability of drug services in all national existing prisons is of great importance because it guarantees women prisoners' equal access to services independently from in which specific prison they serve their sentence.



**Table 3-3: Country-by-country availability of harm-reduction services – (N=27)**

	Country (Number of prisons)	Availability: no=-- yes=++; in all prisons=all									
		Drug-free wings	Peer-support	Self-help groups	Auricular acupuncture	Information of health risks	Health education	Hepatitis vaccination	Bleach distribution	Condom distribution	Needle exchange
<b>Group 1 (N=11)</b>	Cyprus (1)	--	--	--	--	++ all	++ all	++ all	--	--	--
	Estonia (1)	++ all	--	++ all	++ all	--	--	++ all	--	++ all	--
	Latvia (1)	--	++ all	--	--	++ all	++ all	--	++ all	++ all	--
	Luxemburg (1)	--	--	++ all	--	--	++ all	++ all	--	++ all	--
	Malta (1)	++ all	--	--	--	++ all	++ all	++ all	--	--	--
	Slovakia (1)	++ all	++ all	--	--	++ all	++ all	--	--	--	--
	Slovenia (1)	--	--	--	--	++ all	++ all	++ all	++ all	++ all	--
	Northern Ireland (1)	--	--	++ all	--	++ all	++ all	--	--	--	--
	Lithuania (2)	++	++	++	--	++ all	++ all	--	--	++ all	--
	Ireland (2)	--	--	++	--	++ all	++	++ all	--	--	--
	Hungary (2)	--	--	--	--	++ all	++	--	++ all	--	--
<b>Group 2 (N=8)</b>	Greece (3)	++	++	++	--	++	++	++	--	--	--
	Denmark (4)	++	++	++	--	++ all	--	++ all	++ all	++ all	--
	Scotland (5)	++ all	++ all	++ all	--	++ all	++ all	++ all	++ all	--	--
	Spain-Catalonia (6)	--	++	++	--	++ all	++ all	++ all	++ all	++ all	++
	Sweden* (6)	++	--	++	--	++ all	++	++ all	--	++ all	--
	Belgium (7)	--	++	++	--	++ all	--	--	--	++ all	--
	Netherlands (7)	++	--	--	--	++ all	++	++	--	++	--
	Finland (8)	++	++	--	++	++ all	++ all	++ all	++ all	++ all	--
<b>Group 3 (N=4)</b>	Austria (14)	++	--	--	--	++	++	++	--	++	--
	Portugal (14)	++	--	--	--	++ all	++	++ all	++ all	++ all	--
	Czech Republic (17)	++	++ all	--	--	++ all	++ all	++	++ all	++ all	--
	England / Wales (18)	++	++	++	++	++ all	++	++	++	++	--
<b>Group 4 (N=4)</b>	Poland (21)	--	--	++	--	++ all	++	--	++	++	--
	Germany (33)	++	++	++	++	++ all	++	++	--	++	++
	France (56)	--	++	++	--	++ all	--	++ all	++ all	++	--
	Italy (62)	++ all	++ all	++ all	++ all	++	++ all	++	--	--	--

\* As Sweden did not specify the number of prisons with female prisoners, this number was taken from following document: <http://www.sweden.gov.se/content/1/c6/02/07/19/2b28c4cc.pdf>

Beside differences between the four groups there are as well differences within the respective groups.

In group 1 with exception of Estonia all countries provide information on health risks and health education training. Although hepatitis vaccination is the succeeding most available offer this is only provided by 6 out of 11 countries with one or two women's prisons. Along with a hepatitis vaccination as well the distribution of condoms and bleach are important measures to prevent the spread of communicable diseases. Both prevention measures are rarely provided in group 1 as the distribution of condoms is only offered in 5 countries and the distribution of bleach is even more seldom offered in at least 3 countries. When taking all available harm-reduction offers into account, Slovenia it that country of group 1 which provides most harm-reduction offers to promote health and prevent communicable diseases. Furthermore the Eastern European country Lithuania provides most of the different harm-reduction offers compared to all other countries with one or two women's prisons. In contrast, Cyprus, Northern Ireland and Hungary are those countries with the lowest service provision as they only provide three out of 11 possible harm-reduction offers.

In group 2 all countries provide information on health risks in all prisons and almost all countries provide as well to a certain extent health education training and hepatitis vaccination. Hepatitis vaccination is moreover often available in all prisons. Many of the countries in group 2 do also provide bleach and condom distribution, mostly in all prisons. However, there are some exceptions. In particular Belgium and Greece show poorly developed harm-reduction measures in their prisons. In Belgium, health education and hepatitis vaccination is not available in prison. Although these health services are available in Greece they are only available in some of the prisons. Similar in the Netherlands only information on health risks are available in all prisons while other health services are only available in some of the women's prisons.

Additional to health services the prisons in Greece, Denmark and Scotland provide as well drug-free wings, peer-support and self-help groups to female drug using prisoners. On the other hand, Finland is the only country of group 2, which provides auricular acupuncture along with drug-free wings and peer-support. Catalonia is the only region providing needle-exchange in some of the prisons.

A comparison of the overall available harm-reduction offers reveals that Scotland provides harm-reductions services - as a matter of principle - in all prisons. Furthermore show Spain-Catalonia and as well Finland the highest number of different harm-reduction offers with health services on principle available in all prisons. Unlike the prison system in Belgium appears to provide the lowest level of harm-reduction offers as only four types of these drug services are provided.

In group 3 similar to group 2 all countries provide information on health risks in all prisons and - to different extent - health education training, hepatitis vaccination and condom distribution. With exception of Austria all other three countries with 14 to 8 prisons do also distribute bleach to female prisoners. Although a range of harm-reduction offers to prevent communicable diseases is available in all four countries /regions of this group, it is worth mentioning that in Portugal and Czech republic these offers are at the same time often available in all existing prisons.

Furthermore are drug-free wings available in all countries/ regions while none of them provides drug-free wings in all prisons. Peer-support is provided in England/Wales and in all prisons of Czech Republic. Among the four countries/regions only in England/Wales self-help groups and auricular acupuncture are provided in some prisons.

In conclusion, the prison system in England/Wales makes all possible harm-reduction offers available to female drug users with exception of needle-exchange. Also Czech Republic provides a high range of different harm-reduction offers and most of these offers are available in all prisons. In comparison, Austria has the lowest level of harm-reduction offers with none available in all prisons.

Beside information on health risks, the four countries of group 4 with the highest number of prisons all provide self-help groups to female drug using prisoners. As regards health services, most of these countries provide as well health education training, hepatitis vaccination and condom distribution. Hepatitis vaccination is not available in Poland and condom distribution is not available in Italy. On the other hand, bleach is only distributed

in Poland and France. Like in Spain also in Germany there are needle-exchange programmes available in some prisons.

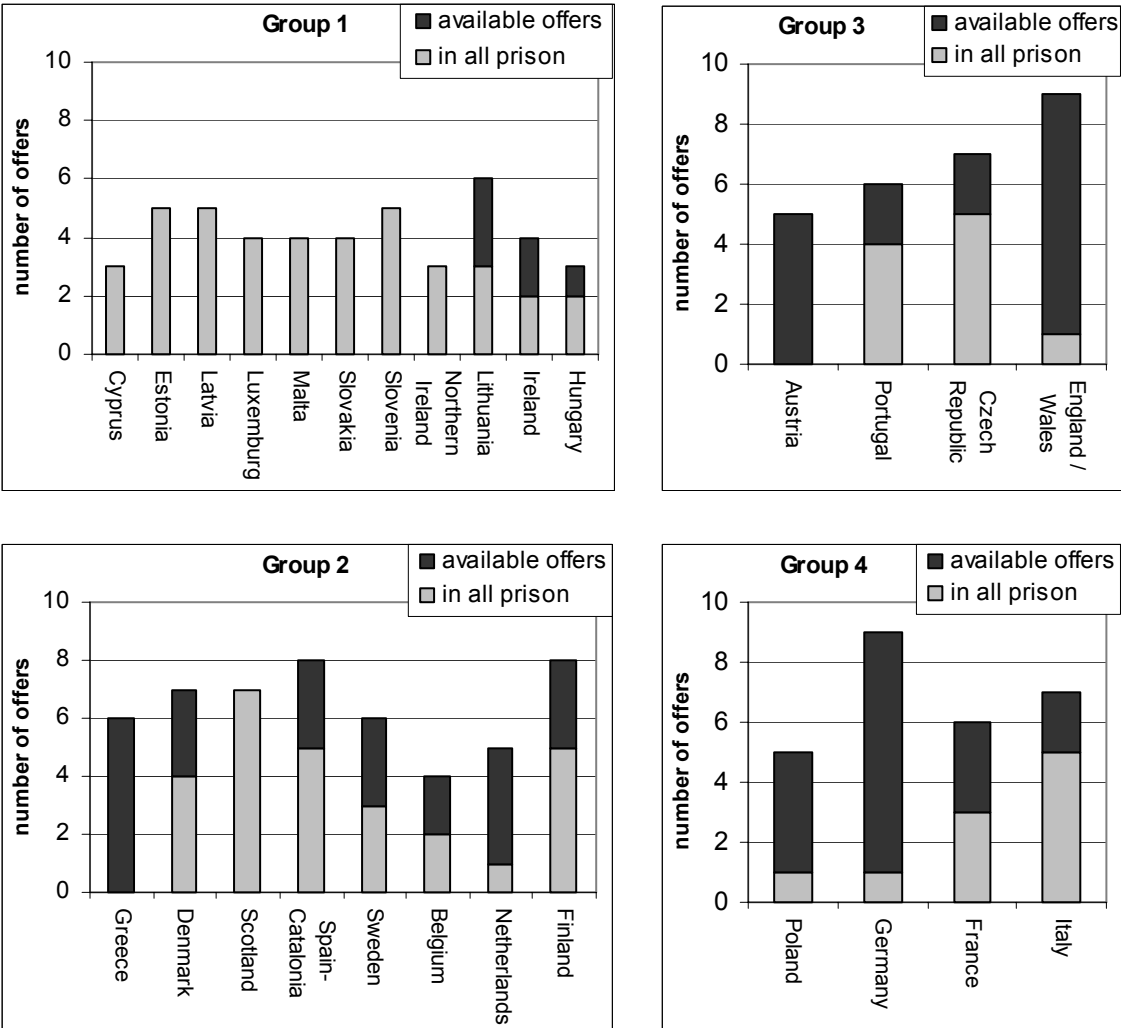
Additional to health services peer-support is often provided with exception of Poland. Drug-free wings and auricular acupuncture are only offered in prisons in Germany and Italy.

Among the countries of group 4, Germany has the highest range of different harm-reduction offers but apart from health information none of these offers is available in all prisons. In contrast, the variety of harm-reduction offers in Italy is mostly available in all prisons. Compared to the other countries with the high number of prisons Poland shows the lowest provision of harm-reduction services in prison.

In order to come to a more condensed comparison and assessment, the number of available harm-reduction services is evaluated according to the grouped European member states (see figure 3-13).

The result on the availability of harm-reduction services clearly shows that among European prisons England/Wales and Germany provide the most different types of harm-reduction offers. At the same time both countries/regions provide only one of these offers in all prisons. A second major finding is in Greece not many harm-reduction offers are provided in general and in addition none of these offers is available in all prisons. According to the data the same appears for the prisons in Austria. In contrast, Scotland is the only European country, which makes harm-reduction services basically available in all prisons.

Figure 3-13: Number of available harm-reduction services according to groups



In order to assess if the service provision is adequate to address the country specific drug problem in prison it is necessary to link the availability of harm-reduction offers to a) the national prevalence of female drug using prisoners and b) the self-reported drug problems in prison. In consideration of both information the provision with harm-reduction services can be assessed as follows:

- Best practice in terms of harm-reduction

With respect to the provision of harm-reduction services, among the European member states four countries/regions can be evaluated as having developed “best practice” in their prison system. Scotland, Spain-Catalonia, Finland and Czech Republic all have implemented a broad range of harm-reduction offers available to female drug using prisoners. Especially for Scotland it has to be emphasised that all services are on principle available in all prisons. However, as Scotland reported that more than half of the female prisoners continue using illicit drugs in prison, needle-exchange programmes such as in Catalonia and Germany should be make available in future.

The prison system in Catalonia and Finland is regarded as best practices because health services are provided to female drug users basically in all prisons in order to respond to the

high proportion of female prisoners with prior illicit drug use. Surprisingly as well Czech Republic provides a variety of harm-reduction offers although the prison administration stated to have no relevant drug problem in prison.

- Appropriate provision of harm-reduction offers

The four countries Cyprus, Malta, Slovakia and Hungary provide a minimal range of harm-reduction services. Nevertheless the service provision seems to be appropriate because these countries only have only a small number of drug dependent women prisoners at all and/or nearly no detections of drug use in prison. Similar in Denmark, Sweden and Portugal the range of harm-reduction services which are often provided in all prisons seems to be adequate to address the reported problem of the high number of female prisoners with multiple drug use in Denmark and Sweden and to respond to the 30% prevalence of female prisoners with prior illicit drug use in Portugal.

- Sufficient service provision but with further call for action

The four Eastern European countries Latvia, Lithuania, Estonia and Slovenia evince various endeavours to address health problems related to the high proportion of female prisoners with prior illicit drug use. However, despite of a number of already available harm-reduction offers further calls for action could be identified. In Lithuania the introduction of hepatitis vaccination as part of the prison health services should be considered while in Slovenia in particular the introduction of drug-free wings is regarded as to be useful. In Estonia there are basis health offers lacking such as health information and health education, so it is recommended to balance this in future.

The Western European countries the Netherlands, Austria England/Wales and Germany had already undertaken several efforts to respond to the ascertained drug-related health problems and the high number of female prisoners with prior illicit drug use. Especially in England/Wales and Germany most of the harm-reduction offers are provided in their prisons compared to other European countries. However, as some of the harm-reduction offers are actually only available in some prisons these countries are recommended to spread the availability of these services to more prisons in order to provide equal access to harm-reduction for female drug using prisoners. Similar in Greece there are several harm-reduction services in general available but none is available in all prisons. For this reason as well the prison system in Greece is recommended to enlarge the availability of harm-reduction offers in order to respond to the mentioned substance use in prison.

The prison system in Italy shows to some extends best practice as lots the different kind of harm-reduction services are available in all 62 prisons with female inmates. But in relation to the stated drug-related health problems and especially in relation to the experienced intravenous drug use in prison there are nevertheless basic health services lacking. In order to even enhance the care for drug using inmates it would be reasonable to take an extension of hepatitis vaccination into consideration as well as the introduction of condom and bleach distribution. Last not least there are good reasons to consider the introduction of needle-exchange programmes in prison.

- Unclear assessment

Although Northern Ireland and Luxemburg only have few drug users among their 20 to 30 female prisoners both countries reported to face drug-related health problems in their prisons. However, it remains unclear if the low provision of harm-reduction is sufficient to reduce the experienced drug-related health problems. Similar Belgium and Poland stated drug-related health problems as most challenging their prison system but had only poorly developed health services in order to prevent communicable diseases. As both countries could not provide any data to the prevalence of female drug users among the female prison population it is impossible to determine whether the available harm-reduction offers are satisfactory or not.

- Insufficient provision of harm-reduction offers

Ireland not only reported an almost 60% prevalence of female drug users among the female prison population but also stated that the high number of female prisoners with prior illicit and multiple drug use is currently the major drug-related problem in prison. Despite of the experienced drug problem in prison only few health services are provided to female drug using inmates. Thus, the provision of harm-reduction offers must be regarded as inadequate and insufficient to respond to the existing problem.

In a next step the country-by-country data on the availability of drug treatment services in prison are presented (see table 3-4).

Different to the provision and spread of harm-reduction offers a vast majority of the European countries provide a broad range of drug treatment offers in prison. In addition, a relevant number of these services are available in all prisons. A wide availability of different types of treatment services in prison can be found in most countries of all groups. However, there are some exceptions worth mentioning which all belong to the countries with only one or two prisons (group1). Out of 8 possible treatment services in Estonia only abstinence-oriented short-term intervention are provided to female drug users. Similar poorly developed treatment provisions show Northern-Ireland, Hungary, and Lithuania. In Northern Ireland apart from counselling offers and psychosocial support not any further drug treatment is available. Equally in Lithuania and Hungary there is no detoxification and substitution maintenance provided to female drug using prisoners.

**Table 3-4: Country-by-country availability of drug treatment services – (N=27)**

	Country (Number of prisons)	Availability: no=-- yes=++; in all prisons=all								
		Detoxification with medicaments	Detoxification without medicaments	Substitution maintenance treatment	Therapeutic communities	Abstinence: short-term intervention	Individual counselling	Psychosocial support	External drug help	
<b>Group 1 (N=11)</b>	Cyprus (1)	++ all	--	--	--	--	++ all	++ all	++ all	--
	Estonia (1)	--	--	--	--	--	++ all	--	--	--
	Latvia (1)	++ all	--	--	--	--	++ all	++ all	++ all	--
	Luxemburg (1)	++ all	--	++ all	--	++ all	++ all	++ all	++ all	++ all
	Malta (1)	++ all	++ all	++ all	++ all	++ all	++ all	++ all	++ all	++ all
	Slovakia (1)	++ all	++ all	--	++ all	++ all	++ all	++ all	++ all	++ all
	Slovenia (1)	++ all	--	++ all	--	++ all	++ all	++ all	++ all	++ all
	Northern Ireland (1)	--	--	--	--	--	++ all	++ all	++ all	++ all
	Lithuania (2)	--	--	--	++	++ all	++ all	++	++ all	++
	Ireland (2)	++ all	--	++	--	--	--	++	++	++
	Hungary (2)	--	--	--	--	--	++	++	++	++
<b>Group 2 (N=8)</b>	Greece (3)	++ all	++	++	++	--	++	++	++	++
	Denmark (4)	++ all	--	++ all	++	++ all	++	++	++	++
	Scotland (5)	++ all	++ all	++ all	--	--	++ all	++ all	++ all	++ all
	Spain-Catalonia (6)	++ all	++ all	++ all	++	++ all	++ all	++ all	++ all	++ all
	Sweden (6)	--	++ all	--	--	++ all	++ all	++ all	++ all	++
	Belgium (7)	++ all	++ all	++	--	++ all	++ all	++ all	++ all	++ all
	Netherlands (7)	++ all	--	++ all	--	--	++	++	++	++
	Finland (8)	++ all	++ all	++ all	++	++	++ all	++	++	++
<b>Group 3 (N=4)</b>	Austria (14)	++	--	++ all	++	++	++	++ all	++	++
	Portugal (14)	++	--	++ all	--	--	++ all	++ all	++ all	++ all
	Czech Republic (17)	++	++	--	++	++ all	++ all	++ all	++ all	++ all
	England / Wales (18)	++ all	++	++	--	++	++ all	++ all	++ all	++
<b>Group 4 (N=4)</b>	Poland (21)	++	++	--	--	++	++ all	++ all	++ all	++ all
	Germany (33)	++	++	++	++	++	++ all	++	++	++
	France (56)	++	++	++	--	--	++ all	++ all	++	++
	Italy (62)	++	++ all	++ all	++ all	++ all	++ all	++	++	++

When going into details, the results for group 1 show that almost all countries provide psychosocial support, individual counselling and abstinences-oriented short-term interventions. Together with Hungary and Estonia the latter is not provided in Ireland too. The second most available treatment services are drug counselling by community agencies and detoxification with medicaments. With regard to drug counselling this offer is not provided in the three countries Cyprus, Estonia and Latvia.

Substitution maintenance as one of the most important drug treatment measure is only provided in four out of 11 countries that is Luxemburg, Malta, Slovenia and Ireland. Therapeutic communities are not much common among group 1 and solely provided by Malta, Slovakia and Lithuania.

All in all the results reveal that Malta along with Luxemburg and Slovenia have implemented the most relevant treatment services in their prison system compared to the other countries with one or two prisons.

In group 2 almost all countries provide nearly all possible treatment services in their respective women's prisons and most of these services are in addition available in all prisons. One exception from this standard are therapeutic communities, which are generally available only in some prison in Greece, Denmark, Catalonia and Finland. Furthermore it has to be mentioned that in Sweden neither detoxification with medicaments nor substi-

tution maintenance is available. In Sweden drug treatment mainly focus on abstinence models and counselling. On the other hand, in particular the prison system in Denmark and Spain offer a substitution maintenance service in prison, which is widely accessible for drug using inmates.

With respect to a well established drug treatment provision in particular the prison system in Spain-Catalonia as well as the prison system in Belgium and Scotland have to be pointed out in terms of providing a number of different drug treatment options in nearly all existing women's prisons.

In group 3 counselling and support is most available and most widespread to female drug using prisoners among the countries with 14-18 prisons. Additionally all four countries provide detoxification with medicaments and – with exception of Czech Republic – as well substitution maintenance but to a different extent. For instance, detoxification with medicaments is only available in all prisons in England/Wales while substitution maintenance is only available in all prisons in Austria and Portugal. With respect to substitution maintenance in prison, in particular the Austrian prison system is to be pointed out as those with a widespread and differentiated substitution practice.

Apart from the already mentioned services, abstinences-oriented short-term interventions are provided in some prisons in Austria and England/Wales but in all prisons in Czech Republic.

Among group 3, the prison system in England/Wales, and with reservations in Czech Republic are assessed to offer most different types of drug treatment services.

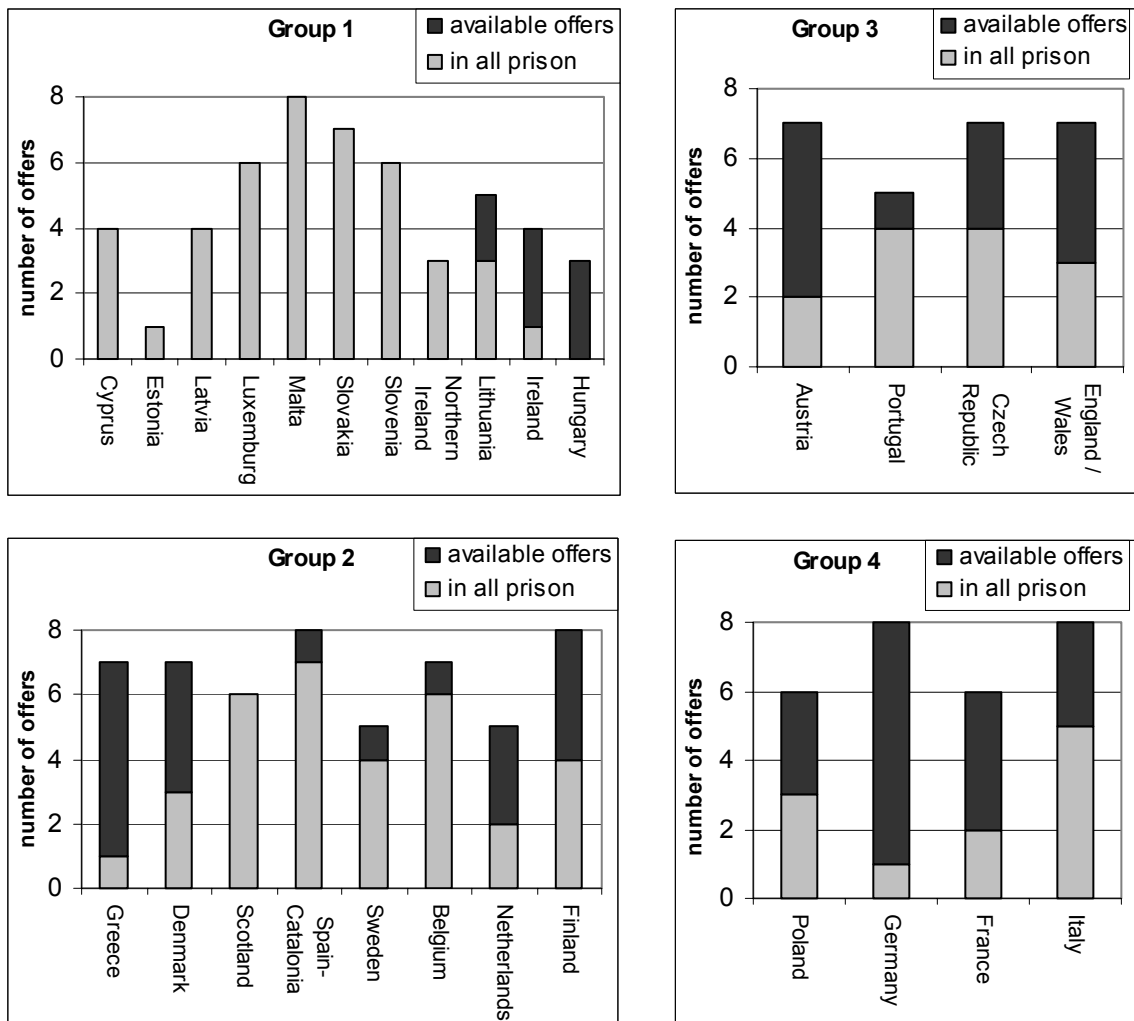
The availability and spread of drug treatment services in group 4 does not much differ from that in group 3. Again counselling and support are most available services. In addition all four countries with a multitude of women's prisons provide detoxification with and without medicaments and with exception of Poland also substitution maintenance. Among the countries of group 4 especially the French prison system is to be underlined in terms of a broad provision of substitution maintenance treatment. Furthermore all countries of group 4 with exception of France generally offer short-term interventions for abstinence to a certain extend. Last not least Germany and Italy provide therapeutic communities while this is not the case in France and Poland.

Due to the high number of prisons many of the available drug treatment services are mainly offered in some and not in all prisons. For this reason especially the prison system in Italy has to be looked upon favourably as in Italy female drug using prisoners can often access various treatment services in all prisons.

For comparison reasons the availability of the drug treatment services in prison is presented more condensed by pointing out how many treatment offers are provided in sum and how many of these services are available in all prisons.



Figure 3-14: Number of available drug treatment services according to groups



The results highlight that among Europe altogether five countries/regions – Malta, Catalonia, Finland, Germany and Italy – provide all possible drug treatment services in their national prison system for women prisoners. Especially in Catalonia nearly all drug treatment services are as well available in all prisons. Further seven countries/regions provide almost all possible treatment services with seven out of eight drug treatment offers available in prison. In sum, the findings reveal that more than one third of the European member states have established a variety of drug treatment options in order to respond to female drug users in prison. On the other hand nearly the same number of European countries are proved to make only a minimal drug treatment available to female drug using prisoners. This is in particular the case for Estonia and Northern Ireland but also for Cyprus, Latvia, Ireland and Hungary.

However, to assess the appropriateness of the drug treatment provision again both the national prevalence of female drug using prisoners and reported rehabilitation problems are taken into account. In consideration of these data, the respective drug treatment provision in prison can be assessed as follows:

- Best practice in terms of drug-treatment

Similar to the provision of harm-reduction services, again Scotland and Spain-Catalonia can be regarded to have developed as well “best practice” in terms of drug treatment provision in their prison system. Furthermore the prison system in Belgium, Malta and Italy are assessed to meet conditions of “best practice”. Like Spain-Catalonia also Belgium and Malta have implemented a broad range of drug treatment services, which are in addition most often available in all prisons. However, in the light of Malta, which stated to face no relevant drug-related problem in prison, numerous drug treatment options have been made available.

The prison system in Italy is evaluated positive as it provides, despite of the highest number of women’s prisons in Europe, all possible drug treatment services and most of them basically in all prisons.

- Appropriate provision of drug treatment

The three Eastern European countries Slovenia, Slovakia and Czech Republic provide a range of drug treatment offers which seem currently to be adequate and sufficient to address the respective drug problem in prison. Although neither Slovakia nor Czech Republic make substitution maintenance available to female drug using prisoners, it can be assumed that the absence of this offer does not seriously affect the basically high care of female drug using prisoners. However, with respect to a possibly higher prevalence of drug-related problems in both prison systems in future it can become increasingly important to introduce methadone maintenance in prison.

In consideration of a high variety of drug treatment offers as well the prison system in Finland, Denmark and Luxemburg are assessed to provide appropriate treatment services in prison. Especially in Finland all drug treatment services are provided with a relevant number of them in all prisons. In Denmark and Luxemburg most relevant drug treatment offers such as detoxification, substitution maintenance, counselling and abstinence short-term interventions are provided which can be regarded as adequate to respond to the experienced problem of rehabilitation.

- Sufficient treatment provision but with further call for action

As expected those countries with a high number of penal institutions for female prisoners are identified on the one hand to have a sufficient provision with drug treatment but are on the other hand suggested to enlarge their treatment offers in prison. Thus, the prison system in Germany, England/Wales and in Austria are recommended to enhance the care for prisoners by making the already existing multitude of drug treatment services available in more prisons. Such an enlargement offers a chance to ensure equal treatment opportunities to female drug using prisoners and to respond better to problem of rehabilitation and multiple drug use.

Similar Greece is assessed as one of the countries, which should consider providing already available drug treatment services in more prisons.

In contrast, the Netherlands and Sweden both are suggested on basis of the data to think about implementing further treatment offers in order to heighten their standard of care. For instance, the prison system in the Netherlands might broaden the availability of counselling offers. In addition, it might be reasonable to introduce therapeutic communities and/or short-term interventions for abstinence in order to better respond to perceived rehabilitation problems. For the same motivation the prison system of Sweden is recommended to make detoxification with pharmaceuticals as well as substitution maintenance available to female drug using prisoners in future. Likewise the prison system in Latvia and Lithuania are turned out to offer insufficient drug treatment options as in Latvia substitution maintenance is currently missing while in Lithuania both substitution maintenance and detoxification is not provided. Thus, in both countries is seem to be of equal importance to make these offers available in order to meet the challenges of drug-related health problems and to respond to the high number of female prisoners with prior illicit drug use.

- Unclear assessment

There are four European member states whose provision of drug treatment for female drug using prisoners is hardly to assess. This is the case for Hungary, Poland, Portugal and France.

Hungary did not provide any drug treatment apart from counselling and psychosocial support. As there are data missing to the prevalence of female drug users in the two women's prisons is remains unclear if the minimal provision with drug treatment is insufficient or not. With respect to the reported drug-related health problem in prison it can, however, be assumed that the introduction of detoxification and substitution maintenance would make some sense in order to reduce health problems among female drug using prisoners.

Although the prison system in Poland provides in general a number of the most relevant drug treatment services, some of these services are only available in some prisons and in addition there is no substitution maintenance offered. However, as Poland could not provide any data to the prevalence of female drug using prisoners it cannot be definitely determined whether the current drug treatment provision is adequate to address the experienced drug-related health problems. Similar in France and Portugal a variety of different drug treatment services are basically available with some of these services in all prisons. Indeed both countries are exposed to respond to the respective number of female drug users in prison (Portugal) and the existing drug-related health and rehabilitation problems (France) by providing different kinds of drug treatment. Though it remains unclear if the current treatment provision is adequate or if it would better be extended to enhance the prison care for this prison population.

- Insufficient provision of drug treatment

The number of four European countries is proved to provide insufficient opportunities of drug treatment in their national prisons. This is in particular the case for Estonia and Northern Ireland but also for Ireland and Cyprus.

The prison system in Estonia does not provide any drug treatment but short-term intervention for abstinence although stating to face problems due to many female prisoners with prior illicit drugs. Thus it can be assumed that there might be a high demand to implement a number of different drug treatment services. Northern Ireland and Cyprus both only have few female drug users in their prison but reported that drug-related health and rehabilitation problems respectively are most challenging their prison system. In view of these problems the present treatment provision is to be assessed as insufficient as mainly abstinence interventions and counselling is provided. Ireland in turn stated to face several problems related to the high prevalence of female drug users among the women prisoners but at the same time provides only a minimal drug treatment in prisons. In order to adequately respond to the existing drug-related problems a broader range of treatment offers than provided is regarded as to be essential.

A comparison of the overall availability of harm-reduction services with that of drug treatment services enables to identify what the respective prison systems in Europe focus on mainly. According to the data analyses it becomes obvious that the prison systems in one fourth of the European member states significantly emphasise their prison care on drug treatment; this main focus can be found in Austria, Belgium, Greece, Italy, Luxemburg, Malta, Slovakia, and Slovenia. On the other hand only the prison system in Estonia and to a lower degree in England/Wales do mainly focus on harm-reduction services. In conclusion the results show that a majority of the European prisons have developed both types of services to a similar extent.

With respect to the ascertained deficiencies in drug service provision it is of high importance if the survey respondents are of the opinion that additional services should be provided and/or if additional services are planned in near future. This issue is addressed later on.

### **3.4.2 Pre-and post-release services for female drug users**

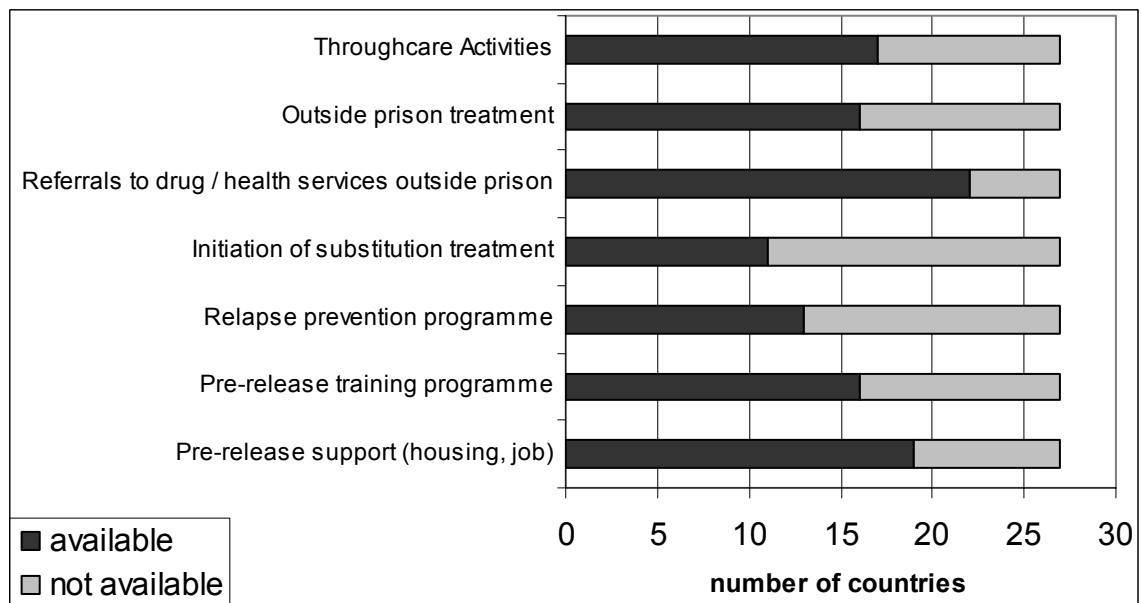
From literature it is a fact that pre- and post release services are of high importance to ease the prisoners transition into community after prison release. A multitude of studies agree that a systematic preparation for release and in particular the availability of ongoing care is most effective in case of drug dependent prisoners to prevent relapses to drug use and delinquency.

From this background the survey asked for pre-and post-release services provided to adult female drug using prisoners. A number of seven different types of possible release services were specified in order to identify the availability of essential release services.

According to the data the most available release offer are referrals to community-based drug and health agencies. This type of services is provided in the prisons of 22 European countries/regions. In Sweden, all prisons do as well provide referrals to NGO's.

The succeeding most available service is pre-release support for housing and jobs, which is provided in prisons of 19 countries/regions. Furthermore a majority of up to 17 European member states reported to provide through care, a systematic pre-release training programme and outside prison treatment. Especially pre-release training and through care are to be considered as highly important services as they are proved to be much effective in terms of relapse prevention. However, in more than one third of the European countries none of these two services is available at present.

**Figure 3-15: Availability of pre- and post- release services – (N=27)**



There are two pre-release services, which are only in few European prisons available to female drug using prisoners. First of all interventions aiming at relapse prevention are only provided in the prison system of 13 countries/ regions with some of them providing this offer merely in some prisons. For instance, the respondent from England/Wales explained that some resettlement prisons send their prisoners to local colleges and groups to participate in a drug relapse prevention. Second, the initiation of substitution treatment close to prison release is less frequent available. In 11 countries/regions it is possible to female drug using prisoners to get substitution treatment as part of the release preparation while this is not the case in 16 countries/regions.

In conclusion the findings reveal that there could be much more efforts to promote rehabilitation and prevent relapses after prison relapse. As this demand is not in general true for all European member states, a country-by-country analysis of the availability of release services is conducted.

The detailed country specific results show that the many of 11 countries provide a broad range of different pre- and post-release services. This is the case for Scotland, Spain-Catalonia, Belgium, Denmark and Finland of group 2 with three to eight prisons and for Austria, England/Wales and Czech Republic of group 3 with 14 to 18 prisons. As well Poland, Germany and Italy as countries with the highest number of prisons provide a

multitude of release services. However, the extension of available services in the national prison system differs considerable. In terms of “best practice” in Scotland, Catalonia, Denmark and Belgium all services provided are on principle available in all prisons, while in Austria release services are generally only available in some prisons. Still a “good practice” show Czech Republic, Poland and Italy where most relevant release services such as pre-release support and training, relapse prevention programmes and through care activities are basically available in all prisons. In contrast, both Germany and Finland only make referrals to community agencies available in all prison although providing a high range of different release services in general.

**Table 3-5: Country-by-country availability of pre- and post-release services – (N=27)**

	Country (Number of prisons)	Availability: no=-- yes=++; in all prisons=all						
		Pre-release support (housing, job)	Pre-release training programme	Initiation of substitution treatment	Relapse prevention programme	Referrals to drug / health services outside prison	Outside prison treatment	Throughcare Activities
<b>Group 1 (N=11)</b>	Cyprus (1)	--	--	--	++ all	++ all	++ all	--
	Estonia (1)	--	--	--	--	++ all	++ all	++ all
	Latvia (1)	++ all	++ all	--	--	--	--	--
	Luxemburg (1)	++ all	--	--	--	++ all	++ all	++ all
	Malta (1)	--	--	--	--	++ all	--	--
	Slovakia (1)	++ all	++ all	++ all	--	--	--	--
	Slovenia (1)	++ all	--	++ all	--	++ all	--	--
	Northern Ireland (1)	++ all	--	--	--	++ all	++ all	++ all
	Lithuania (2)	--	++ all	--	++	++ all	--	--
	Ireland (2)	--	--	++	--	++ all	++	++
Hungary (2)	++ all	++ all	--	--	--	++ all	--	
<b>Group 2 (N=8)</b>	Greece (3)	--	--	--	--	--	--	--
	Denmark (4)	++ all	++ all	++ all	--	++ all	--	++ all
	Scotland (5)	++ all	++ all	++ all	++ all	++ all	++ all	++ all
	Spain-Catalonia (6)	--	++ all	++ all	++ all	++ all	++ all	++ all
	Sweden (6)	++ all	--	--	++	++ all	++ all	++
	Belgium (7)	++ all	++ all	++ all	--	++ all	--	++ all
	Netherlands (7)	++	++	++	--	++	--	--
	Finland (8)	++	++	--	++	++ all	++ all	++
<b>Group 3 (N=4)</b>	Austria (14)	++	++	++	++	++	++	++
	Portugal (14)	--	--	--	--	++ all	--	--
	Czech Republic (17)	++ all	++ all	--	++ all	++ all	--	++ all
	England / Wales (18)	++ all	++	--	++	++ all	++	++ all
<b>Group 4 (N=4)</b>	Poland (21)	++ all	++ all	--	++	++	++ all	++ all
	Germany (33)	++ all	++	++	++	++ all	++	++
	France (56)	++ all	--	--	++ all	--	++ all	++ all
	Italy (62)	++ all	++ all	++	++ all	++	++	++ all

Another five countries/regions provide indeed not a wide range of different release services but the most important ones in terms promoting rehabilitation. With respect to **rehabilitation assistance** in particular Luxemburg, Northern-Ireland, France, Sweden and also the Netherlands are to be evaluated positively. In these countries pre-release support and referrals to community agencies along with through care and often outside prison treatment is mostly available in all prisons. While in France and Sweden additionally relapse

prevention programmes are offers, in the Netherlands pre-release training programmes are provided in some of the prisons.

In contrast, a significant number of European countries have only developed a **minimal care** to support the female prisoners release into community. In fact, mainly the Eastern European countries Estonia, Lithuania, Hungary, Slovakia and Slovenia but also Cyprus and Ireland are to be found to provide insufficient release services. Although all of the mentioned countries do provide to some extent different release offers, some of them lack basis pre-release support and training such as Cyprus, Estonia Lithuania and Ireland. On the other hand countries such as Slovakia and Hungary do not provide referrals to drug or health agencies, while Lithuania, Slovenia and as well Slovakia do not support outside prison treatment. However, it has to be looked upon favourably that Cyprus and Lithuania make relapse prevention programmes available to female drug using prisoners. Likewise positive does the prison system in Estonia and Ireland provide through care activities.

At least the prison system of the four countries Greece, Portugal, Latvia and Malta are regarded to show a very **poorly developed** provision with pre-and post release services. In Greece not any single service is provided in order to prepare female prisoners for release. In Malta and Portugal solely referrals to community agencies are provided. On the other hand, in Latvia apart from pre-release support and training no further release offer is available.

In conclusion, there are three main findings with regard to the provision of prison release services:

- Among the European countries there are four countries/regions – Scotland, Catalonia, Denmark, Belgium – which provide best practice in terms of several activities to promote rehabilitation and to prevent relapses after prison release. Another three countries – Czech Republic, Poland, and Italy – are assessed to provide good release practice.
- Mainly some of the Eastern European countries are to be found to insufficiently provide pre- and post release services with all showing different kinds of shortcomings.
- Most worrying is the finding that Greece, Portugal, Latvia and Malta don't provide any systematic and comprehensive support to prepare female drug users for prison release. With respect to relapse prevention these countries are suggested to consider the implementation of any or further release services.

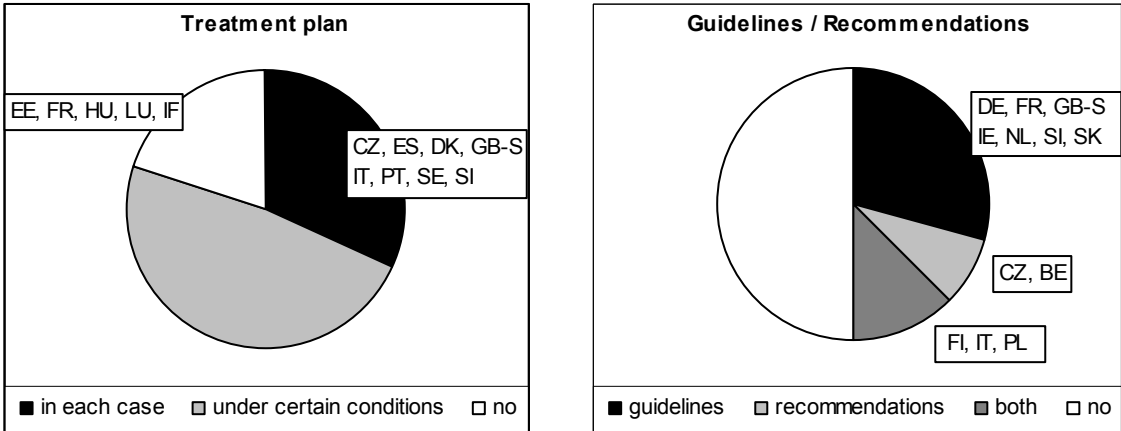
### 3.5 Quality assurance of drug care in prison

Apart from the availability of drug services in prison and for prison release, rehabilitation opportunities depend also on the procedure how and if female drug using prisoners are adjusted to drug and treatment services. For this reason the respondents were asked about the use of treatment plans and the development of specific guidelines or recommendations for drug care in prison. Greece and England/Wales did not respond both issues and the question of guidelines was not answered by Portugal.

As regards the compilation of a treatment plan, the results indicate that only a minority of five countries/regions do not compile a treatment plan for female drug using prisoners.

The respondent from France noted that although there is no treatment plan made in prison the basic health care is ensured for each female inmate by medical services of the Ministry of Health. Furthermore only 8 out of 27 countries/regions reported to compile a treatment plan in each case. Obviously it is a most common practice in the European prisons to make a treatment plan only under certain conditions. The majority of 12 countries/regions stated this procedure. For example, in case of female inmates with a short-term prison sentence a treatment is abandoned while for long-term prisoners it is regarded as to be relevant. According to a comment from Finland, the prison system compiles a treatment plan in case that the prisoners themselves do want them to do so.

**Figure 3-16: Treatment plan, guidelines and recommendations for care of female drug users in prison – (N=27)**



As regards the existence of guidelines and/or recommendations the results clearly show that an equal number of the European countries have not developed any guidelines or recommendations like those, which have them developed. In countries with no instructions there are sometimes other kinds of recommendations. For example, the respondent from Malta explained, that a prisoner substance abuse assessment board regulates the recommending of inmates both male and female.

If some instructions exist, these do mainly consist in guidelines than in recommendations. However, it must be noticed that none of those European prison systems had developed specific guidelines for the care of female drug using prisoners. In fact, the guidelines or recommendations specify either the health care of prisoners in general or the provision with drug services for both male and female drug addicted prisoners. The latter is the case in Austria, Germany, Ireland, France, and Finland as this is indicated by documents, which were provided together with the survey. In some federal states in Germany the Ministry of Justice had enacted instructions for the care of drug using prisoners, which cover for example the cooperation with external drug agencies and the performance of substitution treatment. Similar in Ireland there has been developed a detailed programme guideline for methadone treatment, which covers the required qualification of staff as well as specifies outlines for the best clinical practice. Along with the practical suggestions for methadone treatment, the guideline addresses the issue of needs of specific groupings (pregnant



mothers e.g.), care planning and release and rehabilitation requirements. Although England/Wales did not answer the question on guidelines, due to an additional note it became clear that there are guidelines for the chemical detoxification.

In France the Ministry of Justice has established guidelines in August 2001 in order to regulate the responsibility for the health care of inmates. This guideline do as well address the problem of prisoners dependent on psychoactive substances by instructing several measures such as interventions to reduce the transmission of hepatitis and HIV, health education training, medical treatment and preparation for prison release. In addition the guideline recommended to compile a social plan, a treatment plan and a plan of the individual needs of each drug dependent inmate in order to identify the individual needs and the provision with required services.

Italy, Poland and Finland stated to have developed guidelines as well as recommendations. As Finland provided the respective guideline – which have been set in 1999 and are expected to be readily updated in summer 2004 – some details could be named. The guideline from 1999 includes a comprehensive description of the “Strategy for intoxicant abuse of the Finnish prison administration”. This strategy comprises objectives, values and principles such as supply, demand and harm reduction for the prison drug work. In addition it regulates the responsibilities of actors in the filed of prison drug work. In a second part of the guideline a specified manual for “intoxicant control” has been developed which lists in detail mainly procedures of control activities, inspections of the prisoners and information on effects of the different substances but also includes a guidance for rehabilitation of drug dependent prisoners. In order to evaluate some relevant facts on the state of intoxication and on disciplinary measures a short questionnaire is enclosed to the manual. In general, the Finnish guideline constitutes the basic frame of the prison drug work and therefore instructed each prison administration unit to prepare an own specified strategy and action plan.

The details of the different existing guidelines show that these guidelines often consist in an action programme for a comprehensive prison drug work strategy. The country specific action plan, however, differs considerable. While some prison administrations focus on health care like in France and Ireland, others focus predominantly on control strategies like in Finland. In Germany again, some prison administrations have developed a concept for dealing with addition in the prison filed, which is directed towards cooperation between in-prison drug work and community agencies.

A final issue to assess the quality of drug care in prison is the question of evaluation. With respect to learn about what works best with female drug using prisoners evaluations of drug services are of high importance. For this reason the survey requested if any of the drug services for female drug users had been evaluated. The results to this question draw a clear picture in terms that an overwhelming majority of the European countries had never been conducted any evaluation. Only 8 out of 27 countries/regions stated that some kind of evaluation had been conducted. This is the case for Northern Ireland and Scotland,

which did unfortunately not specify the subject and type of evaluation, and for Germany, England/Wales, Spain-Catalonia, Czech Republic, Slovenia and Slovakia.

In Germany the needle-exchange programmes in prison had been evaluated by external researchers (for details see: literature report Germany). In England/Wales the detoxification of drug using prisoners had been evaluated while in Spain-Catalonia, therapeutic communities in prison and in community had been investigated. The prison health services and also the execution of prison custody and prison sentence had been evaluated in Slovakia. An internal assessment of the drug services can be found in Slovenia and Czech Republic. In Slovenia the evaluation of drug services are carried out within the yearly work report, while in Czech Republic drug problems in prison are regularly assessed by advisory bodies composed of prison governors and twice a year within the framework of the Prison Service. The Finnish respondent noted that in autumn 2004 the treatment programme “Vanaja” for women prisoners would be evaluated.

However, due to some European projects it can be assumed that some further drug services in European prisons had been subject of evaluations. For instance, a most recent European study has evaluated practise and policies of substitution treatment in prison in 18 European countries (Stöver, Hennebel et al. 2004).

When reflecting the different aspects of quality assurance, one major finding becomes apparent which is that different to the community drug work in European prison the provision of drug services is rarely based on high-quality standards. This absence of quality assurance can be argued with

- the frequent lack of a treatment plan which adjusted female drug using prisoners to treatment according to their individual needs and which is part of a systematic care management,
- the lack of women specific guidelines or recommendations in the field of prison health services which take gender specific needs and support requirements into consideration,
- the few prison programme evaluations which exist to date.

Indeed, some prison administrations have to be excluded form this review such as e.g. in Scotland, England/Wales, Catalonia, France, Italy and partly Germany as they show various efforts to ensure a high quality of care for drug using prisoners. Nevertheless a majority of the European prison systems is to be found to should improve their quality of drug services in prison.

### **3.6 Future demands for drug services in prison**

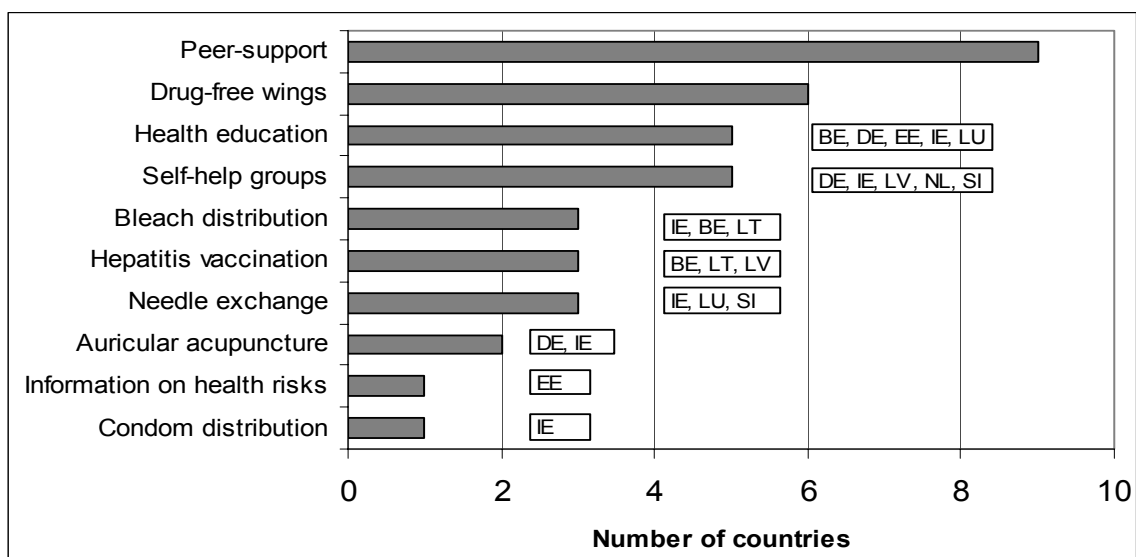
A final but significant topic of the survey was to find out what the prison administration think are future demands in order to better address the challenges of drug-related prison problems. In particular with regard to the health and rehabilitation problems of female drug using prisoners, assessments of the needs to improve the drug care attach great importance.

Due to this objective the respondents were asked a) if in their opinion any of the services currently not available should be provided and b) if there are plans to implement further drug services in near future.

The data analyses to the first question reveals that the number of 13 European member states denied that any further service should be provided apart from those already available. A denial can be found in countries that have been assessed to already provide either “best practice” or an appropriate provision with drug services – such as Scotland, Spain-Catalonia, Czech Republic, Finland, Italy and Denmark – so that there is indeed no need for additional services. But a negative answer was as well given by countries which have been either assessed to have further calls for action or which could not clearly be assessed. This is the case for England/Wales, France, Portugal, Hungary, Poland, Slovakia, and Greece.

In other words: Those countries which had been assessed to provide an insufficient range of drug services in prison are at the same time those which gave a favourable opinion that some of the currently not available offers should be provided to female drug using prisoners.

**Figure 3-17: Need for additional harm-reduction services – (N= 12)**



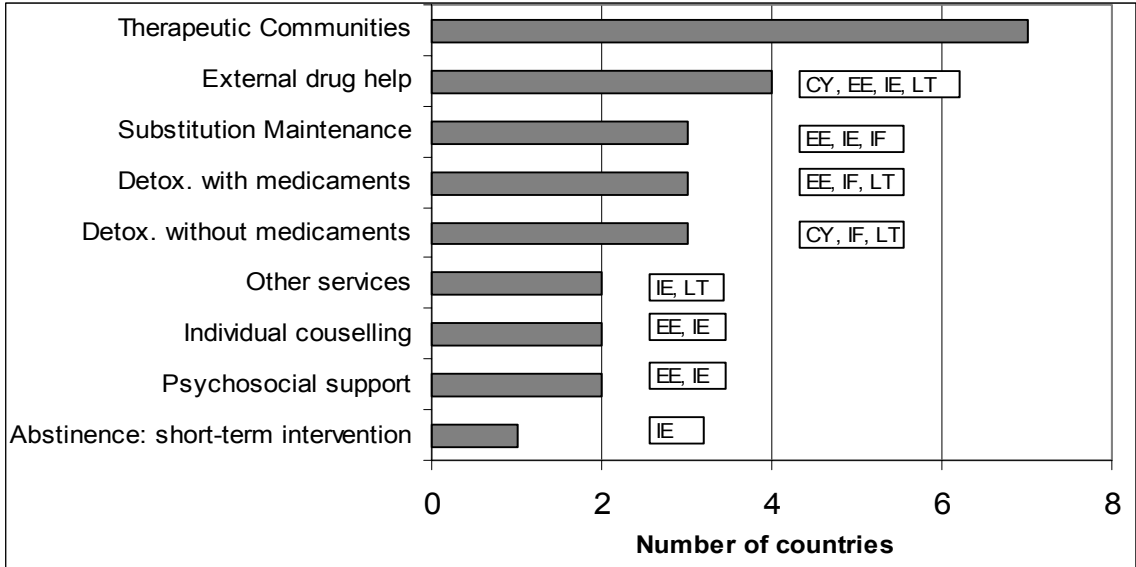
The data analyses on what should be provided clearly shows that there is a strong need for introducing peer-support in prison. The need for peer-support is expressed by the Western European countries Austria, the Netherlands, Luxemburg, Ireland, Malta and Cyprus and by the Eastern European countries Estonia, Latvia and Slovenia. In addition, a number of countries agree that drug-free wings should be provided in prison, which is again the case for Ireland, Cyprus, Estonia and Latvia but also for Belgium and Lithuania. The following most frequently favoured offers are health education training and self-help groups.

With regard to a prevention of communicable diseases respectively three countries stated the need to provide bleach, hepatitis vaccination and access to sterile syringes in prison. The introduction of needle-exchange programmes is supported by the prison administra-

tion in Ireland, Luxemburg and in Slovenia. Furthermore individual countries confirm that auricular acupuncture, information on health risks and the distribution of condoms should be provided to female drug using prisoners.

Overall the results reflect that countries with a high number of prisons and/or a multitude of available drug services like Germany, the Netherlands, Austria, Belgium and Lithuania mainly want to extend or even heighten the availability of harm-reduction services in prison. In contrast, countries with insufficient provision of harm-reduction at all like Ireland, Cyprus, and Luxemburg recognise the need for a number of additional drug services in order to respond better to the drug-related problems in prison.

**Figure 3-18: Need for additional drug treatment services – (N= 9)**



Altogether nine countries are of the opinion that additional drug treatment services should be provided in prison. In particular the availability of therapeutic communities is perceived to be necessary as the seven countries Belgium, Luxemburg, Sweden, Cyprus, Ireland, Estonia and Lithuania reported this. This is followed by the demand for help of community drug agencies. Due to the present lack of available services, especially the prison administrations in Ireland, Estonia and Lithuania observe the need for a great many of different drug treatment options, which should be made available to female drug using prisoners. Consequently they agreed that substitution maintenance, a differentiated detoxification and counselling and support should be introduced in the women’s prison. The need for substitution treatment and detoxification is as well mentioned by Northern Ireland and Cyprus.

In addition, Ireland stated to wish for formal linkages with community services both drug and psychiatric services and also housing provision. Lithuania in turn requires more active help from NGO’s in general.

Comprising the analyses of the needs result in three main findings:

- Countries with an inappropriate provision of drug services are sensible for the present deficiencies in their prison system. To meet the challenges of drug-related prison systems they clearly approve to introduce further drug services.
- With regard to the named needs the analyses could point out that most notably additional harm-reduction offers are required in order to promote the prisoners health and to prevent infectious diseases.
- While some countries want to extend the range of already available drug services, others show a fundamental demand of a multitude of drug services, which should be available in prison. The latter is in particular the case for Ireland, which stated that altogether 15 different drug services should be available, and for Estonia which expressed the need for 10 additional drug services. To a lower extend also Latvia and Lithuania are those countries in need for additional drug services in prison.

To close the prison survey report it is finally analysed what the European member states plan to implement in prison in near future. This is because it makes a wide difference if additional drug services are only required or if there are concrete activities to realise the introduction of further drug services.

**Table 3-6: Implementation of additional drug services in near future – (N= 11)**

	<b>1.1.1.1 Planned implementation</b>
<b>Belgium</b>	Therapeutic Community
<b>Cyprus</b>	Therapeutic Community, drug-free wings and support from external agencies
<b>Finland</b>	Therapeutic Community and 12-steps programme
<b>Germany</b>	Social therapy unit, programme for preparation for outside prison therapy and offers for professional training in prison
<b>Latvia</b>	Drug prevention programme for women
<b>Lithuania</b>	Distribution of bleach, peer-support, self-help groups and training and education
<b>Luxemburg</b>	Pre-release training, initiation of substitution treatment for release and relapse prevention programme
<b>Slovenia</b>	Needle-exchange programme
<b>Spain-Catalonia</b>	Needle-exchange programme
<b>Sweden</b>	A special narcotic project tackling drug misuse
<b>UK - England/Wales</b>	Implementation of a greater number of short-term accredited therapeutic drug programme treatment places; Introduction of a project called Prospects offering post-release hostels for short-term substance misusing prisoners, including women. The hostel will provide a drug treatment programme and resettlement support such as housing and access to children

According to the data a total of 11 countries/regions confirm that there are plans to implement additional drug services for female drug using prisoners in near future. Portugal

noted, that the decision for additional services is under evaluation. However, Ireland and Estonia have no plans to implement further services although most in need.

From the mentioned plans it becomes obvious that all prison systems decided for different drug services although the implementation of therapeutic communities and the introduction of needle-exchange programmes is mentioned by several countries. A couple of countries such as for instance Cyprus, Luxemburg and Lithuania even plan to implement not only one additional drug service but a number of different further drug services.

However, it can be concluded that a considerable number of the European member states show concrete activities to optimise the care for female drug using prisoners. Even though countries with a high need for further drug services do not have any plans to fill the experienced gap in care, it is much to appreciate that there are several prison systems in Europe which make great efforts to meet the challenges of drug-related problems in prison by improving the availability of different types of drug services.

## 4 DESCRIPTION OF THE PRISON SETTINGS

Detainment of female prisoners is organised differently in Europe. In some countries women are imprisoned in separate units within a mostly male prison, whereas in other countries there exist own prisons specifically for women.

The prisons, where the interviews with female drug users took place, are as well organised in a different manner. Although in Hamburg the prison *Habnöfersand*, in Glasgow the prison *Cornton Vale* and in Warsaw the prison *Lubliniec* are designed as women only institutions, their capacity and drug services varies considerably. As regards capacity, the Hamburg prison houses 95 inmates, the Warsaw prison 225 and the Glasgow prison up to 350. On the other hand, in Vienna the prison *Favoriten* with 100 places is designed for both male and female prisoners, but is dedicated exclusively for addicts participating voluntarily in an abuse treatment. Barcelona's prisons are again different.

The prison structure and the prison policy play an important role for a) the respective conditions under which female drug users are arrested and b) the efforts undertaken to promote their rehabilitation. In order to give information about the prison policy and prison setting for female drug users, each of the investigated prisons are described in detail as to their security levels, visitors' regulations, outgoing, education and the provision with in-prison and community linked drug services. With regard to the available drug services, these services are characterised as to their providers, capacity, type and length of their help offer.

The prison description base upon expert information and analyses of available documents. Expert information was gathered from the prison warden, prison staff and drug service providers. The document analyses include all available information from yearly reports, official data and programme descriptions.

Each project partner elaborated a description of those prisons, where the female drug users had been questioned. These descriptions deliver insight into the current prison policy towards female drug users and lead to a broader understanding of current drug service practice.

## **4.1 Hamburg – the prison Hahnöfersand**

Heike Zurhold

### **4.1.1 General information**

In Hamburg, there are nine prisons (including remand prisons) with about 3100 places. Of these places, 170 places are for female prisoners. To understand the current prison policy, it is important to point out that the prison policy towards drug using offenders changed considerably with the election of a conservative Hamburg Senate in September 2001.

According to the Senate for Justice the current main principle of the prison policy is to ensure a drug-free penal system. The perception of a drug-free prison has led to different consequences in terms of a reduction of several harm-reduction offers and an increase of control measures. First of all, the before available methadone maintenance treatment in prison has been ceased. At present, methadone maintenance treatment is only available under certain conditions such as for drug users on methadone with a short-term prison sentence and for single inmates with a proven serious disease like AIDS or cancer. After a press report of the Hanseatic city Hamburg from 29.12.2003, in October 2002 altogether 336 prisoners had been in methadone maintenance treatment, whereas one year later in 2003 this proportion dropped to 75 prisoners.

A second significant change in the prison policy was the cessation of the needle-exchange programmes in January 2002. This cessation follows the assumption to prevent drug abuse in the penal system. In close connection with the reduction of harm-reduction offers, control measures have been intensified. According to the above mentioned press report, in 2003 nearly 1.800 cell controls and more than 3.390 urine tests had been carried out.

### **4.1.2 Prison structure**

The prison *Hahnöfersand* is located on an island of the river “Elbe”. This island is far away from Hamburg city and more or less a prison island with nobody else living there. One part of the prison is for juvenile male offenders and a new part of the prison had been opened in April 1997 for female offenders. Both parts of the prison are separated from each other with own buildings, administration, fences and checkpoints. In contrast to the juvenile prison, the women prison have lower security conditions which means for example that fences are not as high and without electricity.

The women prison has places for a maximum of 95 inmates, serving all kinds of sentences from short sentences for not having paid a fine up to life sentences. One characteristic of the prison is that all of the women have a single cell on their own. In addition, there are

special cells for at most two or three mothers with little children. Within the women prison, there exists five different units in relation to different levels of security and relaxation of prison restrictions. All units are separated from each other and offer an own lounge, where inmates can eat, cook or look television. Each floor has a telephone which can only be used according to a fixed account, each inmate got when entering prison. However, all inmates are allowed to circulate between the different units during their leisure time.

As regards the different function of the units, the first unit is for the accession and offers 12 places for women entering the prison. After about 14 days of observation and assessments, the new prisoners were assigned to one of the four units to serve their sentences. First of all, there are two different units for a closed execution where women are under highest security level. One of the closed units with 12 places is designed as a drug-free wing for women and mothers serving long sentences. This unit accommodates women who never used any drugs and women who stopped their drug users when entering prison. The second closed unit has 25 places and accommodates exclusively female drug users. Inmates of this drug-specific wing do not get any prison relaxations.

The two missing units have altogether 48 places for women prisoners on different levels of an open execution. Due to their individual relaxation of prison restrictions these women are accommodated in one of these units. With regard to the open execution, there is one special feature worth mentioning: Women in open execution and with short sentences have the possibility to participate in a programme called “day for day”. This programme aims at the reduction of the prison term and based upon the principle that one day of work results in one day less of the prison stay. For example, if one inmate has to serve a prison sentence of 70 days, she could work 35 days and will be released afterwards.

### **Supply reduction measures (cell controls, visitors regulations, urine tests)**

According to the information of the prison warden, cell controls are carried out regularly every 14 days. This is different for orders of urine tests. Although even urine tests are ordered somehow regularly, they follow an ascertained priority. According to this priority, female prisoners have to undergo a urine test after holidays and if they return to prison after being allowed to spend some time outside the prison. Furthermore, women in open execution and women who apply for a relaxation of prison restrictions and those women who seem to be under drug influence have to admit to a urine test. In Germany, penal law offers the opportunity under certain conditions to be released from prison after serving two thirds of the prison sentence. Those women who apply for an advance release also have to agree to urine testing.

Further conditions for urine tests arise if female drug users, who are accommodated in the drug-specific prison unit, apply for admission to the drug-free unit. In this case, female drug users have to be proven as drug free since three months before they are allowed to change into the drug-free unit. Their status of being drug free is ensured by overall 8 urine tests.

As regards visitor regulations, these regulations allow female prisoners to get visits once a month for the duration of 2 hours. In reality, the women often get the permission for a



second visit of two hours. In prison, there is also the possibility for a long-term visit of four hours in a special cell, where women can meet their lover and/or children. This cell is equipped with a small kitchen, a bathroom and a small garden.

### **Working possibilities for female drug users**

Within the prison, all inmates are obliged to work 38,5 hours per week either in different working offers or in several offers for professional training. In order to assess the individual skills and abilities of the women, which each inmate a profiling is done at the beginning of their imprisonment.

In the female prison *Hahnjöfersand* there exists a wide range of differentiated offers for women prisoners to work or to participate in a qualification measures. All offers and trainings are linked to each other, so inmates can easily switch from one occupation into another. Profiling, work and professional training are part of an European Union funded project and place emphasis on the concern job training has for rehabilitation.

As regards the working possibilities, female inmates can work in gender typical areas such as cleaning, laundry or food service. Instead or in addition they can also take part in different trainings like occupational therapy, general school education, German as foreign language, alphabetisation or trainings for communication and new technologies (EDV, Call Center). Female prisoners in open execution have the possibility to work outside the prison building, but within the wide area of the prison. Working possibilities exists in different fields like nursery, landscaping, farming, magazine, kitchen and in vocational training in wood, metal, painting or building sectors.

In general, the women have to work until 4 pm and for one day of work they are paid 7,60 € to 11,35 €. After finishing work, they have 3 hours for leisure time which they can use for sports or other recreational activities. At 7 pm, all women are locked up in their cells.

### **4.1.3 Prison setting and drug services**

#### **Number and characteristics of female inmates**

In April 2004 all of the 95 prison places had been occupied. Moreover, there are waiting lists for prisoners on remand, awaiting to enter the women prison in order to serve their prison sentences. According to the information given by the prison warden, on average the female inmates stay 10 months in prison.

About 20% of the female inmates are migrants and the high proportion 70% of the female inmates belong to the group of drug users. On average, the female inmates are 35 years old with a considerable percentage of inmates younger than 25.

Most of the female inmates suffer from a range of health problems and always one third of the female inmates are in medical treatment.

In contrast to other female prisoners, female drug using prisoners are not given the opportunity to shorten their prison stay after serving two thirds of their sentence. The only chance for them to possibly be released before termination of their sentence is related to a regulation of the German drug law (§ 35 BtmG), which includes the principle “therapy

instead of punishment”. According to this regulation, drug using prisoners with a maximum sentence of two years can apply for a compulsory community-based drug treatment as an alternative for incarceration.

### **Staff and qualifications**

In *Habnöfersand*, there are 37 staff members with different functions and qualifications. Of these staff members, 5 are employed by external agencies.

On top there is the prison warden, followed by three department chiefs of whom one is a social educationist. In general, the department chiefs are responsible for the preparation for release. 28 employees belong to the general prison staff, who are mostly in charge for controls and inspections.

One member of prison staff is in charge for the occupational therapy and another one is responsible for the profiling as regards the disposition of inmates to appropriate work or training. In addition, there is the peculiarity to provide a female prison staff member who holds the function as an “enterprise contact woman” – this position is funded by the European social capital. In this function she is responsible for employment services and for supporting inmates close to their prison release as regards work and qualification issues.

Further two members of the general prison staff had been trained in techniques of auricular acupuncture, which is offered to female drug using inmates.

For medical care, one of three hospital nurses is always present. Complementary, different external specialists such as a general practitioner, a dentist, a gynaecologist and a psychologist attend the prison for some hours once a week. Psychological needs are also met by an in-prison psychologist, who is located in the prison for male juvenile offenders and advises female drug using prisoners on demand in individual cases.

Last not least, a games master is part of the prison staff.

#### **4.1.4 Available drug and treatment services for female drug using prisoners**

For each woman entering prison an execution plan is made, but not a treatment plan. Different to other prisons investigated in this study (f. e. *Vienna-Favoriten*), in the Hamburg prison *Habnöfersand* there is no therapeutic community or drug therapy available in prison.

As well, there is no detoxification offered to female drug users while serving their prison sentence. The absence of detoxification is argued with the most common fact, that female offenders usually have to stay in a remand prison before they will be transferred into a penal prison. When arrested in a remand prison, detoxification is arranged. For this reason, the prison warden did not recognise any further need for detoxification.

However, there are some more services lacking for female drug using prisoners. As already mentioned, there is not an own psychological service and there is no psychiatric service available. Furthermore, neither bleach nor information on hepatitis and HIV is distributed generally to female drug users when entering prison. An information brochure on hepatitis and HIV is distributed by a prison staff member on demand and when talking with women about issues of infectious diseases. In addition, a short information on hepatitis and HIV is fixed on a notice-board.

Medical care is ensured by three hospital nurses and a physician, who is located in the prison for juvenile male offenders. In cooperation with an external physician the medical staff also administer methadone treatment. However, in consensus with the official prison policy of „drug-free prisons“ methadone maintenance changed from a common drug treatment to an exception treatment, so that in prison methadone maintenance treatment is only available under defined conditions: for female drug users with a short-term sentence or in individual cases for those with an additional infectious disease or a medical or psychiatric indication. More commonly, methadone treatment is initialised close to release as part of the preparation for prison release. This kind of “pre-release” methadone treatment is also available for drug using female inmates.

For female drug users auricular acupuncture has been introduced in Mai 2003 as a new intervention to ease drug craving and to support female drug using inmates in overcoming their addiction. Acupuncture is offered by a two hospital nurses and three members of the prison staff, who had been trained in techniques of acupuncture. Auricular acupuncture is provided twice a week for one hour. According to the personal information of one staff member, there are up to 8 places for acupuncture, which are utilised by about 11 individuals. Although female inmates can make use of acupuncture as frequent as they wish to, most of the regular acupuncture participants use this offer 10-15 times. Precondition for using acupuncture is, that the inmates got a medical check-up and sign a consent.

In general, most of the available services for female drug using inmates are provided by different community-based institutions. Of these service providers, some are present in prison regularly, whereas other agencies visit female drug users only on demand. For example, two low-threshold drug help facilities for women do offer support and counselling only in individual cases and if the female drug using inmates had already been attended by these facilities before they entered prison.

With regard to the service providers, which are regularly present in prison, it must be noticed, that not all of the available services are especially addressed to female drug users. Some of the below listed help offers are as well open to all female inmates.

All information listed base upon personal information by the individual agencies. During the conversation, both external drug agencies and the aids assistance stated to be in charge for the prisoners in all institutions of Hamburg. In addition, the drug agencies pointed out that their staff resources had cut down during the last year. The reduction of staff results in limiting their attendance in prison and in reducing their help offer.

## Available (drug) services provided by external agencies

Available (drug) service / agency	Description of the offers
Drug counselling with focus on illicit drugs / Community-based drug agency <i>Kodrobs</i>	Accessible in prison: once per week for 5 hours Waiting period: actually none, usually 2-4 weeks <u>Offer:</u> - individual drug counselling - referrals to compulsory drug treatment according to "therapy instead of punishment" - referrals to therapeutic communities and detoxification <u>Utilisation:</u> Actually by 20 inmates, during one year by 97 inmates Frequency of contacts: mostly regularly every week Average duration of contacts: 4-5 months
Drug counselling with focus on alcohol dependence Conversational therapy / Community-based drug agency <i>Aktive Suchthilfe</i>	Accessible in prison: 2 hours per week Waiting period: usually 2 weeks <u>Offer:</u> - individual and group psychotherapy - promotion of abstinence and self-help - pre-and post release intensive care <u>Utilisation:</u> In the last year: by 44 inmates with alcohol-related problems Frequency of psychotherapy: weekly Average duration of support: mostly from close to release until after prison release
Individual counselling for inmates on HIV-risk or with an HIV-infection / Community-based aids assistance <i>Aidshilfe</i>	Accessible in prison: On demand Waiting period: none <u>Offer:</u> - individual counselling on HIV / AIDS - social support - ongoing servicing <u>Utilisation:</u> By inmates known from the remand prison and by inmates mediated by the prison staff
Assistance for mothers on methadone / Community-based specialised drug agency <i>Iglu</i>	Accessible in prison: Once a month <u>Offer:</u> - assistance and counselling for mothers on methadone - advise on social and parenting issues - referrals to other community-based agencies - ongoing support after prison release <u>Utilisation:</u> For all female inmates with children, on demand
Individual counselling for coping with stress External female professional with experiences in alternative techniques	Accessible in prison: 2 times a week <u>Offer:</u> Yoga, relaxation exercises Individual counselling <u>Utilisation:</u> By all female inmates in need
Individual psychological support External female psychologist	Accessible in prison: once per week <u>Offer:</u> Individual psychotherapeutically sessions Ongoing psychological support after release <u>Utilisation:</u> By all female inmates in need

### Pre- and post release services

The preparation for prison release is in the responsibility of the three department chiefs. In addition, the “enterprise contact woman” is involved in the preparation for prison release as regards support for work and professional training. In general, the pre-release support mostly consists in allowances to female inmates to leave the prison for at first several hours as part of a trial. Usually the pre-release support begins in the final weeks of the prison term. Until a first conversation about release needs takes place, the female inmates don’t have to wait any longer than one week. According to the staff information, about 30-40 inmates attend the pre-release counselling at the same time and 5-10 inmates participate in an intensive preparation for prison release.

In addition, a non-governmental social project (*Frauen-Projekt*) offers support for housing for female inmates close to release and after release. This project is accessible in prison every 6-8 weeks and provides counselling and attendance. After prison release altogether 10-13 women can be offered assisted living for one year.

## **4.2 Barcelona – the prisons Brians and Wad-Ras**

Cristina Sanclemente

### **4.2.1 General information**

According to common law and the internal prison regulations, the possession and use of substances (including alcohol) is banned and criminalized in the penal institutions. This also refers to the use of instruments or tools related to drug use, such as needles. Regardless of the behaviours that may constitute an offence, sanctions are included in the internal prison regulations.

To tackle the problem of drug use in prison two action lines have been set up:

The first one focuses on supply reduction measures like checks, X-rays, disciplinary measures etc. which aim at preventing that drugs enter the prisons.

In the 1st quarter of 2004 the following substances were seized in all the prisons in Catalonia:

<b>Illicit drugs</b>		<b>Medicaments</b>	
Cannabis	31.82 grams	Alprazolam	808.80 tablets
Cocaine	17.08 grams	Buprenorphine	8.53 tablets
Grifa	20.81 grams	Clorazepate	50.66 tablets
Hashish	1068.06 grams	Diazepam	0.44 tablets
Heroin	66.73 grams		
<b>Total</b>	<b>1204.50 grams</b>	<b>Total</b>	<b>868.44 tablets</b>

The second action line targets at demand reduction with providing a set of interventions in order to reduce both negative consequences associated with current drug use (harm reduction programmes) and addiction (treatment of drug addiction and rehabilitation).

#### **4.2.2 Prison structure**

The prison *Brians* is located in the outskirts of Barcelona and is a penal institution for convicts with 6 modules for men and 1 module for women. The women's module has a therapeutic community with 24 places provided by the Specialist Care Department (DAE). For inmates, there are production workshops with paid work and in addition opportunities for work experience and job training activities (courses in pattern design, hairdressing, make-up, hospital auxiliaries, domestic work etc.).

The prison *Wad-Ras* is located in the city of Barcelona and it is a mainly a women's institution *Wad-Ras* is basically for preventive detention but there is also a section for women and another for men in open execution. The prison is organised in units: preventive unit, mothers' unit, sick bay unit, special unit, women's open section, men's open section, and a unit for dependent inmates. The unit for dependents is run by community resources but part of the correctional system and provides flats for mothers with children and flats for single women.

#### **4.2.3 Prisons settings and drug services**

##### **Number and characteristics of female inmates**

There are currently 1334 men and 248 women in *Brians* prison and in 284 men and 221 women in *Wad-Ras* prison.

Of the female inmates in *Brians* 198 are convicted and 50 are in preventive execution. In *Wad-Ras*, 142 of the female inmates are convicts, 64 women are in preventive execution and 13 in the community resources. Of the convicts there are 105 in open execution and 10 in the mothers' unit. From the community resources there are 10 women in the dependent unit and 3 in socio-health resources of the community by application of art. 182.

With regard to the proportion of drug users, in *Brians* 28% (70 women) of the female inmates have a history of drug use, in *Wad-Ras* this is the case in 38.4% (84 women). These figures may be underestimated as there may be current drug problems which are not detected. However, whereas in the 90s heroin was the substance that generated the most problems and demands for treatment this is currently cocaine.

With respect to health problems 25% of women in the prison *Brians* and 20% in prison *Wad-Ras* are seropositive for HIV. The HIV-prevalence was caused by the rout of administration (intravenous) and by risk-behaviour such as sharing syringes.

At present, 65 inmates are in a Methadone Maintenance Programme (MMP) in *Brians* and 23 in the closed execution in *Wad-Ras*.

### **Staff and qualifications**

In the prison *Brians*, 13 guards work in shifts in the women's module and there is one deputy director. The treatment team consists of 19 professionals: 4 educators, 2 psychologists, 2 social workers, 1 lawyer, 4 teachers, 4 occupational workshop monitors, 1 activator and 1 librarian. The medical team consists of 6 professionals: 2 doctors, 2 nurses and 2 auxiliaries. In the therapeutic community DAE there are 4 professionals with one psychologist and three educators. In addition there are general services such as administration, management, laundry, kitchen and specialised medical care (psychiatric and others). In general, the prison shares a good number of staff resources.

In the prison *Wad-Ras*, a total of 11 prison officers work there in shifts. The treatment team consists of 12 internal professionals: 2 educators, 1 psychologists, 2 social workers, ½ lawyer, 2½ teachers, 4 monitors. The medical team consists of 3 doctors and 5 nurses. In the open section for women, the team consists of 4 educators, ½ lawyer and ½ psychologist.

#### **4.2.4 Available drug and treatment services for female drug using prisoners**

The treatment of drug addiction in Catalan prisons aims at the reduction of drug use among the prison population. For that purpose a series of interventions are carried out that intend both to reduce negative consequences associated with consumption (methadone maintenance programmes) and to promote rehabilitation (psychosocial programmes and DAE).

##### **Services in the prison *Brians*:**

- MMP (methadone maintenance programme): 65 female inmates participate in the programme who take methadone daily. This represents 26.3% of the female population of this prison. Inmates are immediately included in the methadone programme if they were on methadone before entering prison. As well the programme is accessible for all drug addicts who ask for it.
- Psychosocial programmes: These are interventions of different intensity that are provided by multidisciplinary teams (psychologists, educators, lawyers, health personnel and others) within the prison. In the women's module, a Drugs Intervention Programme (DIM) is provided to 15 inmates. This intervention based on group work which is directed by the psychologist who supports subjects to develop health, socio-educational and socio-family skills. DIM lasts 9 months and takes place at 4 days a week for hour and a half. In addition to the group work individual interviews are performed monthly. The drug intervention programme is usually proposed at the beginning of the prison stay to inmates who are not on parole. Programme participation is decided by a mutual agreement and according to the contract of the Individualised Treatment Programme – a general treatment programme – which is set up after the initial interview that takes place to classify the inmates. However, participating in the programme offers the chance to obtain favourable reports for parole decisions. During the course of the programme the inmates voluntarily accept random urine tests and patches.

- For non-DIM participants, motivational activities are carried out to prevent recidivism and to promote the building of skills such as stress control and emotional self-control.
- DAE (Specialist Care Department): This is a therapeutic community provided in a separate area of the women's unit with a capacity of 24 places and currently 22 inmates participating. This programme lasts on a minimum 10 months and offers intensive intervention by a specialist team of 4 professionals. In Catalonia there is only one DAE for women and this is located in prison *Brians*. The therapeutic community it is open to all inmates who are motivated to undertake a abstinence-oriented programme and who are allowed to apply for a permission to leave the prison for participation.

#### Services in the prison *Wad-Ras*:

- MMP (methadone maintenance programme): Actually, 23 women prisoners participate in the methadone programme who are in closed execution. This represents 23% of the female population of this prison. Inmates are immediately included in the methadone programme if they were on methadone before entering prison. As well the programme is accessible for all drug addicts who ask for it.
- Recidivism prevention programme: This programme is provided by a collaborator and does not have a fixed schedule.
- The women in the open section are classified in the 3<sup>rd</sup> grade and during the day they can work, undergo treatment or other programme activities outside the prison. They only stay in prison for sleep. The open section also includes those to whom art. 86.4 has been applied and who are permitted to be outside the prison during the day and also at night. In the open section, the psychologist does individual follow-ups.

When inmates have been released they remain linked to the public health network which consists of 60 centres throughout Catalonia. This is to for ensure ongoing care and follow-up drug addicts.

### **4.3 Glasgow – the prison Cornton Vale**

Gabriele Vojt & David Shewan

#### **4.3.1 Prison structure**

Opened in 1975, *Cornton Vale* is the only prison in Scotland that houses females only. This includes remand, sentenced, adult and young offenders. Women remanded in custody in the north, north east and south west of Scotland are held initially in Inverness, Aberdeen and Dumfries prisons and remain there if sentenced to up to six months. Women serving over six months and up to two years are given the option of staying in their own area or moving to *Cornton Vale*. Women sentenced to two years or more serve their sentences at *Cornton Vale*. These arrangements are considered to assist prisoners to maintain contact with their families and friends.



### **Supply reduction measures (cell controls, visitors regulations, urine tests)**

Upon enquiry, it seems that cells are being controlled on a regular basis. These cell inspections are done either randomly or if block staff have reasonable suspicions about specific ongoing drug use and trafficking. This is also the case for regulations concerning visits. A prison officer's suspicion that a prisoner may be using or trafficking drugs is considered 'reasonable' based on a prisoner's physical appearance, as well as obvious changes in behaviour and cognitive uptake. Depending on staff's reasonable suspicions, there are closed as well as 'normal' visits. Closed visits involve the visitors as well as the prisoner to be thoroughly searched. In addition, the visit per se is closely observed and no physical contact between prisoner and visitor is allowed. 'Normal' visits are also supervised and observed, however, prisoners and visitors are given more privacy. The level of supervision intensity and allowance for physical contact between visitor and prisoner may largely depend on prison staff's level of suspicion. Further reduction measures involve mandatory drug testing (MDT) and drug free areas. The reasons for MDTs being carried out can vary based on the following: proportion of prisoners required to be tested randomly (10% every month); reasonable suspicion by a member of staff; risk assessments (e.g. prisoners who are due to go on home leaves or who are allowed to go on work placements outside prison will be tested); previous positive MDT results; voluntary drug testing; and reception testing. The latter are statistical tests conducted for one month a year instead of random testing so to compare drug use while being in custody to drug use prior to liberation. Positive MDT results mean that the person in question may lose remission of prison sentence, wages, parole or recreational hours, but is also automatically referred to one of the addictions officers for further assessment and one-to-one counselling if the prisoner consents. Prisoners can also refer themselves to drug free areas, where they consent to a set of conditions to stay off drugs, thereby enjoying more privileges such as additional visits. Prisoners in drug free areas are being tested for drugs regularly on a monthly basis.

### **Working possibilities**

In relation to employment, all prisoners receive the same opportunities regardless of drug status. The following areas are covered: textile operations, cooking, food preparation, table waiting in restaurants/hotels/etc, and cleaning duties. There are also places available in the field of horticulture and agriculture and there is a vocational training course in hairdressing, however these courses are limited to a specific number of places only. All of these courses are trained to externally recognised standards such as SQA.

Furthermore, prisoners are offered opportunity to acquire wide ranging employment skills by attending the education unit in *Cornton Vale*. Tuition is available during the day for classes on Special Needs, Basic Literacy, Numeracy and Modern Languages. Thereby, prisoners can achieve externally recognised qualifications such as SCOTVEC. These certificates are available upon completion of day classes on e.g. Arts and Crafts, Communication, Computer Studies, Cookery, Personal Organisation, Financial Record Keeping and Scottish Business Law. A pre-release employment course runs every three months which

focuses on preparing CVs, personal stocktaking, letter of application, form filling, interview and telephone techniques, starting and keeping a job.

#### **4.3.2 Prison setting and drug services**

##### **Number and characteristics of female inmates**

The total prison population in *Cornton Vale* varies between 340 and 350 prisoners when inspecting statistics collected over the last five years. Between 94%-98% (N=324-338 based on an average total of N=345) of admissions have been identified with a drug problem over the last five years. There is no computerised information available on the age structure of female drug users in *Cornton Vale*.

Upon admission to prison, all prisoners undergo a thorough health check thereby indicating whether Hepatitis B and C immunisations are required. In addition, prisoners can refer themselves to be tested for HIV, Hepatitis B and C at any time. There are currently asthma management clinics; dressings; HIV, Hepatitis B and C counselling service as well as maternity care packages available. Furthermore, triage clinics are offered, which refer to the classification of patients to determine their priority of needs and their proper place of treatment. All medical staff are being supported by specialist advisers from local hospitals.

##### **Staff and qualifications**

Upon enquiry in July 2004, there were approximately N=200 prison staff including block staff (C band, D band, First line) and up to N=8 members of the addictions team including an addiction co-ordinator, two addiction officers, an addictions nurse etc.. C band officers mainly work as escorts and in control rooms, thus have less contact with prisoners than D Band and First Line officers. Both D band and First Line officers work closely with prisoners, helping them to address their offending behaviour via for instance programmes or one-to-one sessions.

In Scotland, anyone aged 20 to 57 years can become a prison officers provided they have at least five standard grades or equivalent covering Maths (Arithmetic) and English. Alternatively, people with a minimum of three years work experience managing people are also admitted. Residential prison training is offered at the Scottish Prison Service College at Polmont. All prison staff recruits are required to attain a level 3 SVQ in Custodial Care within the first two years of service. The SVQ are nationally recognised qualifications and are specially designed to meet the specific as well as changing training needs of prison staff.

#### **4.3.3 Available drug and treatment services for female drug using prisoners**

Prisoners can be referred to drug-related services based on a positive MDT result, via self-referral to an addictions officer, the health nurse, a prisoner's personal officer or directly to a Cranstoun worker. Cranstoun is a charity organisation that provides treatment and rehabilitation in community, prisons and residential centres. Within the Scottish Prison Service, Cranstoun has been contracted to conduct drug assessments, and design detailed care plans based on individual needs. All referrals to drug-related services are being assessed and dis-

cussed in terms of prisoners' needs by a multidisciplinary team - the Drug Strategy Co-ordination group. This group consists of the Drug Strategy Co-ordinator; Heads of Operations; Residential, Regimes and Health Care; Social Work Team Leader; a Psychologist and a representative from a community based support agency.

Information on qualifications and number of staff of different drug service providers is not accessible. The number of prisoners required for each programme to be run varies greatly, so does the kind of prisoners admitted to programmes. All of these depend on staff number, prisoners' requests to participate in programmes and prisoners' stage in their current sentence. For instance, the programme Lifeline is usually run with prisoners who are to be liberated in the near future so to increase the beneficial effect of the programme. However, as mentioned this varies greatly. The relation between available staff of service providers and the proportion of female drug users in prison is not known.

There are a variety of educational programmes offered by the Scottish Prison Service. All of these programmes are either accredited or approved. The latter term refers to programmes that have been designed and evaluated in one individual prison and thus any evaluative outcomes may be specific to the context and prison population. Accredited programmes, on the other hand, are essentially approved programmes that have been extensively checked by a multi-disciplinary team in the relevant jurisdiction, and that are accompanied by detailed manuals and instructions so that they can be used in other prisons.

Data stemming back to January 2002 indicates that currently the following programmes are being provided by prison staff, usually addiction officers in relation to drug and alcohol addictions.

- Lifeline (accredited, introduced 2001)

This programme runs for 50 hours in total and aims to prevent prisoners who have given up drugs from relapse. The programme is based on the Drugs Relapse Prevention Programme but has been designed specifically to target female and young offenders. The programme focuses on helping prisoners with a history of drug problems to identify higher risk situations both in prison and in the community. To facilitate this, prisoners are assisted or guided in learning or enhancing appropriate coping strategies or techniques so to maintain a drug-free lifestyle.

- 21 hour Drug awareness (approved)

The aim of this programme is to address the specific needs of young male and female offenders in relation to personal drug use. The programme claims to allow young offenders to gain personal awareness and education on drug related issues, which in turn will enable them to make and maintain changes in their personal drug use. The programme is based on the following cornerstones: Awareness and knowledge of the effects and the related harm of drug misuse; to explore and gain insight into personal drug use; to identify and explore the relationship between personal drug use and offending behaviour; to examine the impact personal drug use and offending behaviour has on other people i.e. friends, family; to identify legal and health implications of drug use; to identify future requirements to look for alternatives to drug misuse; and how to make and maintain changes in personal drug

use. Outcomes are being evaluated through personal action plans and ongoing evaluation of the programme.

- Alcohol awareness

No information was available on the specific content of this programme. No data were available in relation to accreditation and start of this programme. Presumably, the programme aims to raise and strengthen prisoners' awareness of alcohol-related issues such as immediate short-term and long-term effects on body, physical fitness, cognition and other essential processes (i.e. organ functions liver etc.).

- Cognitive Skills (introduced in 1995 and accredited in 1998)

The cognitive skills programme runs 72 hours in length. It is designed to address the needs of any offender who has difficulties with thinking skills and cognition, i.e. in relation to drug use, drug effects and health care. Currently there are seven modules being taught including problem-solving, social skills, creative thinking, values enhancement, negotiation skills, management of emotions and critical reasoning. All of these modules may enable the prisoner to re-evaluate his or her perception of choices in drug use and to re-interpret his or her actions and the consequences.

### **Pre-and post-release services**

In relation to release interventions and aftercare options, the Scottish Prison Service offers its own programmes and release interventions but also works closely with the charity organisation ApexScotland and SACRO (Safeguarding Communities – Reducing Offending). ApexScotland has established various employment and guidance units throughout Scotland, offering a comprehensive employment preparation service specifically tailored to the needs of offenders and ex-offenders. ApexScotland transitional care worker take direct referrals from Cranstoun workers, who are positioned in all prisons. SPS has a contract with Cranstoun to provide drug-related services i.e. assessment and counselling. Via the referral, support in form of a care plan is offered to prisoners up to 12 weeks after their liberation. However, individuals can also refer themselves directly to ApexScotland, via any other agency they are working with, or via the jobcentre. Apart from providing various programmes aimed at developing individual core, basic and employability skills such as literacy and numeracy, ApexScotland also promotes personal development and progress into vocational based training courses. For instance, APEX work closely with various organisations to offer broad and wide range of experiences to their clients, for instance Royal Bank of Scotland, British Telecom, NHS Trusts, Councils, Scottish Gas, ASDA, Hotels as well as voluntary organisations. ApexScotland are also aware that when it comes to aftercare there are various other problems that may contribute to clients' possible employment difficulties, such as accommodating appointments with community services or probation, counselling and/or treatment, housing, other appointments, and employers' dealing with disclosure of past offending. ApexScotland also offer assistance in assessing employer training placements, mentoring and 20-week (pre-vocational) full time training. SACRO is another charity organisation that works closely with Cranstoun and provides throughcare, transitional care services and supported accommodation to prisoners.

Throughcare entails support, assistance and behaviour change for three months prior and upon release from prison. The work and length of service depends on circumstances and offence history of the client. Transitional Care Services are provided for people having been in prison who are returning to the community and have been identified with a drug or alcohol problem. SACRO aims to ensure equality of access to the employment market by raising skills and addressing the barriers to employment for offenders, ex-offenders and people at risk. Furthermore, SACRO has links to TurningPoint Scotland and NIACRO, further charity organisations assisting ex-prisoners to settle back into the community and job market.

## 4.4 Vienna – the prisons Favoriten and Schwarzhau

Andrea Hovenier & Gabriele Schmied

### The prison “Vienna-Favoriten”

#### 4.4.1 Prison structure

*Vienna-Favoriten* is the only penal institution in Austria dedicated exclusively to the treatment of addicted inmates and those who wish to participate in an abuse treatment voluntarily. The institution can accommodate about 100 inmates, a special department for 41 women included (Oesterreichisches Bundesinstitut für Gesundheitswesen 2001; Bundesministerium für Justiz 2002).

The prison has the central distribution office for the “care-package”, which includes condoms, lubricant and bleach as well as information brochures about HIV/AIDS and Hepatitis B and C.

The penal institution *Vienna-Favoriten* is designated to prisoners who are admitted to this institution under §22 StGB (penal law) or who apply for a special treatment under § 68a StVG (penal execution law). Apart from that, prisoners with a sentence of one to eight months may apply for open execution so that they are able to serve their sentence but to keep their jobs by being held in the “open penal execution”. The stay in the penal institution *Vienna-Favoriten* should not exceed two years (Bundesministerium für Justiz 2002).

After a variable period of probation, the execution conditions are loosened step by step. In special cases it is allowed to skip the initial stage of restricted execution, e.g. in the case of a woman who had been in *Favoriten* before and who has a young child. All inmates are kept in prison units in groups consisting of about 10 inmates.

*Favoriten* owns an outpost at the site of the “Schweizer Haus Hadersdorf” which provides in-patient therapy for drug addicts (Schweizer Haus Hadersdorf). The “Schweizerhaus Hadersdorf” is an institution founded by WOBES (association for a housing-aunting programme) and the Evangelical orphan supply association in 1997. Specialists for psychiatry

and neurology, clinical psychologists, psychotherapists, social workers and life, job and social advisers treat addicts there. The institution provides a capacity of 30 places and treats a lot of released prisoners. There are community units for men and women and a small unit of the house is used to accommodate partners or families. The main aims of this institution are: social reintegration, advice, medical care, therapy, social welfare and abstinence from narcotics (Bundesministerium für Justiz 2002; Trinkl, Obrist et al. 2004). Inmates, who are considered to be very stable and responsible with their given freedom, are allowed to visit this institution.

#### **Supply reduction measures (cell controls, visitors regulations, urine tests)**

Regularly urine tests are carried out by specific trained officers. How often urine testing are made, depends on the condition of the imprisonment. The higher the security level, the lower is the frequency of urine tests. Under “closed penal execution” tests are made once a month, prisoners with “penal execution under loosened conditions” are tested 2 times a week and prisoners with “penal execution with decontrolled working outside the prison” are tested 1-4 times a month.

In addition, the psychological staff pays attention to prisoners who seem to show signs of drug use.

The cells are controlled as a matter of routine. Visitors are allowed three times a week.

#### **Working possibilities for female drug users**

The female drug using inmates are obliged to work while in prison. In *Vienna-Favoriten* the female inmates have the opportunity to work in a joinery or to attend a computer course. In this case, the inmates work outside the prison in institutions connected to the justice system. Closer to release, the inmates work in companies outside the prison or in the Schweizer Haus Hadersdorf. (“therapy instead of punishment” according to Article 39, SMG, see above). The work project “NORA”, a typing office, is providing work for four female inmates who have participated in computer classes (Bundesministerium für Justiz 2002).

#### **4.4.2 Prison setting and drug services**

##### **Number and characteristics of female inmates**

In April 2004, there are 26 women imprisoned in *Vienna-Favoriten*. 21 of them are illicit drug users. At this time, there are no migrants within the female prison population. The age of the inmates range from 19-55 years, most of them are 25-40 years old. The health status of women entering the prison is often bad due to their drug use and associated Hepatitis-C. Most of the female prisoners have been sentenced because of drug-related crime. The durations of their sentences are between 2 months and 10 years (Trinkl 2004, personal communication).

### **Staff and qualifications**

This prison provides a high number of psychological and therapeutic staff; 6 psychologists, 2 psychotherapists, 1 psychiatrist, 1 psychiatrist and psychotherapist, 5 social workers and 46 guards. For their work in the institution the above mentioned staff are either employed or contracted by the institution (all internal staff). 2 female psychologists, 1 female (half-time working) social worker and the female psychotherapist/psychiatrist are working exclusively with the women in *Favoriten*.

The prison provides medical care, the inmates are also brought to doctors outside the prison (e.g. gynaecologist). A general practitioner and several medical specialists (contracted by the institution) are available in the prison at core times. Severe illness is treated in the nearby hospital.

An AIDS and HIV service offers information workshops both for prison staff and inmates which are carried out irregularly (a few times a year) (Aids Hilfe 2002).

### **Available drug and treatment services for female drug using prisoners**

Female drug using prisoners are obliged to participate in therapeutic programmes. Available treatment programmes are either abstinence- or substitution-oriented, but both groups of women are in the same group sessions. Substitution therapy is offered in form of a reduction treatment. About 60% of the female inmates get substitution treatment (Obrist and Werdenich 2003, p.213). Drug withdrawal from methadone or other pharmaceuticals is available upon request of the inmates. Usually the pharmaceutical therapy gradually decreases. The duration depends on the initial dosage and takes from several weeks to several months.

As well the combination of psychotherapy with substitution treatment is available (Obrist and Werdenich 2003, p. 215).

### **Closed penal execution**

When entering prison, the inmates are intensely monitored (in the “closed penal execution” system) for the initial period of time which is determined by penal law in accordance with the length of their sentence.

Upon arrival in prison, all inmates join a 3 months’ psychological training programme including communication training and conflict management. This training has the status of a job (payment, regular hours, insurance). During this period they additionally are obliged to participate in psychological therapy and/or group psychotherapy (Trinkl 2004, personal communication, Bundesministerium für Justiz 2002). The women are assigned to groups in accordance with their treatment need. Within this treatment programme, all female prisoners must attend group discussions under the leadership of a psychologist twice a week. In addition they have to attend either psychological or psychotherapeutic group counselling twice a week. For female inmates in the closed penal execution four group sessions per week are obligatory. The concept of the treatment focuses on the enhancement of autonomy and self-responsibility (Trinkl et al. 2004).

In addition, individual therapy is available on demand and under condition that the prison staff perceives it as reasonable. Individual therapy sessions are held by a psychologist or by a psychotherapist with a one-hour session per week. The treatment duration depends on the individual need and runs from a few hourly sessions for crisis intervention up to till release where the need is apparent.

#### **Penal execution under loosened conditions**

After having absolved the obligatory treatment programme, reliable inmates with a remaining sentence of 6 months have the opportunity to change into an open prison wing with a lower security level and relaxed prison restrictions. The inmates are meeting in groups led by a social worker once a week.

The women that go to live in the Schweizerhaus Hadersdorf meet once a week in a group led by a psychologist and a social worker. Individual psychological care, carried out by the psychologist, is available on demand.

#### **Penal execution with decontrolled working outside the prison**

Close to release, security level and control decrease and autonomy and rehabilitation are emphasized. The treatment of the prisoners focuses on the preparation of release. The women continue meeting in groups led by a social worker once a week.

Inmates of the open prison unit have the chance to work outside the prison, if their remaining sentence does not exceed 3 months (Bundesministerium für Justiz 2002).

#### **After release**

There is no aftercare after prison release offered by the penal institution itself. But the prison provides information material about community-based and private associations for drug services where drug using prisoners can seek for support after release.

Additionally, probation supervision is carried out by a service called “NEUSTART” (“new beginning”), which is the Austrian probation organisation. Probation includes support for housing and jobs as well as contacts with offices and public authorities. Inmates who are not assigned a probation officer in court also can turn to NEUSTART in order to get help both before and after their release from custody.

### **The prison Schwarzau**

#### **4.4.3 Prison structure**

This prison is located in a small town in lower Austria, Schwarzau. It is the only prison in Austria with mainly female prisoners. The prison can take about 200 inmates, 160 women and 40 men. In April 2004, there are 149 women and 30 men imprisoned. About 30% of the female prisoners are migrants (Kunz).

The prison has five units:

- the “closed execution” with cells for 56 women



- a unit for juvenile and first offenders (46 persons)
- measures execution and open prison unit (50 women)
- a unit reserved for mothers and their children (8 inmates)
- an open prison unit for 40 men.

#### **Supply reduction measures (cell controls, regulations for visitors, urine tests)**

Urine tests are carried out about five times a month upon those inmates who are known as drug users but not treated with methadone. Prisoners in substitution treatment are only tested once a month. Cell controls are carried out irregularly upon suspicion of possession of mobile phones or drugs.

Visiting time is 2,5 hours per month for adults and 1 hour per week for juvenile inmates. If inmates have written requests to exceed visits, such request has never been declined yet and visiting hours were extended. There are no limitations as to who may visit the inmates, but all visitors must identify themselves by a document.

#### **Number and characteristics of the female inmates**

About 39 female inmates are classified as drug users. Due to the fact that it is the only prison with mainly female inmates, women with all kinds of sentences and of all age groups are imprisoned here. There is no detailed information on sentences or age structure available. About 20 female inmates are in substitution treatment.

#### **4.4.4 Prison setting and drug services**

##### **Working possibilities for female drug users**

The inmates are obliged to work full-time. There are 2 kitchens, a market-garden, a farm, a butcher, a laundry, caretakers and a workshop, where inmates can work. Furthermore, the inmates can work in the doctor's office, in the nursery and in the library. Inmates in the open prison unit work in companies outside the prison. There is also the possibility to attend education programmes (cook/waitress, EDP courses, German language).

##### **Staff and qualifications**

The prison has 77 employees (full-time-equivalent), 68,5 of them guards. The therapeutically staff includes 3 social workers, one full-time psychologist, one pastor (part-time), 3 psychiatrists and psychotherapists (part-time). In addition, a general practitioner, a dentist and a gynaecologist are employed. The social workers and the psychological staff are employed at the Ministry of Justice. The physicians are external staff and are contracted by the penal institution. There are no drug help services offered by external institutions (Gruber 2004). Only the AIDS service offers information workshops both for prison staff and inmates which are carried out irregularly (a few times a year) (Aids Hilfe 2002).

##### **Available drug and treatment services for female drug using prisoners**

There is methadone treatment and psychotherapy available. Psychotherapy is carried out by the psychologists, the psychotherapists and the psychiatrist and this is used by about the

half of the inmates. No group counselling is provided, but individual therapy. Drug withdrawal and detoxification is generally not offered in this prison. In special cases, detoxification with pharmaceuticals is continued if it was not finished during remand. Detoxification without pharmaceuticals is carried out if the inmates demand it. The duration depends on individual needs. In special cases, inmates are transferred to *Vienna-Favoriten* to get an appropriate detoxification if they wish so. They are not transferred to *Vienna-Favoriten* if they are addicted to tranquillisers (Aids Hilfe 2002; Gruber 2004; Kunz 2004). Short-term intervention for abstinence is carried out with inmates who are addicted to tranquillisers or benzodiazepines before they are transferred to *Vienna-Favoriten*.

Substitution treatment is carried out by the medical doctor during the whole sentence until two days after release. Medical treatment includes the generous prescription of tranquillisers and benzodiazepines.

Psychological treatment which includes drug counselling is offered for every inmate who claims treatment but there is no special drug counselling available. Individual psychological treatment is carried out by the psychologist or psychiatrist which the inmates can make use of during the whole sentence, up to 2 times a week. The psychological treatment in case of crisis intervention can include up to 6 appointments. Some inmates attend external drug service during furlough.

Additionally, appointments with social workers are available on demand.

This penal institution does not offer specific drug-related intervention programmes for the female inmates.

There is generally a deficit in Austria concerning drug-specific programmes which are gender-sensitive. The Ministry for Justice plans to offer a therapy in external drug treatment institutions for addicted female inmates.

Close to release and after release the “Haftentlassenhilfe Niederösterreich” (probation office of lower Austria, part of NEUSTART, the Austrian probation organisation) helps with social integration (e.g. housing, social welfare).

## 4.5 Warsaw – the prison Lubliniec

Jacek Moskalewicz & Justyna Zulewska-Sak

### 4.5.1 General information

The prison *Lubliniec* is located about 200 kilometres south of Warsaw. It is a middle size town with a population of about 26 000. Its prison was built more than 100 years ago, in the 1890's. In 1967 it was turned to be female only institution. Currently it has capacity of 225 prisoners and last year it admitted about 800 women.

The prison consists of a number of units:

- regular units
- investigation unit

- unit for women with mental disorders (non-psychotic) and mental retardation
- unit for drug dependent women

#### **4.5.2 Prison structure**

The unit for drug dependent inmates was established in 1987. Initially it could accommodate about a dozen inmates. In 1999 its capacity was increased to 20 beds and in 2002, after substantial construction works, the unit has 36 beds in 9 cells, which makes 4 beds per cell. Since 1999 a number of admissions has steadily grown from about 15 in 1999 to more than 70 in 2003. Three factors contributed to this increase: an increased capacity, the spread of drug abuse and shortening of the intervention programmes to no more than 6 months.

#### **Execution conditions and regulations**

In general, the unit for drug dependent women has better conditions compared to the other units. Cells are open during the day hours and inmates wear their own clothes. Each cell has its own basin and WC. Shower, however, is available twice a week only for 15 minutes per person.

The inmates have access to a kitchen, washing machine, and ironing. The prison canteen offers basic foodstuffs including coffee and cigarettes. There is a common living room with TV as only some cells have TV sets. Public telephone is also available during the time when cells remain open.

Visits are possible on Sundays between 8:00 and 16:00 without supervision of prison staff. Visits may last not more than 60 minutes and no more than two adults are permitted at one time. The number of underage visitors is not limited.

Smoking is allowed only in cells for smokers between 6:10 and 22:00.

#### **4.5.3 Prison setting and drug services**

##### **Staff and qualification**

The staff is composed of 9 persons:

- the head of the unit (female, clinical psychologist)
- 3 psychologists (2 females and one male)
- 1 psychiatrist (male, once a week)
- 4 prison officers (females)

The head of the unit is available from 7:30-15:30, the psychologists work two 8-hours shifts and are available between 7:30-19:30. The prison officers work two 12-hours shift and are present round-the-clock.

##### **Available drug and treatment services for female drug using prisoners**

For female drug dependent inmates, there is a programme provided which lasts 6 months and includes following major intervention types:

- education – available for 23 hours, provided one hour a week

- group therapy – available for 96 hours, provided two hours a day from Monday until Friday
- behavioural therapy – available for 9 hours
- therapeutic community meetings – available for 48 hours, provided twice a week
- individual consultations – available up to 20 hours

Education, group therapy and behavioural therapy are run in three parallel groups while the therapeutic community brings together all inmates and personnel. All groups are open for i.e. to each newcomer who may join a group at any point of time.

- generation of motivation (therapeutic rules, benefits from treatment, motivation, sources of resistance)
- mechanisms of dependence (definition of dependence, symptoms, harm associated with use of particular drugs, addictive control of emotions, illusions, denials, dispersed self)
- relapse prevention (relapse-prone situations, warning symptoms, relapse prevention and management, planning sober life, treatment opportunities after release)
- health education (HIV/AIDS prevention, prevention of STDs, how to live with HIV, healthy life styles)

Group therapy aims at the identification and reducing of the mental and psychological causes of dependence. Group work is to assist a participant to understand her life history and to name her most important problems. Group therapy is supposed to motivate female drug users to undertake specific tasks and to implement them during the therapy. The generation of motivation for treatment and its continuation after prison release is also supported.

Behavioural therapy focuses on communication skills, expression of emotions, assertiveness and ability to face criticism.

Therapeutic community meetings aim - according to its tradition - at societal integration and at dealing with problems affecting life of all its members.

Individual consultations cover particularly severe personal questions, which are difficult to cope during group therapy. Psychologists encourage patients to become active participants of group work and to overcome resistance. After each consultation, a patient has homework to do in a written form. Following themes are imposed: Do you feel dependent, why do you want to get treatment? How have you denied that you are dependent? What have you lost in your personal and professional life? What may increase the risk to relapse, what is your plan for a sober life?

### **Co-operation with NGOs**

In addition to the above described interventions, three NGOs offer extra assistance. First of all *Monar* offers individual and group consultations including prospects for follow-up care. *Monar* which is the oldest and most prominent movement for prevention and treatment of drug addiction is accessible one hour once a week. Another NGO is *Inviting Doors*

which offers post-release support for homeless prisoners. Finally, the religious movement *Fileo* organises two-hour meetings once a month for all prisoners.

## **5 FEMALE DRUG USING PRISONERS IN FIVE EUROPEAN CITIES: RESULTS OF THE QUESTIONNAIRES**

In this chapter the results of the multi-site cross-sectional investigation among adult female drug using prisoners will be presented. The results derive from a data-base generated from 185 standardised face-to-face questionnaires with this prison population in five European cities. Among female prisoners in different prisons in Hamburg, Barcelona, Glasgow, Warsaw and Vienna (see chapter 4) those inmates had been included into the sample who are

- adults (18 years +)
- 1-6 months before release
- past or current regular users of drugs like opiates, cocaine, crack and/or amphetamines. Regular drug use has been defined as either: a) past drug use on a minimum of 3 days a week or on two consecutive days a week over a period of 6 months within the last 12 months preceding the actual imprisonment; or as b) current use of one or more drugs on a minimum of once a week while actually in prison.

In particular the criteria “1-6 months before release” was difficult to meet as a considerable number of the female drug using prisoners in each of the five cities had to serve long-term sentences. In order to be able to include the anticipated sample of 40 female drug using prisoners respectively during the interview period from April to August 2004, it became necessary to enlarge this criteria. Consequently, also those female drug users had been interviewed who expected to be released from prison later than in 6 months.

However, in Hamburg 37 female drug users were interviewed in the prison *Hahnöfersand*, in Glasgow 36 inmates were interviewed in the prison *Cornton Vale* and in Vienna 32 inmates were questioned in the prisons *Favoriten* and *Schwarzau*. In these three cities the sample size covered almost all female drug using inmates who had been imprisoned during the interview time span of this study. In Barcelona 40 female drug users were interviewed in the prisons *Brians* and *Wad-Ras*, in Poland the sample of 40 female drug users were interviewed in the four prisons *Lubliniec*, *Grudziadz*, *Krzywaniec* and *Warszawa*. As in the case of the Polish centre the respondents did not only come from a Warsaw prison but from some other prisons across Poland, the analyses always refer to Warsaw-Poland (PL).

The standardised questionnaires with the total sample of 185 female drug using prisoners were analysed computer-aided with SPSS. All analyses comply with standard evaluation procedures and regard cultural and local peculiarities. In fact, all analyses were done sepa-

rately for each study site which allows to identify similarities and differences in female drug using prisoners between the five European cities.

All results will finally be summarised and assessed by means of the three hypotheses which have been developed in order to identify potential relations between for instance the duration of imprisonment and the acceptance of drug services in prison. As well the impact of drug services utilised on the women's self-confidence not to relapse after prison release will be verified (for details of the hypotheses see chapter 1.4.2).

## **5.1 Social profile of female drug using prisoners**

The social profile of the study participants was investigated by a number of questions which cover typical socio-demographic characteristics. Apart from issues such as age, marital status, partnership, children and living conditions as well the length of the current prison sentence is presented as part of the social profile.

As regards the age of the respondents, the data show that the female drug using prisoners in Hamburg, Barcelona and Vienna are on average 30-32 years old with the highest age found in Hamburg. Contrary, the respondents in Glasgow and Warsaw-Poland are considerably younger with an average age of 27 to 28. In majority, the age of the female drug using prisoners ranged from a minimum age of 20 to a maximum in the late 40ies. Only in Hamburg, the oldest respondent was 53 years old.

As already mentioned elsewhere, in Hamburg and Barcelona it was mostly possible to include those female drug users who expected to be released from prison within the next 6 months at date of the interview. Unlike in Glasgow, Vienna and in particular in Poland where the respondents' prison release was on average clearly later in future with 9,4 months in Glasgow and more than one year in Vienna. Especially in Poland the expected date of release was not until 21 months. However, some of the respondents in all study sites did expect their release quite soon in two or four weeks while others reported to be released at latest in 1-2 years (Barcelona, Hamburg) or even later in more than 7, 8 or in 9 years respectively (Austria, Poland, Glasgow).

The late date of the anticipated release indicates that the women drug users often have to serve long prison sentences. This finding is confirmed by the data on the total length of the actual prison sentence. In Hamburg and Glasgow half of the study participants have to stay in prison up to 10-11 months with a minimum stay of three weeks. The maximum prison term in Hamburg is 3,5 years but in Glasgow this is 14 years, which is highest among all study sites. In Vienna half of the respondents have to serve a prison sentence up to 28 months with a minimum of almost four months and a maximum prison sentence of 8,5 years. Significantly different from other study sites, in Barcelona and Poland half of the respondents have to stay in prison up to 3 years with a minimum stay of one or two months. In Barcelona and Poland the maximum prison sentences are 8 and 10,5 years respectively. A more detailed analysis of the prison sentences will follow later on.

**Table 5-4: Social profile of female drug using prisoners – (N=185)**

	Hamburg	Barcelona	Glasgow	Vienna	Warsaw-PL
Sample (N)	37	40	36	32	40
Age (mean)	32,4	31,8	27,8	30,7	27,3
Months left until prison release (mean)	5,6	6,4	9,4	12,9	21,5
Length of current prison sentence in months (mean)	13,2	36,5	21,8	30,1	40,4
Marital status ( %):					
- <i>married, with spouse</i>	-	2,5	2,8	12,5	7,5
- <i>married, but separated</i>	13,5	5,0	11,1	-	2,5
- <i>divorced</i>	21,6	-	8,3	9,4	10,0
- <i>widowed</i>	-	5,0	-	-	-
- <i>in partnership</i>	16,2	57,5	50,0	62,5	32,5
- <i>single</i>	48,6	30,0	27,8	15,6	47,5
Children ( %):					
- <i>with children under age of 16</i>	81,8	88,0	90,5	87,5	83,3
Have a partner ( %):					
	56,7	67,5	55,6	78,2	47,5
Of those with partner (N):					
	21	27	20	25	19
- <i>partner is drug user</i>	6	4	9	8	4
- <i>partner is in prison</i>	-	4	2	2	5
- <i>partner is both, drug user and in prison</i>	7	7	3	8	5
Employment status in past 12 months prior to prison ( %):					
- <i>employed</i>	8,1	20,0	27,8	43,7	10,0
- <i>employed less than 12 mo.</i>	2,7	17,5	13,9	6,3	2,5
- <i>unemployed all 12 mo.</i>	89,2	62,5	58,3	50,0	87,5
Main finance in past 12 months prior to prison ( %):					
- <i>wage</i>	8,1	23,1	19,4	31,3	2,5
- <i>unemployment benefit</i>	-	2,6	11,1	12,5	-
- <i>welfare benefit</i>	16,2	5,1	8,3	25,0	5,0
- <i>drug selling</i>	37,8	15,4	27,8	6,3	30,0
- <i>prostitution</i>	18,9	23,1	-	15,6	10,0
- <i>other</i>	18,9	30,8	33,3	9,4	52,5

With regard to the social profile, there are significant differences in the characteristics of the female drug using prisoners. Thus, the data on the marital status reveal that in Hamburg and Poland the majority of the women in almost 50 % stated to be single while in Glasgow, Barcelona and especially in Vienna the vast majority reported to live with a partner. This was only the case in 16 % of the Hamburg women. Compared to the other samples, in Hamburg most of the female drug using prisoners have been divorced (21.6 %). In general only few of the respondents are married and live with their spouse. If the women are married, they are more likely to be separated from their partners – with

exception in Poland and Vienna. However, women drug users obviously tend either to be single or close-partnered.

Independently from the family status, at least half of the respondents in all study sites stated to have a partner. This number was lowest in Poland, comparable high in Barcelona and highest in Vienna, where more than three thirds mentioned to have a partner. However, often the women's partner are either drug users themselves or also in prison or even both.

A considerable number of the female drug using prisoners have children with an overwhelming majority of them having dependent children under age of 16. While in Poland the number of mothers among the interviewees is lowest with about 43 %, in all other cities 50 % (Vienna) and as far as 63 % (Barcelona) of the interviewees reported to be a mother. In all samples more than 80 % of the mothers have dependent children. In Glasgow even 90 % of the mothers have children under age of 16. In most cases the women have one or two children but in Glasgow there are as well a number of women stating to have four dependent children. Not surprisingly, especially in mothers the imprisonment causes psychological strain due to the separation from own children.

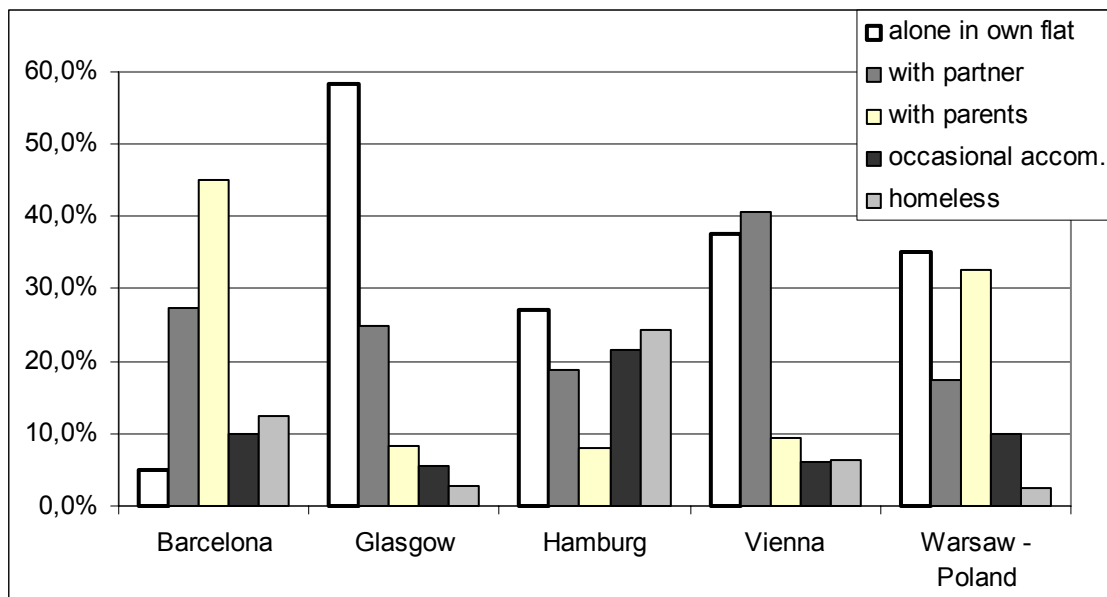
Apart from personal relations it is of high interest what the female drug users have lived on in the year preceding their imprisonment. As regards the employment status in the past 12 months before prison entry the data show that 50 up to 89 % of the female drug users had been unemployed during the whole year. The unemployment rate is lowest in Vienna and Glasgow but highest in Poland and Hamburg. Although most of the women in all European cities had been unemployed, there are some local peculiarities worth mentioning. For instance, in Vienna a considerable high proportion of 44 % of the female drug users had been employed during the whole past year. As well in Glasgow and Barcelona a noticeable proportion of the female drug users had been in jobs permanent (20 %; 28 %) or had been employed temporary. In fact, in Vienna and to a lower extent as well in Glasgow and Barcelona many of the female drug users are to be considered as being socially integrated in terms of employment. Thus it can be assumed that the imprisonment would have caused a sharp cut in their lives.

With respect to the main finance in the past 12 months the data clearly show that the sources of finances are closely associated with the employment status. In the year preceding the imprisonment more than 30 % of the female drug users in Vienna financed their living mainly from their wage. In Barcelona and Glasgow this is the case for about one fifth of the women drug users. On the other hand, in Hamburg and Poland only few of the respondents stated to finance themselves from a wage and none stated unemployment benefits as main resource. Instead, in both study sites drug selling was reported in at least 30 % as main finance in the past year. A similar number of finances by drug selling can be found in Glasgow. Furthermore prostitution was mentioned as main finance especially in Barcelona (23 %), followed by Hamburg and Vienna. Surprisingly, in Poland only a small proportion of the women reported prostitution as main finance in the past year (10 %) and in Glasgow this did not anybody. A considerable number of female drug users – in particular in Poland – named other main finances. When summarising other sources of living,



the following could be found: In Poland nearly half of the whole sample stated shoplifting and thefts as main finances. Criminal activities such as shoplifting, burglary and robbery do play as well in Hamburg and Barcelona an important role as other main finance. In contrast, in Glasgow other main finances consist predominantly in different kinds of disability benefits while in Barcelona most other living resources from came from money of parents, partner or relatives.

**Figure 5-2: Usual accommodation in the past 12 months prior to prison – (N=185)**



\* occasional accommodation summarises all instable housing conditions such as temporary housing by friends, customers, and accommodation in hotels, hostels and night-shelters.

The differences between the women drug users found in areas of family status, employment and main finance go on in terms of usual housing conditions. As illustrated in the figure above, in each of the five European study sites there is a different profile of how the female drug users usually were accommodated in the year before entering prison.

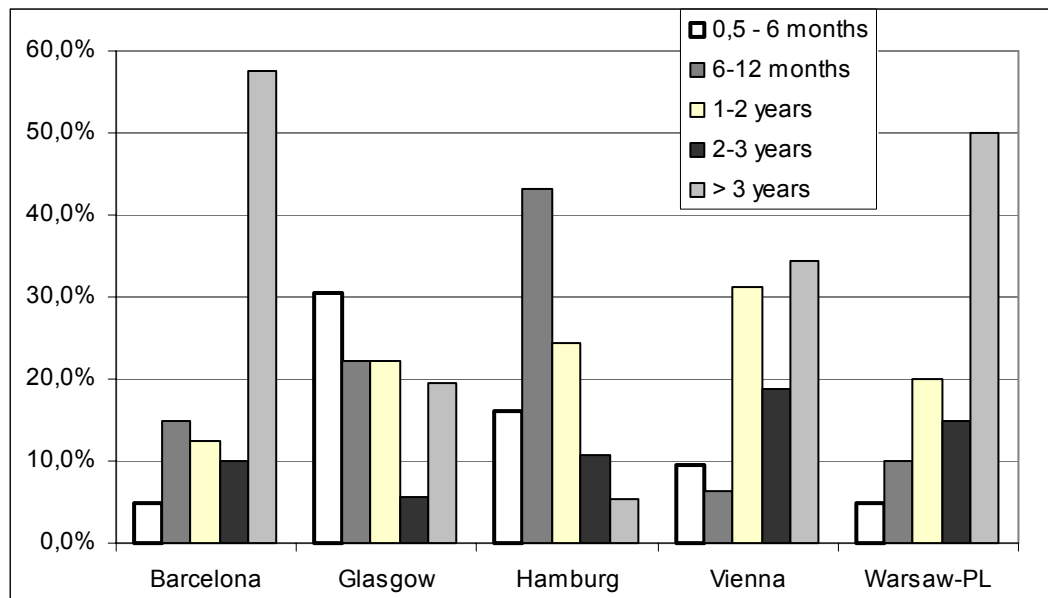
With exception of Hamburg, the majority of the women drug users in all other cities did usually house somehow safe and stable. In Glasgow almost 60 % lived alone in an own flat, while in Vienna about 40 % each either lived alone or together with a partner. In Poland in turn most of the women either lived alone or with their parents in the parents' house. In Barcelona the usual accommodation is again different as indeed a high number of the women drug users lived as well with their parents. On the other hand only a minority of the women usually lived alone compared to all other cities. In addition, a notable number of the Barcelona women drug users was homeless or only occasionally housed.

In Hamburg, half of the women usually lived under stable housing conditions either alone or together with a partner in a flat. At the same time the other half lived under highly uncertain conditions and were either homeless or temporarily stayed in hotels or night-shelters. There is no comparable number of women in the other cities who lived under likewise instable conditions. Consequently the question of living arrangement is one of the

most important issues in Hamburg which need to be addressed within the preparation for prison release.

Finally, the total length of the current prison sentences among the interviewees will be presented more in detail.

**Figure 5-3: Total length of current prison sentence – (N=185)**



The detailed data on the current prison sentence indicate that short-term prison sentences up to six months are rare among the female drug users in all participating European prisons. Only in Glasgow a considerable number of the respondents serve such a short prison sentence (30.6 %). However, the length of the prison sentences among the respondents from Glasgow differs much from all other respondents as the women are nearly equally represented in almost all categories of prison sentences. Apart from the findings for Glasgow there are some striking results in the remaining four study sites. For instance, the female drug users in Hamburg are most likely to receive a prison sentence of 6 to 12 months while in Vienna most of the women drug users had to serve either a 1-2 years prison sentence or even a sentence of more than 3 years. Most unexpected is the finding, that not less than half of the female drug using prisoners in Barcelona and Warsaw-Poland had to serve a long-term prison sentence of more than three years.

### 5.1.1 Summary

The female drug using prisoners in the five European study sites only have few similarities. In fact, similarities are only to be found in partner relation and maternity. Likewise half of the women reported to have a partner with those in Vienna and Barcelona having most often a partner (78 % and 68 %). Similarly often their partners are drug users and/or in prison as well. Furthermore, with exception of Poland, a comparable number of at least

50 % of all women are mothers with an vast majority of them having dependent children under age of 16. The latter was the case in more than 80 % of the women.

Apart from these similarities there are partly considerable differences in the social profile.

### Social Profile

- **Barcelona:** The female drug users are as well on average about 32 years, most likely to be in a partnership or - to a lower extend - to be single. Even though about 63% of the women were unemployed, one fifth was employed regularly in the year preceding their imprisonment. An equal number of women financed their living mainly either from wage or prostitution. This is followed by financial support from parents or a husband. A majority of the female drug users have to stay in prison for the duration of three years.
- **Glasgow:** The female drug users are comparable younger with an average age of 28, in half of the cases in a partnership, followed by those being single. While 58 % were unemployed more than a quarter of the women had a regular job during the whole year before entering prison. The women's main finance in the year prior to imprisonment consists most often in welfare or disability benefits, followed by drug selling and at least some financing through wages. On average the women have to serve a current prison sentence of about 22 months.
- **Hamburg:** The female drug users are oldest with their average age of 32, mostly single or divorced and those with the highest - nearly 90 % - unemployment rate in year preceding their imprisonment. As a result their main finance during that period consists in drug selling, followed by prostitution and thefts, burglaries and robberies. On average the women have to serve a 13 months prison sentence which is slightest compared to all other study participants.
- **Vienna:** The female drug users are on average 31 years old, clearly tend to be in a partnership and are in similar numbers either regularly employed or jobless. In fact, wage, unemployment or welfare benefits are the main financial sources for a majority of the women. Accordingly only a minority lives from prostitution or drug selling. Nevertheless have most of the female drug users to stay in prison for more than two years.
- **Warsaw-Poland:** The female drug users are youngest with an average age of 27, most likely to be single or to be in a partnership and have an high unemployment rate of nearly 88 %. As a consequence their main finance consists predominantly in criminal activities such as shoplifting, thefts and drug selling. Probably due to these activities, half of the women have to serve prison sentence of considerably more than three years.

## 5.2 Delinquency and prior imprisonment

To investigate the female drug users' involvement in criminal activities and their life-time experiences with the penal system a number of questions have been developed. Thus, a number of items asked for criminal activities in the past 30 days before entering prison in order to explore the most recent delinquent behaviour. To identify the life-time experiences with the penal system, first the prevalence of different convictions and second the overall number and duration of prior prison sentences was asked for.

### 5.2.1 Illegal activities and reasons for current imprisonment

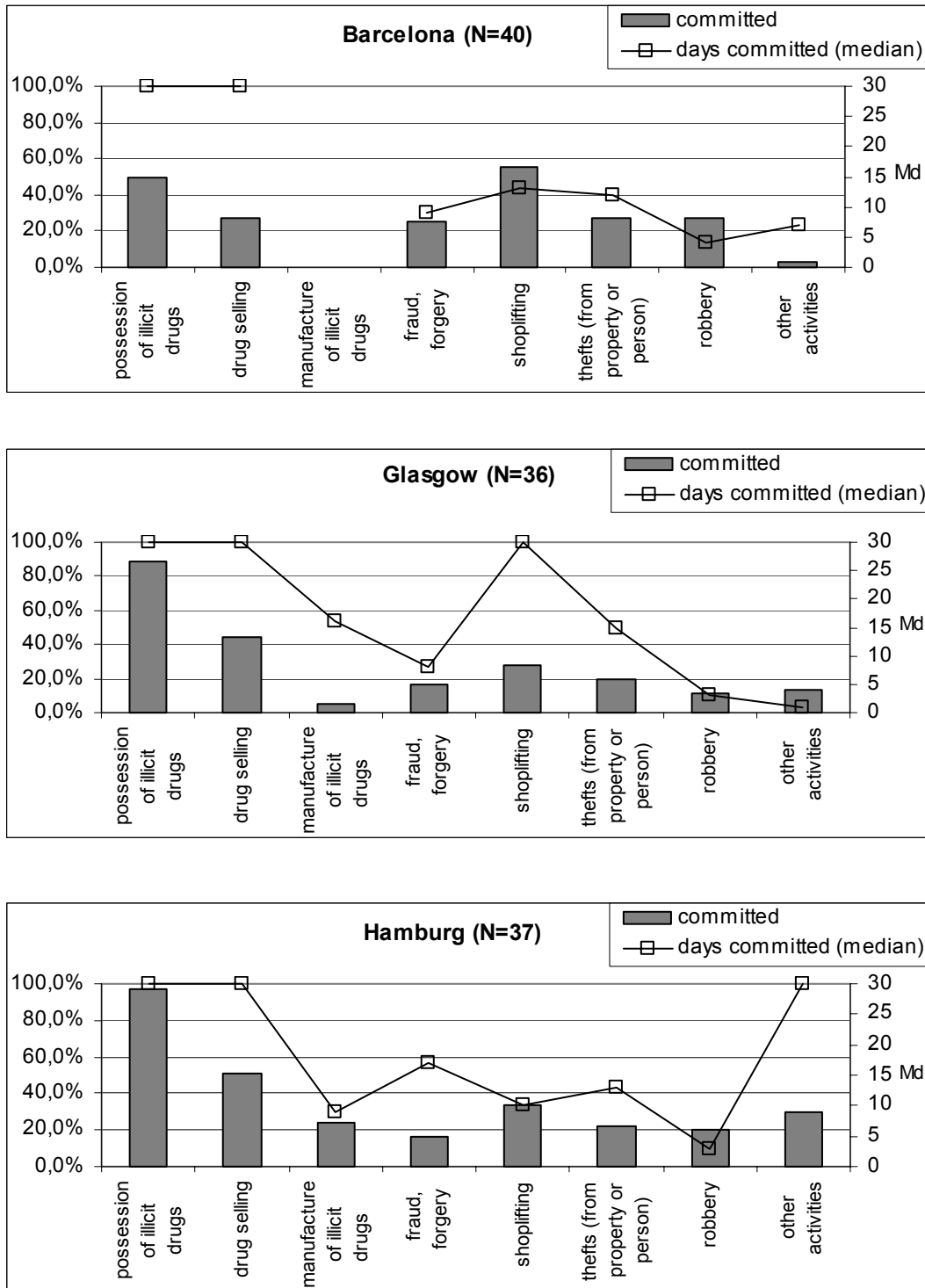
With regard to the criminal activities, the data analysis is directed to the prevalence and frequency of different drug-related and acquisitive crimes in the month preceding the actual imprisonment. The prevalence is given for those female drug users who committed any activity on 1 to 30 days in the past month. As the prevalence in the illegal activities did not indicate how frequent these activities took place, in addition the frequency is evaluated for in terms of the median number of days the women committed these offences in the past 30 days before entering prison. This procedure enables to identify which of the illegal activities are a) most common and b) most frequent among the female drug users. In addition it becomes possible to explore potential differences in delinquency between the female drug users of the five European study sites (see figure 3-5).

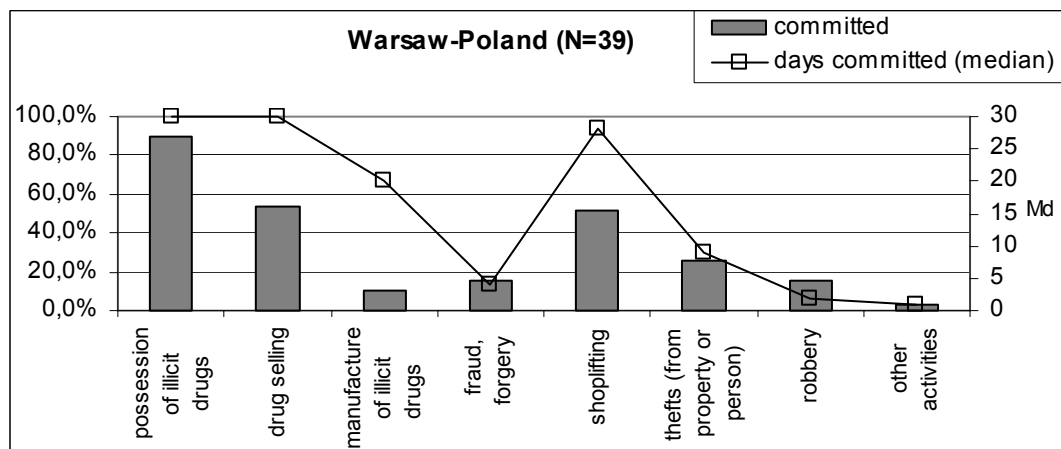
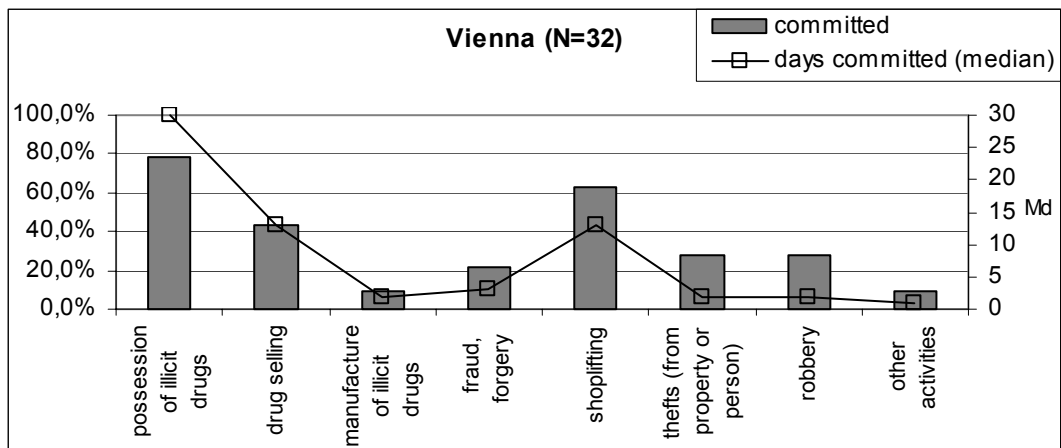
The data for **Barcelona** reveal that most of the women were active in shoplifting before entering prison (55 %). This is closely followed by the possession of illicit drugs. However, it has to be pointed out that half of the respondents did not possess any drugs in the past month. Furthermore in each case 27.5 % of the female drug users committed offences such as drug selling, thefts and/or robberies. With respect to the frequency of the single activities it becomes clear that the possession and selling of drugs were with a median of 30 days most frequent among the women. Shoplifting which is most prevalent among the women was committed by half of women on 13 days in the past month. Likewise thefts were committed on 12 days at median. But the frequency was less for acquisitive offences such as fraud, forgery and robbery. Along with drug possession, in Barcelona the most common and frequent illegal activities consist in shoplifting and drug selling.

In **Glasgow** a high proportion of the female drug users possessed drugs in months prior to their imprisonment (89 %). In addition a considerable number of the women was active in drug selling (44 %). Among the acquisitive crimes shoplifting was most prevalent in 28 % of the women drug users. On the other hand offences such as thefts, fraud, forgery and robbery are less common among this population (19 %; 17 %; 11 %). Four women (13.9 %) stated as other activities assaults and vandalism and two (5.6 %) were involved in the manufacture of drugs. As concerns the intensity of the different activities the data reveal that the possession and selling of drugs along with shoplifting are highly frequent as these activities were at median committed every day in the past month. Furthermore thefts and the manufacture of drugs were committed frequently at median on every second day even though both offences are not much prevalent at all. In other words: Those women

who were active in drug selling, drug manufacture, shoplifting and thefts did so very often. In contrast, activities such as fraud, forgery and robbery had been done rather seldom.

**Figure 5-4: Prevalence and frequency of illegal activities among female drug users in the past 30 days before entering prison**





The delinquency profile among the female drug users in **Hamburg** shows that almost all of the respondents did possess drugs in the months before entering prison (97 %). Furthermore the selling of drugs was highly prevalent among the women (51 %). Different to all other cities in Hamburg a high number of women was active in the manufacture of drugs (24 %). Among the acquisitive crimes, shoplifting in particular was committed by a considerable proportion of the women (33 %) but also thefts and robberies are not uncommon (22 %; 20 %). In case of the Hamburg respondents other activities exclusively include prostitution which altogether about 30 % of the women admitted. Those activities which are most prevalent among female drug users are at the same time those committed most frequently. Thus, drug possession, drug selling and prostitution took place at mean on every single day in the month preceding the imprisonment. Second most frequent are fraud, forgery (17 days mean), thefts (13 days mean) and shoplifting (10 days mean). Unlike manufacture of drugs and robbery which are committed very rare although quite widespread.

In **Vienna** a majority of the women possessed drugs in the past month (78 %) but as well a significant high proportion committed shoplifting (63 %). Compared to all other cities, shoplifting was highest among the women from Vienna. In addition drug selling was quite widespread in 44 % of the women, followed by well thefts and robberies (28 % both). Furthermore more than a fifth of the women committed fraud and forgery (22 %). On the

other hand only three women were active in the manufacture of drugs or other activities such as burglaries (9.4 % both). The frequency of almost all illegal activities is comparable low with exception of the possession of drugs. However most prevalent offences such as shoplifting and drug selling were committed at mean only on 13 days. All other activities were even more seldom and had been done no more than on two or three days in the past month.

In **Warsaw-Poland**, the proportion of the women who possessed drugs in the month before entering prison is similar high to that of Glasgow (90 %). In addition a high number of the Polish women was either involved in drug selling and/or in shoplifting (54 %; 51 %). The succeeding most often illegal activity consists in thefts from property or persons (26 %). Fraud, forgery and robbery were committed each in 15.4 % of the women drug users. Other activities refer to one woman who attempted murder. Like in Hamburg as well in Poland those activities which are most widespread are at the same time those committed most frequently. Drug possession, drug selling and shoplifting were committed at mean on every or almost every day in the past month. The succeeding most frequent activity on at mean 20 days is the manufacture of illicit drugs although only reported in 10 % of the women. In contrast thefts are quite rare with a mean of 9 days even though this activity is quite common. Fraud, forgery and robbery did not play an important role in terms of frequency as they took place at mean on only 4 and 2 days respectively. Last not least the attempted murder was a single event.

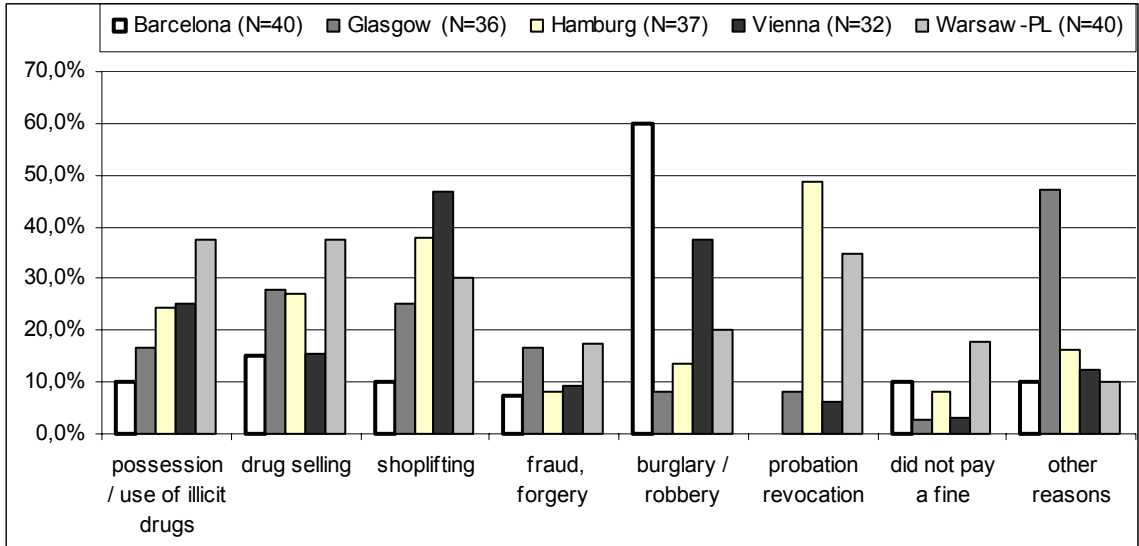
In relation with the delinquency it is of high interest how many of the eight different illegal activities the female drug users have committed. Within this context one important finding is that there are some women who did not commit any offence at all in the past 30 days before entering prison. This is the case for altogether 7 women in Barcelona (17.5 %) and for three women respectively in Glasgow, Vienna and Warsaw-Poland. In Hamburg only one woman did not commit any offence. In all five study sites the majority of the women committed two to three different delinquent activities. However, in Barcelona and Glasgow the women are on average most likely to be engaged in two different types of delinquency, while in Hamburg, Vienna, and Warsaw-Poland the majority of the women tend to have committed three different illegal activities. A more intense delinquency of four different could only be found in 25 women of the whole sample (13.5 %) with a highest number in Warsaw-Poland and Glasgow. More than four and up to seven different illegal activities are very rare and only to be found in one to five women in each study site.

Another aspect of interest is the specific reason of the current imprisonment. For this purpose a number of eight possible reasons was specified.

The data analyses show that that reasons for the current imprisonment vary considerably between the female drug users of each of the five European study sites. As presented in figure 5-4 there are noticeable particularities in what the current imprisonment is related to. As regards the imprisonment resulting from offences against the national drug law it becomes apparent that this reasoned the imprisonment especially in the female drug users from Warsaw-Poland. Here, the possession/consumption of drugs as well as the selling of

drugs resulted in about 38 % both to a prison sentence. Among all other female drug users the succeeding highest number of imprisonment for drug consumption are to be found in Vienna and Hamburg (25 %; 24 %). On the other hand in Glasgow and Barcelona drug consumption is mentioned less by female drug users as a reason for their imprisonment (17%; 10 %). Moreover in Glasgow but as well also in Hamburg drug selling reasoned in 28 % and 27 % respectively the imprisonment of the female drug users. Unlike in Vienna and Barcelona where drug selling is significantly less prevalent as reason for the current imprisonment (16 %; 15 %). In sum, in Poland altogether the number of 75 % of the female drug users has been imprisoned for offences against the drug law. In Hamburg this is the case for altogether 51 % and in Glasgow for 45 % of the female drug users. In Vienna still about 41 % of the women were sentenced to prison because of drug offences while in Barcelona this is only in 25 % of the women the case.

**Figure 5-5: Reasons for the current imprisonment of the female drug users – (N=185)**



With respect to acquisitive crimes the data clearly demonstrate that a significant high number of the female drug users from Barcelona has been imprisoned because of rather serious offences such as burglary and robbery (60 %). Apart from the women in Barcelona, a relevant proportion of female drug users imprisoned for burglary and robbery can also be found in Vienna (38 %). Among the women from the remaining three study sites these offences are less common as reasons for the current imprisonment. Indeed, the proportion of the Polish women, who had been sentenced to prison for burglary and robbery, is next high (20 %), followed by the women from Hamburg and finally Glasgow (14 %; 8 %). In comparison to burglary and robbery offences, shoplifting is an even more widespread reason for the current imprisonment. Here in particular a high number of the women from Vienna have been imprisoned due to shoplifting (47 %). This is followed by the women from Hamburg and then by the women from Poland (38 %; 30 %). In contrast shoplifting



is much less frequently a reason for imprisonment among the women in Glasgow and at least among those in Barcelona (25 %; 10 %).

As concerns acquisitive crimes, fraud and forgery do not play an important role for the current imprisonment in all five different samples. Only among the women drug users from Poland and Glasgow these offences resulted in a somehow relevant proportion to the current imprisonment (18 %; 17 %). However, in all other female drug users fraud and forgery reasoned no more than in 9 % the current imprisonment.

Prison sentences which are related to penal procedures such as a revocation of the probation or a fine which has not been paid are only frequent among the women from Hamburg and to a lower extend among those from Poland. In particular the cancelling of the probation is at 49 % one of the most widespread reasons for the imprisonment of the Hamburg women. But as well 35 % of the Polish women have been sentenced to prison due to this reason. On the other hand, in Vienna and Glasgow only single women have currently be imprisoned because of a probation revocation and in Barcelona this was none. Not to pay a fine is not much frequent a reason for the current imprisonment at all with a slight exception to be found in the women from Poland (18 %).

Finally, a number of the respondents in all five sample stated other than given reasons for their current imprisonment. According to the data it is obviously that a majority of the female drug users from Glasgow stated other reasons for their current imprisonment (47 %). Although these reasons are manifold they mostly cover violence-related offences. Thus, the imprisonment was reasoned in eight women by assaults and violence (22.3 %), in two women because of attempted murder (5.6 %), and in one woman because of a culpable homicide. Furthermore four women had been imprisoned for breaching rules for probation, peace or drug treatment orders (11.2 %) and two women were sentenced to prison because of resisting arrest. In Hamburg other reasons refer to six women (16 %) of which three were imprisoned due to serious assaults, two women dodged the fare and one woman was imprisoned because of her resistance against the police. In Barcelona, Vienna and Warsaw-Poland four women respectively mentioned other reasons for their imprisonment. In Barcelona these reasons cover violence offences, an escape from prison and the lack of a license for sales. In Vienna as well violence offences but also drug smuggling can be found as reasons for the current imprisonment. Last not least in Warsaw-Poland the four women each have been imprisoned for serious body injury, attempted murder, manufacture of drugs and the refusal to act as a witness in court.

When finally focussing on the five European study sites, the following findings in terms of the most prevalent reasons for the current imprisonment could be drawn from the analyses.

In **Barcelona** a vast majority of the female drug users has been currently imprisoned for burglary and robbery. All other possible reasons for the imprisonment are not much prevalent among the women from Barcelona and do not exceed the number of 15 % - which was in this case for the selling of drugs. In **Glasgow** a majority of the female drug users stated to be imprisoned for other than given reasons (47 %) which mainly cover violent offences. Second most often drug selling and shoplifting reasoned the imprison-

ment. Unlike in **Hamburg** where most of the female drug users had been imprisoned due to a revocation of their probation (49 %). In **Vienna** again the situation is different, as the highest proportion of the female drug users had been imprisoned because of shoplifting (47 %). This is followed by imprisonment due to burglary and robbery. In Warsaw-Poland however, altogether 75 % of the women have been sentenced to prison because of offences against the drug law at which equal numbers are currently imprisoned for drug consumption and drug selling.

### **5.2.2 Life-time prevalence of prison sentences**

The life-time prevalence of prison sentences refers to a) the prevalence of penal sentences in life and b) the number of penal sentences ever received. In addition, the female drug users were asked if they had ever been in penal institutions (pre-trial and prison) before and how often this was the case. As well the duration of the different prior imprisonment has been investigated.

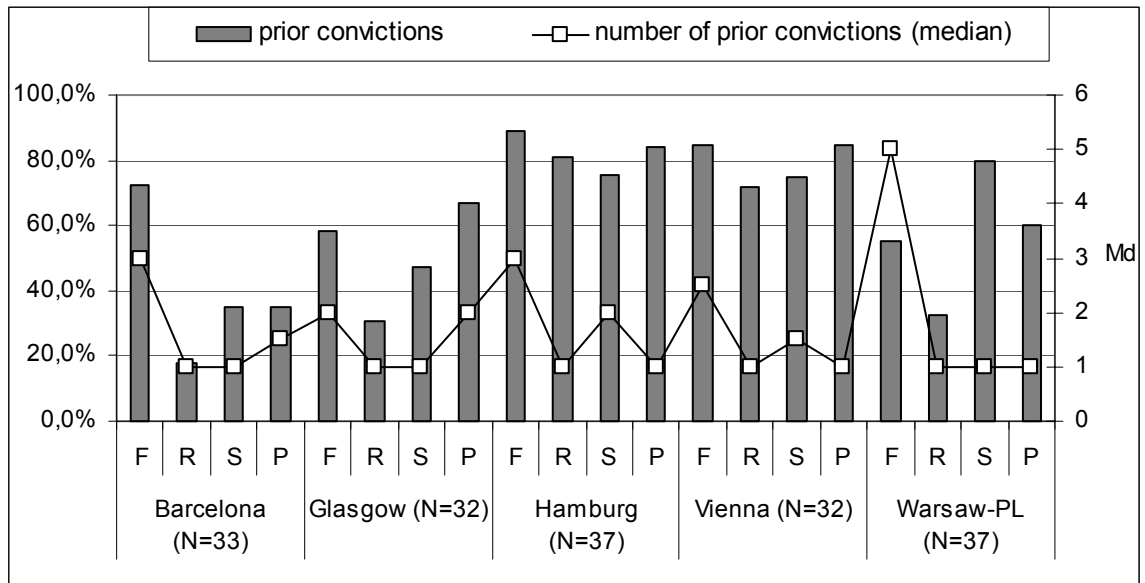
In order to evaluate the complete experiences with prior imprisonment as well the overall duration of prior imprisonment and the longest duration of one prison stay is evaluated. Furthermore the time lapse since the last prison release is analysed in order to identify how long the female drug users have survived in community before having (again) sent to prison to server their current prison sentence.

First of all the results on the life-time prevalence of prior criminal convictions will be presented (see figure 5-5). Along with the prevalence it is analysed how often the female drug users had ever be convicted at median.

From the data analyses it became apparent that a vast majority of the female drug users in all five European sites had previously been convicted. In fact, 171 out of 185 women reported a minimum of one conviction in life-time. This number corresponds to 92.4 % of the whole sample. Of the few female drug users without any previous convictions, seven are to be found among the women in Barcelona, four among those from Glasgow in Warsaw-Poland this is the case for three women.

Among the female drug users with convictions those from Hamburg and Vienna not only show the highest prevalence of prior penal sentences but also the highest prevalence of prior convictions to all four different types of penal sentences. In both cities a vast majority of the women has ever been sentenced to a fine (89 % in Hamburg; 84 % in Vienna). A similar high proportion of 84 % of the respondents in Hamburg and as well in Vienna has already got the most severe penal sanction of a prison sentence. In addition, also sentences with probation and revoked probation are considerably widespread among the female drug users in both cities. In Hamburg 81 % of the women reported to have ever been convicted to probation and in 76 % probation has been cancelled. Of the women in Vienna, these sentences were reported in 72 % and 75 % respectively.

**Figure 5-6: Prevalence and number of prior convictions – (N=171)**



F=sentenced to a fine; R=revocation of probation; S=sentence with probation; P=sentenced to prison

In Warsaw-Poland the majority of the female drug users has ever been convicted to a sentence with probation (80%), followed by a sentence without probation (60%). The latter is slightly more common among the female drug users from Glasgow (67%). However, a prison sentence is the type of sentence which is most prevalent among the women in Glasgow. Furthermore in Glasgow a sentence with probation have experienced 47% of the women. Other types of sentences such as a fine or a revocation of the probation are in Glasgow and Warsaw-Poland to a comparable extent experienced in life. Thus, more than half of the women in both of these study sites have already been convicted to a fine (58% in Glasgow; 55% in Poland). The revocation of probation is, on the other hand, less common and can be found in 31% and 33% respectively.

The female drug users from Barcelona differ much from all other women in terms of being less convicted in life-time at all and in having mostly been convicted to less serious sentences. In fact, the conviction to a fine is significantly most prevalent with 73% of the women. Compared to the number of women with a fine all other types of convictions are only to be found in small numbers of the women. Respectively 35% have ever been convicted to a sentence with and without probation. Moreover only 18% of the women have ever experienced a revocation of their probation.

As regards the prevalence of prior convictions one major finding is that the life-time experiences with different types of penal sentences is extremely high among the female drug users from Hamburg and Vienna and comparable low among the women in Barcelona.

In close relation to the prevalence of prior convictions the life-time number of different types of sanctions varies. Of the four possible sanctions the women from Hamburg and Vienna experienced at median three sanctions while the women in all remaining three study

sites experienced at median two different sanctions. However, in particular in Barcelona it is most common that the women either have got only one or two different sanctions.

Apart from the number of different sanctions it is of high importance how often the female drug users had ever been convicted before entering prison (again). The median number of the single convictions indicates how often half of the respondents have been convicted in relation to the four sanctions.

As can be seen from the figure above, it is most common that the female drug users have been convicted at mean only once. Nevertheless there are some exceptions which demand attention. For instance, in Poland half of the women already got a fine five times. In Hamburg and Barcelona the women experienced a fine at mean three times. Sentences to a fine are obviously much widespread among the female drug users. This is as well supported by the maximum number of sentences to a fine which goes up to 50 times in single cases. Furthermore, half of the women from Hamburg have already been convicted twice to a sentence with probation. However, another half of the women show a high frequency of this kind of sentence ranging between 3 to 11 times. But as well in Poland a broad number of the women have got a sentence with probation of already up to six times.

In Glasgow and partly from Barcelona the women drug users have been sentenced to prison at mean twice before they have currently been imprisoned. Again there is a broad range in the frequency of prior prison sentences for the other half of the women. In particular in Glasgow the latter group of the women already got 3 to 13 prison sentences in their life. Last not least there are some comments on the frequency of revocations of the probation to be made. Although half of the women in each of the five samples had only experienced one cancelling of their probation, especially in Vienna but as well to some extent in Hamburg another part of the women had experienced this sentence already 4 to 6 times.

According to the findings it can be concluded: Those women with prior convictions are either most likely to have only once or no more than twice been convicted to the different sanctions while a similar part of the women tend to be convicted again and again. Thus it can be assumed that there is a considerable number of female drug users who had frequently been convicted to different penal sanctions in their lives.

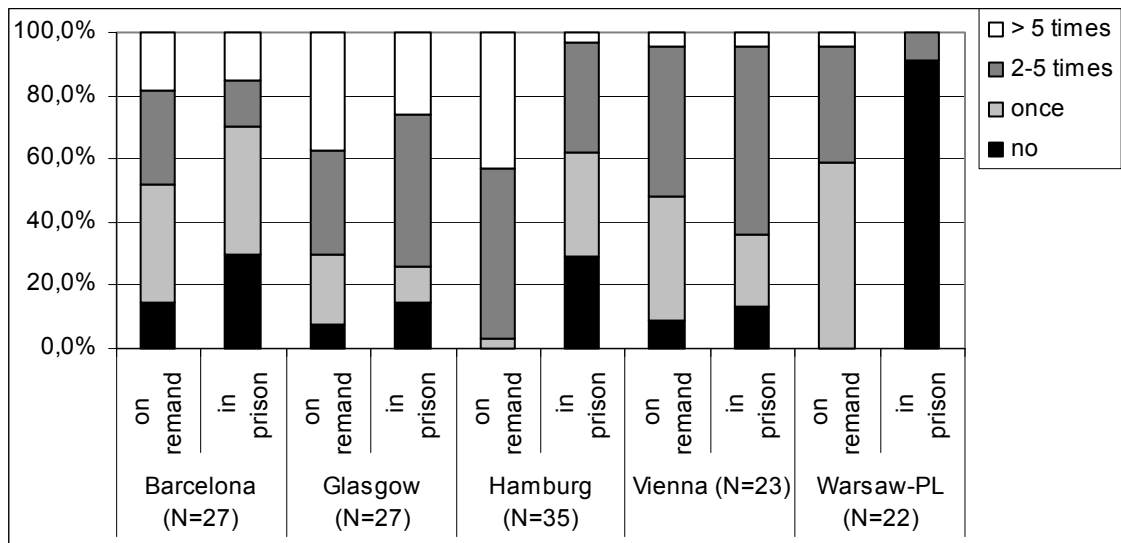
As prior penal sentences did not evince accurately how many of the female drug users had been in prison before, a second step of the data analyses is directed to this issue. One first finding is that 134 out of 185 female drug users already had been imprisoned prior to their current imprisonment. This corresponds to 72.4 % of all study participants who have previous experiences with imprisonment. As a result only one fourth of the female drug users are currently at their first time in a prison.

With respect to the number of those female drug users without any prior imprisonment, the data reveal enormous differences among the five sample groups. In Hamburg only a minority of two out of 37 respondents have never been imprisoned before neither on remand nor in a prison. In both Glasgow and Vienna in each case 9 women have never been imprisoned before (25 %; 28 %). In Barcelona this is the case for even 13 women

(32.5 %) and in Warsaw-Poland the number of women without any prior prison sentence is highest with 17 of the respondents (42.5 %). Consequently for a notable number of the Polish women the current imprisonment was the first one.

Of those women who had ever been imprisoned before, the frequency of their prior imprisonment is illustrated in figure 5-6. The specification “no” indicates that the women - although having been imprisoned before - either had not been in a remand prison or had not been in a convicts’ prison but in a remand prison.

**Figure 5-7: Frequency of prior imprisonment on remand and in prison – (N=134)**



As can be seen from the data, in Warsaw-Poland and as well in Hamburg all female drug users with prior imprisonment have ever been in a remand prison. Those women from Poland who have been in a remand prison, the majority was there only for a single time (59 %). Unlike in Hamburg where only one woman has been imprisoned once on remand while the majority was imprisoned on remand 2 to five times or even 6 up to 28 times (54 % and 43 %). In Barcelona, Glasgow and Vienna in turn some of the women have not been in a remand but in a prison for convicts. In Glasgow and Vienna two women each stated not to have been in a remand prison before whereas this was reported by four women from Barcelona (14.8 %). Of those women who ever have been imprisoned on remand, the majority of the Spanish women was there only once (37 %) whereas in Vienna and Glasgow most of the female drug users had already been in a remand prison for 2 to 5 times (48 % and 33 %). An almost similar number of women imprisoned 2 to 5 times in a remand prison is to be found in Warsaw-Poland (36 %). However, in Barcelona the latter is the case for no more than 30 % of the women.

Imprisonment on remand for more than five times are rather uncommon among the women from Vienna and Warsaw-Poland as in both cities such a high frequency was only reported by one woman. On the other hand in Barcelona, Glasgow and in particular in Hamburg there is a considerable number of women with pre-trial imprisonment of more than five times. In Barcelona this was the case for five women (18.5 %) but in Glasgow this

was the case for the many of 10 women (37 %). In Hamburg even 15 women reported a remand imprisonment of more than 5 times (43 %).

When regarding the frequency of imprisonment in a convicts' prison, the following becomes apparent on the basis of the data. Compared to the number of women in a remand prison, imprisonment in a convicts' prison are in general less common in all five study sites. This is especially obvious in Poland where more than 90 % of the women not have been in a prison before. The remaining proportion refers to two women who both have been in a prison for up to five times. In Barcelona and Hamburg in each case about 29 % of the women have been in a remand but not in a convict institution. In number this is true for 10 German and 8 Spanish women. Among the women with prior prison experiences from Glasgow and Vienna only four and three women respectively have not been in a prison before (14.8 %; 13.6 %).

As regards the frequency of imprisonment in a prison the women from Barcelona have in majority only once been in a prison (41 %) while a higher number of imprisonment is to be found in altogether 30 % which refers to eight women. Of these eight women respectively four had been imprisoned 2 to 5 times and more than five times. In Hamburg similar numbers of the women have been either once or even 2 to 5 times in a prison before (32 %; 35 %). In contrast, the women from Glasgow and Vienna in majority had been in prison 2 to 5 times whereas only few of the women had been in prison only once (48 % vs. 11 % in Glasgow; 59 % vs. 23 % in Vienna). Furthermore in Glasgow the number of seven women have already been very frequently in a prison of more than 5 and up to 13 times (26 %). An frequent imprisonment of more than five times is in contrast much uncommon among the female drug users from Hamburg and Vienna. In both cities only one woman each reported a prior prison stay of more than five times.

In conclusion the findings show, that prior imprisonment are at 60 % and more highly prevalent among the female drug users in most of the five European cities. An exception from this rule is Poland where 43 % of the women never had been imprisoned before thus their current imprisonment is the first one. A second important finding is that imprisonment on remand are widely experienced by the women with many of them having already been several times in a remand prison. Although prior imprisonment in a "regular" prison are less widespread than imprisonment on remand as well these imprisonment are mostly experienced not only once but several times. Consequently a high number of the female drug users have already been frequently imprisoned during their lives before entering prison again at the time of this study.

At the end of this chapter the results on the duration of prior imprisonment along with the age at the first imprisonment and the time lapse since the last prison release will be presented. The findings on the duration of prior imprisonment is of high importance as women who have spent a several years in their live in a prison will have more difficulties to reintegrate in community compared to those with short term prison stays. Thus it can be assumed that in particular women with a long duration of life-time imprisonment are in high need for support in order to prevent relapses.

**Table 5-5: Age at first imprisonment and overall duration of prior imprisonment**

	Barcelona	Glasgow	Hamburg	Vienna	Warsaw-PL
Sample (N)	40	36	37	32	40
Age at first imprisonment (mean)	23,4	22,3	23,9	24,3	23,8
With prior imprisonment (N)	27 (67.5%)	27 (75.0%)	35 (94.6%)	23 (71.9%)	22 (55.0%)
Duration of prior imprisonment on remand (months at median)	7	6,3	8	4,3	5,5
Duration of prior imprisonment in prison (months at median)	36	22	13,5	16	15
Overall duration of prior imprisonment (months at median)	24	23,5	17	19	6
Time lapse since last prison release (months at median)	60	3	10	24	12

The age of the female drug users at their first imprisonment ranges widely between 14 years at minimum and 47 years at maximum. More than one fourth of all respondents were underage of up to 18 years when first being imprisoned (27.8 %). Among the women with such an early first imprisonment the highest proportion of 47.3 % is to be found in the women from Glasgow. Until the age of 21 altogether 66.8 % of the women from Glasgow had been imprisoned for their first time. In Warsaw-Poland and in Barcelona this is the case for about half of the women (51.2 %; 50 %). In Vienna still 44.7 % and in Hamburg 39.1 % of the women were not older than 21 of age at their first imprisonment. In sum, half of all female drug users were 21 years and younger when they first were sent to prison. The average age of the women at their first imprisonment ranges between 22 and 24 years with those women from Glasgow being youngest with an average age of 22,3 years. In Barcelona, Hamburg and Warsaw-Poland the women were imprisoned for their first time on average about 1-1,5 years later. Last not least the women from Vienna were oldest with an average age of 24,3 at their first imprisonment. With respect to the age it has to be kept in mind that the current imprisonment is the first one for the number of in total 50 women.

It has already been mentioned that the majority of the female drug users had been previously imprisoned before they re-entered prison at the time of the interview. This is in particular true for the women from Hamburg and comparable less frequent among the women from Warsaw-Poland.

In terms of the duration of time spent in a remand prison and in a prison for convicts, the data reveal considerable difference between the five European study sites. In Hamburg the median duration spent in a remand prison is with 8 months highest, followed by Barcelona with one month less and by Glasgow with a median duration of the pre-trial imprisonment of 6,3 months. However in Hamburg and Glasgow about half of the women spent less

than 8 and 6,3 months respectively in a remand prison (45.7 %; 50 %) while in Barcelona more than half of the women spent 7 months and more (even up to six years) in a remand prison (57 %). Compared to these cities, in Warsaw-Poland and especially in Vienna the median duration of prior remand imprisonment is lowest with 5,5 and 4,3 months respectively. However, more than half of the women from Poland and Vienna stayed in a remand prison slightly longer for of up to six months (62 %; 71 %).

The duration of stays in a prison are at median in all five samples considerably longer than those in a remand prison. Indeed show in particular the female drug users from Barcelona the longest duration of previous prison detentions which last at median three years. The high number of women with such long prison stays are as well supported by the fact that 47 % of the women have even been previously imprisoned for more than three years. A long duration of prior imprisonment is also to be found in the women from Glasgow. Although the median duration of prior imprisonment is 22 months a considerable proportion of the women had already been imprisoned for more than two years (46 %). In Warsaw-Poland and Vienna the median duration of previous imprisonment is quite similar with 15 and 16 months respectively. For Warsaw-Poland the duration is rather misleading as it refers only to two women with one of them spent 3 months in prison whereas the other one had to stay 27 months in prison. In Vienna half of the women had to stay no longer than 16 months in a prison while another half had to serve prior prison sentences of in sum more than four years. Finally the women from Hamburg had the lowest duration of previous imprisonment with at median 13,5 months. Here, half of the women stayed less than 13 months in prison while the other half had partly spent several years in prison which amount to 10 to 14 years.

If now regarding the longest duration of one prison stay, the following is exposed by the data: The women from Barcelona are most likely to serve long term prison sentences with at median one and a half year. In Warsaw-Poland the opposite becomes apparent as these women are most likely to serve short-term prison sentences of at median less than six months. Similar in Hamburg the women tend to have comparable short prison sentences of at median 7 months. In Glasgow and Vienna in turn the data reveal the tendency that for a many of the female drug users their the longest single prison stay is considerably longer than the median of 10,5 and 12 months respectively.

In conclusion the findings on the duration of prior imprisonment can be summarised as follows: Although the women from both Barcelona and Warsaw-Poland have often been previously imprisoned once their duration of the imprisonment is maximal diverse. While the women from Barcelona had quite long overall stay in a pre-trial prison and the highest duration of imprisonment in prison, the contrary is the case for the women from Poland. They had the lowest previous prison terms at all. In Hamburg however, the women mostly have a rather short duration of previous imprisonment both on remand and in prison despite of a high frequency of previous imprisonment. Finally in Glasgow and Vienna there are as well frequent prior imprisonment but at the same time there are many of the women with a considerable long duration of their imprisonment.



These findings are supported by the data on the overall duration of prior imprisonment which adds the time ever previously imprisoned on remand and in prison for each single female drug user. According to the results the overall duration of time previously spent in prison is highest among the women from Barcelona and Glasgow. At mean these women had already spent about two years in prison before entering prison again. Nevertheless had about half of the women from both Barcelona and Glasgow an overall term of previous imprisonment of two and many more years (48 %; 50 %). For instance, one woman from Spain had already spent 16 years of her life in prison. This high life-time duration of prior imprisonment of 15 or 16 years are otherwise only to be found in two women from Hamburg.

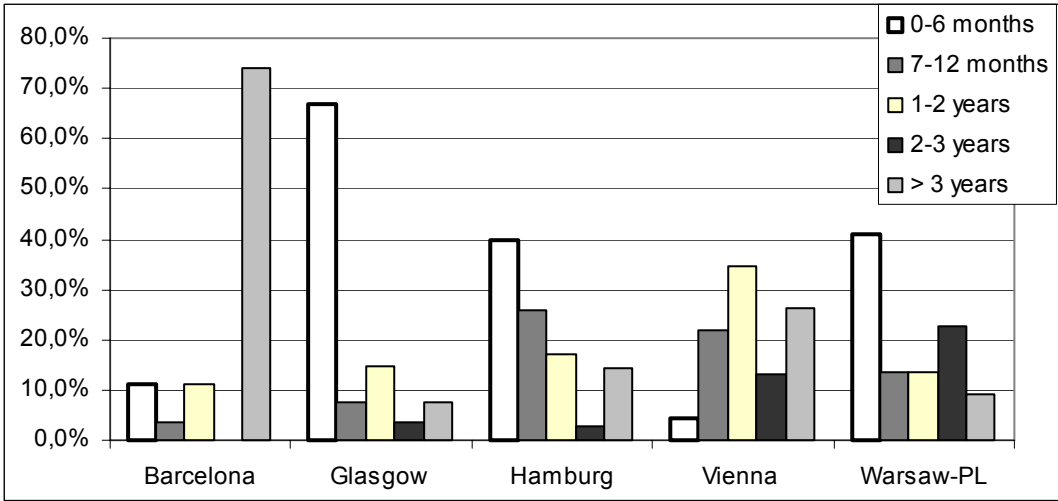
In Vienna and Hamburg the female drug users had a median overall duration of prior imprisonment of about one and a half years. In both cities similar proportions have already been imprisoned for less and for more than the median number of 19 and 17 months respectively. However, as in Hamburg as well in Vienna there are some women with a much longer duration of their imprisonment. For instance, in Vienna one woman had been in prison for 10 years. As excepted in Warsaw-Poland the life-time prison duration is lowest with at median six months. This minor overall duration of prior imprisonment is to be found in the majority of 60 % of the women. A stay in prison for about six months and a year is second most often among the Polish women while an imprisonment duration of more than a year is an exception.

According to the analyses there is a strong and statistically significant correlation between to overall duration of prior imprisonment and the age of the first imprisonment. This correlation confirms that the younger the women had been at their first imprisonment, the higher is their overall duration of prior imprisonment (Kendall-Taub-b: -0,239).

To complete the analyses of prior imprisonment the time lapse since the last prison release is regarded finally.

The time lapse since last prison release is highest among the female drug users from Barcelona with at median 60 months. That is that the women from Barcelona managed to stay for the long period of five years in freedom before entering prison again. This finding is supported by the detailed analyses of the time lapse since prison release presented in figure 5-7. The data clearly reveal that the overwhelming majority of 74 % of the Spanish women stayed more than three years outside prison. How the female drug users from Barcelona succeeded in remaining that many years in community remains unclear. Even the data on participating in residential drug treatment during the year preceding the current imprisonment allows no answer to this question as only four women confirmed to have participated in an impatient treatment.

**Figure 5-8: Time lapse since last prison release – (N=134)**



For the women from Glasgow the opposite becomes visible. Here the female drug users managed to stay in freedom for at median no more than three months. In fact, altogether 67 % of the women remained outside prison for not any longer than a half year. Six out of these 18 women not even had been outside prison for one single month. Accordingly only few women succeeded in surviving their re-incarceration for a longer time than half a year. Thus four women (15 %) had a time lapse of 1-2 years before imprisoned again.

In Hamburg and Warsaw-Poland the median time lapse since the last prison release is quite similar with 10 and 12 months respectively. However in both sites a considerable number of women only managed to stay one to six months out of prison (40 % in Hamburg and 41 % in Poland). This was followed in Hamburg by 26% of the women who stayed 6-12 months out of prison, while in Warsaw-Poland the second largest group stayed out of prison for two to three years (23 %). Among the women from Hamburg longer time lapses than one year out of prison were found in six women (17 %) for 1-2 years and in five women (14 %) for more three or more years. In Warsaw-Poland in each case three women (13.6 %) managed to stay outside prison for 7-12 months and for 1-2 years. Here only two other women (9.1 %) showed a time lapse of more than three years before re-entering prison.

Similarly to the women from Barcelona, the women from Vienna succeeded in avoiding a quick re-imprisonment. The median time lapse out of prison amounts to two years. In detail the time span before entering prison again differs much between the single female drug users. However only one woman was re-imprisoned six months after her last release while five women (22 %) survived for 6-12 months and additional eight women (35 %) for the period of one to two years. Furthermore three women (13 %) remained in freedom for the period of 2-3 years and even six women (26 %) had been able to stay more than three years in community.

### 5.2.3 Summary

The findings on delinquency and prior imprisonment of the female drug users can be summarised as follows.

- In terms of illegal activities in the past 30 days before the current imprisonment, in all five European study sites drug possession along with drug selling and/or shoplifting are most prevalent among the female drug users. Drugs have been possessed and – with exception of the women from Vienna – as well sold every single day in the past month. As well shoplifting had been committed almost every day in Glasgow and Poland and nearly every second day in Hamburg and Vienna. At mean the women in Glasgow and Barcelona committed two different offences while the women in Hamburg, Vienna and Warsaw-Poland committed three different offences in the month preceding their imprisonment.
- A vast majority of the female drug users have ever been convicted to different penal sanctions. In fact, 92.4 % of the 185 interviewed women reported a minimum of one conviction in life-time. Most of them have been sentenced to a fine but as well prison sentences are quite common with exception of the women from Barcelona. In general there is one part of the women with minimal convictions at all while another part of the women show a high prevalence and frequency of prior convictions.
- A great many of the female drug users have previous experiences with imprisonment and only a minority of the female drug users are at date of the interview their first time in a prison. Thus, 72.4 % of all study participants have been previously imprisoned. Prior stays in both remand prisons and prisons for convicts are highly common among all female drug users with exception of those from Poland. In addition most women already experienced frequent numbers of prior imprisonment of four times and more. This high frequency of prior imprisonment is in particular the case among the women from Hamburg and Vienna while the lowest frequency of prior imprisonment is to be found in the women from Barcelona.
- The age of the first imprisonment averages 22,3 years for the women from Glasgow which is at the same time the most youngest age. In Barcelona, Warsaw-Poland and Hamburg the women had been first imprisoned on average at age of 23 – 24 while in Vienna the age of the first imprisonment is 24,3 years on average. However, half of all female drug users were 21 years and younger when they first have been sent to prison. The younger the women have been at their first imprisonment the higher is their overall duration of previous imprisonment. This correlation is statistically significant.

In general the findings evince partly considerable differences in the delinquency and imprisonment profile between the female drug users of the five European study sites.

### Delinquency & imprisonment profile

- **Barcelona:** Along with drug possession, in Barcelona the most common and frequent illegal activities in the past 30 days prior to the current imprisonment consist in shoplifting and drug selling. However, for 60 % of the women their current imprisonment is due to burglary and robbery. As regards prior convictions these are not much widespread among the women apart from sentences to a fine. Furthermore those women who have ever been imprisoned before in majority were only once imprisoned on remand and once in prison. Half of the women had first been imprisoned at age of 16 to 21. Despite less prior imprisonment the overall duration of imprisonment is significantly higher with at median two years. On the other hand the time lapse between the last prison release and the current re-imprisonment is considerably high with at median five years.
- **Glasgow:** Although only one fourth of the women committed shoplifting in the month prior to their current imprisonment this was done on every day. Remarkable is as well than thefts and the manufacture of drugs were committed frequently at median on every second day even though both offences are not much prevalent at all. Most of the women (47 %) are currently imprisoned for a multitude of different reasons but which include in majority assault and violence offences. The succeeding most often reason is drug selling and shoplifting (28 %; 25 %). A high number of the female drug users have ever been sentenced to prison before and this happened at mean already twice. As well a high number of the women have been previously imprisoned on remand more than five times and had been incarcerated in a prison two to five times (40 %; 56.5 %). For a considerable number of the women their first imprisonment took place when they were still underage (47.3 %). Thus, the overall duration of prior imprisonment is similarly high as in Barcelona with a median of nearly two years. At the same time a considerable number of the women had be re-imprisoned early after the last prison release. The time lapse between release and re-imprisonment was at a median of only three months.
- **Hamburg:** In the past 30 days before the current imprisonment drug possession along with drug selling and prostitution are most prevalent and frequent among the female drug users. These three activities took place at mean on every day. For the majority of 49 % the current imprisonment is reasoned by a revocation of the probation, followed by shoplifting (38 %). The female drug users from Hamburg show the highest number of life-time experiences with all types of penal sanctions compared to all other study sites. In all four types of different convictions more than 76 % of the women are to be found. In addition the women show a high frequency of prior imprisonment as about half of the women have ever been imprisoned on remand and /or in prison twice and up to five times. 39 % of the women were not older than 21 years at time of their first imprisonment. Despite the frequent number of prior imprisonment the overall duration of these imprisonment is with at median 17 months comparable low. The time lapse since last prison release is at median 10 months but the proportion of 40 % of the women re-entered prison quite sooner one to six months after the last prison release.

- **Vienna:** Illegal activities in the month preceding the current imprisonment are highly prevalent among the women with shoplifting being most widespread. The frequency of illegal activities, however, is to be regarded as lowest compared to the women of the other study sites. According to the prevalence of shoplifting, in most cases the current imprisonment is reasoned by this offence (47 %), followed by imprisonment due to burglary and robbery (38 %). Similar to the women from Hamburg as well among the women drug users in Vienna all four types of penal sanctions are very widespread with more than 72 % prevalence for each sanction. In addition, frequent prior imprisonment are to be found in the women drug users from Vienna as almost half of them have been imprisoned two to five times. As a result the median overall duration of prior imprisonment is one and a half year with one fourth of the women having already been imprisoned for more than three years. In 52 % of the cases the first imprisonment was at age of 17 to 22. However, at median the women managed to stay outside prison for the long period of two years before currently been imprisoned again.
- **Warsaw:** Apart from drug possession, drug selling and shoplifting are the most prevalent and most frequent illegal activities in the past month preceding the actual imprisonment. Furthermore the manufacture of drugs was committed on at mean 20 days although this activity was only reported by 10 % of the women. The most frequent reason for the current imprisonment are offences against the national drug law which cover altogether 75 % of the reasons mentioned by the women. Hereby, equal numbers have been imprisoned either for drug consumption and/or for drug selling. In terms of prior penal sanctions the majority of the women has ever been convicted to a sentence with probation (80 %) followed by sentence without probation (60 %). Only about 55 % of the women have ever been imprisoned before in which only two women ever have been in a convicts' prison. In addition, more than half of the women have only been imprisoned once before currently entered prison. Although the age of the first imprisonment averages 23,8 years there is a broad range in the age of the first imprisonment from 17 to 47. The overall duration of prior imprisonment is significantly low with at median six months. The time lapse since the last prison release is about one year at median, although more than half of the women have been re-imprisoned after less than one year in freedom.

### 5.3 Patterns of drug use outside and in prison

In this chapter the patterns of drug use are analysed by first of all presenting the results on the age when the female drug users have started to use drugs regularly. As well it is analysed how many years these substances have been used in sum which does not account the periods without any drug use.

In terms of drug use it is of particular interest what the most recent drug use was about. For this reason the patterns of drug use are regarded with respect to those substances used in the past 30 days before currently entering prison and with regard to those substances used since being imprisoned. As it can be assumed that the drug use in prison would probably have changed during the imprisonment the female drug users have been asked for their drug use in the first weeks after entering prison and in the past 30 days preceding the interview in prison. In general the drug use patterns are analysed in terms of prevalence, frequency of substance use and the main route of administration. Especially the latter enables to identify drug use risk behaviour.

**Table 5-6: Age of beginning regular drug use and years of drug use – (N=179)**

	Barcelona	Glasgow	Hamburg	Vienna	Warsaw-PL
Age of beginning regular* drug use (mean):					
- Heroin	17,6 (n=38)	20,6 (n=29)	18,7 (n=33)	18,9 (n=30)	20,3 (n=20)
- Kompot (Polish heroin)	-	-	-	14,0 (n=1)	19,2 (n=22)
- Cocaine powder	18,4 (n=36)	19,8 (n=10)	21,3 (n=27)	20,0 (n=23)	20,7 (n=6)
- Crack	19,1 (n=10)	21,9 (n=14)	26,3 (n=34)	22,3 (n=4)	19,0 (n=3)
Years of drug use (mean):					
- Heroin	10,7	7,3	8,7	8,6	4,9
- Kompot (Polish heroin)	-	-	-	12,0	8,2
- Cocaine powder	10,3	5,2	7,2	8,2	5,8
- Crack	6,1	4,9	4,5	1,5	9,3
- Amphetamines	4,8	5,3	3,4	7,7	4,3

\* Regular drug use means the use of drugs on more than 3 times per week or on more than on two following days

As the substance “kompot” may not be known this needs some explanation. The Polish kompot is a domestically produced, low-grade heroin made from poppy straw or juice of poppy head (*papaver somniferum*). Kompot is a liquid and is predominately administered intravenously. Although the usage of kompot has steadily declined due to numerous side effects while the demand for “cleaner” heroin increases, it is still a widely used drug in Poland ([http://www.mnb.krakow.pl/archiwum/english/english\\_version.htm](http://www.mnb.krakow.pl/archiwum/english/english_version.htm)).

A second remark concerns the regular use of the four substances heroin, cocaine powder, crack and amphetamines. According to the given definition of “regular” use altogether six women from Glasgow denied any regular use of these substances.

Before going into details there are some results on the prevalence of the substances used to be made. The life-time regular use of heroin is most prevalent in Barcelona and Vienna as only two women respectively denied regular use of heroin (95 %). Second most often regular heroin use was mentioned by the women from Hamburg and Glasgow as only four and seven women respectively did not name this substance (89 %; 88.9 %). In Warsaw-Poland only half of the respondents stated to have ever regularly used heroin use while a little more affirmed to have ever used kompot regularly. Surprisingly there is one woman from Vienna who started at age of 14 with the regular use of kompot which she in addition used for the long time of 12 years.

The use of cocaine powder is again most prevalent among the women from Barcelona with only four women without any regular use of this substance (90 %). In Hamburg 27 out of 37 women and in Vienna 23 out of 32 women confirmed to have ever used cocaine powder regularly (72.9 %; 71.9 %). In Glasgow this was only the case for 10 women and in Warsaw-Poland for no more than 6 women (27.8 %; 15 %).

As regard the regular use of crack this is most widespread among the women from Hamburg because only three women stated not to have ever used crack regularly (91.9 %). In Glasgow 38.9 % of the women confirmed to have used crack regularly and in Barcelona this is the case for one fourth of the women. On the other hand only very few women from Vienna and Warsaw-Poland ever used crack on a regular basis (4 women; 3 women). In turn, the regular use of amphetamines is quite common among the women from Vienna, Warsaw-Poland and as well from Glasgow because this was confirmed in each case by more than half of them (56.3 %; 55 %; 52.8 %). In Barcelona 12 out of 40 women stated to have ever used amphetamines regularly and in Hamburg this was only confirmed by 9 women (30 %; 24.3 %).

The age of beginning the regular use of one or more of the substances varies considerably and ranges from age of 10 to 45 with an age of more than 40 years being only the case for the women from Hamburg. However, the late age indicates that there are some women who started the regular use of drugs quite recently. This is the same for the years of drug use which ranges between one and 28 years in which the women from Glasgow show the highest number of years of drug use. On the other hand there are some women in each sample which have only one year of drug use which is in particular the case for the use of crack and amphetamines.

In detail the data reveal significant differences in the age of beginning with regular drug use and in the years of regular drug use between the five samples. Compared to all other women those from Barcelona are youngest when starting the regular drug use and this being the case for each of the substances. In fact, Spanish women average 17,6 years at initiation of regular heroin use while this happened one year later in the women from Hamburg and Vienna. In contrast the women from Warsaw-Poland and Glasgow were on average about 20 and a half years old at the time when first using heroin regularly. The

duration of a regular use differs in relation to the age of beginning this usage. Accordingly, the women from Barcelona are those who consumed heroin for the longest period with 10,7 years on average. In Hamburg and Vienna the women practised heroin use for about eight and a half year while in Glasgow this was more than one year less with an average of 7,7 years of heroin use. Last not least the Polish women used heroin only for an average of 4,9 years. However, as the use of kompot in Poland is comparable to the use of heroin in Western Europe, the differences found in the years of drug use disappear when considering the period of kompot consumption. The duration of 8,2 years of kompot use is quite similar to the period of heroin use found in Hamburg and Vienna.

With regard to cocaine powder again the women from Barcelona are youngest with age of 18,4 at first regular use and show the longest duration of cocaine use with 10,3 years on average. The women from Glasgow are about one year older at beginning the regular use of cocaine powder but have the shortest duration of cocaine use with about five years compared to all other women. With an average of 20 years the women from Vienna were similar old to those of Glasgow when beginning the regular use of cocaine. However, they used cocaine powder for a rather long time with an average of 8,2 years. In Warsaw-Poland and in Hamburg the women began their regular use of cocaine powder at age of 20,7 and 21,3 respectively but the years of this substance use differ somehow as the Polish women used cocaine for almost six years and the German women for about seven years. In general the years of cocaine use differ between 10 years at highest for the Barcelona women and 5 years at lowest for the Glasgow women.

As already mentioned, the use of crack is most prevalent among the women from Hamburg. But at the same time these women started with a regular use of crack significantly later with an average age of 26,3 and used this substance for an average of 4 and a half years. On the other hand, those women from Barcelona and Warsaw-Poland who ever used crack regularly began early with 19 years. Also, these women used crack for many years, particularly women from Poland. In fact the three Polish women used crack for about nine years while in Barcelona crack was used for about six years. Finally, the women from Glasgow and Vienna began with the regular use of crack at a comparable age of 22, but while those from Glasgow show an average of about five years of crack use, those from Vienna had only a short duration of the crack use of one and a half years.

Amphetamines have predominantly been used regularly for the first time at young age. This is especially true for the women from Barcelona who started at mean age of 16 with a regular use of amphetamines and continued this use for about five years. The respondents from Glasgow started one year later and used amphetamines on average a little more than five years (5,3 yrs). For the women from Vienna the age of the regular use of amphetamines averages 18, but these women show the longest time of amphetamine use with an average of 7,7 years. In Hamburg those women with amphetamine use began a regular use at age of 19,2 and did not form this habit for a long time as they stopped amphetamine usage on average after 3,4 years. In Warsaw-Poland the women began a regular use of amphetamines about four years later than the Barcelona women and stick to this habit for



an average of 4,3 years. All in all, in particular the amphetamine users from Vienna show a long-term use of this substance.

In **conclusion** the findings can be summarised as follows: Among the women from Barcelona and Vienna heroin and cocaine powder are those substances widely used on a regular basis. These are at the same time the substances which have been used on average for the highest number of years (10 yrs; 8 yrs). In Glasgow heroin and amphetamines are most frequently used by the women and in addition both substances are used on average for the longest duration (7 and 5 yrs). Among the women from Hamburg heroin and crack are the most widespread substances which have ever been used regularly. While heroin was used for on average 8,7 years, crack was used for a considerably shorter duration of 4,5 years. The women from Warsaw-Poland most often used heroin, kompot and amphetamines on a regularly basis. However these are not always the substances which have been used for the longest period of time. Kompot was used for a mean of 8 years, but for heroin and amphetamines it was only 4-5 years. Especially those women with a regular use of crack and cocaine powder used these substances for many years, with 9 years of crack use and about 6 years of cocaine powder use.

### **5.3.1 Drug use in the month before entering prison**

In order to investigate the most recent drug use behaviour outside prison, the female drug users have been asked in detail for their consumption pattern in the past 30 days before entering prison. The table 5-4 below indicates how many of the female drug users consumed any of the specified 12 substances. Of those with any substance use it is also determined how frequent these substances have been used in the past 30 days. The specification “regular use” covers a substance use on 8 to 25 days in the past month which corresponds to a substance use on a minimum of two days per week. “Daily use” specifies a substance use on 26 to 30 days in the past month.

As regards the use of methadone it has to be mentioned that this does not only cover methadone but any other substance which is used for substitution treatment. For instance, in Germany methadone is the most common medication for substitution treatment but in Austria drug users are treated with various substitution medications. In fact, in Austria methadone along with buprenorphine (Subutex®), codeine and retarded morphine (Mundidol®, Substitol®, Compensan®, Kapanol®) is utilised for substitution treatment.

A second comment alludes to the use of non-prescribed medications. This includes a broad range of pharmaceuticals such as benzodiazepines, barbiturates, sedatives, tranquillisers and hypnotics.

Last not least it has to be mentioned that there are two women from Poland who stated to have not used any substances in the month before entering prison.

**Table 5-7: Drug use in the past 30 days before entering prison – (N=183)**

	Barcelona	Glasgow	Hamburg	Vienna	Warsaw-PL
Sample (N)	40	36	37	32	38
Alcohol, any use	22 (55.0 %)	16 (44.4 %)	15 (40.5 %)	13 (40.6 %)	14 (35.0 %)
- <i>regular use</i>	3	5	4	2	3
- <i>daily use</i>	18	6	6	8	3
Heroin, any use	24 (60.0 %)	26 (72.2 %)	26 (70.3 %)	20 (62.5 %)	15 (37.5 %)
- <i>regular use</i>	7	2	2	5	1
- <i>daily use</i>	14	22	21	15	14
Kompot, any use	0	0	0	0	14 (35.0 %)
- <i>regular use</i>					2
- <i>daily use</i>					11
Cocaine powder, any use	30 (75.0 %)	9 (25.0 %)	11 (29.7 %)	19 (59.5 %)	6 (15.0 %)
- <i>regular use</i>	9	-	1	3	1
- <i>daily use</i>	18	3	6	12	2
Crack, any use	7 (17.5 %)	9 (25.0 %)	33 (89.2 %)	0	4 (10.4 %)
- <i>regular use</i>	3	2	3		
- <i>daily use</i>	2	4	27		3
Prescribed methadone, any use	25 (62.5 %)	7 (19.4 %)	17 (47.2 %)	21 (65.6 %)	1 (2.5 %)
- <i>regular use</i>	-	-	-	-	1
- <i>daily use</i>	25	4	17	21	-
Non-prescr. methadone, any use	3 (7.7 %)	9 (25.0 %)	9 (24.3 %)	6 (18.7 %)	4 (10.0 %)
- <i>regular use</i>	2	2	2	1	2
- <i>daily use</i>	-	1	-	3	-
Non-prescr. medications, any use	28 (71.8 %)	22 (61.1 %)	13 (36.1 %)	13 (40.6 %)	14 (35.0 %)
- <i>regular use</i>	5	7	2	1	1
- <i>daily use</i>	21	8	5	10	8
Amphetamines, any use	5 (12.5 %)	4 (11.1 %)	2 (5.4 %)	13 (40.6 %)	22 (55.0 %)
- <i>regular use</i>	3	1	-	1	2
- <i>daily use</i>	1	-	-	6	12
Cannabis, any use	28 (70.0 %)	23 (63.9 %)	16 (43.2 %)	23 (71.9 %)	4 (10.0 %)
- <i>regular use</i>	4	3	4	5	1
- <i>daily use</i>	22	17	8	16	2
Hallucinogens, any use	1 (2.5 %)	0	2 (5.4 %)	4 (12.5 %)	3 (7.5 %)
- <i>regular use</i>	-				
- <i>daily use</i>	-				1
Other substances, any use	0	2 (5.6 %)	0	6 (18.7 %)	1 (2.5 %)
- <i>regular use</i>					
- <i>daily use</i>				4	1
Amount of money spent on drugs in past 30 days (mean)	4,232 €	3,243 €	8,295 €	1,694 €	866 €

As regards the alcohol consumption in the past month before entering prison the data reveal that 35 to 55 % of all female drug users drank alcohol. The highest number of women with alcohol use is to be found in Barcelona and the lowest number is to be found in Warsaw-Poland. Those women who drank alcohol are most likely to do this every day.

The use of heroin and kompot (polish heroin) is prevalent in a majority of the female drug users in all five samples. Indeed, heroin was used in more than 70 % of the women from Hamburg and Glasgow in the past month. In Barcelona and Vienna this was the case for about 60 % of the women. In Warsaw-Poland similar numbers of the women used heroin or kompot in the past month including one woman who used both substances. If adding up both the women with heroin and kompot use, this amounts to 70 % of the Polish respondents. In all five study sites a majority of the heroin users practised a daily use of heroin or Polish heroin.

With respect to the use of cocaine powder and crack the findings indicate significant differences in the prevalence of the consumption of these two substances. Altogether 75 % of the respondents from Barcelona reported the use of cocaine powder prior to their imprisonment with most of them using cocaine daily. But only seven (17.5 %) of the women agreed to use crack to a certain frequency. In Hamburg this is nearly the other way round. Here about 89 % of the women used crack and used this drug predominantly daily while about one third either or additionally consumed cocaine powder which did happen as well often daily. In Glasgow in turn the use of cocaine powder and crack was only common in 9 women (25 %) for each substance. Both cocaine powder and crack are mainly used occasionally or at least regularly. Again, this differed from Vienna where none of the women reported any crack use, while almost 60 % reported a - in majority daily - use of cocaine powder. In Warsaw-Poland however neither the use of cocaine powder nor the use of crack is much widespread at all. In fact there are only six women with cocaine and four women with crack use.

If now regarding the results on the use of methadone and/or medications then several particularities become apparent. In Vienna and Barcelona 62 to 66 % of the interviewed female drug users participated in a substitution treatment before entering prison. In both cities these women are obviously regular treatment participants as they all were on a daily dose of prescribed methadone or other substitution medications. The same is to be found in the women from Hamburg who had been to 47 % in substitution treatment in the month prior to their imprisonment. In Glasgow only seven women (19 %) are used to prescribed methadone but merely four women were on a daily dose. In Warsaw-Poland no more than one woman used prescribed methadone though not daily but on a regular basis. These differences found in the prevalence of prescribed methadone are closely related to the national practice of substitution treatment which is easily accessible in Spain, Austria and Germany but rather non-existent in Poland.

The consumption of methadone without being in a substitution treatment programme is in general not very common - with some exception among the women from Hamburg and Glasgow. Non-prescribed methadone sold on the black market has been used by nine women (approx. 25 %) both from Hamburg and Glasgow. In both cases non-prescribed

methadone was mainly used occasionally. In Vienna six women consumed non-prescribed methadone in a certain frequency (18.7 %) and in Warsaw-Poland this was only the case for four women (10 %). In contrast to the use of non-prescribed methadone, the use of non-prescribed medications such as benzodiazepines and barbiturates is highly widespread. Here, in particular the women from Barcelona have to be regarded as heavy users of non-prescribed medications as this substance use was reported by almost 72 % which in majority consumed these substance every day in the past month. In Glasgow still 61 % of the women admitted the use of non-prescribed medications, in equal numbers either occasional, regular or daily use of these medications. On the other hand in Warsaw-Poland, Hamburg and Vienna the use of non-prescribed medications is less frequent and ranges between 35 to 40.6 %. However, a daily use of these substances is most common among the women from Vienna and Warsaw-Poland.

The use of amphetamines is more or less uncommon in the women from Hamburg and rather uncommon in the women from Glasgow and Barcelona. In these three cities no more than five women had any amphetamine use which they used mainly occasionally with exception of the women from Barcelona who tend to a regular use of amphetamines. Unlike in Vienna and especially in Warsaw-Poland where 13 and 22 women respectively reported the use of amphetamines (40.6 %; 55 %) of whom half of them showed a daily use of amphetamines. Obviously do amphetamines play an important role among drug users in Austria and Poland.

Cannabis, a popular and common drug in different parts of the population, is also often used by female drug users. An exception is Warsaw-Poland where only four respondents used to consume cannabis (10 %). However, in particular the women from Barcelona and Vienna reported the use of cannabis (70 and 72 %) with a majority of them being daily smokers. In Glasgow 64 % used cannabis, mostly on a daily basis. By comparison, in Hamburg the use of cannabis was less prevalent with 43 % of the women. In addition only half of them smoked cannabis daily.

Last not least the use of hallucinogens and/or other substances in the month before entering prison was rather seldom. Only few women in each study site reported the use of hallucinogens such as LSD or mushrooms and similar few women stated to use other substances. The latter was especially the case for Vienna where six women (18.7 %) said to have used morphine or opium tea. Of two women from Glasgow with other substances used one was a regular user of Valium®.

In **conclusion** the data show that in each of the five study sites the use of specific substances is most prevalent in the month preceding the imprisonment. Hereby the use of cannabis is not considered in order to focus on problem drug use.

- Among the women from Barcelona the use of cocaine powder comes in first, followed closely by the use of non-prescribed medications in the second place and finally heroin as well as prescribed methadone ranking third.
- In Glasgow apart from heroin in the first and non-prescribed medications in the second place all other substances are less prevalent than 45 %.

- Among the women from Hamburg the use of crack ranks first and the use of heroin second which is followed by the use of prescribed methadone.
- In Vienna most of the women are on methadone or other substitution medications, closely followed by the use of heroin and finally the use of cocaine powder.
- The women in Warsaw-Poland are firstly users of heroin and kompot and in a second place users of amphetamines. Further substances are not any more prevalent than to 35 %.

According to these findings it can be assumed that rather few women used only one or two substances but a number of different substances in the past 30 days before entering prison. Indeed, a further analyses of the number of different substances used affirmed that – with exception of the Polish women – about two thirds of the female drug users are polydrug users. Thus, the respondents from Barcelona used at median five different substances (ranging up to eight) while the female drug users from Glasgow, Hamburg and Vienna consumed at median four different substances (ranging up to 10). In Warsaw-Poland the women only used two substances at median with six different substances as maximum. However, it has to be kept in mind that the number of different substances as well includes prescribed methadone as an essential part of drug treatment.

The amount of money spent on drugs in the month before entering prison is closely related to the frequency of illicit drug use. Surprisingly 20 out of 185 women reported that they haven't spent any money on drugs. These women had either been in substitution treatment and did not use any drugs in addition or only had a low frequency drug use which was financed by friends or any other person. In Poland eight women denied to have paid any money for drugs; two of these women did not use any drug at all in the past month and four women used merely alcohol but were daily drinkers.

However the amount of money spent on drugs varies considerable and ranges from 20 Euro at minimum and up to 54,000 Euro at maximum. Among all female drug users those from Hamburg spent the significantly highest amount of money on drugs which averages 8,295 € and raises up to 33,000 €. Even though the median amount of money is even less with 6,000 € this remains highest compared to all other women. Second most money spent on drugs is to be found in the women from Barcelona who on average paid 4,232 € for drugs which goes up to 54,000 €. However there are important differences as half of the women spent only 1,230 € on drugs at median. In Glasgow the women paid on average 3,243 € for drugs and at highest no more than 13,532 €, but as well the median amount of money is much lower with 1,397 €. In Vienna the costs for drugs amount to 1,694 € on average and at 7,500 € at maximum. The median amount of money for drugs is 1,050 € which is somehow lower than the average amount. Compared to all other women those from Warsaw-Poland paid less for drugs with an average of 866 € and do not exceed the sum of 3,330 € at all. The median amount of money for drugs is only 660 €.

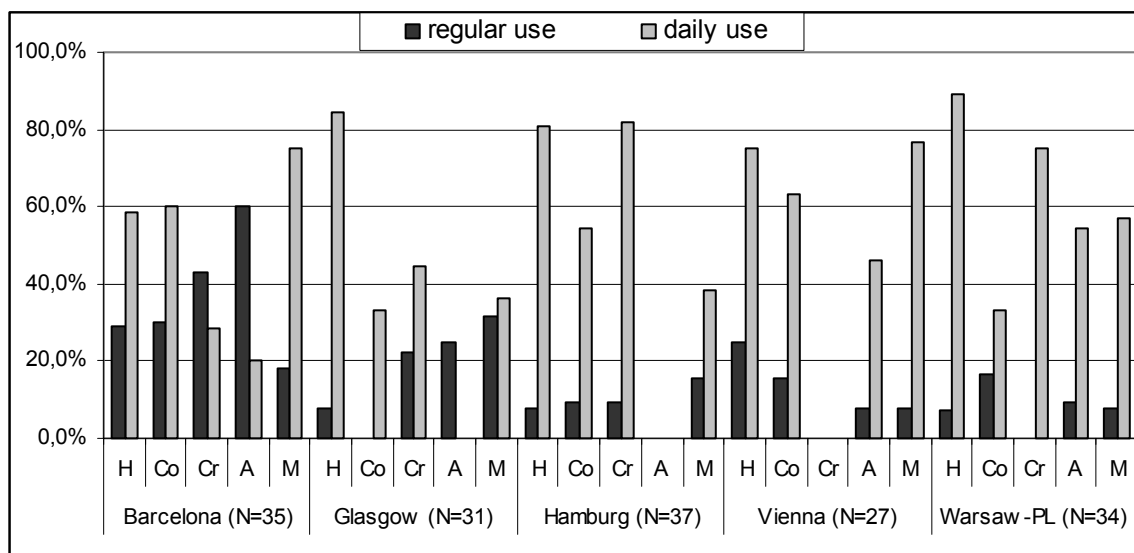
Apart from the frequency of drug use the money spent on drugs depends as well from the specific price the respective drug users had to pay in their cities. Unfortunately there is no comparison of the prices for a gram of street heroin or cocaine across Europe but it can be assumed that drugs are less expensive in Poland. However, the money needed for drugs is

closely related to the intensity of illegal activities during the month before entering prison (see chapter 5.2.1).

With respect to a problem drug use, altogether six illicit substances could be identified which are according to the data most prevalent among the female drug users in the past 30 days before they have been imprisoned. These substances are heroin, kompot, cocaine powder, crack, amphetamines and as well non-prescribes medications. In Hamburg all of interviewed women used one or more of these substances. In Barcelona, Glasgow and Vienna there are five women respectively who did not use any of these substances and in Warsaw-Poland this is the case for six respondents. In sum, the women without any use of the mentioned six substances account to only 11.4 % of the whole sample.

For those 164 women with any use of the six substances a more condensed picture of the drug use frequency is presented in the following figure in term of a comparison between the “regular”(8-25 days) and “daily” (26-30 days) substance use. As regards the use of heroin and kompot in Poland, both substances are summarised as heroin.

**Figure 5-9: Regular and daily drug use in the past 30 days before entering prison – (N=164)**



“H” is for heroin, “Co” for cocaine powder, “Cr” for crack, “A” for amphetamines and “M” for non-prescribed medications such as benzodiazepines, barbiturates, sedatives, tranquillisers

Even though it has to be kept in mind that some of the data base only on few women (see table 5-4), the figure indicates a clear tendency towards a daily drug use. This is in particular the case for the use of heroin and – surprisingly – as well for the use of non-prescribed medications. In Warsaw-Poland, Glasgow and Hamburg 80 to 90 % of the female heroin users used this substance daily, in Vienna this is still in 75 % of the heroin users to be found. A daily use of non-prescribed medications is especially the case among the female medication users from Vienna and Barcelona (77 %, 75 %). In Hamburg, as well crack was in majority used daily (82 %). Furthermore those women from Poland who used crack are most likely to consume daily.

Apart from these findings there are some particularities worth mentioning. In Barcelona the women are most likely to use heroin and as well cocaine powder daily but at the same time there is a relevant number of women with a less frequent use of these substances. The relation between daily and regular users of heroin and cocaine powder is both 2:1. With respect to the use of crack and in particular the use of amphetamines it is the other way round. Hereby most of the women are less likely to use these substances daily but tend to a regular or occasional use. The relation between a regular and daily use of amphetamines is 3:1. In Glasgow those women who used cocaine powder in majority used this drug occasionally and only 33 % reported a daily cocaine use. None of the women shows a regular use of cocaine powder. Noticeable is as well that none of the women used amphetamines daily and no more than 25 % show a regular use of this substance. As a result in 75 % amphetamines are only used occasionally among the women from Glasgow. In Hamburg, however, there is not any regular or daily use of amphetamines while in Vienna there is not any crack use at all. Instead the women from Vienna show significant use of cocaine powder which was mostly used daily (63 %). In Warsaw-Poland cocaine powder was in majority consumed occasionally and to 17 % regularly. Only one third used cocaine powder regularly.

In reference to the six most prevalent substances the following analyses are focussing on the main routes of administration (see table 5-5).

With respect to the consumption patterns of heroin the data reveal that in Poland almost all heroin users injected this drug and all of the kompot users did use this substance intravenously. As well in Austria three-quarter of the heroin users injected heroin whereas only four women snorted heroin and one woman administered heroin orally. In Barcelona and Hamburg about half of the women mainly injected heroin but another half shows a less risky heroin use behaviour and smokes or even sniffs heroin. In Glasgow the smoking of heroin was most common, closely followed by injecting heroin. Here, only one woman sniffed this substance.

Cocaine powder was in majority used intravenously by the women from Vienna as only three women sniffed cocaine. As well in Barcelona and Hamburg most women tend to use cocaine powder intravenously instead of sniffing or smoking. In Barcelona those who not injected tend to sniff cocaine powder while in Hamburg these women are more likely to smoke. In Glasgow all different kinds of cocaine administration are quite common with a slight tendency to snort cocaine followed by the injection of cocaine. In Poland in each case three women snorted and injected cocaine powder. As already mentioned none of the respondents from Vienna ever used crack. Those respondents from the remaining four study site who used crack did so not always in the typical manner of smoking. Only in Barcelona and Warsaw-Poland all crack users smoked this substance while in Hamburg and Glasgow there are two women respectively who injected crack. One woman from Glasgow reported to have sniffed crack.

Non-prescribed medications (benzodiazepines etc.) are most often swallowed. However, there are some exceptions: Five women from Poland and four women in Hamburg mainly injected non-prescribed medications. In Vienna this was the case in two women. These

findings indicate that there is a small number of female drug users who are usually injecting benzodiazepines, barbiturates or other pharmaceuticals.

With respect to the administration of amphetamines most of these users tend to use amphetamines orally. This is the case for all five amphetamine users from Barcelona and for most of them from Glasgow. The two amphetamine users from Hamburg either swallowed or sniffed amphetamines. Unlike in Vienna where four of the female amphetamine users mainly injected this substance although in majority an oral use or snorting was most common. The highest risk behaviour of amphetamine use show the women from Warsaw-Poland. Here, a vast majority injected amphetamines (77 %) while only few women usually sniffed or swallowed amphetamines.

**Table 5-8: Main routes of administration in the past 30 days before entering prison – (N=164)**

	Barcelona	Glasgow	Hamburg	Vienna	Warsaw-PL
Sample (N)	35	31	37	27	34
Heroin (N)	<b>24</b>	<b>26</b>	<b>26</b>	<b>20</b>	<b>15</b>
- oral	-	-	-	1	-
- snort / sniff	5	1	2	-	-
- smoke / chasing	6	13	9	4	2
- intravenous	13	12	15	15	13
Kompot (N)	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14</b>
- intravenous					14
Cocaine powder (N)	<b>30</b>	<b>9</b>	<b>11</b>	<b>19</b>	<b>6</b>
- snort / sniff	7	4	1	3	3
- smoke / chasing	4	2	3	-	-
- intravenous	19	3	7	16	3
Crack (N)	<b>7</b>	<b>9</b>	<b>33</b>	<b>0</b>	<b>4</b>
- snort / sniff	-	1	-	-	-
- smoke /chasing	7	6	31		4
- intravenous	-	2	2		-
Non-prescr. medications (N)	<b>28</b>	<b>22</b>	<b>13</b>	<b>13</b>	<b>14</b>
- oral	27	22	9	11	9
- snort / sniff	1	-	-	-	-
- intravenous	-	-	4	2	5
Amphetamines (N)	<b>5</b>	<b>4</b>	<b>2</b>	<b>13</b>	<b>22</b>
- oral	5	3	1	7	1
- snort /sniff	-	1	1	2	4
- intravenous	-	-	-	4	17
Days of injecting drugs (mean)	26,4	28,0	26,1	28,9	27,3
Frequency of needle-sharing (mean)	6,0	3,5	0,6	4,1	4,7
Number of IVDUs	20 (57.1 %)	14 (45.2 %)	18 (48.6 %)	19 (70.4 %)	29 (85.3 %)

Intravenous drug use is to be regarded as most severe rout of administration as it is related to several health risks such as vein damages and the risk of becoming infected with hepatitis or HIV. However, the data reveal that an intravenous drug use is indeed less common than expected but still widespread among the female drug users. In fact, 54 % of all 185

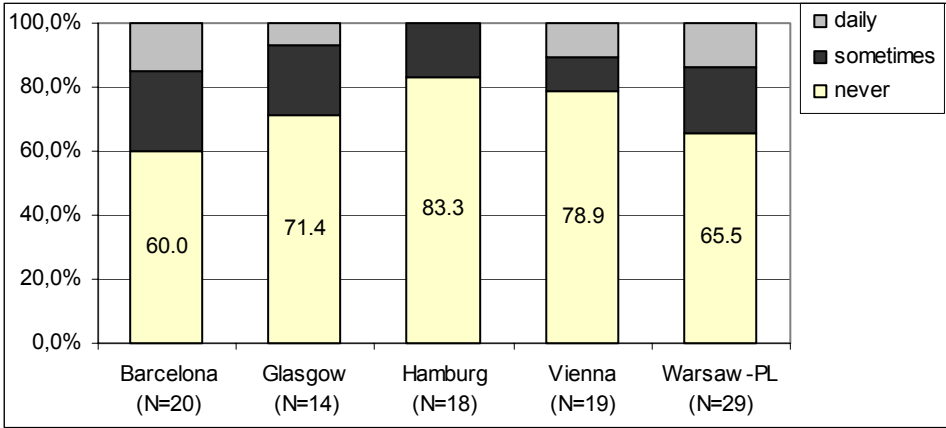


respondents reported to use drugs intravenously. All respondents who admitted to have ever injected drugs in the past months preceding their imprisonment did as well use one of the six substances listed in table 5-5. As described above an intravenous drug use is primarily to be found in relation to the use of heroin and/or cocaine powder, and in Poland as in relation to the use of amphetamines. The number of intravenous drug users differs partly considerable between the five samples. Due to the widespread crack use among the women in Hamburg only 14 of the respondents have injected any substance in the past 30 days before entering prison (45.2 %). Similar in Glasgow where not even half of the female drug users reported any drug injecting (48.6 %). In Barcelona little more than half of the women used to inject drugs which is mainly due to the widespread use of cocaine powder (57.1 %). In contrast, in Vienna 70.4 % of the female drug users injected in the past month, which is related to their use of heroin and cocaine powder. This highest proportion of drug injectors is to be found in the women from Poland which amounts to 85.3 %. This high prevalence of intravenous heroin drug use is due to the widespread injection of heroin, kompot and amphetamines.

With regard to the frequency of drug injecting in the past 30 days the data analyses clearly show that an overwhelming majority of the female injectors have injected drugs daily. In numbers more than three-quarters of the IVDUs used drugs intravenously all 30 days. As concerns the frequency of intravenous drug use there are only slight differences between the participants with those from Barcelona injecting less frequently every day compared to those from Vienna most likely to inject drugs daily. In Barcelona one quarter of the drug injectors show a regular but not daily intravenous drug use.

However, with respect to the high risk behaviour of sharing of injection equipment there are some important differences between the female drug users of the five cities. In Hamburg the use of needles and syringes already having been used by someone else is very much uncommon and did not even happen once on average. In Glasgow in turn the sharing of needles and syringes averages 3,5 times while in Vienna and Warsaw-Poland the average frequency of needle-sharing is little more than four times. The most prevalent risk behaviour of needle-sharing is to be found among the IVDUs from Barcelona who reported to share needles and syringes on average six times in the past month.

**Figure 5-10: Frequency of needle-sharing among IVDUs – (N=100)**



In detail, the data on needle-sharing show that a vast majority of the female injectors observes the rules of safe injecting and has never shared needles or syringes in the past 30 days. Nevertheless there is a number of women who practice needle-sharing even though it can be assumed that they are as well aware of potential related health risks. While in Hamburg only three women shared injecting equipment sometimes (3-4 times) in all other samples there are not only women who did this sometimes but also daily. Thus in Glasgow three women utilised already used injecting equipment up to 13 times and one woman did so daily. In Vienna two women respectively utilised already used needles and syringes sometimes and daily. In Poland-Warsaw and Barcelona about 40 % of the IVDUs practice needle-sharing whereas this happened most often sometimes (six and five women). However, in both cities there are four and three women respectively who daily injected drugs with used equipment.

As a result it can be concluded that a great many of the female injectors have exclusively used their own sterile injecting equipment. At the same time the number of 30 to 40 % of the IVDUs from Poland, Vienna and Barcelona could be identified as those with risk behaviour of needle-sharing.

**5.3.2 Drug use since being in prison**

With entering prison some of the female drug users stopped using drugs but a high number of them continues drug use during their imprisonment. As a result the imprisonment does not necessarily result in an abstinence from drugs so that the prison systems are in need to respond to the drug-related problems of female inmates with an ongoing use of illicit substances.

However, at the same time the results clearly show that the patterns of drug use in prison change significantly compared to those outside prison. These changes are found as regards the prevalence of drug use in prison, the number of different substances used and the frequency of drug use.

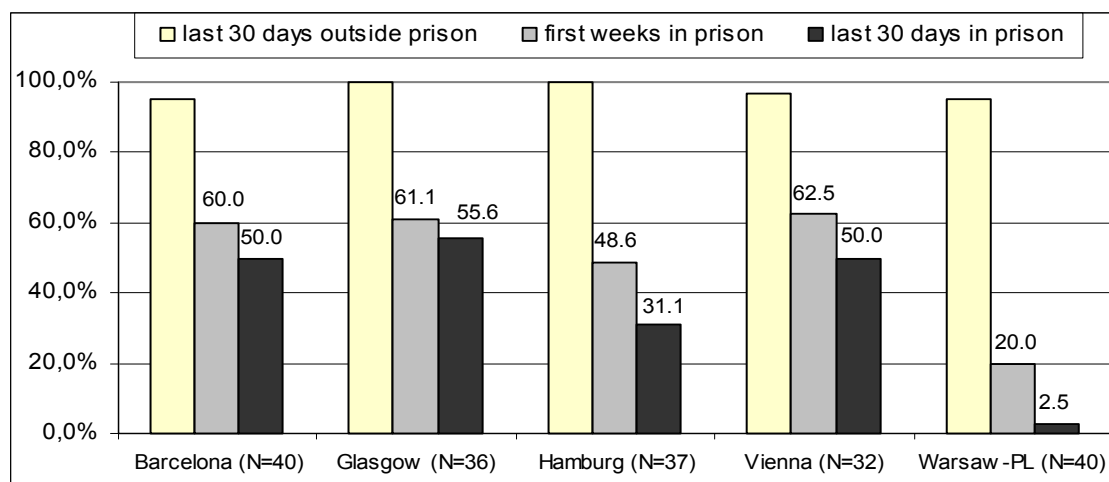
In order to identify changes in the drug use patterns while in prison, the data on drug use in the last 30 days before entering prison are compared with the data on drug use in the

first weeks after entering prison and in the last 30 days before the interview took place. The findings of this comparison show that the substance use of the 185 interviewed women decreased from a prevalence of 99 % outside prison to a prevalence of 73.5 % in the first weeks of their imprisonment. During imprisonment the number of women who still use any substance decreased once more to a prevalence of 60 %. However, on the other hand the data clearly reveal that still a majority of the female drug users continues to use any substance while in prison. With respect to these results on the decrease in substance use it has to be mentioned that this number includes also methadone as part of a drug treatment programme outside and inside prison.

In terms of drug use in prison it is most relevant to know if and to what extend illicit drugs are still consumed. For this reason the comparison of drug use outside and inside prison is done by means of focussing on illicit drugs as well as non-prescribed pharmaceuticals. Accordingly any use of prescribed methadone has been excluded from further analyses. Without counting the use of prescribed methadone, the decrease in drug use of the 185 women is even more marked; thus the substance use declined from 97 % outside prison to 49.7 % in the first weeks of the imprisonment and finally scaled down to 37.8 % in the last 30 days prior to the interview.

As the number of the female drug users who stopped or rather continue using illicit drugs in prison is somehow different in the five study sites, the changes in the prevalence of any drug use is presented separately for each of the five samples.

**Figure 5-11: Changes in the prevalence of any use of illicit drugs since entering prison – (N=185)**



The specification “last 30 days in prison” refers to the last 30 days before the women had been interviewed.

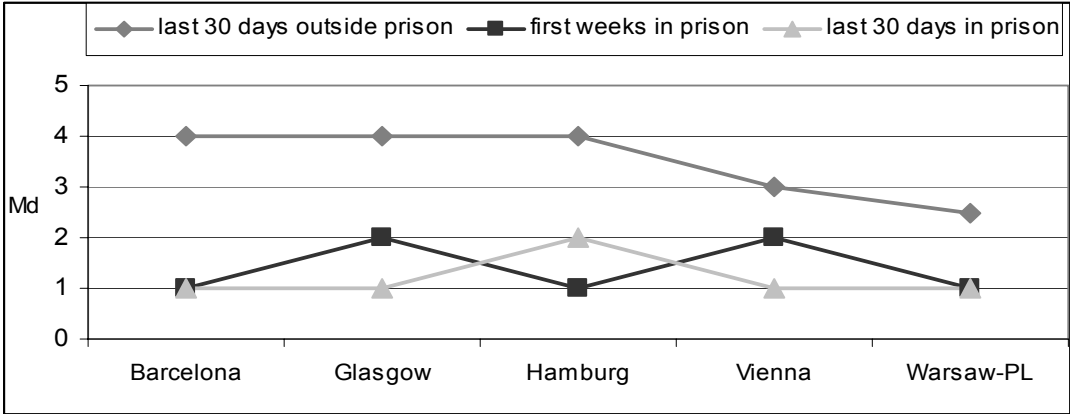
The comparison of any use of illicit substances shows that the decrease in drug use during imprisonment is strongest among the women from Warsaw-Poland. As two women did not use any drugs in the month before entering prison the baseline includes 38 drug users. When entering prison only eight out of 38 women continued the use of illicit drugs during the first weeks and 30 days before interviewing the women there is only one woman left who still used drugs. Thus, in Poland the drug use declined extremely from 95 % to 2,5 %.

As well among the women from Hamburg a considerable reduction in drug use is to be found. Of altogether 37 women who used illicit drugs outside prison 18 continued using drugs within the first weeks of their imprisonment. During the months before the interview took place this was the case for 13 women which corresponds to an decrease in drug use from 100 % to 31 %. In contrast, half of the female drug users from Barcelona, Vienna and Glasgow still show an ongoing use of illicit drugs during imprisonment. Although about 40 % of the women gave up using drugs when entering prison the remaining 60 % did not cease using drugs within the first weeks of their imprisonment. Moreover, there is only a little further decrease in the drug use from the first weeks of imprisonment until the last 30 days prior to the interview. In other words: Those women from Glasgow, Vienna and Barcelona who did not abandon but continue drug use when entering prison are most likely to maintain this habit during their imprisonment. Unlike in Poland and Hamburg where the women tend to give up using illicit drugs the longer they stay in prison.

Within this context it has to be pointed out that none of the women refused to give information about their drug use in prison. Often the questions on drug use behaviour in prison prompted general arguments on the availability of drugs in prison in terms of that different kinds of drugs are available despite of visitors and cell controls.

As already mentioned above, the number of different illicit substances used also decreased after entering prison. According to the three dates of reference – the last 30 days outside prison, the first weeks in prison and the last 30 days before the interview – following data refer to 180, 92 and finally 70 female drug users<sup>8</sup>.

**Figure 5-12: Median number of different illicit substances used outside and inside prison**



The figure above presents the median number of different substances which have been used by the female drug users before entering prison and since being in prison. The median number of illicit substances refers only to those women with any use of illicit substances.

<sup>8</sup> Accordingly the data refer to 38, 24 and 20 women from Barcelona, 36, 22 and 20 women from Glasgow, and 37, 18 and 13 women from Hamburg. In Vienna the corresponding number is 31, 20 and 16 women and in Warsaw-Poland this is 38, 8 and one women.

The results show that outside prison most of the women consumed multiple substances such as illicit drugs and non-prescribed medications. In the month preceding the imprisonment at median four different substances have been used in Barcelona, Glasgow, and Hamburg. In Vienna at median the women used three different substances and in Poland this were 2,5 substances. Since being in prison the drug use pattern has changed considerably as now in majority only two or even one substance is consumed. Within the first weeks after entering prison in Glasgow and Vienna two different substances have been consumed at median while in the three remaining cities at median only one single drug is still used. During imprisonment there is a clear tendency toward the use of only one substance - with exception of those women from Hamburg who tend to use two different substances.

Despite of the obvious tendency among the female prisoners to use only one or two different drugs in prison it should no remain unconsidered that there are some women who show also in prison a multiple drug use. Out of 92 women drug users altogether 28 women used three to six different illicit substances during the first weeks of their imprisonment (30 %). This is especially the case among the women from Glasgow and Vienna. In the past 30 days before interviewing the female prisoners still 13 out of 70 female drug users used three to five different drugs in prison which is most likely to be found among the women from Glasgow and Hamburg.

The next question is what kind of drugs the female prisoners reported to use in prison. Thus, the table below lists the number of those female drug using prisoners, who have used any illicit substance in the first weeks of their imprisonment and who have used any illicit substance in the last 30 days prior to the interview.

Before going into details it has to be mentioned that only seven women of the whole sample have drunk any alcohol since being imprisoned while none of the Polish women did consume any alcohol. Secondly, different to the drug use outside prison none of the Polish women did use any kompot (Polish heroin) in prison.

Within prison a considerable number of the female drug users continue to use heroin although to a different extend in all five study sites. Thus, the use of heroin is most common among the female prisoners from Glasgow and this is the case for both during the first weeks of their imprisonment and in the past 30 days before interviewing these women. More than half of the women from Glasgow continued using heroin when entering prison and still 36 % reported an ongoing use of heroin during their imprisonment. In Vienna and Barcelona there are also some of the female prisoners who consumed heroin in the first weeks of their imprisonment (5 and 7 women), but during imprisonment many of them gave up using heroin, with only three and four women respectively continuing the use of heroin. In Hamburg no more than four women reported the use of heroin in the first weeks of their imprisonment and during imprisonment this was still the case for three of them. In Poland in turn only two women used heroin in the first weeks but not any longer during their imprisonment.

**Table 5-9: Any use of illicit substances while in prison – (N=185)**

	Barcelona	Glasgow	Hamburg	Vienna	Warsaw-PL
Sample (N)	40	36	37	32	40
Heroin					
- any use in first weeks	7 (15.5 %)	20 (55.6 %)	4 (10.8 %)	5 (21.9 %)	2 (5.0 %)
- any use in last 30 days	4 (10.0 %)	13 (36.1 %)	3 (8.1 %)	3 (9.4 %)	-
Cocaine powder					
- any use in first weeks	5 (12.5 %)	2 (5.6 %)	-	4 (12.5 %)	1 (2.5 %)
- any use in last 30 days	-	1 (2.8 %)	1 (2.7 %)	2 (6.3 %)	-
Crack					
- any use in first weeks	-	5 (13.9 %)	9 (24.3 %)	-	-
- any use in last 30 days	-	2 (5.6 %)	5 (13.5 %)	-	-
Non-prescribed methadone or medications					
- any use in first weeks	8 (20.0 %)	2 (5.6 %)	8 (21.4 %)	14 (43.8 %)	3 (7.5 %)
- any use in last 30 days	5 (12.5 %)	1 (2.8 %)	7 (18.9 %)	6 (18.8 %)	1 (2.5 %)
Amphetamines					
- any use in first weeks	2 (5.0 %)	4 (11.1 %)	1 (2.7 %)	-	3 (7.5 %)
- any use in last 30 days	1 (2.5 %)	1 (2.8 %)	-	1 (3.1 %)	-
Cannabis					
- any use in first weeks	19 (47.5 %)	15 (41.7 %)	9 (24.3 %)	15 (46.9 %)	4 (10.0 %)
- any use in last 30 days	18 (45.0 %)	8 (22.2 %)	7 (18.9 %)	10 (31.3 %)	-
Other substances					
- any use in first weeks	1 (2.5 %)	7 (19.4 %)	-	4 (12.5 %)	-
- any use in last 30 days	-	7 (19.4 %)	-	1 (3.1 %)	-

The use of cocaine powder, crack and/or amphetamines in prison is only to be found in few women and if there is any use of these drugs this happened mainly in the first weeks since entering prison. Indeed, only in Barcelona and Vienna a notable number of the women prisoners have used cocaine while in all other study sites the use of cocaine powder remains more or less an exception. On the other hand about 24 % of the female drug users from Hamburg have used crack in the first weeks of their imprisonment but which decreased notably during imprisonment. As well in Glasgow there are some women who have used crack in the beginning of their imprisonment with most of them stopping crack use during imprisonment. In prison the use of amphetamines is not much common at all with a slight exception among the women from Glasgow and Poland (four and three women). Those women from Poland who did generally use drugs in prison tend either to use amphetamines or cannabis or non-prescribed pharmaceuticals but again this happened merely in the first weeks of their imprisonment.

Along with heroin in prison the female drug users are most likely to use cannabis and/or non-prescribed methadone and pharmaceuticals. With respect to the smoking of cannabis in prison this is most widespread among the female drug users from Barcelona, Vienna and Glasgow where about 41 to 47 % of the women continue using cannabis in the first weeks of their imprisonment. While in Barcelona the use of cannabis did not change much during imprisonment in Vienna the cannabis use decreased to about one third and in Glasgow even to about one fifth. In Hamburg nearly one quarter smoked cannabis in the first time

after entering prison with a slight decrease during imprisonment. The use of non-prescribed methadone or medications is rather widespread among the female drug users from Vienna where about 44 % of the women committed to use these substances when entering prison. Furthermore in Hamburg and Barcelona about one fifth of the women reported to use non-prescribed pharmaceuticals when entering prison. In Glasgow and Poland this substance use is only to be found in few of the women prisoners. While in Hamburg an almost similar number of the women continue the use of non-prescribed substances during their imprisonment less women from Vienna and Barcelona did so the longer they have stayed in prison. In Hamburg the use of non-prescribed medications refers to the use of the substance buprenorphine (Subutex®) which is available as a pill. These pills are crushed to powder in order to be able to sniff it.

Last not least some women stated to use other substances in prison with most of them coming from Glasgow. Here seven women reported to use benzodiazepines or Valium® in the beginning and as well during their imprisonment. In Vienna four women said to have used morphine in the first weeks of their imprisonment with one woman still using morphine during her imprisonment. Finally one woman from Barcelona did use benzodiazepines in the first weeks of her imprisonment.

In **conclusion** the data show cannabis, heroin and non-prescribed medications are those illicit substances which are most widespread in prison. About one third of all respondents have ever smoked cannabis and about one fifth used heroin and/or non-prescribed medications while in prison. As a result the female prisoners seem to prefer substances in prison which calm down instead of stimulants. However, there is one exception in the women from Hamburg who tend as well to use crack while in prison.

As regards the frequency of drug use in prison the data reveal a significant decrease in the frequency from a daily drug use outside prison to an occasional or regular drug use inside prison. In fact, most of the heroin users consumed heroin no more than on one to 8 days in the last month before the interview took place (14 out of 23 women). Second most often is heroin is used regularly on 9 to 20 days in the past month (eight women). Merely one woman from Hamburg used heroin every day while in prison.

Non-prescribed methadone or pharmaceuticals are either be used occasionally or even daily. An occasional use of this substance is to be found in nine out of 20 women which is especially the case among the women from Vienna. On the other hand there are eight women – five from Hamburg and three from Barcelona – who used non-prescribed medications daily while in prison. Additional three women used these substances regularly in prison. Cannabis is predominantly be used in prison occasionally which is the case for 29 out of 43 cannabis users. Another 11 women smoked cannabis only regularly while three women are daily smokers of cannabis. The latter is again the case for the women from Hamburg and Barcelona.

Those four women who ever used cocaine powder in the last 30 days preceding the interviews show a very situational use of this substance, which did not exceed an consumption on three days in the last month. Similar crack was mainly used on no more than one or two days in the past month and only one woman from Hamburg used crack on every second

day while in prison. Likewise amphetamines are used rather seldom as two out of three women used it twice and one woman used it on nine days in the past month. Finally of those eight women who used other substances the one from Vienna used morphine every single day in the last month while in Glasgow five women used Valium® occasionally and two further women used this substance at least every second day.

As concerns the route of administration there are some striking particularities. Outside prison more than half of all 185 respondents used drugs intravenously. In prison only three women reported to have ever injected drugs in the last month prior to the interview. These three women all came from Vienna. One of them injected heroin, another injected heroin and cocaine powder and the third injected cocaine powder and non-prescribed medications. However, all three women injected only occasionally but it remains unclear if they had access to sterile syringes and needles and if they made use of their injecting equipment several times. As concerns the route of administration of all other women prisoners who used drugs while in prison the following appears: In prison they are most likely to snort heroin and cocaine powder, to use non-prescribed medications, and amphetamines orally, and to smoke crack and cannabis.

In general, the findings show that in prison stimulants are only used on single occasions whereas heroin and cannabis are mainly used occasionally or somehow regularly. If there is any daily drug use in prison this refers in particular to the use of non-prescribed pharmaceuticals. Most of these substances are either sniffed, smoked or swallowed while an intravenous drug use remains an exception in prison.

### **5.3.3 Methadone substitution in prison**

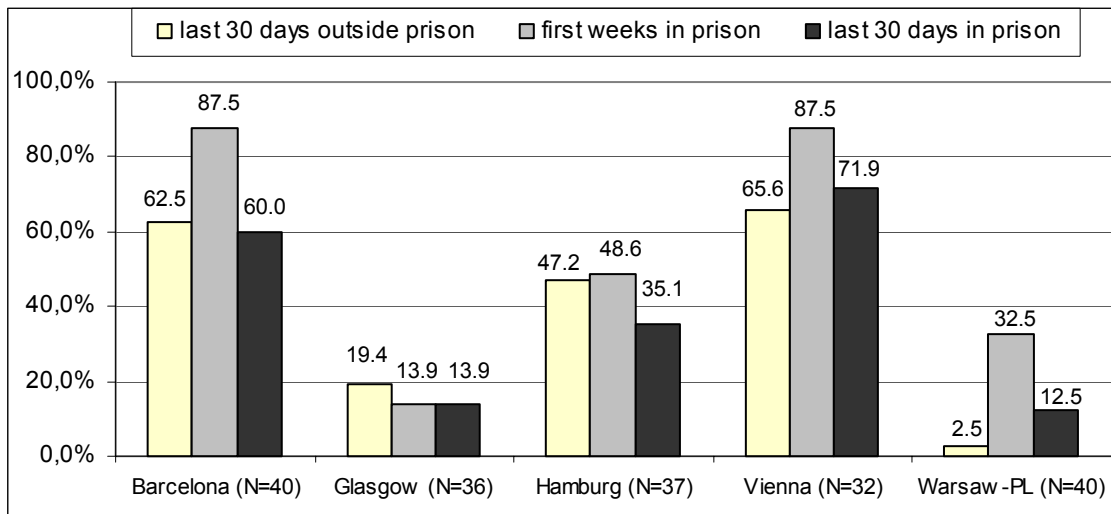
Apart from the use of illicit substances there is a number of women who reported to use prescribed methadone or other substitution substance since entering prison. The use of prescribed methadone is related to substitution treatment in prison, which could either consist in a detoxification with methadone and/or a methadone maintenance treatment.

To present the proportion of female drug users who are on methadone a comparison is done between those women in methadone treatment outside prison and those in methadone treatment in the first weeks after entering prison and the last 30 days prior to the interview. In sum, 71 out of 185 women had been in methadone treatment in the last month before entering prison (38.4 %). Since entering prison 99 women had been treated with methadone or other medications in the first weeks of their imprisonment (53.5 %) but in the last 30 days this number decreased to 70 women (37.8 %). Thus the proportion of female drug users treated with methadone during their imprisonment is similar to that who have been on methadone outside prison.

However, there are significant differences in the number of female drug users who have ever been treated with methadone in between the five samples.



**Figure 5-13: Methadone substitution outside and inside prison – (N=185)**



The specification “last 30 days in prison” refers to the last 30 days before the women had been interviewed.

The figure clearly shows that methadone treatment is much widespread among the female drug users from Vienna and Barcelona. In the month before entering prison more than 60 % of these women have been treated with methadone and since entering prison this number increased considerably to 87.5 % in both sites. Even though during imprisonment the proportion of female prisoners in methadone treatment decreased noticeable there is still high number of the women on methadone. The later is especially in Vienna the case as still about 72 % of the women are in substitution treatment which is attributed to the large availability of this kind of treatment in prison.

In Hamburg an almost similar number of the female drug users have been treated with methadone outside prison and in the first weeks since entering prison. During imprisonment this number declined from 48.6 to 35.1 % which is that more than one third of the respondents are still in substitution treatment during their imprisonment. In Glasgow there had not been many women in methadone treatment at all neither outside nor inside prison. However, different to all other sites in Glasgow the proportion of female drug users who have been on methadone outside decreased slightly since entering prison. Since imprisonment an equal number women has been treated with methadone in the first weeks and during their imprisonment (13.9 %).

In Poland the situation is quite different again. While only one woman was on methadone in the month before entering prison, since entering prison this number increased considerably to 13 women. In fact, almost one third of the respondents have been treated with methadone in the first weeks of their imprisonment. During imprisonment there are only five women left who participate in a substitution treatment (12.5 %).

As already mentioned above a substitution treatment can be available in terms of detoxification or as methadone maintenance treatment. The frequency of the use of prescribed methadone enables to identify what kind of treatment is concerned.

According to the frequency of methadone intake in the last 30 days prior to the interview it can be ascertained that in most cases the female drug users participated in a maintenance

treatment. Indeed were all women from Vienna and Glasgow on a daily methadone dose (23 and five women). Similar in Barcelona where all but one woman were applied methadone daily (23 women). One woman got methadone on 22 days during the last month. In Hamburg 10 out of 13 women have been treated daily with methadone while three women got methadone or any other medication only on few days in the last month. Finally in Poland none of the five women are supposed to be in a methadone maintenance treatment as all of them got methadone or other medications only on five to 14 days in the last month.

#### 5.3.4 Summary

The findings on the drug use patterns outside prison and in prison can be summarised as follows:

- Most women from Barcelona and Vienna have at some point used heroin and cocaine powder regularly. In Barcelona the regular use of these substances began at age of 17-18 and was continued for about ten years. In Vienna the women started about two years later with the regular use of heroin and cocaine powder which last for about eight years. In Glasgow heroin and amphetamines are most frequently used regularly with starting a regular use at age of 20 and 17 respectively and continuing the use for about seven and five years. In Hamburg most women used heroin and crack regularly and began this use at age of 18 and 26 respectively. While heroin was used for about nine years, crack was used considerably shorter for 4,5 years. In Warsaw-Poland the regular use of heroin, kompot and amphetamines was most widespread which have been started at age of 19-21. While kompot was used for about eight years, heroin and amphetamines were only used for the duration of 4-5 years.
- In the month before entering prison about two thirds of the female drug users used multiple drugs. In particular the women from Barcelona used at median five different substances while those from Glasgow, Hamburg and Vienna consumed at median four different substances. In Warsaw-Poland the women only used two different substances at median.
- 164 out of 185 women consumed one or more of the six substances heroin, kompot, cocaine powder, crack, amphetamines and non-prescribed medications. Especially with respect to the use of heroin, crack and non-prescribed medications there is a clear tendency towards daily use. Furthermore 54 % of all female drug users have injected drugs in the month preceding their imprisonment. Injection was mainly related to the use of heroin and cocaine powder but in Poland as well to the use of amphetamines. Although many of the female injectors have exclusively used their own sterile injecting equipment, the proportion of 30 to 40 % reported risk behaviour of needle-sharing. Needle-sharing is in particular to be found in the women from Poland, Vienna and Barcelona.
- In prison altogether 49.7 % of the women continued the use of illicit drugs in the first weeks after entering prison and during their imprisonment this number scaled down to 37.8 % (92 and 70 female drug users in prison). However, in prison the drug use

patterns change significantly. While outside prison a multiple drug use was most widespread during imprisonment the use of one or two different substances is most common. Furthermore there is a decrease in the frequency of drug use in prison from daily drug use outside prison to an occasional or regular drug use inside prison.

- In prison the smoking of cannabis along with the oral use of non-prescribed pharmaceuticals such as buprenorphine, morphine and benzodiazepines, the use of heroin and in Hamburg the use of crack are most common among the drug using prisoners. If stimulants are used as well this mainly happened on single occasions.
- Different to the prevalence of drug injection outside prison, inside prison the intravenous drug use remains an exception. Of all respondents only three women from Vienna injected drugs in prison in the last month preceding the interview.
- As concerns the participation in methadone treatment, 71 out of 185 women had been in methadone treatment in the last month before entering prison (38.4 %). In the first weeks of the imprisonment 99 women had been treated with methadone or other medications (53.5 %) while in the last 30 days this number decreased to 70 women (37.8 %). During imprisonment especially the women from Vienna and Barcelona were in a substitution maintenance treatment as this was the case for 72 % and 60 % respectively. In Hamburg still 35 % of the respondents participated in a methadone maintenance treatment whereas in Glasgow this was only for 14 % of the women the case. In Poland however no more than 12.5 % of the women were treated with methadone in prison.
- Although a high number of the women from Barcelona and Vienna are in a methadone treatment while in prison, this does not seem to reduce the use of illicit drugs in prison as still half of the respondents in both cities continued using drugs during imprisonment.

#### **Drug use patterns outside and inside prison**

- **Barcelona:** In the month before entering prison most women used cocaine powder followed closely by the use of non-prescribed medications finally by the use of heroin and prescribed methadone. Cocaine powder and heroin have most often be used daily even though a relevant number of the women used both substances less frequent. However, it was most common to inject heroin and cocaine powder in the past 30 days before entering prison. Since entering prison half of the women continued to use illicit drugs but none injected in prison. Of those women nearly half smoked cannabis and about 20 % consumed non-prescribed pharmaceuticals while in prison. Different to the drug use outside only some women continued to use heroin in prison.
- **Glasgow:** Heroin and non-prescribed medications along with cannabis are those substances most prevalent among the women in the month preceding the imprisonment. While non-prescribed medications were always swallowed, heroin was mainly smoked heroin closely followed by injecting heroin. During imprisonment 55.6 % of the women continued to use illicit drugs. Here, the snorting of heroin along with the

smoking of cannabis is most common among the female prisoners. In addition there are some women who used non-prescribed Valium® orally in prison.

- **Hamburg:** Among the women from Hamburg the use of crack ranks first in the month before entering prison. This was followed by the use of heroin and of prescribed methadone. Crack was mainly smoked whereas heroin was more likely to be injected. When entering prison only 31 % of the women continued using drugs during their imprisonment. However, about one quarter of the women still smoked crack and cannabis. In addition there are some women who snorted non-prescribed buprenorphine (Subutex®) with some of them using this substance daily in prison.
- **Vienna:** In Vienna most of the women are in substitution treatment before entering prison. This is closely followed by the use of heroin, cocaine powder and cannabis. Three-quarter of the heroin users injected heroin but as well cocaine powder was often injected. Since entering prison half of the women continued to use illicit substances. Cannabis and non described pharmaceuticals were used by more than 44 % of the respondents while about 22 % reported an ongoing use of heroin. Three of the women injected illicit drugs in prison.
- **Warsaw:** The women from Warsaw-Poland first of all used heroin and kompot in the month preceding their imprisonment, followed by amphetamines. The highest risk behaviour of amphetamine use is shown by the women from Warsaw-Poland. The women show a high risk behaviour, as heroin and kompot were nearly always injected and in addition amphetamines were in 77 % of the cases injected too. When entering prison only few women continued to use illicit substances such as cannabis, amphetamines and non-prescribed medications. During imprisonment only one woman still used an illicit substance.

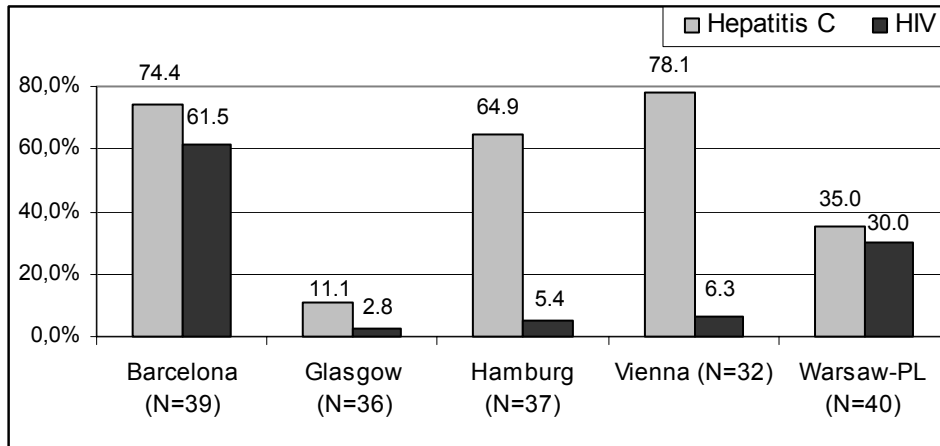
## 5.4 Health and social functioning in prison

In this chapter the results on the health status, the psychosocial strains related to the imprisonment, and the social functioning outside and inside prison are presented.

As concerns the health status a first question is directed to the prevalence of communicable diseases such as hepatitis C and HIV. Within the medical examination at entry inmates are given to opportunity for a blood test in order to know if they suffer from an infectious disease or not. Thus the questionnaire asked about if the female prisoners are sure about being infected with HIV and hepatitis C or not. An overwhelming majority of the women knew about their health status and answered either with yes or no. Only few women stated not to be sure if they are infected or not. With regard hepatitis C four women from Glasgow and one from Barcelona stated not to be sure if they are infected or not. As concerns an HIV infection altogether five women were not sure if they are HIV-positive and four women from Vienna did not answer to this question at all. However, none of the women from Hamburg said not to be sure but to know very well if they suffer from communicable diseases or not.

The following figure presents the prevalence of infections for those women who were sure that they are infected with hepatitis C and/or HIV.

**Figure 5-14: Prevalence of infections with hepatitis C and HIV – (N=184)**



On basis of the data it becomes obvious that the female drug using prisoners from Barcelona suffer significantly most often from both an infection with hepatitis C and HIV. About 74 % of the women are suffer from hepatitis C and nearly 62 % are HIV-positive. Only in Vienna an even higher proportion of 78 % of the women is infected with hepatitis C. In addition 6.3 % of the women reported to be HIV-positive. In Hamburg there is as well a high prevalence of hepatitis C to be found among the female drug using prisoners which amounts to almost 65 %. The HIV prevalence is compared to the women from Vienna somewhat lower with 5.4 %. In Warsaw-Poland the prevalence of hepatitis C and HIV among the female drug using prisoners is again different. Although the prevalence of hepatitis C is with 35 % considerably lower than in Barcelona, Vienna and Hamburg, nearly a similar proportion of the women is infected with HIV. In fact 30 % of the Polish women suffer from HIV which is still a very high incidence rate. A significant low rate of communicable diseases show the female drug using prisoners from Glasgow. Here only four women stated to be infected with hepatitis C and only one woman said to be infected with HIV. In Glasgow the hepatitis prevalence might be higher as four women answered not to be sure about this issue. However, the data clearly indicate that in prison there is a vital need to respond to the high prevalence of communicable diseases among female drug using prisoners.

In relation to the health status the women were as well asked how they actually assess their own physical condition, their emotional and mental health and how content there are with their current life. To assess their general well-being the women could chose from a 5-point scale ranging from 'very well', 'fine', 'mean', 'bad' to 'very bad'. As only few women chose for the extremes 'very well' and 'very bad' these items have been summarised together with 'fine' and 'bad'. According to this procedure the following table give information about the self-assessments of the women as concerns their well-being.

**Table 5-10: Self-assessments of the physical and emotional well-being – (N=185)**

	Barcelona	Glasgow	Hamburg	Vienna	Warsaw-PL
Sample (N)	40	36	37	32	40
Physical condition					
- <i>very well, fine</i>	25 (62.5 %)	23 (64.0 %)	15 (40.5 %)	16 (50.0 %)	26 (65.0 %)
- <i>mean</i>	12 (30.0 %)	3 (8.3 %)	15 (40.5 %)	9 (28.1 %)	6 (15.0 %)
- <i>bad, very bad</i>	3 (7.5 %)	10 (27.7 %)	7 (19.0 %)	7 (21.9 %)	8 (20.0 %)
Emotional / mental health					
- <i>very well, fine</i>	18 (45.0 %)	20 (55.6 %)	11 (29.7 %)	8 (25.0 %)	12 (30.0 %)
- <i>mean</i>	10 (25.0 %)	4 (11.1 %)	15 (40.5 %)	12 (37.5 %)	17 (42.5 %)
- <i>bad, very bad</i>	12 (30.0 %)	12 (33.3 %)	11 (29.7 %)	12 (37.5 %)	11 (27.5 %)
Satisfaction with life					
- <i>very well, fine</i>	20 (50.0 %)	21 (58.3 %)	14 (37.9 %)	13 (40.6 %)	17 (42.5 %)
- <i>mean</i>	11 (27.5 %)	6 (16.7 %)	12 (32.4 %)	12 (37.5 %)	16 (40.0 %)
- <i>bad, very bad</i>	9 (22.5 %)	9 (25.0 %)	11 (29.7 %)	7 (21.9 %)	7 (17.5 %)

The analyses reveal surprising findings on the assessments of the physical conditions. Thus in Barcelona the majority of the women assessed their physical well-being as fine or even very well (62.5 %) although many of them suffer from communicable diseases. This result is even more underlined by the fact that only three women evaluated their physical well-being as bad or very bad. In Glasgow and Warsaw-Poland also a majority of 64 and 65 % of the women said to be actually in a good physical condition. However, at the same time there are some women who assessed their physical condition as bad (28 and 20 % respectively). In Vienna still half of the women rated their physical well-being as fine or very well while 22 % stated this as bad or very bad. The women from Hamburg are most likely to assess their physical condition either as fine or as mean (40.5 % each).

As concerns the emotional and mental health the women from Glasgow seems to be most balanced as more than half stated to be in a fine emotional and mental condition (55.6 %). However one third of them assessed their actual emotional well-being as bad or even very bad (33.3 %). In Barcelona 45 % of the women prisoners reported to be in a fine emotional and mental condition while the proportion of 30 % assessed their emotional and mental health as bad. In Hamburg and Warsaw-Poland about 41 to 43 % of the women prisoners judged their actual emotional well-being as mean while about 30 % assessed this as fine. At the same time there is nearly similar number of women who did not feel fine but bad and partly very bad. In Vienna equal numbers of the women assessed their emotional and mental health as mean or as bad and very bad (37.5 %). Here only eight women stated to be actually in a fine emotional and mental condition (25 %).

Finally the self-reported satisfaction with life evince some particularities. Despite of being imprisoned all women show in majority a fine satisfaction of life. The satisfaction of life is in general even better than the emotional and mental well-being. In particular the women prisoners from Glasgow and Barcelona said to be content with their actual life (58 and 50 %). On the other hand there are nine women in both cities who said to be very unsatisfied with their life. In Vienna and Warsaw-Poland about 41 to 43 % of the women

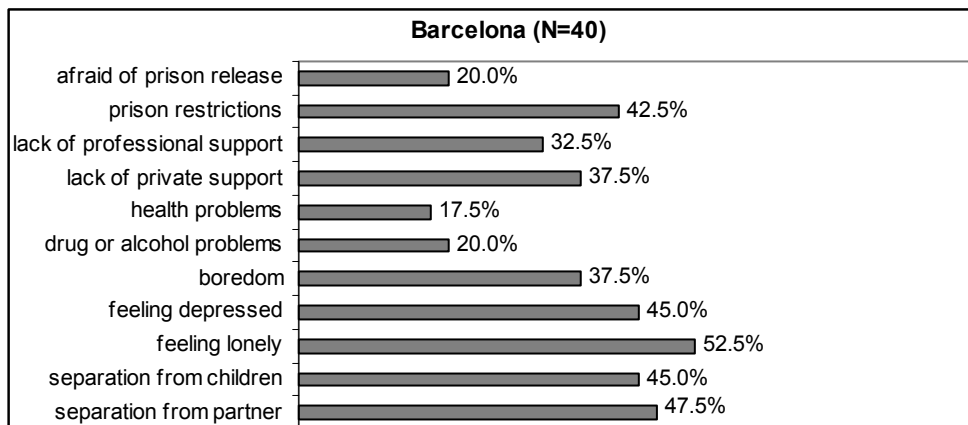
prisoners stated a fine satisfaction with their lives but an almost similar number of the women assessed this only as mean. However only a minority of seven women in both cities judged their actual satisfaction with life as bad or very bad. Last not least in Hamburg all kinds of different assessments are to be found in almost similar proportions. Fourteen women evaluated their actual satisfaction with life as fine or very fine (40 %), twelve women assessed this as mean (32 %) and further 11 women said to be very dissatisfied with their lives (30 %).

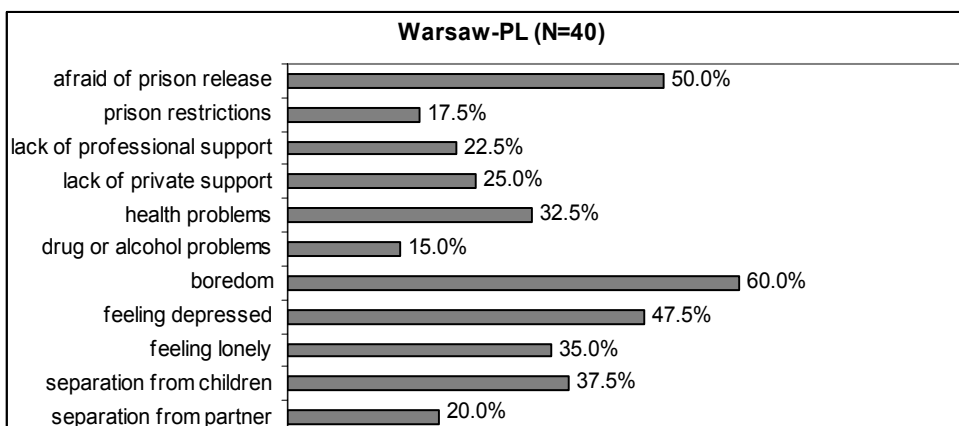
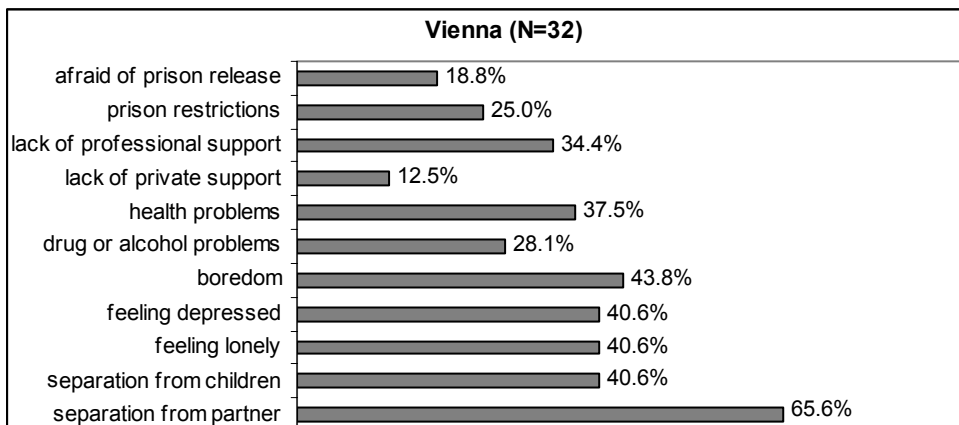
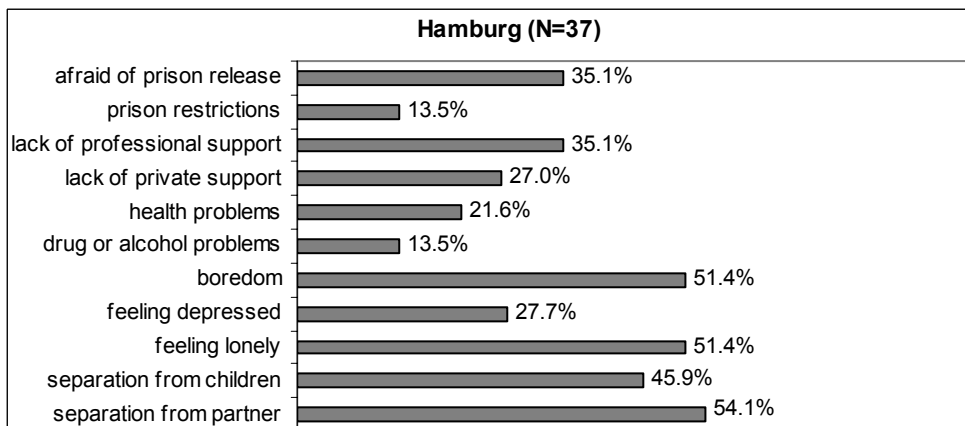
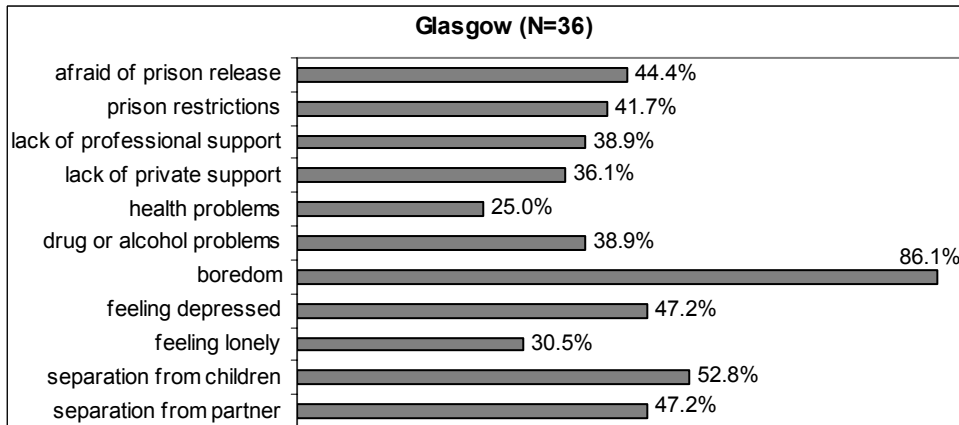
#### 5.4.1 Psychosocial distress of the women

With entering prison the daily life of the female drug users changes substantially. On the one hand they recover physically due to regular meals, a daily routine of eating and sleeping and last not least because of a basic medical care. Often imprisonment is taken as an opportunity to pay attention to dental care, which has mostly been neglected outside, and to undergo a dental treatment while in prison. However, maybe the physical recovery reasons the positive statements to the actual physical condition.

On the other hand with entering prison is comes to a clear interruption of the usual life-style which can result in several psychosocial strains. For instance, the imprisonment can lead to a loss of contacts to friends and family members and might cause depression or boredom. As well the condition of the imprisonment itself in terms of security levels and cell controls can be subject of mental distress. In order to find out what the female drug using prisoners are mostly suffering from in their actual situation they were asked to choose for the most relevant strains out of 11 given specifications.

**Figure 5-15: Subjects of most distress in the present situation – (N=185) multiple nominations**







The analyses evince that in Barcelona more than half of the women suffer from feeling lonely and in addition 45 % of the women stated to feel actually depressed. Furthermore suffer a considerable number of the women from the separation from their partner and/ or from their children (47.5 and 45 %). As well the prison restrictions are a common subject of present distress as this was named by almost 43 % of the women. Maybe this explains why only few of the women are afraid of their prison release (20 %). Apart from these three areas about one third of the women suffer from the lack of professional support and a little more suffer from the lack of private social support (32.5 %; 37.5 %). Health and as well drug or alcohol problems play in general a minor role in terms of distress. Only few women confirmed to suffer from health and /or drug problems while in prison (17.5 %; 20 %).

In Glasgow there are rather different subjects of distress. In fact, an overwhelming and significant majority of the women said to suffer mostly from boredom (86 %). Apart from the high number of women who are bored in prison a second most widespread area of distress is the separation from the children which was stated by nearly 53 %. In addition 47 % of the women reported to suffer from the separation from their partner. A similar number of the women confirmed to feel depressed at present. Maybe the boredom along with feelings of depression and the separation from close persons explain why so many of the women continued using illicit substances in prison. However, due to the widespread use of drugs in prison nearly 39 % of the women agreed to suffer mostly from drug problems. Another major finding is that almost 42 % of the women are distressed because of the prison restrictions but even more of the women actually suffer mostly from being afraid of the prison release. Facing that 44 % of the female drug using prisoners are afraid of the prison release it becomes obvious that there is a high need for a systematic preparation for release. However, obviously many of the women actually feel not being much supported as 36 to 39 % complaint about the lack of private and especially of professional support. In general the results show that in prison the female drug users suffer from a multitude of different problems which need to be addressed.

In Hamburg little more than half of the women suffer mostly from feeling lonely and from feeling bored (51.4 % each). On the other hand only about 28 % of the women stated to be depressed at present. A second most prevalent subject of distress is the separation from the partner which 54 % of the women confirmed and the separation from own children which was mentioned by 46 % of the women. Compared to the mental distress and separation problems all other subjects are less common as something the women suffer mostly from. However, 35 % stated to suffer from the lack of professional support and a similar number confirmed to suffer mostly from being afraid of the prison release. Thus both aspects are to be regarded as a major challenge of the prison system. Furthermore more than one quarter of the women stated to suffer from the lack of private support and little more than a fifth suffers from health problems (27.0 %; 21.6 %). Different to all other study sites in Hamburg prison restrictions as well as drug or alcohol problems are hardly assessed as subjects of distress. Here both problems were only mentioned by five women overall (13.5 %).

In Vienna a significant majority of the women said to suffer mostly from the separation from their partner (65.6 %) which is due to the fact that about 78 % of the women have been in a partnership outside prison. Furthermore about 41 % of the women suffer as well mostly from the separation from the children. A second most prevalent distress is caused by boredom, which was stated by 44 % of the women. In addition an almost similar number of the women confirmed to feel depressed and/or to feel lonely at present (41 %). Apart from the already mentioned subjects of distress there is a relevant number of the women who suffer from health problems while less but still many of them agreed to suffer from drug problems (37.5 % vs. 28 %). Furthermore about 34 % of the women complained about the lack of professional support whereas only few women felt a lack of private support (12.5 %). Altogether one quarter of the women said to be actually distressed due to the prison restrictions. Finally only few women actually suffer mostly from being afraid of the prison release (19 %) which is comparable uncommon like in Barcelona.

Like in Glasgow as well in Warsaw-Poland a majority of 60 % of the women suffer mostly from boredom in prison. However one of the most striking findings is that half of the women prisoners stated to be afraid of the prison release. As a result in particular the women from Poland are supposed to be in a primary need for a systematic preparation for prison release and ongoing support after release. Furthermore 35 % of the women stated to suffer from feeling lonely but almost 48 % confirmed to feel actually depressed. Thus many of the women seem to need psychological or psychiatric care. This is as well underlined by the finding that almost one third of the women suffer from health problems. Apart thereof many of the women suffer actually from the separation from their children but only few suffer from the separation from the partner (38 % vs. 20 %). Different to all other women in Poland obviously most women felt to be supported during their imprisonment. Indeed no more than about one quarter of the women complained about the lack of private and of professional support (25 and 22.5 %). Finally prison restrictions as well drug or alcohol problems are of minor importance in terms of distress as only few women confirmed to suffer from these problems while in prison (17.5 %; 15 %).

In **conclusion** the results show that boredom along with loneliness, depression and the separation from the partner or children are primary subjects of distress while in prison. At the same time the findings reveal particularities in the five study sites. Thus in Barcelona in addition a relevant number of the women felt distressed because of the prison restrictions. Similar in Glasgow prison restrictions but as well to be afraid of prison release are common subjects of distress even though multiple causes for distress are to be found among the women. In Vienna but also in Poland-Warsaw many of the women suffer mostly from health problems in addition. Last not least it has to be accentuated that half of the Polish respondents felt distressed because of being afraid of the prison release. As a result there are arguments to address these problems by offering the women psychological treatment and release training programmes.

#### 5.4.2 Social contacts before and since entering prison

From the results it became apparent that the separation from close persons are a matter of strains while in prison. Likewise it can be assumed that probably as well the lost of contacts to family members or professionals may cause distress. In order to find out if the contact to significant others changed with entering prison the women were asked if and how often they had contacts to these persons in the last 12 months before entering prison and since entering prison. Any contact could either be face-to face, by telephone or by letter. The frequency of contacts was specified in a five-point scale as 'daily', 'several times per week', 'several times per month', 'several times per year' and finally as 'never'.

First of all it is important to know who of the women had the in general the possibility to stay in contact that is if the women had for instance no children or no relatives they can not have any contact to these persons at all.

As concerns children the data reveal that 60 % of the Barcelona women and about half of the women from Glasgow, Hamburg and Vienna have children who they could possibly contact since entering prison. In Warsaw-Poland this is the case for 42.5 % of the women prisoners. Despite of being imprisoned 30 out of 32 women from Vienna reported to have a partner and in Glasgow still 31 out of 36 women agreed to have a partner (93.7 %; 86 %). In Barcelona and Hamburg the number of 70 % of women are in a partnership even though being imprisoned. In Poland 15 of the respondents had no partner while the remaining 25 women have (62.5 %).

Furthermore the data show that more than 80 % of all respondents had parents and as well sisters and brothers who could possibly be contacted since entering prison. In Vienna and Spain the number of women with parents might even be higher than 97 % and 87.5 % respectively as few women did not answer the question. Merely in Warsaw-Poland the number of five out of 40 women stated to have no parents thus 35 women could have contacts to their parents (87.5 %).

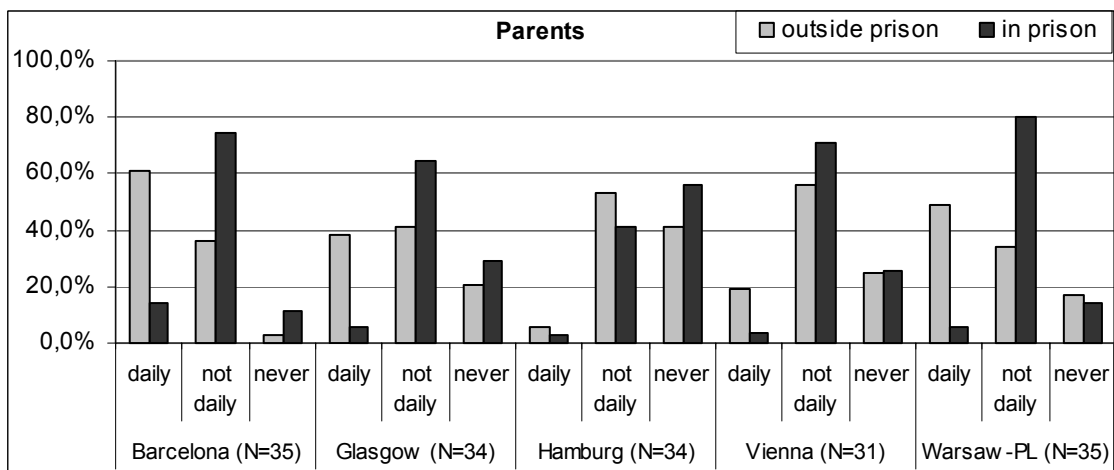
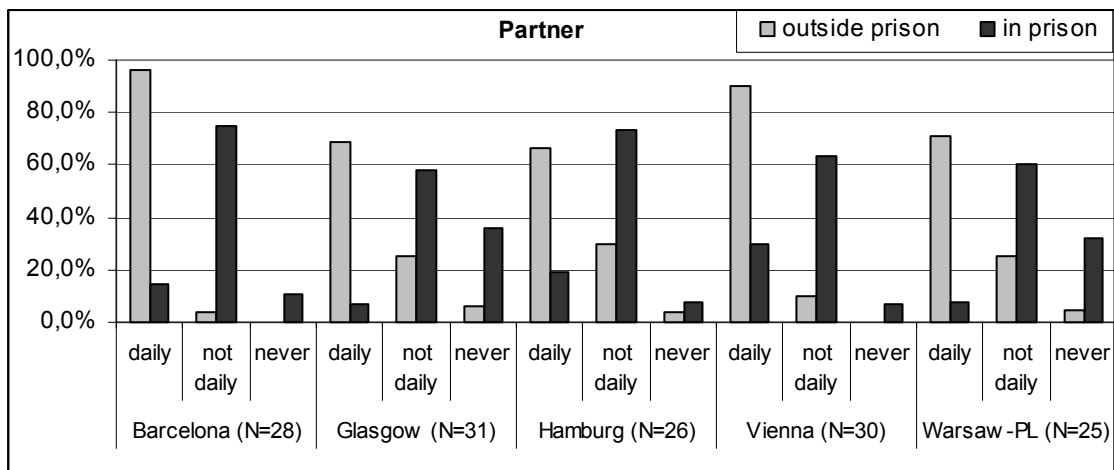
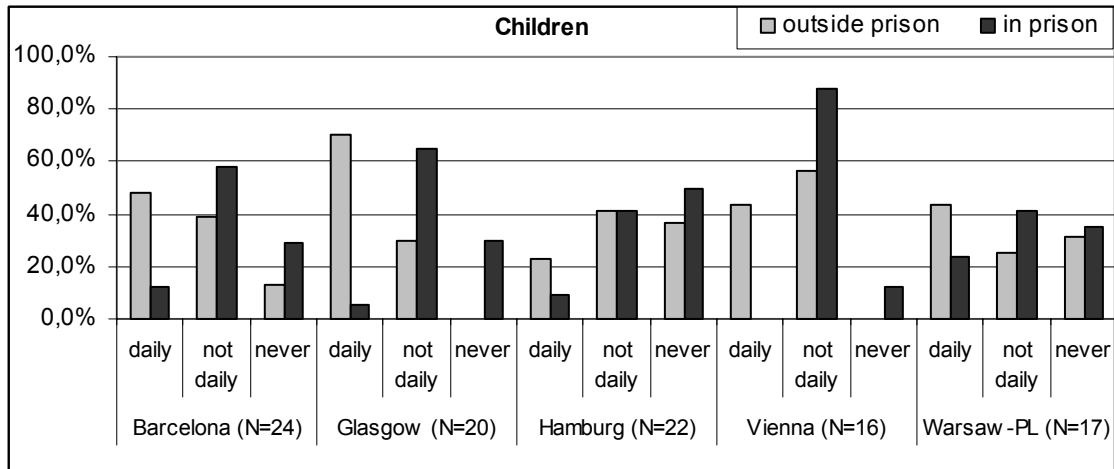
On basis of those women who could have any contact the frequency of their contacts has been analysed. With regard to the contact frequency it has already been mentioned that a five-point scale was used to determine how often contacts happened. When analysing the data it became obvious that a differentiation of contacts less than daily into a frequency of several times per week, per month and per year is not much helpful. This is reasoned by the fact that yearly contacts have been mentioned rather seldom and that there is no significant difference between weekly and monthly contacts. For this reason the three different frequencies of several times per week, month and year have been summarised to the frequency of "not daily". Accordingly it is analysed if any contacts took place "daily", "not daily" or "never". On basis of this condensed scale it is presented how often contacts took place in the 12 month before entering prison and how often this was the case since entering prison. All analyses are presented separately for each person such as children, partner, family members and professionals.

With regard to the contacts of the female prisoners to their own **children** the data show that the contacts became considerably less frequent with entering prison. Outside prison 47.8 % of the women from Barcelona had daily contacts and 39 % of the women had

weekly or monthly contacts to their children either fact-to face, by telephone or by letters. Since entering prison only 12.5 % of the women had a daily but 58.3 % had a less than daily contact to their children. Seven women had even no contact to their children since being in prison (29.2 %). In Glasgow 70 % of the women were in contact with their children daily and further 30 % had been in contact with their children several times per month as long as the women stayed outside prison. While imprisoned 30 % of the women had not any contacts to their children and 65 % managed to keep in contact weekly or monthly. But only one of the women had a daily contact with her children since entering prison. Thus the frequency of contacts to own children decreased considerably with entering prison.

Outside prison many of the women from Hamburg stayed in contact with their children either weekly or monthly or even never (40.9 % vs. 36.4 %). Consequently no more than five women had daily contacts to their children before entering prison (22.7 %). Since entering prison the number of women with less than daily contacts remained same while half of the women had never any contact to their children. The proportion of mothers without any contact to their children while in prison is highest among the women from Hamburg.

**Figure 5-16: Frequency of contacts to children, partner and parents outside prison and since entering prison**



In Vienna and Warsaw-Poland equal proportions of the women were in contact with their children daily as long as they stayed outside prison (43.8 %). While further 56.3 % of the women from Vienna had weekly or monthly contacts this was only the case for one quarter of the Polish women. Instead a number of the Polish women had no contacts to their

children at all in the past year (31.3 %). Since entering prison none of the women from Vienna had any longer daily but instead weekly or monthly contacts to their children (87.5 %). While outside prison all mothers had any contact to the children there are two women without any contact since entering prison. In Poland-Warsaw since entering prison daily contacts to own children decreased while less frequent contacts became significantly more often (23.5 % vs. 41.2 %). As well the number of women without any contact increased slightly to 35 %.

As regards to contacts to **partners** outside prison nearly all women from Barcelona and Vienna were used to have daily contacts to their partners (96.4 %; 90.3 %). Only one woman from Barcelona and three from Vienna did keep in contact with their partners less than daily. With entering prison the majority of the women from Barcelona and Vienna stayed in contact weekly and monthly but no longer daily (75 % vs. 17,3 ; 63.3 % vs. 30 %). Nevertheless there are only few women from both cities who had not any contact to their partner while in prison (three and two women). As well Warsaw-Poland and in Glasgow most of the women had a daily contact to their partners before entering prison (70.8 %; 68.8 %). In both site a quarter of the women had less frequent contacts than daily and only few women had never contact with their partners in the last year before entering prison. With entering prison weekly or monthly contacts became more common among the women from Poland and Glasgow but at the same time the number of women without any contacts to their partners decreased notable (60 % vs. 32 %; 58 % vs. 35.5 %). Finally in Hamburg a majority of 66.7 % of the women had daily contacts and further 29.6 % had less frequent contacts to their partners outside prison. Since entering prison all but two women managed to keep their contacts although the frequency decreased from a daily towards a weekly contact. Accordingly 19 % of the women remained a daily contact to their partners while 73 % had a weekly contact.

With respect to the contacts to **parents** the data show that most of the women from Barcelona and as well from Warsaw-Poland are used to keep a daily contact to their parents in the past year before entering prison (61 %; 48,6 %). In addition more than one third of the women in both sites had weekly or monthly contacts to their parents (36 %; 34 %). Only one Spanish women but six of the Polish women had never any contact to their parents outside prison. With entering prison the frequency of contacts decreased among the Spanish and Polish women considerably which is that daily contacts are less frequent than weekly or monthly contacts (14.3 % vs. 74.3 %; 5.7 % vs. 80 %). In addition in Barcelona the number of women who lost their contacts to parents increased since entering prison while in Warsaw-Poland this number decreased slightly (from 3 to 11 % in Barcelona; from 17 to 14 % in Poland).

In Hamburg and Vienna little more than half of the women had weekly or monthly contacts to their parents in the year before entering prison but at the same time there are many of them who had never any contact to their parents (53 % vs. 41 %; 56 % vs. 25 %). In Hamburg only two of the women had a daily contact to their parents while in Vienna this was the case for six women. Since being imprisoned many of the German women lost their contact to their parents so that more than half had no longer any contact (56 %). Those

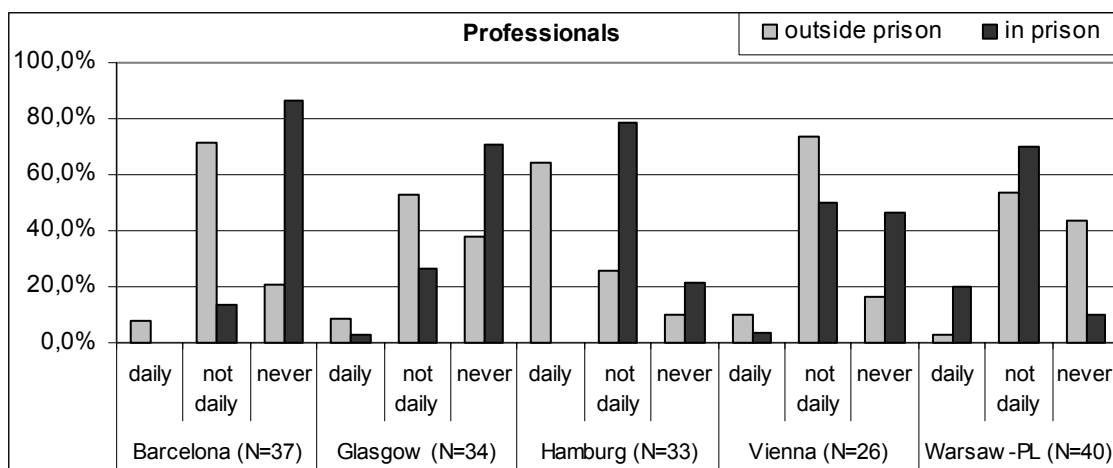
who still could keep their contact did so mainly several times per week or months (41 %) and only one woman kept a daily contact to her parents. In Vienna only one further woman had no longer any contact to her parents when entering prison. For all other women a monthly or weekly contact became more usual than a daily contact (71 % vs. 3 %). In Glasgow almost similar numbers of the women either had daily or less than daily contacts to their parents before entering prison (38 and 41 %). At the same time about a fifth of the women had no contacts to their parents (20.6 %). Since entering prison the number of women without any contact to their parents increased to 29 %. For all other women a weekly or monthly contact became most common while only two women remained a daily contact to their parents (65 %; 6 %).

Apart from contacts to children, partner and parents the women had also been asked for contacts to professionals in the past 12 months before entering prison and since entering prison. The results to this question allow to identify if the female drug users had make use of any kind of drug or treatment services in community and how this may have changed since entering prison.

Since entering prison all of the respondents from Warsaw-Poland agreed to have the opportunity for contacts to professionals. In Glasgow this is the case for all but two women and in Hamburg this is the case for all but four women. In Vienna four women and in Barcelona two women did not answer this question at all. In addition two and one women respectively said to have no opportunities for contacts to professionals.

However there is still a vast majority of the respondents who in general agree that they could have contacts to professionals before and since entering prison. When regarding the frequency of those contacts, some surprising findings become apparent.

**Figure 5-17: Frequency of contacts to professionals outside prison and since entering prison**



First of all the data evince that a significant number of the female drug users from Warsaw-Poland and from Glasgow had never any contacts to professionals in the past year even though they committed that they could have done so. In Warsaw-Poland 43.6 % and in

Glasgow still 38 % had not any contacts to professionals before entering prison. Furthermore only one woman from Poland and three women from Glasgow had daily contacts to professionals. Those with contacts mainly have had them several times per month in Glasgow and predominately only several times per year in Poland (53 %; 55 %). In Barcelona and Vienna as well a number of the women reported to have not had any contacts to professionals in the last year (21 %; 17 %). In addition only three women in both cities stated that they had a daily contact to help or treatment services. Accordingly a vast majority of the women from Barcelona and Vienna had less frequent contacts which happened mainly on several times per month (71 %; 73 %). These findings are significantly contrary to those for the women from Hamburg. In fact, a broad majority of the female drug users had daily contacts to drug and/or treatment services in the past 12 months outside prison (64.5 %). At the same time only three women stated to have had no contacts to any professional at all during that period. The remaining quarter of the women mainly had weekly contacts to professionals. As a result it can be concluded that of all respondents especially the women from Hamburg made frequent use of the available help and treatment services in community.

Those women who had any contact to professionals mentioned a variety of different community-based services and as well legal services such as probation offices. However there are some considerable differences in which kinds of the services the women had utilised in the past 12 months before entering prison. Thus most women from Barcelona had contacts to physicians followed by drug counsellors and at least by psychologists or psychiatrists. In Glasgow a majority of the women had contacts to drug counsellors or street workers while few women visited a physician. In Hamburg in turn most of the women visited regularly low-threshold facilities followed by those participating in a methadone programme. In Vienna a number of women utilised community-based drug agencies and some further women had been in treatment by a physician. In Warsaw-Poland most of the women were under supervision of a probation officer which is closely followed by those in a psychological or psychiatric treatment.

Since entering prison not only the frequency of contacts but also the kind of services to which contacts existed changed notable. With exception from the women of Poland all other respondents seem to lose their former contacts to professionals since being imprisoned. The data clearly reveal that the proportion of women without any contacts to professionals raised enormously. This is in particular the case for the women prisoners from Barcelona and Glasgow where 86.5 and 70.6 % of the women stated to have not any contacts to professionals since entering prison. In addition none on the Spanish women and only one woman from Glasgow had a daily contact to professionals while in prison. So in Barcelona no more than five women and in Glasgow altogether nine woman did somehow keep in contact with professionals since entering prison (13.5 %; 26.5 %).

In Vienna a comparable number of the women either had never, or weekly and less frequently, contacts to professionals while in prison (46 % vs. 50 %). Here as well there is only one woman with a daily contact to professionals. For Hamburg the data clearly indicate a significant interruption of contacts to professionals since entering prison. While out-



side prison a majority of the female drug users had daily contacts since entering prison none of the woman had any longer daily contacts. Outside prison only few women had never contacts to professionals but inside prison this number increased and amounts to 21 %. However the majority of 79 % of the women still had any contacts which mainly took place on several times per month.

In Warsaw-Poland the situation is rather different as with entering prison not only the number of women with any contacts to professionals increased but also the frequency of contacts. Indeed there are only 10 % of the women without any contact while on the other hand 20 % of the women had a daily contact. The remaining high number of women had mainly either weekly or only yearly contacts to professionals.

Those respondents with any contacts to professionals since entering prison reported predominantly to be in contact with counselling services and psychological treatment services. Accordingly in Hamburg and Glasgow a majority of the women had made use of individual or drug counselling. In Warsaw-Poland 30 out of 40 women reported to participate in a psychological or psychiatric treatment while in prison.

In **conclusion** the data show that the frequency of contacts to children, partner and parents declined with entering prison. In addition a relevant number of the women even lost their contacts to these persons during their imprisonment. As concerns contacts to professionals in Poland, Glasgow and Barcelona many of the women had never any contacts in the year before entering prison. In Glasgow and Barcelona this became significantly more common with entering prison while in Poland the more of the women had any contacts to professionals since entering prison. In Hamburg in turn no contacts to professionals were an exception outside prison but became more widespread in prison. As a result the imprisonment leads to enormous difficulties to maintain social contacts to important persons.

### 5.4.3 Summary

The analyses on the health status and social functioning of the female drug using prisoners came to following main findings:

- With respect to the prevalence of hepatitis C and HIV the data reveal that in particular a very high number of the women from Barcelona suffer from communicable diseases. Here more than 70 % of the women are infected with hepatitis C and more than 60 % are infected with HIV. In Vienna and Hamburg as well there is a significant number of the women infected with hepatitis C which amounts to 78 and 65 % respectively. The rate of HIV-infections adds up to 6.3 and 5.4 % in Vienna and Hamburg. In Warsaw-Poland nearly similar proportions of the women are infected with hepatitis C and/or HIV (35 and 30 %). In particular the high HIV-rate in Barcelona and as well in Poland is to be regarded as alarming. Compared to the mentioned study sites in Glasgow only a low number of the female drug users suffers from hepatitis C and/or HIV (11 and 3 %).
- With entering prison most of the female drug users began to recover physically so that with - exception of the Hamburg women - more than 50 and up to 65 % of respon-

dents reported to be in a fine physical condition at present. On the other hand caused the imprisonment a variety of psychosocial strains.

- The most common distress is related to the separation from children and partner and in addition a considerable number of the women mostly suffer from feeling lonely or even depressed. Furthermore many of the women feel disturbed by boredom during their imprisonment. However apart from these strains there are some particularities which need attention. In Glasgow and Barcelona more than 40 % stated to suffer from prison restrictions. But most worrying is the finding that half of the Polish women and 44 % of the women from Glasgow admitted to suffer mostly from being afraid of prison release. Facing these fears there are good reasons for providing a systematic preparation for release and to ensure an ongoing care to support the transition from prison into community.
- A further subject of psychosocial strain since entering prison consists in increased difficulties to maintain social contacts to important persons such as children, partner, parents and as well professionals. The analyses clearly reveal that with entering prison the frequency of contacts decline from daily contacts outside prison to weekly or monthly contacts in prison. In addition a number of the women even lost their contacts while in prison.

As regards the loss of contacts with entering prison the data reveal that this happened to a different extend among the five samples. Thus these results are summarised separately.

#### **Social contacts outside and inside prison**

- **Barcelona:** With entering prison the number of women with contacts to their children declined from 87 to 71 %. Similar the contacts to the partners declined from all women having contact outside prison to 89 % maintaining any contact to the partner while in prison. As well about 10 % of the women lost their contact to their parents since entering prison. Most significant is the decrease in the contacts to professionals, which declined from 79 % outside to not even 14 % inside prison.
- **Glasgow:** Outside prison all mothers had any contact to their children but during imprisonment this was only the case for 70 %. As well about 30 % of the women with a partner lost their contact to the partner since being in prison. As regards the contacts to parents this is less prevalent. Hereby about 70 of 79 % of the women could maintain any contact to their parents while in prison. Last not least only 62 % of the women had any contact to professionals in the past year before entering prison. In prison this number decreased further on to 29 %.
- **Hamburg:** Outside prison no more than 64 % of the mothers had any contact to their children whereas this number decreased further on in prison to 50 %. Furthermore only 59 % of the women had any contact to their parents in the past year. While in prison the number of women with any contact to their parents decreased to 44 %. On the other hand most women managed to maintain any contact to their partner in prison as this was the case for 24 out of 26 women. Whereas 90 % of the women had any contacts to professionals outside prison with most of them having daily contacts since

entering prison no more than 79 % could maintain their contacts but which became less frequent.

- **Vienna:** All of the mothers had some contact to their children outside prison, in prison this was still the case for 87.5 %. Outside prison all women also had any contact to their partners which 93 % could maintain since entering prison. Similar is to be found in the contact to parents which only one woman lost since entering prison. Unlike the contacts to professionals which declined considerably since entering prison from 83 to 54 %.
- **Warsaw:** Of those 69 % of the mothers with any contact to their children 65 % could maintain any contact since entering prison. In contrast about 30 % of the women lost their contact to their partner while in prison. Surprisingly since entering prison one woman could reactivate the contact to her parents while all other could maintain any contact (86 %). As well the contact to professionals increased significantly with entering prison from 56 to 90 %. Thus the imprisonment initiates for many of the women to come into contact with drug and treatment services.

## 5.5 Utilisation of drug services outside and inside prison

One of the main objectives of the European project was to gain evidence-based information on the utilisation of drug and treatment services by female drug using prisoners. Consequently several topics of the questionnaire addressed the issue of different types of drug services the women have utilised before entering prison and during their imprisonment. Especially the latter also included questions related to assessments on the quality of drug help services attended in prison as well as questions on the reasons for non-accepting any drug help in prison.

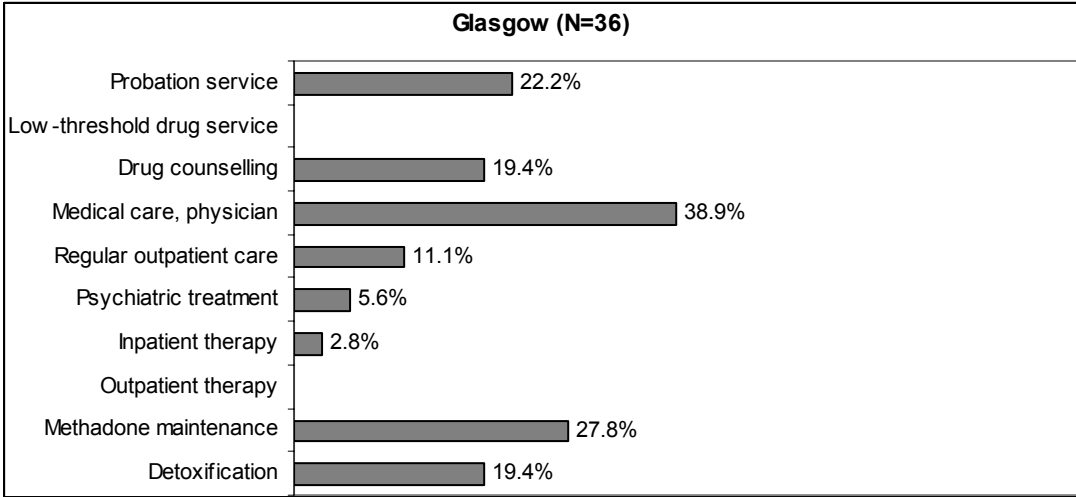
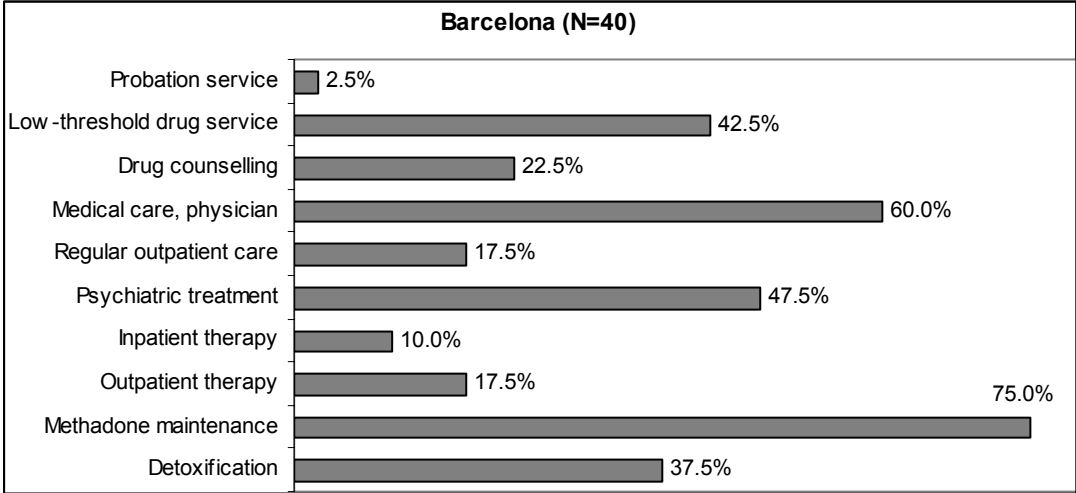
### 5.5.1 Previous utilisation of community drug services

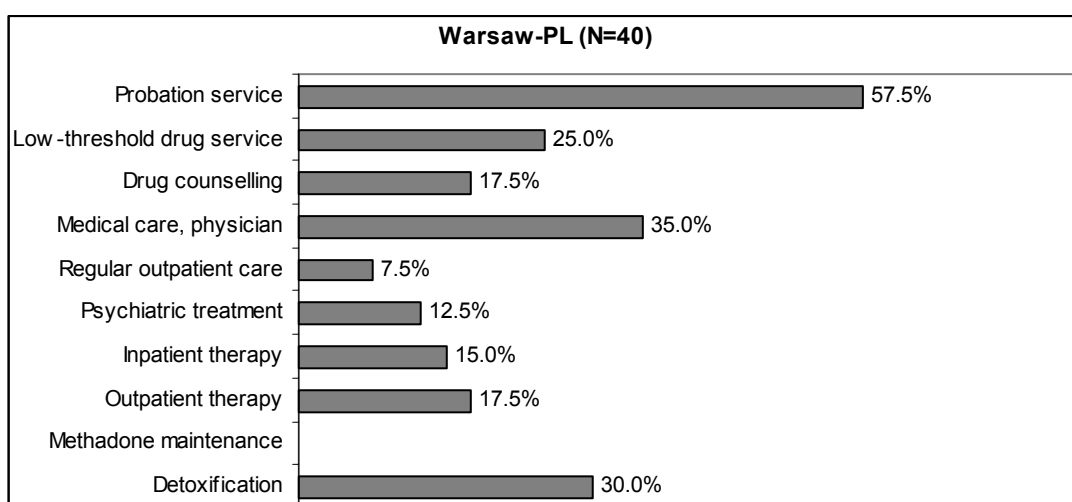
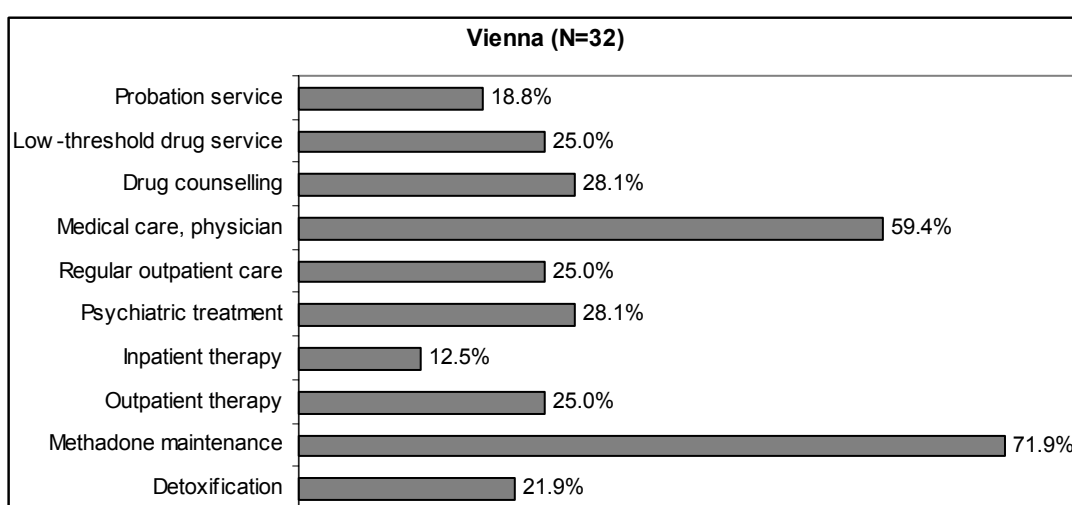
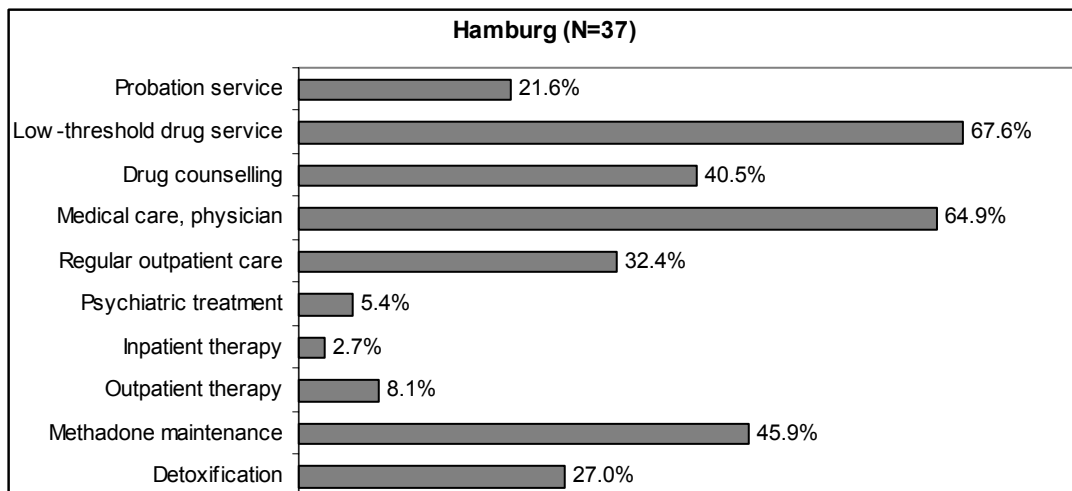
In order to evaluate the previous utilisation of drug services the female prisoners have been asked if they have ever made use of at least one of altogether 11 specified drug services during the last year. In addition the women have been asked if they utilised any of these services as well in the last 30 days before entering prison.

The data analyses reveal that within the last year only 27 out of 185 did not made use of any drug services (14.6 %). As expected from the findings on contacts to professional almost half of these women without any use of drug services came from Glasgow. Five women came from Hamburg, four from Vienna and three from Barcelona. In the last 30 days before entering prison even more women had not made any use of community drug services. In that month this was the case for altogether 50 women (27 %) with 19 women coming from Glasgow and further nine respectively coming from Barcelona and Poland. In Hamburg eight and in Vienna five women did not utilise any drug service in the last month before entering prison.

The figure below presents the results on the utilisation of different kinds of community drug services in the past year before having been imprisoned.

**Figure 5-18: Utilisation of different drug services in the past year – (N=185) multiple nominations**





With respect to the different drug services utilised in the year before entering prison the data indicate that there are significant differences between the respondents of the five study sites. A supervision of a probation service is very uncommon among the women from Barcelona and rather uncommon among the women from Vienna. Even in Glasgow and

Hamburg only about 22 % of the women attended a probation service. Contrary in Warsaw-Poland where more than half of the women had been supervised by a probation officer in the last year (57.5 %).

Due to the broad availability of low-threshold facilities in Hamburg a vast majority of the female drug users visited these facilities in the last year (67.6 %). In all other sites this is less common. Solely in Barcelona low-threshold facilities were as well utilised in a relevant of about 43 % of the women while in Vienna and Warsaw-Poland only one quarter of the women made use of this kind of service. Surprisingly none of the women from Glasgow had made any use of low-threshold drug services in the last year. As well drug counselling was not utilised by many of the women with exception of those from Hamburg. In Warsaw-Poland and Glasgow not even 20 % of the women attended drug counselling in the past year and in Barcelona about 23 % of the women made use of this offer. In Vienna the number of women who utilised drug counselling amounts to 28 % but in Hamburg 40.5 % of the women attended drug counselling.

The utilisation behaviour changes considerably with regard to medical care and treatment by a physician. Here the data show that a high number of the female drug users have been in a medical treatment in the past year. This is in particular the case for the women from Hamburg but as well for the women from Barcelona and Vienna (65 %; 60 %, 59 %). Even in Glasgow and Warsaw-Poland more than a third of the female drug users had been in a medical treatment (39 %; 35 %).

As concerns the utilisation of treatment services such as regular outpatient care, psychiatric treatment, outpatient therapy, and inpatient therapy there is one major finding that all of these services seems to be little attracting as only few of the women participated in any of these treatments. However, there are some exceptions worth mentioning. Thus nearly one third of the women from Hamburg attended a regular outpatient care and in Vienna this was anyhow the case for one quarter of the women. In Barcelona almost half of the female drug users had been in a psychiatric treatment in the last year (47.5 %), in Vienna this was the case for 28 %. However few women participated in an outpatient and/or inpatient treatment at all.

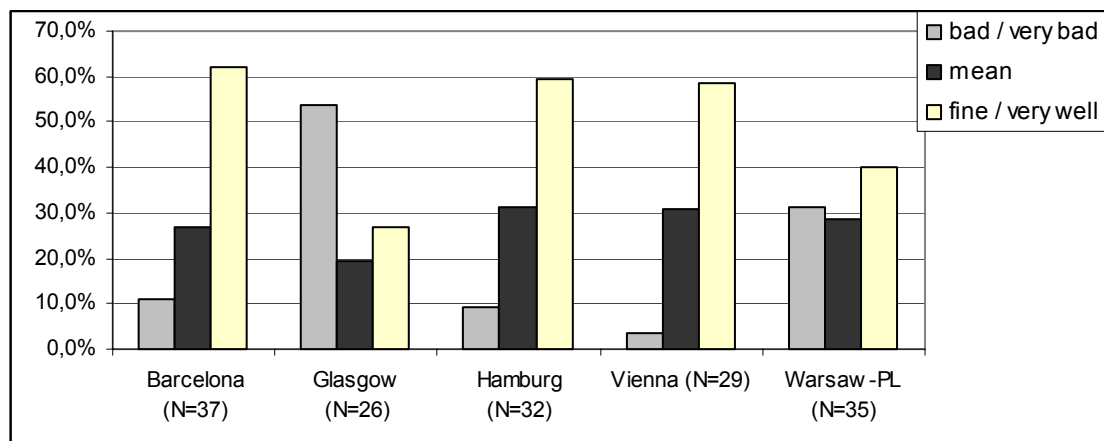
In contrast with exception in Poland many of the female drug users had been in a methadone maintenance treatment in the past year. In Vienna and Barcelona even about three thirds of the female drug users attended a substitution maintenance treatment (75 %; 72 %). Within this context it has to be noted that three women from Vienna were given fluent morphine as substitution medication. In Hamburg almost 46 % of the women have been in a substitution maintenance treatment while in Glasgow this was the case for nearly 28 % of the women. In Poland however none of the female drug users attended this kind of treatment in the past year.

Finally the utilisation of detoxification is rather widespread among the Spanish and Polish women (37.5 %; 30 %) but comparable less common among all other respondents. While in Hamburg after all 27 % of the women undergo a detoxification this only was the case in 22 and 19 % of the women respectively from Vienna and Glasgow.

As already mentioned the number of the female drug users who utilised any of the drug services in the past 30 days before entering prison declined somehow. At the same time as well the number of different services utilised decreased. While in Spain at median 3.5 different services had been utilised in the past year these were only two different services in the past 30 days. In Hamburg and Vienna previously three different services had been used and in the past 30 days this were two. In Poland half of the women utilised two different services in the past year and closely before entering prison just one drug service has been utilised. In Glasgow half of the women only used one drug service in the past year and close to their imprisonment this was none.

As regards the kinds of drug services the women had utilised in the past 30 days before entering prison, the following emanates from the data analyses: Only single women from all five sites had been in a detoxification programme. The same is to be found as concerns drug counselling, and in particular outpatient as well as inpatient treatment. In Hamburg still 10 women attended a regular outpatient care (27 %). On the other hand in Barcelona ten women participated in a psychiatric or psychological treatment (25 %). In contrast, participating in a methadone maintenance treatment was still quite common among the women from Vienna, Barcelona and Hamburg (66 %; 55 %; 41 %). Furthermore did many of the women from Hamburg, Vienna, Barcelona and Glasgow made use of medical care (57 %; 44 %; 32.5 %; 28 %). In addition 60 % of the women from Hamburg visited low-threshold facilities whereas half of women from Poland had been on probation.

**Figure 5-19: Assessment of the experiences with drug services**



Those women who have utilised any drug services in the past year have been asked how they assess their experiences with these drug services in general. As can be seen from the figure the female drug users from Barcelona are most content and satisfied with the community drug services. Of the 62 % who assessed their experiences as fine /very well even a quarter evaluated the services as very well. Only four women said to have bad or even very bad experiences with the utilised drug services (10.8 %). In Glasgow in turn more than half of the female drug users were unsatisfied with the drug services they had used (53.8 %) and of those a vast majority even stated to have made very bad experiences (42.3 %). On the

other hand only 27 % of the women assessed the drug services as fine of which one woman judged the services as very well. The high number of female drug users with a negative assessment of drug services may explain the low number of women who have made any use of the available community drug services. In contrast the high number of women from Hamburg who positively assessed their experiences with drug services may give reasons for why so many of them made frequently use of different kinds of drug services. Similar to the Spanish women more than half of the women from Hamburg evaluated the drug services as fine or very well (59.4 %) with many of them stating their experiences as very well of (22 %). None assessed the experiences as very bad but three women said their experiences were bad (9.4 %). In Vienna as well none of the woman said to have made very bad experiences and only one found them bad. On the other hand a majority of the women is pleased with the services they have utilised (58.6 %). Although 40 % of the women from Warsaw-Poland assessed their experiences with drug services as fine with half of them saying these were even very well, there is a considerable number of the women who are unsatisfied. In fact did 31.4 % assess their experiences with drug services as bad/very bad and half of these women complained to have made very bad experiences.

In **conclusion** the findings indicate a somehow different profile of drug service utilisation between female drug users of the five European cities. In Barcelona three thirds of the women had been in a methadone maintenance treatment in the past year. In addition many of the female drug users had been in medical and/or psychiatric treatment (60 %, 47.5 %). In Glasgow only some of the drug services had been utilised in the past year by a number of women. In fact, if the women utilised any drug service this was mainly medical care and to a lower extent also methadone maintenance treatment (39 %; 28 %). In Hamburg more than 60 % of the women each utilised low-threshold drug services and medical care. Furthermore about 46 % of the women participated in a methadone maintenance treatment. In Vienna more than 70 % of the women had been in a substitution maintenance treatment and nearly 60 % made use of medical treatment. In Warsaw-Poland more than half of the women had been on probation last year and 35 % did use medical treatment. However, obviously are in particular services such as medical care and substitution treatment of high importance for the female drug users an that is to be found in all five European cities.

### **5.5.2 Utilisation of drug services while in prison**

Before presenting the results on the drug services utilised in prison, it is at first necessary to inform about the services which are in general available in the single prisons. The interviews with the female drug using prisoners took place in altogether ten different European prisons which all show some differences in the services provided. Consequently not all female drug users had the same opportunities to utilise each kind of drug service which have been asked for. To show what kind of services could possibly be utilised the following table presents the availability of services for each of the ten prisons (for further details on the prison see as well chapter 4).



**Table 5-11: Available drug services in the ten involved European prisons**

	Barcelona		Glasgow	Hamburg	Vienna		Poland*			
Name of the prison	Brians	Wad-Ras	Cornton Vale	Hahnöfersand	Favoriten	Schwarzau	LUB	GRU	KRZ	WAR
Recruited sample	N=32	N=8	N=36	N=37	N=11	N=21	N=17	N=10	N=10	N=3
Detoxification with pharmaceuticals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Detoxification without pharmaceuticals					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Substitution maintenance treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Therapeutic Communities	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
Drug-free units or wings			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			
Short-term intervention for abstinence	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Individual counselling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Psychosocial support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Psychiatric treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support from external drug agencies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Support from prison drug work			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Prison medical care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Self-help groups	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>							
Health education training	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Peer-support / Peer - education			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Other services**				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>

\* The abbreviations listed below are for following prison names: LUB=Lubliniec, GRU=Grudziadz, KRZ=Krzywaniac, WAR=Warszawa

\*\* In Hamburg another service consists in acupuncture while in the prison Warszawa another service consists in psycho-correctional influence/support for dependent people which is carried out by a psychologist.

First of all it is important to know how many of the 185 respondents did utilise any drug or treatment service since entering prison and how many did not. According to the data altogether 169 women, which corresponds to 91.4 % of all respondents, have ever made use of any available service since entering prison. When asking for those who actually<sup>9</sup> utilised any service this was still the case for 156 women (84.3 %). As a result a great majority of the female drug users got support and/or treatment while in prison. In fact there are only 16 female drug using prisoners who either did not accept or seek for any help in prison. Of these 16 women there are five women who came from Hamburg, four women came from Vienna, three women came from Glasgow, and finally two women respectively came from Barcelona and Warsaw-Poland.

When asking for the reasons why there had not been utilised any drug service since being imprisoned surprisingly more than 17 women stated not to make use of any available

<sup>9</sup> Actually refers to the time of the interview.

service. Indeed altogether 42 women hold the opinion not to have utilised any drug or treatment service in prison (22.7 %). This discrepancy may result from the fact that for instance the use of prison medical care only might affect the women’s perception not to utilise any specific drug service while in prison. However, the non-use of any service remains rather uncommon.

**Figure 5-20: Reasons for non-use of services while in prison - (N=42) multiple nominations**

	<b>Barcelona</b>	<b>Glasgow</b>	<b>Hamburg</b>	<b>Vienna</b>	<b>Warsaw-PL</b>
Sample (N)	3	8	13	11	7
Long waiting periods		5	1	1	1
Not in need for help	2	4	7	2	4
No adequate help available		4	5	6	3
No trust in staff		4	2	3	3
Prison sentence is too short		1	3	2	2
Other reasons	1	2	2	5	

In general the reasons for not seeking any help appeared to be more or less individual. Long waiting periods until receiving any support seem to be a quite important reason for the Glasgow women while in Hamburg a number of women regarded themselves as not to be in need for help. In Vienna however a number of women is convinced that there is no adequate help for their problems available. Other reasons cover a range of individual aspects such as “not worth the hassle”, “bad experiences with drug help” or non-acceptance of methadone maintenance treatment. Some women stated they had not been offered any support or that the available support does not meet the individual needs.

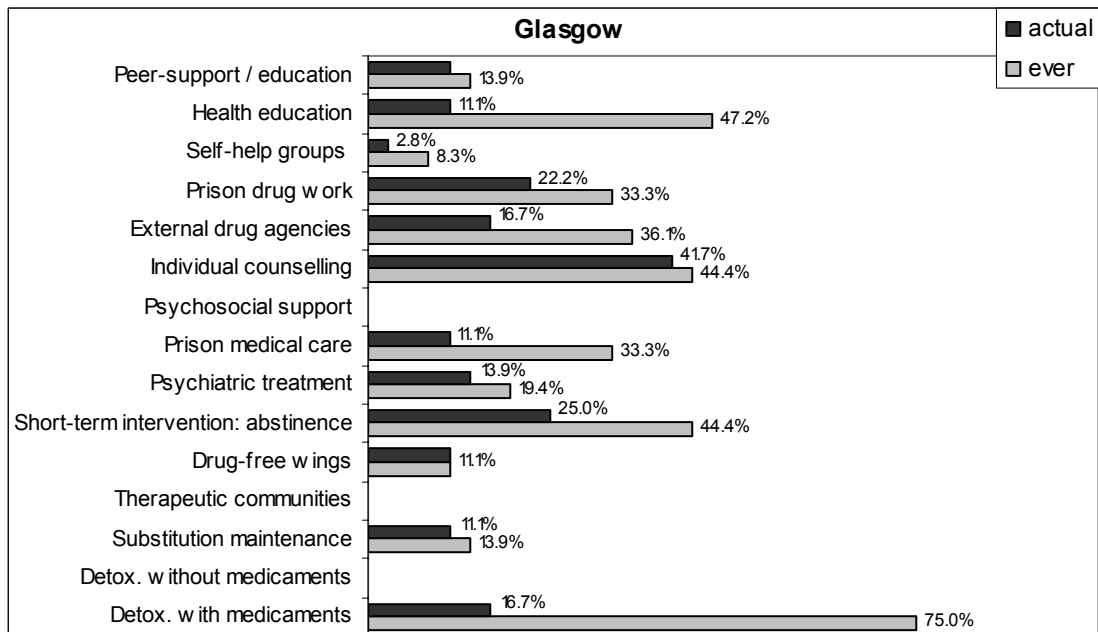
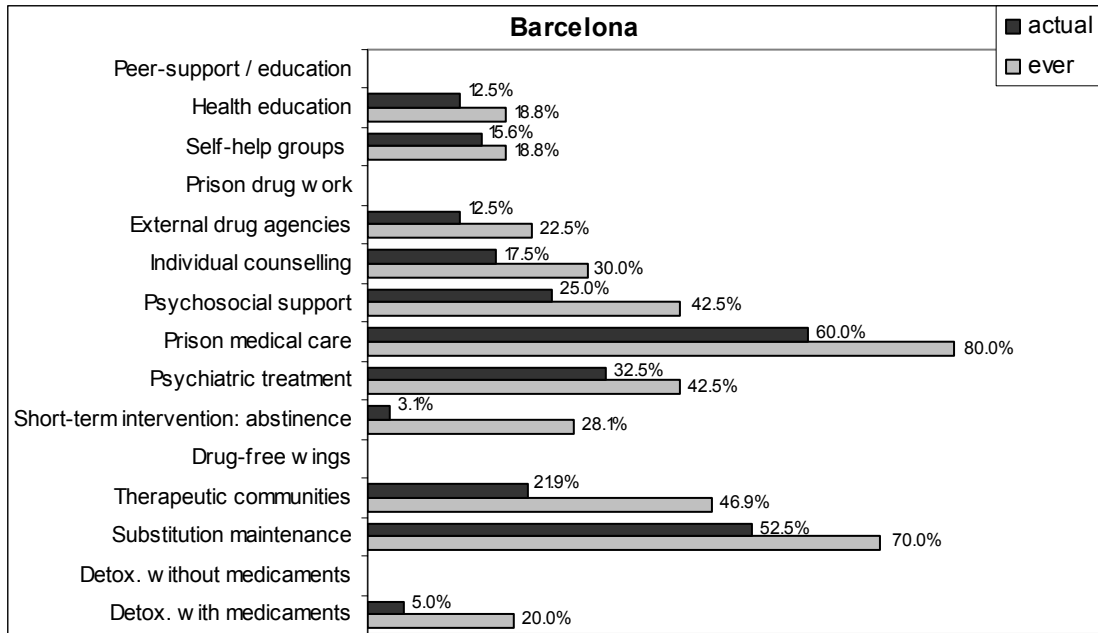
Of those 169 and 156 women who ever and actually have used any service while in prison the following numbers came from the five study sites.

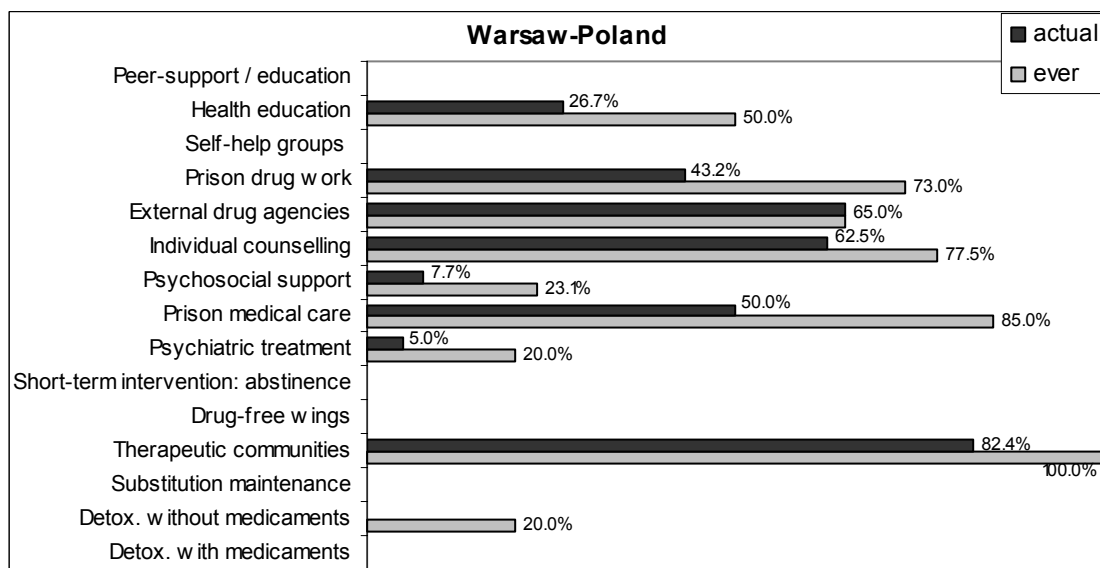
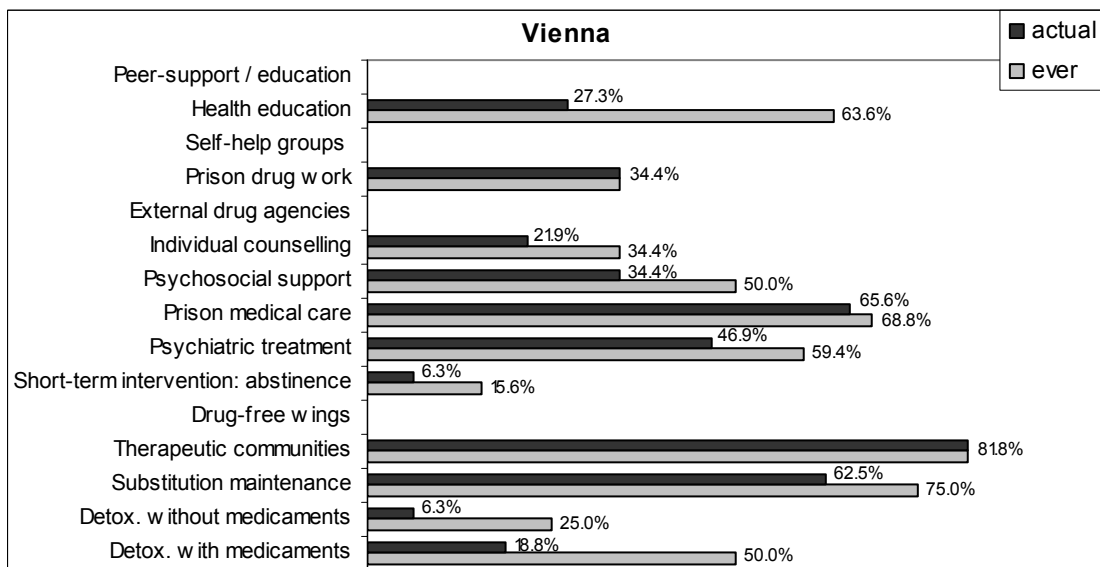
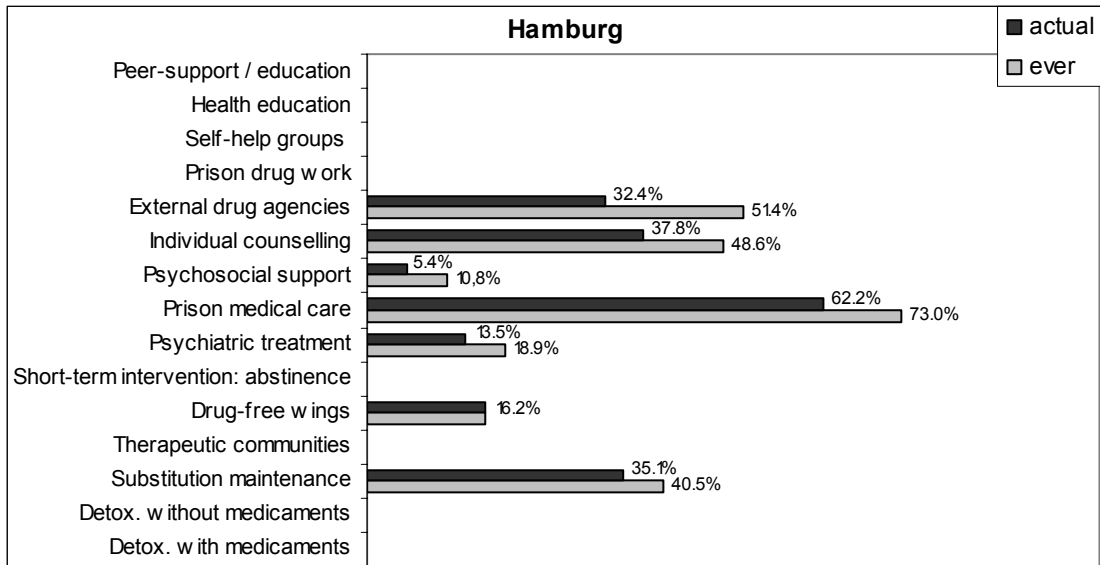
**Table 5-12: Number of women who ever and actually have used any service**

	<b>Barcelona</b>	<b>Glasgow</b>	<b>Hamburg</b>	<b>Vienna</b>	<b>Warsaw-PL</b>
Sample (N)	40	36	37	32	40
Ever used any service	38	33	32	28	38
Actually use any service	36	29	30	27	34

In relation to a) the available services in the respective prisons and b) the number of women who made use of these services the following figure presents the results on which kinds of services had been utilised by the respondents in each of the five study sites.

**Figure 5-21: Ever and actual utilisation of available drug and treatment services in prison – multiple nominations**





The results show that of all different kinds of drug and treatment services the prison medical care is utilised by a majority of the female drug users ever and as well actually. An exception is to be found in the women from Glasgow. Prison medical care is along with individual counselling and psychiatric treatment one of the services which are available in all ten prisons. In particular the women from Warsaw-Poland and Barcelona have made use of the prison medical care as 85 % and 80 % ever have been in medical treatment since entering prison. About half and more of them were still actually in medical treatment (50 %; 60%). In Hamburg 73 % of the women have made ever use of prison medical care and about 63 % did so actually. In Vienna nearly the same high proportion of more than 60 % of the women ever and actually utilised prison medical care. Unlike in Glasgow where only one third of the women prisoners have ever made use of prison medical care and at the time of the interview these were only 11 %. It seems as if the women from Glasgow either are not that much in need for medical treatment or as if they did not trust much in staff or quality of prison medical care.

As regards the use of psychiatric treatment in prison the results reveal that more than half of the women from Vienna and more than 40 % of the women from Barcelona have ever made of this kind of service since entering prison (59.4 %; 42.5%). Most of these women even were in a psychiatric treatment at the time of the interview (47 %, 32.5 %). In contrast in Glasgow, Hamburg and Warsaw-Poland no more than 20 % of the women have ever used psychiatric treatment while in prison. These differences are not solely explicable by the different needs for psychiatric treatment but moreover by the different conditions of this service in the single prisons. For instance in the Vienna prison *Favoriten* a number of specialists such as psychologists, psychiatrists and psychotherapists offer psychological and psychiatric treatment to the prisoners so that this kind of treatment is well developed and established in prison. On the other hand for instance in the Hamburg prison *Hahnöfersand* there is not an own psychiatric service at all as the one male psychiatrist works in the juvenile prison and offers treatment in the women's prison only on demand. Thus it can be assumed that the utilisation of psychiatric treatment depends basically as well on the structure, quality and staff of the in-prison psychiatric service.

As concerns the utilisation of individual counselling the data indicate a different extent in the use of this offer. Individual counselling is to be regarded as highly important for the Polish women because more than three thirds of them ever made use of this offer and still more than 60% did so actually (77.5 %; 62.5 %). As well for the women from Hamburg and Glasgow did individual counselling play a somehow relevant role as about 40 to 50 % ever and actually have made use of this offer (48.6 % vs. 37.8 % in Hamburg; 44.4 % vs. 41.7 % in Glasgow). Unlike in Vienna and Barcelona where only about 30 % of the women have ever utilised individual counselling (34.4 %; 30 %). Furthermore in both sites there are only few women who actually used individual counselling (21.9 %; 17.5 %).

With regard to the availability of further services there are three services – substitution maintenance, psychosocial support and support from external agencies – which are available in most but not all of the ten prisons. Thus substitution maintenance is not available in any of the four Polish prisons. Due to the widespread availability and access to substitution

maintenance treatment in Austrian and Spanish prisons the number of female prisoners in substitution treatment is highest among the women from Vienna and Barcelona. In Vienna and Barcelona the high proportion of 75 % and 70 % of the female drug using prisoners have ever participated in a substitution maintenance treatment since entering prison. At the time of the interview still about 63 % and 53 % respectively have been on methadone or any other substitution medication. In Hamburg about 40 to 35 % of the women have ever and/or actually been in a methadone maintenance treatment while in prison. These findings are contrary to those from Glasgow where only five out of 36 female drug users have been in a substitution maintenance treatment while in prison (13.9 % ever).

Psychosocial support is available in all but the Glasgow and two Polish prisons. Of those who could make use of psychosocial support the highest number of users is to be found in the women from Vienna closely followed by those from Barcelona. In these two sites half of the Vienna respondents and almost 43 % of the Barcelona respondents stated to have ever utilised psychosocial support. However at the time of the interview the number of users declined significantly to 34 % in Vienna and to 25 % in Barcelona. In the two Polish prisons offering psychosocial support, three out of 13 respondents have made use of this offer at some point, while presently this was the case for only one woman (23.1 % vs. 7.7 %). In Germany psychosocial support is an integrative part of substitution treatment and this is the same for prisoners on methadone. In prison psychosocial support is usually offered by external specialists, who do not visit the prisoners very often. Maybe this is the reason why only four out of 37 respondents from Hamburg stated to have received psychosocial support since entering prison (10.8 % ever). At the time of the interview this was the case for merely two women.

Support from external drug agencies is not available in the two Vienna prisons and in two Polish prisons as instead support from prison drug work is offered. Of those respondents who could receive support from external drug agencies in particular the women prisoners from the two Polish prisons have made use of this service while in prison. Here 13 out of 20 female drug users – which corresponds to 65 % – have ever and as well actually made use of this service. Obviously there is a high demand for support by external agencies in the Polish prisons. In Hamburg more than half of the respondents have ever had any contact to external drug agencies since entering prison and actually still about one third of the women was in contact with any agency. In Glasgow about one third of the women have ever utilised support from external drug agencies and at the time of the interview this number even declined significantly (36.1 % vs. 16.7 %). Most different to the Polish and as well the Hamburg women there seems to be little interests for support by external drug agencies in the women from Barcelona. Here no more than nine out of 40 women have ever had any contact to external agencies while in prison and actually only five still had any contact to external drug agencies (22.5 % vs. 12.5 %).

Along with support from external drug agencies also support from prison drug work play an important role among the female drug users in the Polish prisons. 27 out of 37 women ever have made use of support by in-prison drug worker even though this number decreased considerably with respect to the actual use of this kind of support. (73 % vs.

43.2 %). In Vienna and Glasgow about one third of the respondents have ever made use of the prison drug work but while in Vienna the number of actual users remained same in Glasgow actually less of the women still used this service (22.2 %). However compared to the actual use of external drug agencies the women from Glasgow seem to be slightly more likely to stay in contact with the in-prison drug workers.

Apart from the already mentioned services some of the prisons offer detoxification mainly with pharmaceuticals, but in the Polish prison *Krzywaniec* solely without pharmaceuticals. In the Hamburg prison *Hahnjäfersand* there is no detoxification available because the female drug users have been detoxified beforehand in the pre-trial prison. However, detoxification is predominantly of importance at the prison entry when the women usually still depend on drugs. Thus in particular the respondents from Glasgow have ever made use of the detoxification offer since entering prison. While three thirds of them have ever been detoxified with medications while in prison, actually only 6 out of 36 women made use of detoxification in prison (16.7 %). In Vienna half of the female drug users ever have utilised a detoxification with pharmaceuticals and one quarter ever have utilised a detoxification without pharmaceuticals since entering prison. At the time of the interview only few of the women were detoxified either with or without medications (18.8 %; 6.3 %). In the Barcelona prisons and in the Polish prison merely 20 % of the female drug users ever have been in a detoxification in prison. At the time of the interview only two Spanish women and none of the Polish women were in a detoxification.

Drug treatment services such as therapeutic communities, drug-free wings and short-term interventions for abstinence are only available in some of the involved prisons. With regard to therapeutic communities this offer is available in the Spanish prison *Brians*, in the Austrian prison *Favoriten* and in the Polish prison *Lubliniec*. In *Brians* the women's therapeutic community has 24 places which 15 out of 32 respondents ever have utilised since entering prison (46.9 %). Actually there were only seven women left who have been accommodated in a therapeutic community. The prison *Favoriten* is dedicated exclusively to addicted inmates who want to participate in an abuse treatment voluntarily. From this background it not unexpected that nine out of eleven respondents have been in a therapeutic community while imprisoned (81.8 %). Finally in the prison *Lubliniec* there is a programme for female drug dependent inmates which lasts six months and includes along with group and behavioural therapy as well a therapeutic community. Here all 17 respondents have ever participated in the therapeutic community programme since entering prison and actually this was still the case for 14 women (82.4 %).

Even though a drug free-wing is also available in this Polish prison none of the women did ever made use of it. Furthermore in the prison in Glasgow and Hamburg there is a drug-free wing provided but only used by few of the respondents. In Hamburg six and in Glasgow four female drug using inmates were accommodated in a drug-free wing since entering prison (16.2 %; 11.1 %). The rather low demand for drug-free wings arises the question of why this offer seems to be such unattractive. One possible explanation could be that drug-free wings not only require an application by the female drug users but also a

number of urine tests which have to be clean in order to get access to a drug-free wing. So female drug using prisoners might not want to accept these procedures.

Abstinence-oriented short-term interventions are available in the Glasgow and Vienna prisons and as well in the Barcelona prison *Brians*. Of those respondents, which have been interviewed in one of these prisons, in particular the women from Glasgow have ever made use of this offer while imprisoned. Thus 16 out of 36 women prisoners had utilised the short-term intervention to become or remain drug-free (44.4 %). Actually still nine women participated in this intervention programme (25 %). In Barcelona a number of the women have ever made use of short-term interventions for abstinence but at the time of the interview only one woman still participated in this programme (28 % vs. 3 %). In Vienna even less respondents have ever made use of short-term interventions since entering prison. In fact only five out of 32 women ever have participated in this abstinence-oriented intervention and actually two women made use of this intervention (15.6 % vs. 6.3 %).

Drug services such as health education and peer-support are as seldom provided in prison as self-help groups. A health education training is provided in some prisons of four study sites but not in the Hamburg prison. The data reveal that health education training plays an important role for the female drug using prisoners in Vienna, Poland and as well in Glasgow. While in Vienna about 64 % of the women have ever utilised the opportunity for a health education while in prison, in Poland and likewise in Glasgow about half of the female drug users have ever made use of this service (50 %; 47.2 %). At the time of the interview in Vienna, Poland and Glasgow only few women still made use of this service (27.3 %; 26.7 %; 11.1 %). As the number of female drug users who actually utilised health education training is considerably lower in all three sites it can be assumed that health education training is especially of high relevance at the beginning of the imprisonment. However, in Barcelona only few of the women did utilise health education training in prison at all. Here only six and four out of 32 women have ever and actually participated in that training programme (18.8 % vs. 12.5 %).

Peer-support is exclusively available in the Glasgow prison. Nevertheless there are only five women who have ever made use of this service during their imprisonment (13.9 %). Self-help groups are even less utilised. Here merely three women from Glasgow and six women from Barcelona have ever participated in a self-help group since being imprisoned (8.3 %; 18.8 %). Finally it has to be mentioned that the provision of acupuncture in the Hamburg prison has been utilised by five of the women (13.5 %).

In **conclusion** the findings reveal that prison medical care along with counselling offers, substitution maintenance and partly as well psychiatric treatment and health education training are those drug services most utilised by the female drug users and therefore obviously most important in prison. On the other hand offers such as drug-free wings, self-help groups and partly as well short-term interventions for abstinence are to be regarded as rather unpopular services in prison as only few of the respondents did ever made use of them while in prison.

When entering prison only a minority of the women have made use of no more than two different drug and treatment services (21.7 %). In fact, a majority of the female drug using



prisoners have used somehow a range of different services during their imprisonment. In detail the respondents from Barcelona and Glasgow ever have made use of eight different services at maximum and at median four different services have been utilised. The number of different services being utilised by the interviewees from Poland ranges up to seven and at median likewise four different services have been used. In Hamburg the women ever have utilised six different services at maximum with three different services utilised at median. In Vienna even eleven different services have ever been utilised by the female drug users at maximum while half of them have made use of five different services during their imprisonment. Taking the different number of available services in the single prisons into consideration the findings clearly indicate that female drug using prisoners are very likely to utilise a range of the available services while in prison.

However, the findings also show that there is a different profile in terms of which kind of drug and treatment services are most commonly used by the female drug users. A ranking of the top four services utilised in the five European study sites reveals following order:

- **Barcelona:** 1. prison medical care, 2. substitution treatment, 3. psychiatric treatment and 4. therapeutic communities.
- **Glasgow:** 1. detoxification with pharmaceuticals, 2. individual counselling, 3. abstinence-oriented short-term intervention and 4. health education training.
- **Hamburg:** 1. prison medical care, 2. support by external drug agencies, 3. individual counselling and 4. substitution treatment.
- **Vienna:** 1. therapeutic communities, 2. substitution treatment, 3. prison medical care and health education training and 4. psychiatric treatment.
- **Warsaw-Poland:** 1. therapeutic communities, 2. prison medical care, 3. individual counselling and 4. support by external drug agencies.

### 5.5.3 Access to drug and treatment services while in prison

In order to learn about how access to drug and treatment services takes place in prison the female drug users have been asked when they had their first contact to any programme and how this contact was initialised. In addition they were asked if the utilisation of the drug and treatment services was voluntary or compulsory.

As regards the first contact to any drug and treatment service it has to be noticed that altogether seven women did not answer the question even though they have made use of any service since entering prison. Thus the data on the first contact refers to 162 instead of 169 respondents.

In relation to those women who answered the question the data show that more than one third came into contact with any service immediately after entering prison (36.4 %). Immediately means either directly at entry or one day later. Such an early first contact is in particular to be found in Vienna, Hamburg and Barcelona as 18, 14 and 12 of the respondents had their first contact immediately (66.7 %; 43.8 %; 32.4 %). Within the first two weeks of their imprisonment altogether almost 62 % of all respondents had their first contact to any drug and/or treatment service. Accordingly a majority of the female drug users were rather soon exposed to support and care after prison entry. On the other hand the remaining

proportion of 38 % named a broad range of specifications when they first came in touch with any service. In fact, one woman in Hamburg and in Glasgow even reported that they had already been in prison for about two years when the first contact to any drug and/or treatment service took place. However especially the Polish women had already been imprisoned for several weeks until they first came into contact with any service.

If regarding the median time gone since a first contact to services in prison took place the results of the data analyses show the following: In Barcelona and Vienna half of the women came into contact after the first night in prison. In Hamburg half of the women had been in prison since three days until the first contact happened. In Glasgow the female drug users had been imprisoned at median for two weeks until they first came into contact with any service whereas the Polish women have already been in prison at median for two months since having contact to any service for the first time.

**Table 5-13: Access to drug services in prison – (N=175) – multiple nominations**

	Barcelona	Glasgow	Hamburg	Vienna	Warsaw-PL
Sample (N)	39	36	30	30	40
Due to a professional assessment	31 (79.5%)	22 (61.1%)	-	2 (6.7%)	20 (50.0%)
By making an application	30 (76.9%)	24 (66.7%)	17 (56.7%)	21 (70.0%)	11 (27.5%)
By oral demand	27 (69.2%)	22 (61.1%)	15 (50.0%)	23 (76.7%)	25 (62.5%)
By voluntary drug testing	15 (38.5%)	12 (33.3%)	8 (26.7%)	-	-
By mandatory drug testing	18 (46.2 %)	24 (66.7%)	6 (20.0%)	3 (10.0%)	1 (2.5%)
Other access	2 (5.1%)	4 (11.1%)	-	30 (100%)	2 (5.0%)

Obviously there are various ways of getting access to drug services while in prison. In all five study sites it is very common that the female drug users make an application to access drug services and/or to orally demand for support or treatment. Both pathways to drug services account for at least half of the respondents. The compilation of a professional assessment in order to explore the individual needs for drug help and to initiate and coordinate referrals to drug services is apparently more or less a standard procedure in the prisons in Barcelona and Glasgow. Here many of the female drug using prisoners agreed to have got access to drug services due to a professional assessment. But even half of the Polish respondents admitted that a professional assessment has been done to refer them to drug services. In contrast in the Vienna prisons a professional assessment remains an exception while in the Hamburg prison there is not made a professional assessment at all. Furthermore drug testing either voluntary or mandatory is rather uncommon in Vienna and Warsaw-Poland as method to access drug services. As well in Hamburg only few women said that drug testing is required to access drug services. Here drug testing is closely associated with housing in a drug-free wing. Unlike in the prisons of Barcelona and in particular of Glasgow where one to two thirds of the women stated to undergo drug testing in order to access drug services. In both sites even more women reported that their drug testing was mandatory. However it can be supposed that a mandatory drug testing is related to the

participation in a therapeutic community, a short-term intervention for abstinence and maybe as well to the admission for a drug-free wing.

In Vienna all respondents stated that their access to drug services follows as well other ways than those listed. Thus all women imprisoned in *Schwarzau* get in addition access to drug and treatment services by a streetworker while all women imprisoned in *Favoriten* get in addition a access to treatment by obligation as a participation in different treatment groups is compulsory within this prison. Furthermore some respondents from Barcelona, Glasgow and Warsaw-Poland reported for instance to have got access to drug services by referrals of prison staff, a personal officers or the court. For the interviewees point the latter is a different access than “by oral demand” because here access to any intervention depends on the attitude and engagement of the specific prison staff.

As already mentioned, in the Vienna prison *Favoriten* the obligatory participation in different kinds of drug services is part of the prison programme for drug dependent inmates. Accordingly most of the 11 respondents who were placed in this prison reported that their participation in services such as therapeutic community, psychiatric treatment, psychosocial support, prison drug work was compulsory. This is similar for the 17 women placed in the Polish prison *Lubliniec*. Here as well most of the women were obliged to participate in a therapeutic community, psychosocial support, and in prison drug work. In addition a number of the Polish women stated that their participation in health education training was compulsory.

In addition three women from Vienna had to undergo a detoxification with pharmaceuticals. Furthermore for in each case one woman from Vienna and Barcelona their participation in a short-term intervention for abstinence was compulsory. In Poland one woman was obliged to use support by external drug agencies while in prison. In the Glasgow prison *Cornton Vale* and in the two prisons in Barcelona only single women were obliged to make use of specific drug services. For instance in Glasgow there is in each case one woman who was obliged to participate either in peer-support, short-term intervention for abstinence, psychiatric treatment, individual counselling or in a health education training. In Barcelona five to six respondents reported that their participation in either individual counselling, psychosocial support or in a self-help group was compulsory. Contrary to all other sites none of the female respondents from Hamburg was obliged to participate in any intervention so that their utilisation of any drug service is completely voluntary.

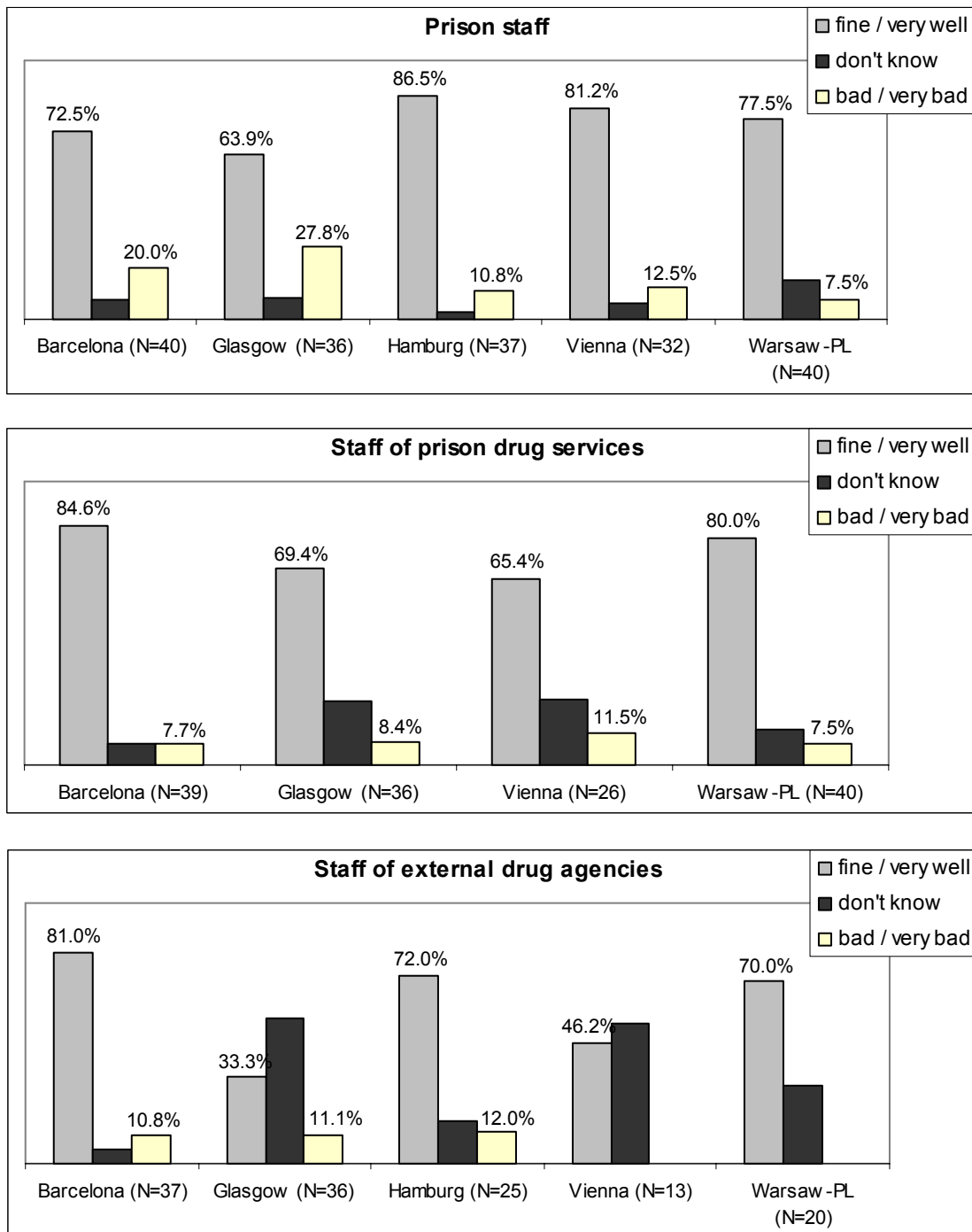
#### **5.5.4 Satisfaction with drug and treatment services while in prison**

To examine the women’s satisfaction with drug and treatment services they have utilised during their imprisonment first of all their individual relation to staff such as prison officers, prison drug workers and drug workers from community agencies is analysed. The women’s assessment of the relation to staff gives on the one hand information about the attitudes of the staff towards female drug using prisoners. On the other hand allow the assessments to draw conclusion on the nature and quality of the contacts to prison and drug service staff.

Most of the women had a well-defined position to their relation to staff (see figure 5-21). Only few of the women don't know how they should assess their relation to staff while this is most to be found as regards the staff of external drug agencies. However, the data clearly indicate that a positive relation to all three types of staff prevail among the respondents. In detail the results show that more than 80 % of the women from Hamburg and Vienna defined their relation to prison officers as fine or even very well. In particular a number of the Hamburg women confirmed that their relation to prison officers is very well as they were experienced as friendly and interested in the women's condition (29.7 %). In Barcelona and Warsaw-Poland more than 70 % of the respondents assessed their relation to general prison staff as fine and partly even very well. However at the same time eight women from Barcelona ascertained that their relation to prison officers is bad or very bad (20 %). In Glasgow even nearly 28 % of the women stated to have a bad or very bad relation to prison officer with a tendency of assessing this relation as very bad. Nevertheless a majority of almost 64 % of the respondents agreed to have a good relation to prison officers.

As in Hamburg there is no prison drug work the assessments to the staff of in-prison drug services refer to the other four study sites. In each of the four study sites only three women experienced their relation to prison drug workers as bad or very bad. Accordingly a vast majority of the women evaluated their relation to prison drug workers as fine or very well. A positive relation to staff of prison drug work is especially to be found in the women from Barcelona and Warsaw-Poland in which a number of the Polish women even defined their relation to prison drug workers as very well (32.5 %). But as well many of the women from Glasgow evaluated their relation to prison drug workers as very well (30.6 %). It can be assumed that a positive relation to the staff of in-prison drug services is closely associated with a well-established contact between the women prisoners and the women's perception to receive somehow the support they needed.

**Figure 5-22: The women’s assessments on their relation to staff**



With regard to the staff of community-based drug agencies many of the women obviously don't know how exactly how to assess their relation to the staff and seem to be rather ambivalent. This is especially the case for the women prisoners from Glasgow, Vienna and Warsaw-Poland (55.6 %; 53.8 %; 30 %). On the other hand none of the women from Vienna and Poland who did specify their relation to external staff evaluated their relation as bad. Thus 70 % of the Polish women assessed their relation to staff of external drug agencies as fine with some of them stating that this relation is even very well. In Vienna

about 46 % of the women experienced their relation to staff of drug agencies as fine. In Glasgow however only one third of the respondents affirmed to have a good relation to external drug workers. This is unlike in Barcelona and Hamburg where a clear majority of 81 % and 72 % respectively ascertained to have a good relation to staff of external drug agencies. In Barcelona even half of these women agreed that their relation to this staff is very well. According to the results it can be suspected that the nature and quality of the contacts and support by external drug agencies seems to differ much in the five European sites. While in particular in Barcelona the staff of external drug agencies is obviously highly accepted and appreciated by the female drug using prisoners especially in Glasgow this seems to be the other way round. Here many of the women are to be regarded as rather unsatisfied with the staff and their provided support.

It has to be shown if the quality of the relation to staff of drug services either from prison or from external agencies is reflected in the assessments on the support the women had received when utilising drug services.

In general the female drug users have been asked for the benefits they had experienced due to their actual utilisation of drug services. The question on the benefits is firstly directed to the effects of support in terms of meeting the needs or promoting the rehabilitation process. Secondly it aimed at the investigation if the drug service utilisation has a possible favourable impact on the conditions of the imprisonment and on legal decisions as regards the prison sentence.

Of 156 respondents who agreed to actually made use of any service only 137 answered the question on the benefits of participating in any drug and treatment service. Thus there are answers missing of 19 women.

**Table 5-14: Benefits of participating in drug or treatment programmes – (N=137) multiple nominations**

	<b>Barcelona</b>	<b>Glasgow</b>	<b>Hamburg</b>	<b>Vienna</b>	<b>Warsaw-PL</b>
Sample (N)	38	29	24	14	32
Get the help / support needed	30 (78.9%)	20 (69.0%)	12 (50.0%)	10 (71.4%)	19 (59.4%)
Physical and mental rehabilitation	34 (89.5%)	16 (55.2%)	16 (66.7%)	9 (64.3%)	20 (62.5%)
Avoid boredom	17 (44.7%)	12 (41.4%)	7 (29.2%)	1 (7.1%)	9 (28.1%)
Relaxation in prison restrictions	26 (68.4%)	7 (24.1%)	9 (37.5%)	8 (57.1%)	15 (46.9%)
Shortening of present sentence	2 (5.3 %)	9 (31.0%)	3 (12.5%)	-	11 (34.4%)
Therapy instead of imprisonment	4 (10.5%)	5 (17.2%)	6 (25.0%)	1 (7.1%)	1 (3.1%)
Transition into a community-based treatment	10 (26.3%)	9 (31.0%)	8 (33.3%)	-	6 (18.8%)
Preparation for release	23 (60.5%)	14 (48.3%)	15 (62.5%)	6 (42.9%)	21 (65.6%)

As the results on the benefits of drug service utilisation not only reflects the women's perceptions but also the different national penal proceedings the results will be described separately for each of the five European study sites. With regard to the effects of drug and treatment utilisation on the women's well-being the data show that the female drug users from Barcelona benefited strongly from support and treatment. An overwhelming majority

of almost 90 % of the respondents confirmed that the services have helped them to recover physically and mentally. Furthermore a great many of them stated to have received the help they needed which indicates that the professional support often met the individual needs of the female drug using prisoners (79 %). Nevertheless there is a notable number of women who admitted to have utilised drug and treatment services in order to avoid boredom in prison. With respect to the impact of service utilisation on the imprisonment conditions about 68 % of the women agreed that the participation in a drug treatment has resulted in a relaxation of the prison restrictions. This is followed by about 60% of the women who stated that they got the opportunity to participate in a preparation for prison release. In addition slightly more than a quarter of the women were given the opportunity to be referred into a community-based treatment. However the participation in drug programmes seldom favours a release on parole or a to get out of prison due to the regulation of therapy instead of punishment.

According to the assessment of a positive relation to staff of drug services a similar number of the women from Glasgow reported to have received the help they individually have sought (69 %). Maybe due to the widespread use of drugs in prison and the low number of women who made use of prison medical care and psychiatric treatment only little more than half of the women stated that the utilised drug programmes promoted their physical and mental rehabilitation(55%). Similar to the women from Barcelona as well a number of the women from Glasgow admitted that the boredom in prison motivated them to participate in a drug programme (41%). In general the utilisation of drug services does only partly affect the conditions of the imprisonment. Nearly half of the women reported that one benefit consists in the participation in a prison release preparation and nine women stated to have been given the opportunity to be referred into a community-based treatment (48 %; 31 %). Furthermore for nine women the participation in a drug programme leads to a shortening of the prison sentence and seven women became imprisoned under loosened prison restrictions.

In Hamburg almost 67 % of the respondents agreed that the utilisation of drug and treatment programmes resulted in their physical and mental rehabilitation while only half ascertained to have received the help they needed. Here also some women admitted to have made use of drug services in order to avoid boredom. If the participation in a drug programme affects the conditions of the imprisonment this is predominantly the case in terms of accessing a preparation for release and/or a relaxation of the prison restrictions (62.5 %; 37.5 %). In additions the service utilisation offers a way to outside treatment so that eight women will move to a community-based treatment after prison release while six women will undergo a quasi-compulsory drug therapy according to national drug law (33.3 %; 25 %).

In Vienna only one woman was motivated by boredom to participate in a drug programme while a majority of ten and nine out of 14 women confirmed to have received the help they really needed and that the support helped them to recover physically and mentally. Furthermore reported eight of the women that the programme participation resulted in a relaxation of the prison restrictions and six women stated to benefit from participating in a

preparation for prison release. Therapy instead of punishment is rather uncommon and none of the women said that they will be transferred into a community-based treatment.

Finally the results on the benefits of programme participation in Warsaw-Poland are comparable to those found in the women from Hamburg. Nearly a similar number of the Polish women stated to have received the help they needed and to have been supported in the physical and mental rehabilitation (59.4 %; 62.5 %). Nine out of 32 women agreed to have participated in a drug programme to avoid boredom in prison (28 %). Different to all other study sites a number of the Polish women not only confirmed that the prison restrictions have been loosened due to the programme participation but that as well their prison sentence shortened (47 %; 34 %). However most of the women had become in favour of a preparation for prison release as benefit of the programme participation (65.6 %). A therapy instead of imprisonment is rather unusual in the Polish women but six of them were referred into a community-based treatment.

In **conclusion** the results show a tendency in all five study sites that common benefits of a drug programme participation in prison consist in a support that meets the individual needs of the female drug users and that the support promoted their physical and mental rehabilitation. In addition in Barcelona, Hamburg and Warsaw-Poland more than 60 % of the respondents benefited from gaining access to a preparation for prison release.

To measure the women's satisfaction with drug and treatment services they have utilised since entering prison the Treatment Perceptions Questionnaire (TPQ) has been used. The TPQ is a brief scale to measure client satisfaction with treatment for substance use problems and it examines the perception of clients towards: a) the nature and extent of their contact with a treatment programme's staff team (5 items); and b) aspects of the operation of the treatment service and its rules and regulations (5 items). Each item is in the form of a belief statement and client response is recorded using a 5-point Likert-type scale (strongly agree - strongly disagree; weighted 0-4; total score range = 0-40). Higher scores reflect a greater satisfaction with treatment (Marsden, Stewart et al. 2000).

The 10 belief statements related to the programme satisfaction are as follows.

#### ***Staff perceptions***

1. The staff have not always understood the kind of help I want.
2. The staff and I have different ideas about my treatment objectives.
3. There has always been a staff member available when I have wanted to talk.
4. The staff have helped to motivate me to sort out my problems.
5. I think the staff have been good at their jobs.

#### ***Programme perceptions***

1. I have been well informed about decisions made about my treatment.
2. I have received the help I was looking for.
3. I have not liked all of the counselling / treatment sessions I have attended.
4. I have not had enough time to sort out my problems.
5. I have not liked some of the treatment rules or regulations.



For analyses purpose all ten items have been summarised and the median score has been evaluated in order to examine the overall satisfaction with those drug and treatment services the women had utilised since being imprisoned. The similar procedure has been carried out for the items measuring the staff perceptions and the programme perceptions. Here as well the respective five items have been summarised and a median score had been computed. The mean score of the TPQ items has been taken because all scores were approximately normally distributed (range=0-4).

**Table 5-15: Satisfaction with drug and treatment services: means (standard derivations) of the Treatment Perception Questionnaire**

	<b>Barcelona</b>	<b>Glasgow</b>	<b>Hamburg</b>	<b>Vienna</b>	<b>Warsaw-PL</b>
Sample (N)	38	36	23	14	33
Overall treatment satisfaction: mean (s.d.)	1,91 (.59)	1,79 (0.72)	1,95 (.95)	1,92 (.71)	2,20 (.84)
Staff perception: mean (s.d.)	1,86 (.81)	1,73 (0.91)	2,01 (1.01)	2,01 (.77)	2,24 (.94)
Programme perception: mean (s.d.)	1,98 (.54)	1,85 (.69)	1,88 (.99)	1,96 (.55)	2,15 (.89)

The results show that the overall satisfaction with drug and treatment services is highest among the women prisoners from Warsaw-Poland. This is followed by the female drug users from Hamburg. As expected from the previous findings especially the women from Glasgow are found to be little satisfied with the drug and treatment services provided.

With exception of the women from Barcelona and Glasgow the findings reveal a clear tendency that the women's perceptions of the staff are more positive than their perceptions of the programme or service itself. In particular the women from Warsaw-Poland evaluated the nature and extent of their contacts with the treatment programme's staff as satisfying but as well the women from Hamburg and Vienna are to be regarded as quite satisfied with the staff of drug and treatment service. On the other hand in particular the women from Glasgow evince that they perceive their contacts to programme's staff as rather disconcerting. As well the operation of the treatment service and its rules and regulations are evaluated as little satisfying compared to the assessments of all other respondents. In Barcelona the women prisoners perceived the programme itself as more satisfying than their contacts to the staff of these programmes. However, of all respondents those from Poland are not only most satisfied with the staff but as well with the different aspects of the drug and treatment service provision.

Within the context of the programme satisfaction the women have been asked two additional questions which refer a) to the impact of any intervention on their drug use in prison and b) to help to come into contact with persons outside prison.

**Table 5-16: Additional items on the impact of drug and treatment services**

	Barcelona	Glasgow	Hamburg	Vienna	Warsaw-PL
Sample (N)	37	36	23	12	33
With the help I received I could manage to reduce or stop my drug use.					
- <i>strongly agree</i>	5 (13.5%)	3 (8.3%)	5 (21.7%)	3 (25.0%)	10 (30.3%)
- <i>agree</i>	23 (62.2%)	9 (25.0%)	1 (4.3%)	6 (50.0%)	16 (48.5%)
- <i>unsure</i>	-	15 (41.7%)	-	1 (8.3%)	3 (9.1%)
- <i>disagree</i>	9 (24.3%)	5 (13.9%)	6 (26.1%)	1 (8.3%)	2 (6.1%)
- <i>strongly disagree</i>	-	4 (11.1%)	11 (47.8%)	1 (8.3%)	2 (6.1%)
The staff helped me to come into contact with persons outside of the prison.					
- <i>strongly agree</i>	3 (7.9%)	1 (2.8%)	4 (17.4%)	1 (8.3%)	6 (18.2%)
- <i>agree</i>	17 (44.7%)	5 (13.9%)	3 (13.0%)	4 (33.3%)	5 (15.2%)
- <i>unsure</i>	3 (7.9%)	10 (27.8%)	-	2 (16.7%)	3 (9.1%)
- <i>disagree</i>	12 (31.6%)	11 (30.6%)	4 (17.4%)	1 (8.3%)	6 (18.2%)
- <i>strongly disagree</i>	3 (7.9%)	9 (25.0%)	12 (52.2%)	4 (33.3%)	13 (39.4%)

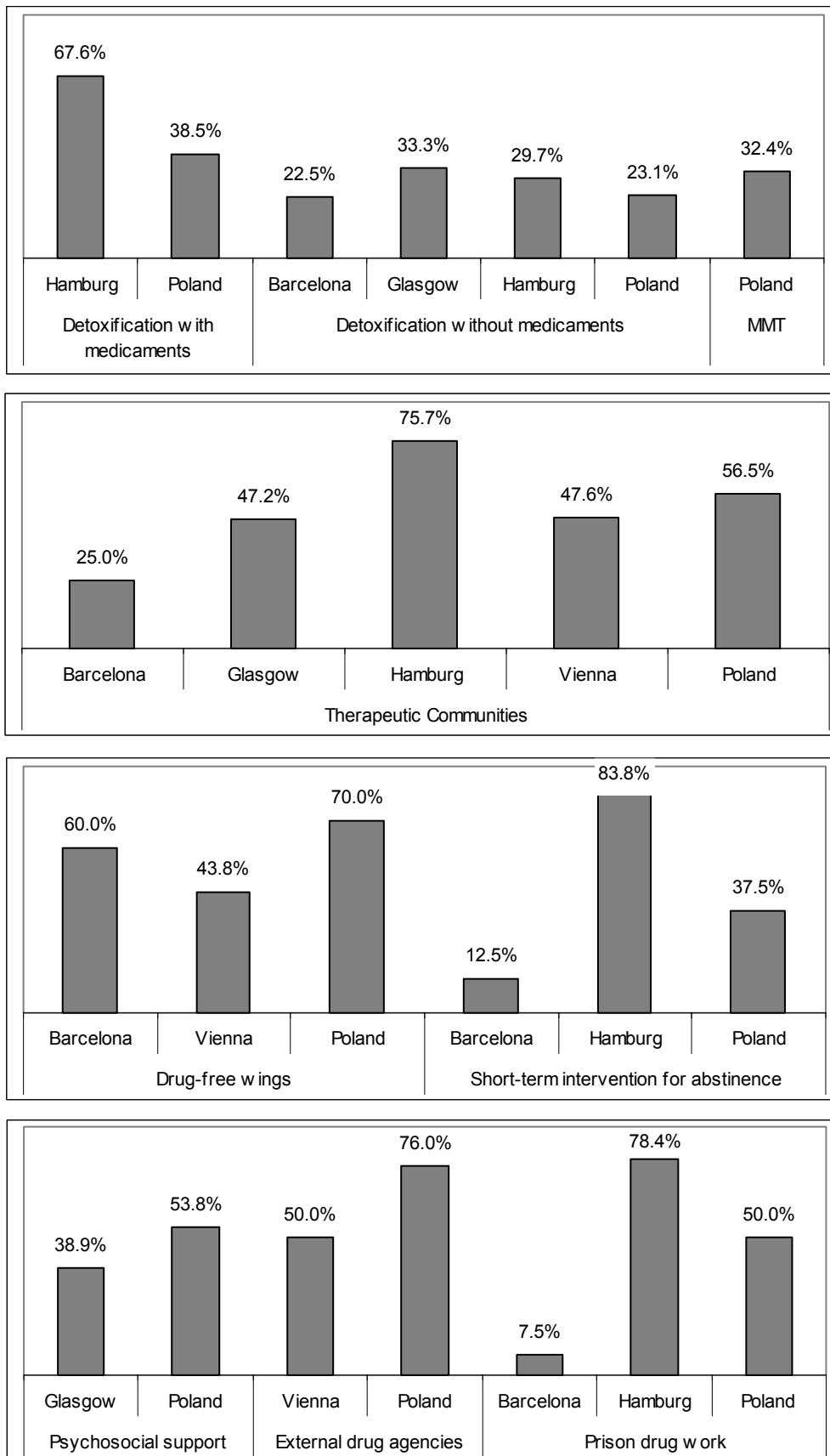
The findings clearly show that three thirds of the women from Barcelona, Vienna and Warsaw-Poland hold the opinion the drug and treatment services have helped them to reduce or even stop their drug use. In Glasgow most of the women are not sure if the help they have received have had any influence on their drug use. Furthermore a nearly similar number of the women either agreed or disagreed that they have stopped or reduced their drug use with the help of any intervention. In Hamburg however, about 70 % of the women were convinced that their reduction in their drug use is not related to the help they have received.

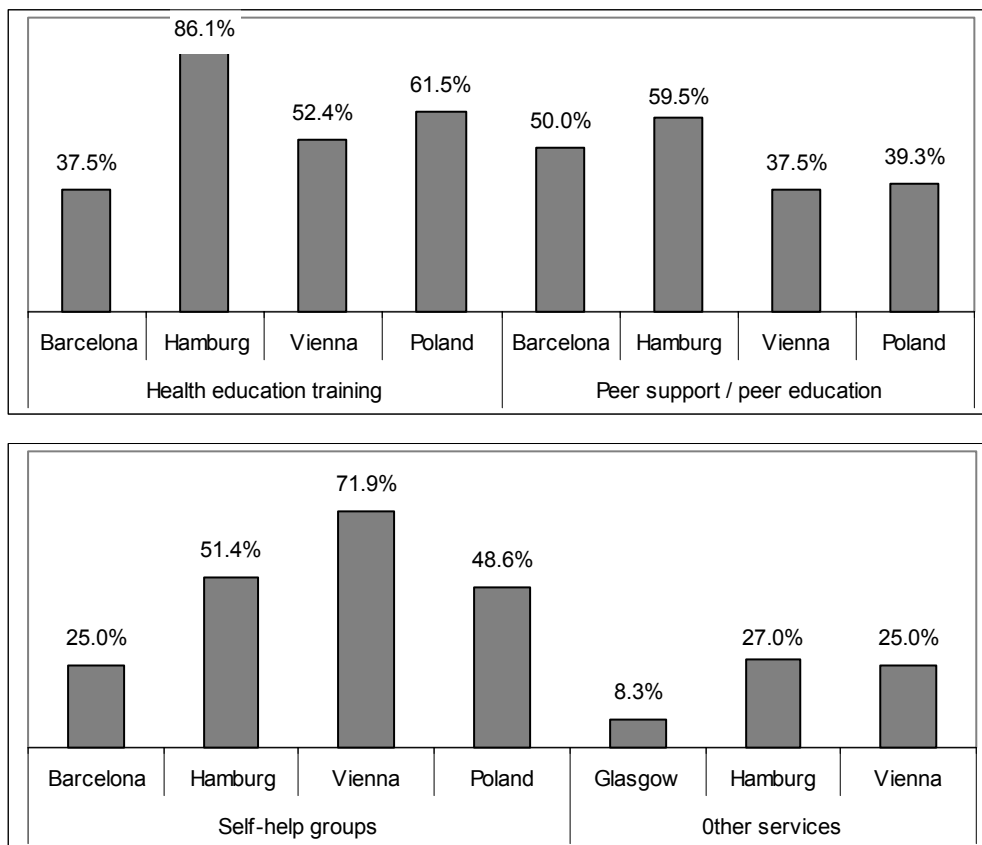
With respect to the question if the staff of drug and treatment services promoted contacts to persons outside prison the results show that only the women from Barcelona most often agreed that the staff supported these contacts. This was the case for little more than half of the respondents. In Vienna the results are ambiguous as some of the women said that the staff has helped them to come into contact with persons outside prison while an equal number of the women denied this. On the other hand in particular the women from Hamburg but as well as the women from Poland and Glasgow in majority negated that the staff provided any help to come into contact with persons outside prison.

### 5.5.5 Need for further availability of drug and treatment services in prison

In the prison services survey the prison administrations have been asked for their opinion on the kind of services that should be provided in addition to those services already available in prison (see chapter 3.5). The same question has also been posed to the female drug using prisoners. Thus the female drug using prisoners were required to specify if they think some further drug services should be available in that prison where they have been placed at the time of the interview.

**Figure 5-23: Further drug services that should be provided in prison**





The data presented in the figure above refer to those drug and treatment services that are at present not available in the respective ten prisons and of whom the female drug users stated that they should be provided in future.

With respect to the need for detoxification with medicaments the results clearly show that a majority of the respondents from the Hamburg prison *Hahnöfersand* hold the opinion that a detoxification in a remand prison is not sufficient and that they prefer if there will be provided a detoxification with medicaments as well in the convict's prison (68%). Furthermore more than a third of the Polish women expressed their need for detoxification with medicaments (38.5%). As a detoxification without pharmaceuticals is only available in the two prisons in Vienna a number of all other respondents said that a detoxification without pharmaceuticals should be made available in prison. This is the case for one third of the women from Glasgow but for less than a quarter of the women from Poland and Barcelona (23%; 22.5%). Even though substitution maintenance is not available in any of the four Polish prisons, only about one third of Polish women stated to be in need for this kind of treatment (32.4%).

Therapeutic communities are currently rarely provided in the ten prisons so that respondents from all five study sites agreed somehow that this treatment programme should be made available to them. This opinion is in particular to be found among the women from Hamburg as more than three thirds confirmed their wish for a therapeutic community. As well in Poland, Vienna and Glasgow many of the respondents stated that this kind of intervention should be available in prison (56.5%; 47.6%; 47.2%). On the other hand in

Barcelona only a quarter of the respondents thought that they are in need for a therapeutic community.

That drug-free wings should be provided in prison did 70 and 60 % of the respondents from Poland and Barcelona confirm. But as well in Vienna almost 44 % of the women were of the opinion that a drug-free wing is necessary in prison. Obviously there is a high demand for female drug users to have the opportunity to become separated from those inmates who continue using illicit drugs during their imprisonment and to be housed in an environment that supports staying drug-free. Furthermore an overwhelming majority of the women from Hamburg gave their opinion that a short-term intervention for abstinence should be provided in prison (84 %). This was not only confirmed by those women who are in need for support to remain drug-free but also by those women who still used illicit drugs in prison. Especially the latter associated with an abstinence-oriented intervention that they would get the support they need to reduce or give up their drug use and to become released from prison without immediately relapsing to a drug-involved life.

In Poland a considerable need for different kinds of support is to be found among the female drug users. In fact, three thirds of them agreed that in prison support from external drug agencies should be provided and in addition half of the respondents expressed their wish for psychosocial support and for support from prison drug workers. As regards the need for psychosocial support as well more than three thirds of the women from Glasgow confirmed that this kind of support should be available in prison (38.9 %). In Vienna in turn half of the women stated their demand for support by external drug agencies. Furthermore the significant number of about 78 % of the women from Hamburg confirmed their need for support from prison drug work. This result is due to the fact that most of the female drug users from Hamburg complain about the few opportunities to have a regular contact to any kind of drug services while in prison. The drug workers from external drug agencies are in responsibility for too many prisoners so that the women experienced the support provided by external drug agencies as insufficient. From this background a many of the female drug users stated to be in need for a complementary drug service, which is regularly available in prison.

With exception of the women from Glasgow in all other study sites a number of the women advanced the opinion that harm-reduction offers such as health education training and peer-support should be made available in prison. With respect to health education training first of all a definite majority of women from Hamburg agreed to be in need for this kind of harm-reduction (86 %). Furthermore more than half of the women from Poland and Vienna agree in their opinion that health education training should be provided in prison in order to address general health problems and communicable diseases of the female drug using prisoners (61.5 %; 52.4 %). In Barcelona more than three thirds of the women who are imprisoned in *Wad-Ras* stated that health education training (37.5 %) should be made available. As concerns the wish for peer-education, in particular the women from Hamburg and Barcelona show a need for this offer (59.5 %; 50 %). In addition more than a third of the women from Vienna and Poland confirmed that they think peer-support should be made available in prison (39.3 %; 37.5 %).

About 73 % of the women from Vienna stated that self-help groups are lacking in prison and that they would wish to have the opportunity to join a self-help group while in prison. In Hamburg and Poland this demand was confirmed by almost half of the respondents (51.4 %; 48.6 %). Apart from the mentioned need for further drug and treatment services some of the women from Glasgow, Hamburg and Vienna specified their need for other services in prison. Thus four women from Vienna agreed in their opinion that leisure offers such as sports and fitness should be made available in prison in order to avoid boredom and to promote a physical well-being. In Hamburg however three women confirmed that a syringe-exchange programme should be introduced in prison. Furthermore some of the women from all three sites said to be in need for client-centred psychotherapy, drug therapy or for relaxation techniques while in prison. In Hamburg one woman wanted to have the choice for buprenorphine while one woman from Vienna wanted morphine instead of methadone within the substitution maintenance treatment in prison. Last not least some women from Hamburg confirmed to be in need for specific offers, which supported their transition from prison into community. With respect to a support for the prison release it was mentioned that for instance a motivational group, relapse prevention training, a systematic discharge planning or through care should be made available to them. In conclusion the findings reveal that especially in Hamburg and Poland an essential need for different kinds of further drug and treatment services is to be found. Obviously do many of the female drug users from both sites assess the current provision with interventions as insufficient. From their point of view additional offers are necessary to meet their apparent need for support and care during their imprisonment.

### 5.5.6 Summary

The results on the women's utilisation of drug and treatment services in the past year before entering prison and since entering prison can be summarised as follows:

- During the year before entering prison a vast majority of all respondents have made any use of community drug services. Only 27 out of 185 respondents did not utilise any drug service (14.6 %) with almost half of them coming from Glasgow. In the past 30 days before being imprisoned altogether 50 of the respondents have not utilised any of the community drug services (27 %). Again many of these women came from Glasgow.
- The experiences with community drug services have been assessed as fine or even as very well most often by the women from Barcelona but as well a majority of the women from Hamburg and Vienna assessed their experiences with drug services as positive. In contrast many of the Polish female drug users stated that their experiences with community drug services were either mean or even bad while in Glasgow a majority of the female drug users assessed their experiences as bad or even very bad.
- Since entering prison altogether 169 respondents (91.4 %) have ever made use of any available drug and treatment service. At the time of the interview still 156 respondents (84.3 %) utilised any available service. Most of the female drug users have utilised a range of different interventions during their imprisonment. Even though there are differences in all five study sites most of the women prisoners made use of prison

medical care along with counselling offers, substitution maintenance and to some extent as well of psychiatric treatment and health education training.

- As regards the satisfaction with the drug and treatment services the women have ever utilised in prison the findings reveal that most of the respondents seem to be quite satisfied with the support they have received. Thus about 80 % of the women from Barcelona and Poland assessed their relation to prison drug workers as fine or even very well. In Glasgow and Vienna this is the case for about 65 % of the women. The staff of external drug agencies are positively assessed by, in particular, the women from Barcelona but as well by the women from Hamburg and Poland. Furthermore a majority of the women from Barcelona, Vienna and Glasgow agreed to have received the help they needed. Finally a vast majority of the women from Barcelona, Vienna and Poland confirmed that the professional support helped them to reduce or stop drug use while especially the women from Hamburg denied this.

#### Utilisation of drug services outside and inside prison

- **Barcelona:** In the year before entering prison 75 % of women had been in substitution maintenance treatment and 60 % have made use of medical care. In addition more than 40 % had been in a psychiatric treatment and a similar number visited low-threshold facilities. While in prison the top four services which most of the respondents have utilised are in this order prison medical care, substitution maintenance, psychiatric treatment and therapeutic communities. As in the two involved prison some kinds of drug and treatment services are not available, a number of the respondents agreed that additional services should be implemented. Thus at least half of the women stated to be in need for drug-free wings and peer-support, and further 38 % called for the provision of health education training.
- **Glasgow:** Outside prison the female drug users mainly have made use of medical care. All other kinds of drug service had only been utilised by less than 30 % of the women. Inside prison most of the women have made use of the following top four services: detoxification with pharmaceuticals, individual counselling, abstinence-oriented short-term intervention and health education training. Maybe due to the fact that the prison *Cornton Vale* already provides a broad range of drug and treatment services there are only few respondents who demanded additional help offers. In fact, no more than 47 % and 39 % of the women respectively confirmed that therapeutic communities and psychosocial support should be available.
- **Hamburg:** In the past year before entering prison about 65 % of the female drug users had utilised low-threshold facilities and medical care. In addition little more than 40 % of the women had been in a methadone maintenance treatment and/or had utilised drug counselling. During imprisonment most of the female drug users utilised as top four services prison medical care, support by external drug agencies, individual counselling and at least substitution maintenance treatment. Obviously many of the respondents assess the current provision with drug and treatment services as insufficient to meet their needs. Indeed, more than 80 % of the women agreed that health education

training and short-term intervention for abstinence should be made available in prison. More than 70 % said to be in need for prison drug work and therapeutic communities. In addition at least 60 % of the women wished that detoxification with medicaments and peer-support is provided in prison.

- **Vienna:** Outside prison 72 % of the women had been in a substitution maintenance treatment and 60 % had made use of medical care. All other drug services had only been utilised by less than 30 % of the women. Since entering prison most of the respondents have made use of the following top four services: therapeutic communities, substitution maintenance, prison medical care together with health education training and psychiatric treatment. To address their needs even better more than 70 % of the women wished that in prison a self-help group would be provided and at least half of them stated that health education training and support by external drug agencies should be made available in prison.
- **Warsaw:** Most unexpected is the finding that 58 % of the female drug users had been under supervision of a probation officer in the year before entering prison. Furthermore about 30 % had made use of medical care and detoxification during that period. With entering prison most of the women have ever utilised at least one of the following top four services: therapeutic communities, prison medical care, individual counselling and support by external drug agencies. Similar to the Hamburg women as well many of the Polish women confirmed to be in need for additional support. A minimum of 70 % of the women agreed that support from external drug agencies and drug-free wings should be available in prison. In addition more than half of the women stated to be in need for health education training, therapeutic communities and psychosocial support.

## 5.6 Utilisation of release services and future plans after prison release

Along with the evaluation of the utilisation of drug and treatment services in prison another main objectives of the European project was to gain evidence-based information on the topic of the discharge planning. For this reason it was examined which kind of pre-release services the female drug users utilised and how satisfied they are with the received preparation for prison release. As the risk of relapses after prison release depends significantly on the living conditions the women will face when returning into community they have been asked for their concrete plans after release. Concrete plans refer to topics such as to know where to house, how to finance the life or to seek for professional support or treatment. Furthermore it was evaluated what the women perceived as major problems that will occur after prison release and if they are in need for help to deal with this problems. Finally the women's self-confidence to realise future plans have been analysed in order to learn about the spheres, which are associated with a high risk of relapses after prison release.



### 5.6.1 Utilisation and assessment of pre-release services

Before going into details of the pre-release services the women have utilised, it is important to know what the different structural conditions of the discharge planning look like in the five European study sites. Thus the women have been asked if there has been made a treatment or a transitional care plan with them and if they already got professional assistance for release. All but one woman from Vienna have answered to these questions.

**Table 5-17: Structural conditions of the discharge planning – (N=184)**

	Barcelona	Glasgow	Hamburg	Vienna	Warsaw-PL
Sample (N)	40	36	37	31	40
<i>Have received a</i>					
Treatment plan	26 (65.0%)	4 (11.1%)	-	8 (25.8%)	15 (37.5%)
Transitional care plan	19 (47.5%)	4 (11.1%)	1 (2.7%)	7 (22.6%)	13 (32.5%)
Professional assistance for release	23 (57.5%)	15 (42.9%)	10 (27.0%)	8 (25.8%)	13 (32.5%)

Since being in prison only a minority of the respondents confirmed that a treatment plan has been compiled to assess their needs for support and to initiate required referrals to drug and treatment services in prison and after prison release. A transitional care plan as part of the preparation for prison release even more seldom be made and must therefore be regarded as an exception in all five study sites. However, the data reveal that in particular in the Hamburg prison *Hahnjöfersand* is completely uncommon to compile a treatment plan and in addition only one single woman agreed that a transitional care plan has been made for her. As well in Glasgow only four out of 36 women reported that a treatment and/or transitional care plan have been compiled since being in prison. The opposite is the case in the Barcelona prisons *Brians* and *Wad-Ras*. Here a clear majority of the female drug users stated that a treatment plan has been made with them and nearly half of the women said to have received a transitional care plan. In Poland this is the case for about one third of the respondents. According to the data it appears that only in Barcelona a structured and systematic discharge planning is part of the prison practice to prepare female drug using prisoners for release.

With respect to the prison release it is also important if the women get any professional assistance to become prepared for the return into community. As concerns the professional assistance for prison release the data evince again significant differences between the women from the five study sites. While in Vienna and Hamburg only a quarter of the women already got professional assistance at the time of the interview, this was the case for one nearly one third of the Polish women and for more than 40 % of the Glasgow women. In Barcelona in turn more than half of the women already got professional assistance to be prepared for the prison release. The differences found in the professional assistance are partly related to the fact, that for some of the respondents it was too early to attend any preparation for release at the time of the interview because of their long prison sentence. Nevertheless there are as well some respondents who did not receive any support despite

being close to their prison release. For instance in Hamburg some respondents stated not to receive any support so that they will leave the prison completely unprepared for their life in community.

To ease the transition from prison to community all of the ten European prisons provide some kind of release services. The table below shows which release services are currently available in the respective prisons.

**Table 5-18: Available release services in the ten involved European prisons**

Name of the prison	Barcelona		Glasgow	Hamburg	Vienna		Poland*			
	Brians	Wad-Ras	Cornton Vale	Hahnöfersand	Favoriten	Schwarzau	LUB	GRU	KRZ	WAR
Recruited sample	N=32	N=8	N=36	N=37	N=11	N=21	N=17	N=10	N=10	N=3
Pre-release support for housing, job etc.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pre-release training programme	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>
Initiation of substitution treatment			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
Relapse prevention programme	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
Referrals to external drug / health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Referral to an outside prison treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Initiation of ongoing care		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>

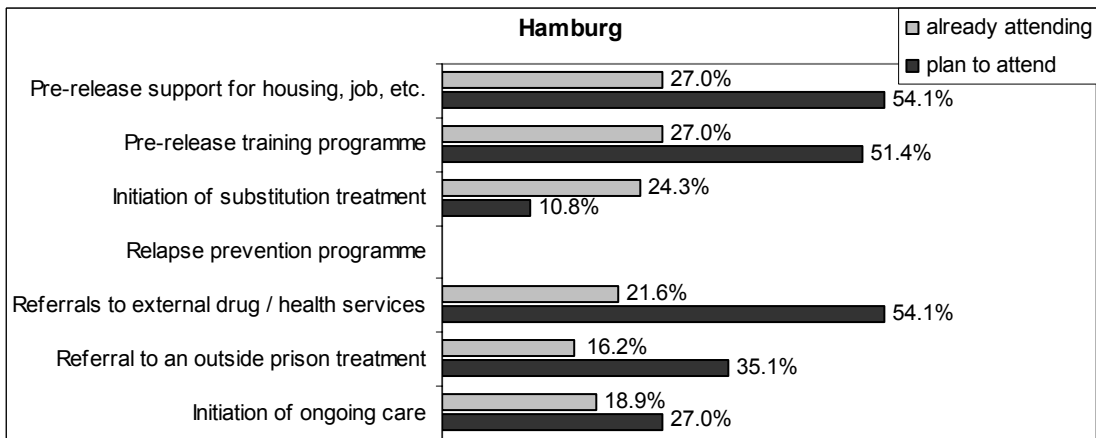
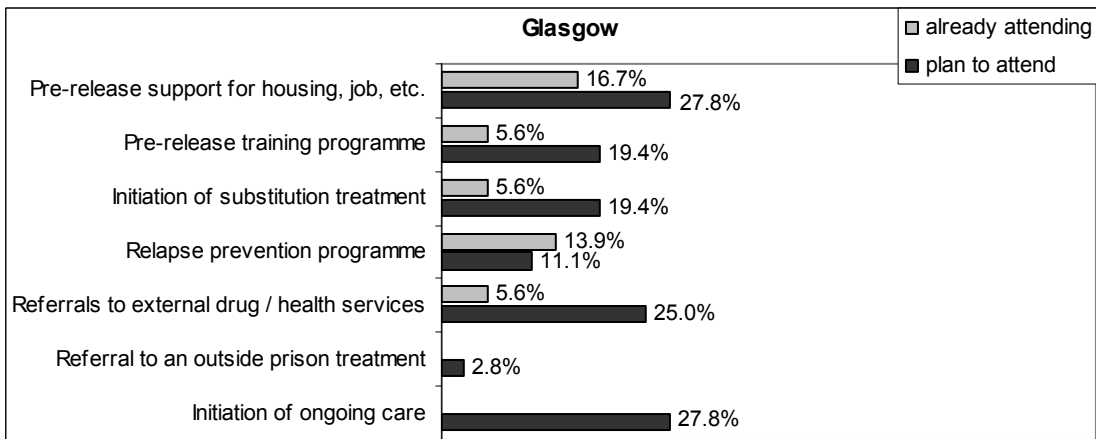
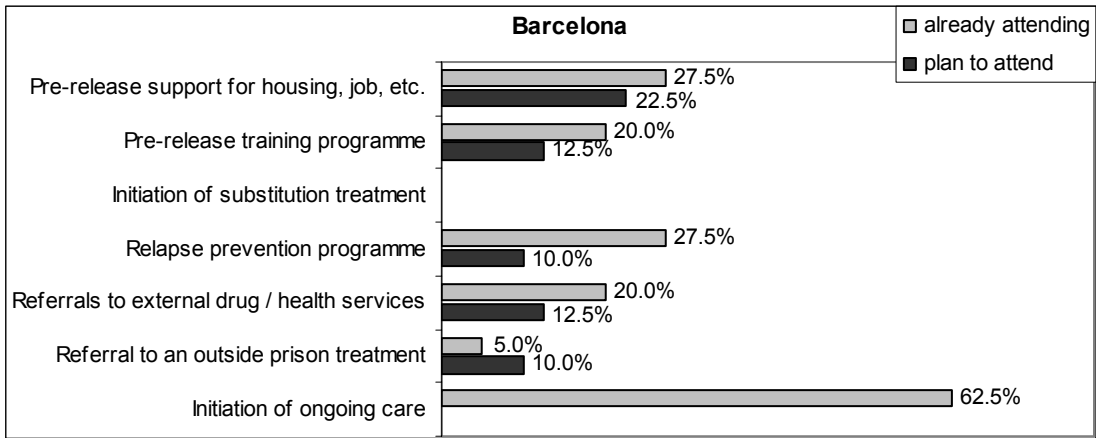
\* The abbreviations listed below are for following prison names: LUB=Lubliniec, GRU=Grudziadz, KRZ=Krzywianiec, WAR=Warszawa

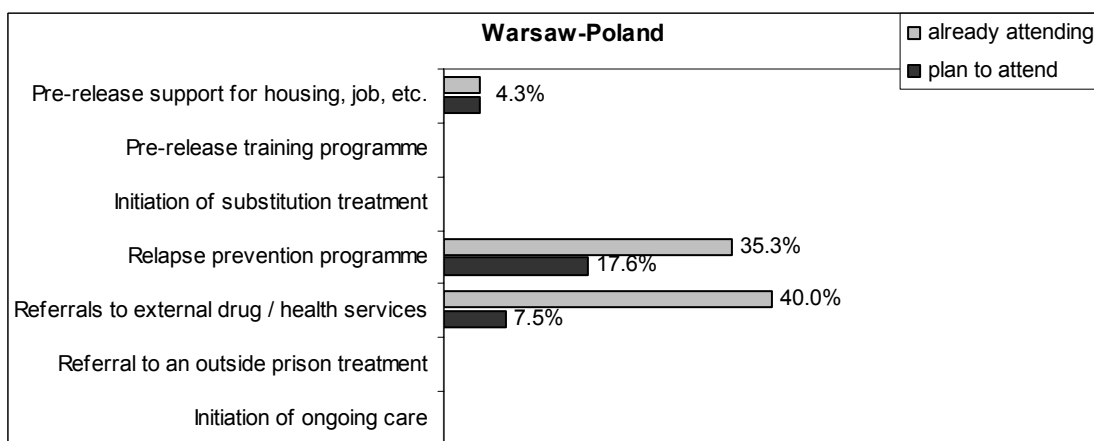
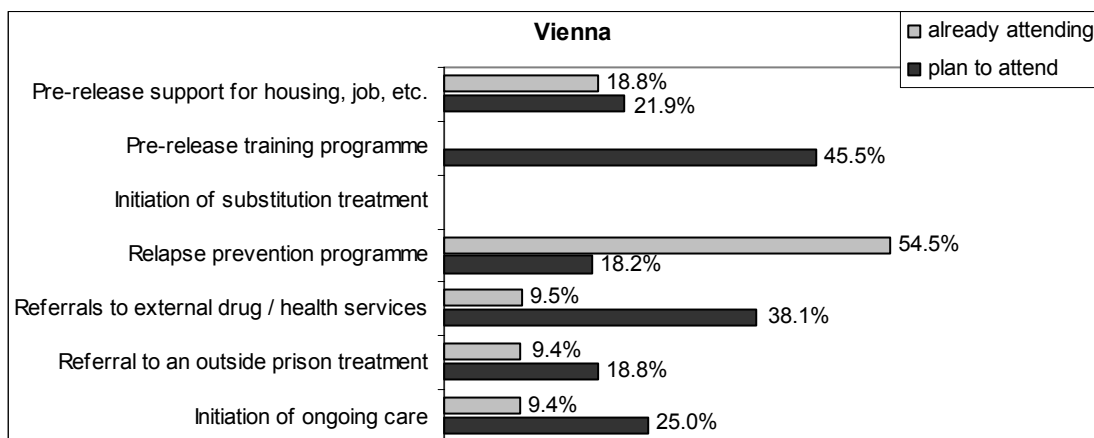
In relation to the availability of different release services the respondents have been asked which of the services they already attend and which they plan to attend in order to be prepared for prison release. A first analysis of the responses reveal that altogether 52 respondents stated neither to attend any release service nor to plan to attend any service<sup>10</sup>. This correspondent to 28.1 % of altogether 185 respondents.

Accordingly 133 women confirmed that they already utilise any release service or that they plan to do so when coming closer to their prison release (71.9 %). Of these 133 women 89 already attended at least one release service at the time of the interview (66.9 %) while a similar number of 90 women stated that they plan to make use of any (further) release service.

<sup>10</sup> Of these 52 respondents 14 women came from Glasgow, 13 women came from Poland, 11 women in each case came from Vienna and Barcelona and only three women came from Hamburg.

**Figure 5-24: Attending of pre- and post release services – (N=185) multiple nominations**





According to the availability of release services listed in table 5-15 the women could in general make use of a minimum of three to a maximum of seven different kinds of release services - this depends on the respective prison. The figure above presents to which extent the female drug users either attend or plan to attend the different available release services. The data analyses reveal that in Barcelona 21 out of 40 female drug users already attend at least one release service. Thus in each case about 27 % of the women already attended pre-release support for housing etc. and/or participated in a relapse prevention programme. A pre-release training programme and referrals to external drug and health services, which as well are provided in both, prisons *Brians* and *Wad-Ras* are only utilised by a fifths of the respondents. Only two women stated that a referral to a community-based treatment is already in progress and merely four further women said that they plan to be referred to a treatment outside prison. Of those eight women imprisoned in *Wad-Ras* who are offered the initiation of ongoing care, five women already made use of this post-prison support (62.5 %).

In Glasgow the situation is more or less opposite to that in Barcelona as in general only few of the Glasgow women already attended any release service. Out of 36 women no more than six and five women already attended pre-release support for housing and/or a relapse prevention programme. In fact most of the women only plan to make use of any available service. Within this context nearly 28 % of the women want to attend either a pre-release support for housing and/or to get support by an ongoing care. In addition one

quarter want to be referred to an external drug or health service. Even though in the Glasgow prison *Cornton Vale* all specified seven release services are provided it seems that only few of female drug using prisoners are really interested in attending any of these services.

In Hamburg as well less women already attended any release service than plan to attend at least one release service. But different to the women from Glasgow, in Hamburg not less than half of the 37 respondents confirmed that they want to attend any release offer. In detail 27 % of the women respectively reported to already attend a pre-release support for housing and/ or a pre-release training programme. In addition a quarter of the respondents said that a pre-release substitution treatment already has been initiated. All other available services such as referrals to external drug agencies or to a community-based treatment and the initiation of ongoing care were only utilised by few of the women. On the other hand slightly more than half of the respondents agreed to plan to attend pre-release support for housing, referrals to external drug and health services and a pre-release training programme. Furthermore 35 % of the women want to be referred to a community-based treatment and 27 % said that they want an ongoing care to be initialised. In general the women from Hamburg show a high interest and motivation get professional support in order to be prepared for the prison release.

In Vienna only 14 out of 32 female drug users already attend any release service, which in most cases consisted in pre-release support for housing, job etc (18.8 %). In addition no more than two women made use of referrals to external agencies or treatment and/or of the initiation of ongoing care. Of the 11 women imprisoned in *Favoriten* six women already attended a relapse prevention programme (54.5 %). On the other hand six women from *Favoriten* ascertained to plan to attend a pre-release training programme while eight out of 21 women from the prison *Schwarzau* stated that they want to be referred to external drug and health services (45.5 %; 38 %). In both prisons the initiation of ongoing care is provided which altogether eight women plan to utilise (25 %).

In Poland only in the prison *Warszawa* there are five different services available while in the remaining three prisons no more than three different kinds of release services are provided. However, none of the respondents made use of all available services. In fact the Polish respondents were mainly prepared for release by referring them to external drug and health services (40 %). Merely one woman actually attended pre-release support for housing etc. while another woman planned to make use of this service. Finally of those 17 women who are provided a relapse prevention programme, six already attended this pre-release intervention (35 %). Apart from the mentioned pre-and post release service not any further intervention is utilised by the women from Poland.

In **conclusion**, the data reveal that only about half of the female drug users already attended any intervention to be prepared for the prison release. In particular only few women from Glasgow already made use of any release service. The low number of female drug users who participate in any kind of release preparation cannot simply be related to the long period of time the women still have to stay in prison until the expected date of prison release. In fact it can be supposed that a notable number of the female drug users

will be released from prison without attending any systematic preparation for the transition into community. Consequently there is a need to reflect how female drug users can be better addressed in future in order to prevent relapses and to promote their reintegration after prison release.

This demand is as well underlined by the results on the women's satisfaction with their release preparation (see table 5-16). Those women who either already attended any release service or who are close to their prison release but did not attend any release service have been requested to assess their satisfaction with the preparation for release. The data analyses clearly reveals that in particular a great many of the women from Glasgow, Hamburg and Vienna are rather or even very displeased with their preparation for release. In Glasgow and Vienna only four and five women respectively agreed to be somehow satisfied with the preparation for prison release they have received while all other respondents stated the opposite. Even though in Hamburg altogether 12 out of 31 women assessed their preparation for release as fine, there are many of the women who found this as very dissatisfying. Only in Warsaw-Poland and Barcelona a majority of the female drug users confirmed to be pleased or even very pleased with their preparation for release. Maybe this positive assessment is due to the participation in a relapse prevention programme and the initiation of ongoing care.

However, the obvious tendency towards a negative assessment of the preparation for release indicates that many of the female drug users feel unprepared for the transition into community. Consequently there are good argues for considering to provide a more structured and systematic preparation for release and to possibly optimise the already available release service.

**Table 5-19: Satisfaction of the women with their preparation for release**

	<b>Barcelona</b>	<b>Glasgow</b>	<b>Hamburg</b>	<b>Vienna</b>	<b>Warsaw-PL</b>
Sample (N)	32	17	31	17	40
<i>Very pleased</i>	3 (9.4%)		3 (9.7%)		7 (17.5%)
<i>Rather pleased</i>	14 (43.8%)	4 (23.5%)	9 (29.0%)	5 (29.4%)	20 (50.0%)
<i>Rather displeased</i>	8 (25.0%)	7 (41.2%)	8 (25.8%)	5 (29.4%)	10 (25.0%)
<i>Very displeased</i>	7 (21.9%)	6 (35.3%)	11 (35.5%)	7 (41.2%)	3 (7.5%)

### **5.6.2 Future plans and support needs for rehabilitation**

The preparation for release does not inevitably allow to draw conclusions on the risks of relapses after prison release. That means that women who attend a systematic preparation for release do not have generally a higher chance for reintegration than those who do not make use of any release services and who perceived themselves as unprepared for the prison release. For this reason the female drug users have been asked in addition if they actually have concrete plans with regard to their prison release. The existence of concrete plans has been evaluated on basis of nine specified questions which are directed to issues

such as already to know where to live and finance after prison release and purposes to continue or start with a treatment programme.

The following results refer to the statements of 184 respondents as one woman from Vienna did not answer the question of concrete plans. All data presented in the table below refer to those female drug users who agreed to already have concrete plans and therefore answered with “yes”.

**Table 5-20: Existence of concrete plans for the time after prison release – (N=184)**

	<b>Barcelona</b>	<b>Glasgow</b>	<b>Hamburg</b>	<b>Vienna</b>	<b>Warsaw-PL</b>
Sample (N)	40	36	37	31	40
I already know where to live after release.	30 (75.0%)	25 (69.4%)	22 (59.5%)	27 (87.1%)	33 (82.5%)
I already know how to finance my living with legal money.	31 (77.5%)	15 (41.7%)	21 (56.8%)	25 (80.6%)	26 (65.0%)
I will start a job / vocational training.	31 (77.5%)	12 (33.3%)	19 (51.4%)	23 (74.2%)	21 (52.5%)
I will contact my parents /relatives.	34 (85.0%)	23 (63.9%)	24 (64.9%)	23 (74.2%)	36 (90.0%)
I will contact my partner / children.	34 (85.0%)	26 (72.2%)	29 (78.4%)	27 (87.1%)	22 (55.0%)
I will immediately start with a treatment programme.	13 (32.5%)	14 (38.9%)	21 (56.8%)	18 (58.1%)	18 (45.0%)
I will continue drug or psychological treatment.	34 (85.0%)	9 (25.0%)	14 (37.8%)	25 (80.6%)	27 (67.5%)
I am going to seek for professional support.	31 (77.5%)	13 (36.1%)	29 (78.4%)	19 (61.3%)	29 (72.5%)
I am going to contact my probation officer.	6 (15.0%)	10 (27.8%)	14 (37.8%)	11 (35.5%)	28 (70.0%)

The data analyses reveal that in particular a vast majority of the women from Vienna and Warsaw-Poland but as well from Barcelona already know where they will live after prison release. In addition at least 60 % of the women from Glasgow and Hamburg are already sure where they can live after release. On the other hand especially in Hamburg there are still many women who actually not know where to stay if the will be released.

In Vienna and Barcelona more than three thirds of the women stated that they already know how to finance their living with legal money. In Poland this is anyhow the case for 26 out of 40 women (65 %). In Hamburg about 57 % of the women stated to be able to finance their living with legal money while in Glasgow even more than half of the women stated not to know how to finance their living legally after prison release. Furthermore about three thirds of the women from Vienna and Barcelona agreed that they will start with a job or a vocational training after prison release. In Warsaw-Poland and Hamburg this was stated by little more than half of the women. This is unlike in Glasgow where only one third of the women plan to start with a job or a vocational training after being released.

To know where to live, how to finance the living and how to establish a daily routine are the most important resources and fundamentals that gives the women a real chance for a socially integrated life after prison release. According to the results it can be assumed that the women from Barcelona and Vienna have the best starting point for a reintegrated life compared to all other respondents because most of them are already sure about the basics. In contrast many of the female drug users from Glasgow and Hamburg are supposed to

face less favourable living conditions after release. Even though most of them know where to live there are as well many of them who don't know how to finance their living legally and what they will be engaged in after prison release. Thus there are many of the female drug users from both sites who will possibly face several difficulties in not to relapse after prison release.

A vast majority of all respondents confirmed that they will either go to contact their parents/relatives and/or to contact their partner and children. It is not uncommon that contacts to parents or partner are closely related with the fact that the women plan to live at the parents' house or to stay with the partner. This has to do with the fact that with entering prison the women often lose their own dwelling place. As a result they often depend at first on the opportunity to stay with someone after being released from prison.

As the female drug users might be still in need for professional support they have been asked if they already have concrete plans to undergo any treatment after prison release. With respect to the use of professional support more than half of the women from Vienna and Hamburg stated to want immediately to start with a treatment programme after release. In Poland the same was confirmed by 45 % of the women while in Glasgow and Barcelona more than 30 % of the women agreed that they will immediately undergo a treatment programme when returning to community. Of those women who participated in a drug or psychological treatment during their imprisonment many confirmed that they would continue this treatment outside prison. With this respect about 80 % of the women from Barcelona and Vienna confirmed that they will continue their drug or psychological treatment. In both cities, a drug treatment often consists in a substitution maintenance treatment. In Warsaw-Poland nearly 68 % of the women agreed that they will continue with the treatment they already received in prison. In Hamburg and especially in Glasgow only a minority of the women reported to have concrete plans to continue with a treatment programme after prison release. Furthermore only about one third of the Glasgow women want to seek for professional support after release while in all other sites most of the female drug users stated that they want to make use of professional support when leaving prison. This is to be found in more than 70 % of the cases in Hamburg, Barcelona and Warsaw-Poland. Obviously there are many of the female drug users who are not only aware of their need for further support or treatment but who are in fact willing to continue or start with a treatment programme of other kinds of professional support. A high motivation to make use of professional support and/or treatment is especially to be found among the women from Vienna and Barcelona and to a lower extent as well among the women from Poland and Hamburg. Only the women from Glasgow evince that they are mostly not in need for professional support after prison release.

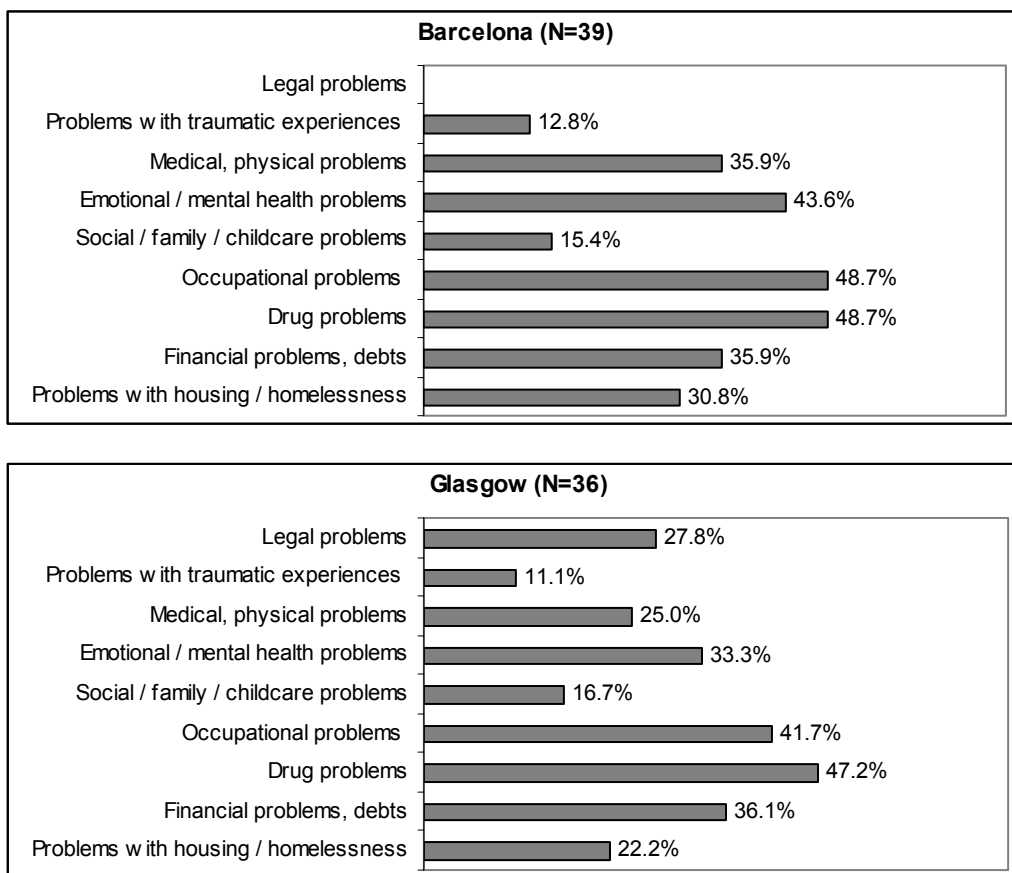
To a different extent some of the respondents from all five study sites expected to be released on probation. In this case most of them will be supervised by a probation officer and for this reason the women agreed that they are going to contact their probation officer after prison release. In particular the Polish women anticipated that they might be supervised after prison release as 70 % admitted to plan to contact the probation officer. In Hamburg and Vienna about one third of the women stated to plan to contact their proba-

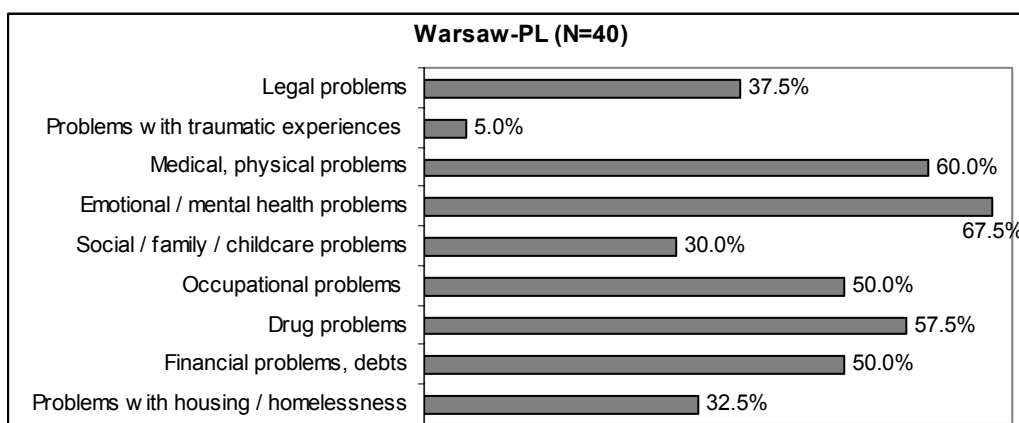
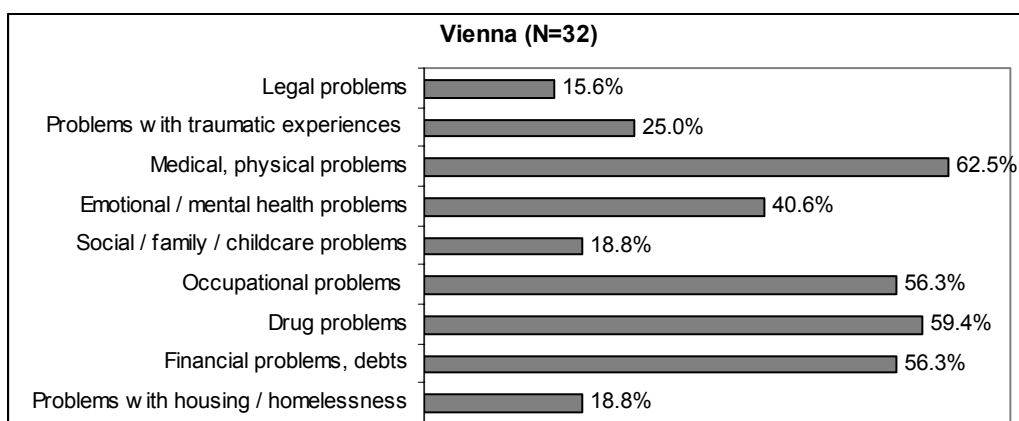
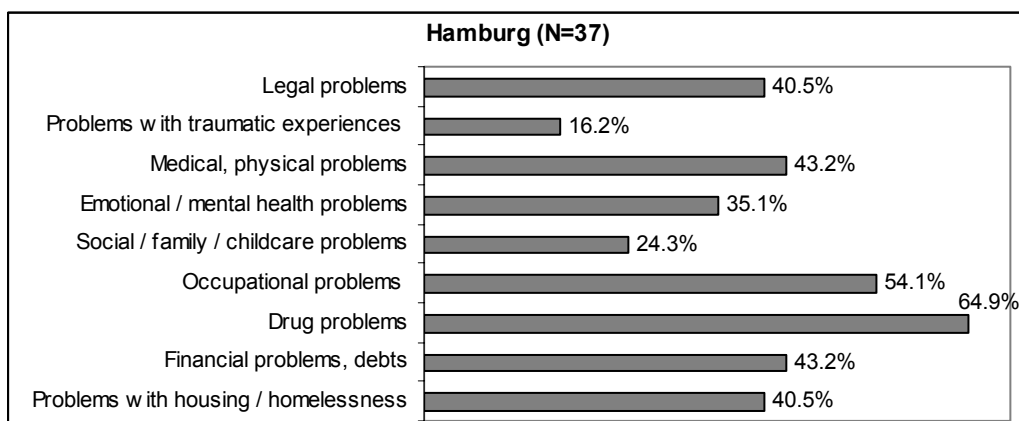


tion officer while in Barcelona only few women seem to be released on parole combined with a supervision.

In relation to the plans after prison release the women have been asked in addition which kinds of problems they expected that they will have after prison release and if they are in need for support to deal with these problems. In order to provide evidence-based information on possible requirements to enhance release services, only the data on the support needs have been analysed. As one woman from Barcelona did not answer the questions on possible problems and support needs after release, the results presented in the figure below refer to 184 respondents.

**Figure 5-25: Support needs to deal with problems facing after prison release – multiple nominations**





The data analyses reveal that in all five study sites most respondents reported to perceive the need for support as concerns drug and occupational problems. A support need to deal with drug problems that occur after prison release is significantly highest among the women from Hamburg with 65 % and lowest among the women from Glasgow and Barcelona with 47-48 %. In Glasgow and Barcelona nearly a similar number of the women reported as well occupational problems, which require professional support. In the three remaining cities half of the respondents from Poland reported to be in need for support concerning occupational problems while in Hamburg and Vienna slightly more than half of the women stated the same.

In Barcelona about 44 % of the women confirmed to be in need for support in order to deal with emotional and mental health problems they will face after prison release. Furthermore about one third of the women said that they are in need for support to deal with physical problems and/or financial problems such as debts. All other specified problems are less prevalent and none of the women expected to have legal problems after release, which require professional support.

Apart from drug and occupational problems in Glasgow about one third of the women think they will have emotional and mental health problems and/or financial problems. In addition more than a quarter of the women expected to have legal problems, which demand professional support. All possible further support needs play a less important role among the women from Glasgow.

In addition to the high support need for drug and occupational problems in Hamburg more than 40 % of the women stated various areas of problems that require professional support. In fact, these women are convinced to face physical problems, financial problems, legal problems and problems with housing and homelessness. These findings correspond with the proportion of women who did not know where to live and how to finance their living after prison release. However the results reveal the female drug users from Hamburg will suffer from several strains and a lack of resources when being released from prison so that there is a multitude of support needs.

In Vienna more than 60 % of the women agreed to be in need for support for physical problems and further 56 % thought to need support for dealing with financial problems. The succeeding most often stated support need is related to emotional and mental health problems (41 %). Different to all other respondents in Vienna a quarter of the women admitted that they are in need for professional support due to traumatic experiences such as rape and prostitution. This finding is less an incidence for the higher risk of the women in Vienna to become a victim of violence than an indicator for the women's awareness to suffer from traumatic experiences they can't handle on their own.

In Warsaw-Poland a significant majority of almost 68 % of the women agreed to be in need for support to deal with emotional and mental health problems and further 60 % stated to need support due to physical problems. In addition half of the women confirmed that they will face financial problems after prison release that require professional support. About one third of the women reported that they will face problems with housing and legal problems when returning into community and that they are in need for support to solve these problems. Similar to the women in Hamburg as well the Polish women show a high demand for support in several areas of problems.

In **conclusion** the findings reveal that the female drug users often expected to face multiple problems after prison release. The highest burden show the women from Hamburg and Warsaw-Poland as they stated to have several support needs. On the other hand the women from Glasgow and Barcelona are less in need for support and have therefore the better starting point at the date of the prison release in terms of less strains and more resources, which are helpful for the rehabilitation.

### 5.6.3 The women's confidence to realise future plans

By the end of this report it is evaluated how confident the female drug using prisoners are to realise individual aims in life in near future. For this reason altogether 12 possible objectives have been specified of which the women could chose those objectives that meet their own future perspectives. For all chosen objectives the women have been requested to assess how confident they are to realise their plans. The results of the data analyses presented in the table below refer to those women who agreed to be “confident” to realise the specified aims in life.

**Table 5-21: Self-reported confidence to realise future plans**

	Barcelona	Glasgow	Hamburg	Vienna	Warsaw-PL
To find an own house / accommodation	17 (65.4%)	11 (64.7%)	31 (88.6%)	18 (85.7%)	11 (52.4%)
Having enough money for living	21 (75.0%)	9 (39.1%)	22 (64.7%)	20 (76.9%)	9 (30.0%)
Having an organised daily routine	23 (79.3%)	15 (62.2%)	21 (63.6%)	17 (65.4%)	10 (66.7%)
Finding a good job	28 (82.4%)	8 (36.4%)	8 (27.6%)	13 (59.1%)	4 (16.0%)
Looking after my educational / professional certificates	12 (70.6%)	9 (69.2%)	8 (80.0%)	8 (66.7%)	15 (83.3%)
To settle in outside after release	18 (81.8%)	17 (73.9%)	20 (71.4%)	21 (80.8%)	13 (52.0%)
Find new friends / a new partner, which don't use drugs	17 (70.8%)	5 (41.7%)	16 (66.7%)	12 (57.1%)	12 (57.1%)
To avoid drug problems, drug use	22 (64.7%)	11 (42.3%)	10 (30.3%)	14 (48.3%)	15 (44.1%)
To avoid former drug-related relationships	24 (80.0%)	14 (70.0%)	20 (69.0%)	17 (63.0%)	19 (55.9%)
Develop a socially integrated life	28 (80.0%)	11 (57.9%)	20 (62.5%)	16 (72.7%)	18 (60.0%)
Not to become delinquent again	31 (88.6%)	11 (68.8%)	22 (59.5%)	23 (79.3%)	14 (42.4%)
To stand the period of probation without any problems	12 (100%)	7 (70.0%)	13 (68.4%)	11 (84.6%)	12 (52.2%)

Surprisingly the data reveal the majority of the respondents is confident to realise several future plans. In a number of different areas – such as finding an accommodation, establishing an organised daily routine, enhancing educational skills, settle in outside, developing a socially integrated life and standing the probation period – at least 60 % of the women stated to be confident to successfully realise these aims in life. In particular the results for Barcelona show that those women who agreed to have one or more of the 12 aims in their life are all highly confident to realise these aims. Obviously most of the Spanish women did not doubt in their own skills to establish a normal and socially integrated life after prison release. Similar in Vienna there are always at least 60 % of the women who are confident to realise their future plans. A slight exception is to be found as regards the objective to avoid drug problems and drug use; here about half of the women are not content or not sure to succeed in avoiding drug problems.

However if there are any doubts to realise own future plans these are mostly related to the women's perception not to be able to avoid drug problems and drug use. This is especially to be found in Hamburg where 70 % admitted to not to be content to prevent drug problems. The second topic of common doubts is linked to the objective to find a good job. In

particular the women from Poland but as well from Hamburg and Glasgow are in majority convinced not to be able to find a good job. However this pessimistic attitude more or less reflects the common societal problem of unemployment, which the female drug using prisoners will even more face than other persons due to their lack of professional skills and the discrimination of convicts.

Nevertheless the unexpected and at the same time obvious likelihood of the women to be that confident to realise future plans rises some questions. For instance the in general extremely optimistic assessments of the female drug users from Barcelona as regards realisation of future plans may reflect cultural differences in the attitude towards the own life. On the other hand it can be supposed that many of the women tend to overestimate their competence to change their life in that many areas they have stated. In consideration of the high need for support in the view of multiple problems the women think they will face after release, all findings on the confidence to achieve future aims in life have to be handled with care. However, last not least these findings are hardly to verify as this demands to carry out a follow-up of the women after prison release in order to evaluate their concrete living conditions after returning into community.

#### **5.6.4 Summary**

The results on the preparation for prison release and the women's needs for professional support after release are to summarise as follows:

- Only for a minority of the respondents there has been compiled a treatment plan in order to assess their needs for support and to initiate required referrals to drug and treatment services in prison and after prison release. A transitional care plan as part of the preparation for prison release has even more seldom been made. Merely in the Barcelona prisons it seems to be common to compile treatment and/ or a transitional care plan for the women prisoners.
- At the time of the interview only little more than half of respondents already attended any release service. However in Glasgow no more than six women already participated in any preparation for release. The low number of respondents who received professional support in order to be prepared for prison release indicates that many of the female drug users will leave prison without any systematic preparation for their transition into community.
- A great many of the women from Glasgow, Hamburg and Vienna are rather or even very displeased with their preparation for release. Only in Warsaw-Poland and Barcelona a majority of the female drug users agreed to be pleased or even very pleased with their preparation for release. Maybe this positive assessment is related to the women's participation in a relapse prevention programme and the initiation of ongoing care.
- The women from Barcelona and Vienna in majority had already concrete plans for the time after their prison release. Accordingly they know where to live, how to finance their living and to intend either to start or to continue with a drug and/ or psychological treatment. This is similar in the women from Hamburg and Poland although there are comparable less women who already had some concrete plans for the near future.

On the other hand the women in Glasgow mostly know where to live but less often know how to finance their living. In addition only a minority of the women planned to undergo any kind of treatment or support. A vast majority of all respondents stated that they want to contact family members or the partner after prison release (55-90 %). This is often related to the circumstances that the women are going to accommodate at the parents' or partner's house after prison release.

- A considerable number of the female drug users expected to face multiple problems after prison release. For this reason the women agreed to be in need for professional support in order to deal with these problems. In all five study sites a common need for support exists due to drug problems and occupational problems. In addition many women mentioned to be in need for support as concerns financial and legal problems. In Vienna and Warsaw-Poland a great many of the women is as well in need for support because of physical and/or mental health problems.
- The highest need for professional support due to multiple problems show the women from Hamburg and Warsaw-Poland. On the other hand the women from Glasgow and Barcelona are less in need for support and have therefore the better starting point at the date of the prison release in terms of more resources to establish a socially integrated life when returning into community.

## 6 RECOMMENDATIONS

### A. General<sup>11</sup>

- Prisons should be seen as one part of a continuum (from society to the criminal justice system and back again). This continuum should provide a process of pro-active interventions, including assessment, admission, treatment, relapse prevention and aftercare.
- Policy and strategy to tackle drug misuse in prison should be backed up by legislation and should ensure that national minimum standards for treatment and security are implemented in all establishments. Additionally, there must be opportunities for individual initiatives, pilot projects and innovative programmes.
- Programmes should be provided according to individual needs. Offending behaviour might not be drug-related. If this is the case, both the other causes and the drug abuse must be treated.
- The subject of addiction must be included in the further education and training of prison staff, including medical staff.

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<sup>11</sup> Based on "Prison and Drugs 1998": European Recommendations (The European Network of Drug and HIV/AIDS Services in Prison / [Carl von Ossietzky University of Oldenburg](#)), The Prison and Drugs 1998 Conference in Oldenburg (12-14<sup>th</sup> March 1998)

- There must be regular opportunities for exchange of information and best practice between prisons and outside agencies at all levels.
- Prisoners' health is paramount, so treatment options and access to them must be sufficient and based on the same quality standards as in the community.
- Treatment options must be geared towards the needs of individual prisoners. Legislation should made aware of the option of 'flexible release' of prisoners, thereby actively encouraging successful participation in offending behaviour programmes.
- Prisoners should participate in treatment on the basis of voluntary and informed consent.
- Treatment in prison is not an alternative to community treatment. They are complementary and both necessary.
- Directors of Prisons should undertake full and constructive dialogue with staff to ensure that any national initiative is implemented locally with full support and ownership by the establishment.

**The following general principles seem to be important:**

1. A wide range of drug services should be available to prisoners, based on local and individual need.
2. Health services for prisoners should be equivalent to those provided outside prisons.
3. There should be continuity of treatment for prisoners entering and leaving prison, involving cooperation between prisons and external agencies.
4. There should be training for prison staff and prisoners on drugs and related health problems.
5. Drug services in prisons should be subject to monitoring and evaluation.

## **B. General issues concerning women specific treatment options**

In many penal institutions the different needs of incarcerated women are not mentioned specifically. This is due to the fact that less women than men are imprisoned. Thus health services provided for women are sometimes minimal or second-rate and referrals to outside facilities are also often very difficult to organise. Security rules during outside transfers are applied without gender consideration. This is despite the fact that the complexity and severity of drug using female prisoners is far greater than for their male counterparts. Studies indicate that those drug using female prisoners are very severe drug users (multiple drug use of 6 to 9 substances at the time they are admitted to prison), which often is combined with co-morbidity of other diseases, and additional other health related problems. Therefore the clinical management or overall management of women in prison needs to be addressed separately from male needs. This requires among others:

- A set of clinical protocols that act as a minimum requirement of care for women<sup>12</sup>.

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<sup>12</sup> See also Jan Palmer: "The need to treat women separately in substitution treatment" in: Stöver, Hennebel et al. 2004, p.433ff

- These services should be comprehensive to meet multiple needs
- There should be a continuum of care from prison back into the community
- Clear measurable goals should be set out
- Individual treatment planning is necessary for each case
- The support programmes should be intensive and of appropriate duration
- The expertise of female prisoners is an important source when planning health services.

**In general the following recommendations can be made:**

- Health care in prisons should reflect gender specific health care needs. According to manifold stresses and strains of female drug addicted prisoners, health care in prison should be cross-sectional directed to women's specific needs.
- As women prisons are often smaller units or simply attached to male institutions and as women often serve very short sentences, health care services are often underdeveloped and/or do not meet specific needs of female prisoners. Health care services available and accessible for women in the community should offered to women in custody the same way. Links to community services should be established in order to guarantee a smooth transition.
- Thorough screening and assessment at the intake should reflect the specific health problems of drug using inmates.
- Female drug using prisoners often suffer from severe mental health problems, due to drug dependency and experiences of sexual and physical abuse; specific attention should therefore be given to mental health programmes in the same way.
- There is a growing need for services among female offenders, which has to lead to a major expansion of treatment slots for women.
- In order to cope appropriately with the challenges that female prisoners meet during their time in prison and after release, a broader approach of skill building has to be taken. This includes a wide variety of support and enabling in order to tackle the challenges of employment, parenting, self-care, etc.
- Intensive networking with community services should be initiated or maintained for many reasons: continuation and referral to treatments (after release) into the community, motherhood/parenthood and stability of mother-child-relationship, continuation of work and qualification programmes etc.
- Special attention should be given to the high risk of relapse both of criminality and drug abuse in the phase immediately after release.

## **C. Specific recommendations**

### **General approaches**

Females often suffer from more problems in term of social functioning than men. In order to achieve a social stabilisation, various basic needs have to be met such as assistance in applying for financial services, shelter services or drug-free housing after release, and tran-



sitional or permanent housing. Furthermore work and qualification programmes should be started within the prison and followed after release (strong interagency coordination), which enables women to acquire employment skills.

**Methods applied should include:**

- Ongoing support by means of educational groups
- Individual counselling, discharge planning, case management
- The ability to join established gender sensitive services.

**Medical services**

The standard of medical care provided to prisoners as regards availability und quality must be comparable to that offered in community. Prison medical care should be tailored to the special needs of women in prison, and be equipped and staffed to recognise and manage the particular health problems that women have when entering prisons<sup>13</sup>. For instance, many women prefer access to female physicians so that this option should be made possible. During their first medical examination special attention should be given to specific disorders and complications (like malnutrition; anorexia, gynaecological problems, dental health etc.) that often derives from a life on the drug scene.

Substitution programmes (either continued from the community or initiated in prison) for opioid dependent prisoners is considered to be a successful intervention in terms of a positive impact on the health status during imprisonment, positive post release results, less drug charges both during and after the prison sentences, less drug use and drug related health problems, and a reduction of the post-release mortality. These results are best to be achieved by a considerably high dosage and prescription during the whole sentence.

Complementary and/or alternative therapies like auricular acupuncture to ease the pain and to better cope with the craving for drugs should be offered as well. Non-mainstream health promotion options should generally be considered.

**Mental health**

Female drug using prisoners often suffer from severe disorders and harms during their drug abusing career and throughout their whole life: sexual and physical abuse, coexisting psychiatric disorders, severe traumata, experiences of prostitution, victimisation etc. Based on this background special programmes have to be developed to address the needs deriving from these problems. This can best be offered though close collaboration with community-based service providers and self help groups where available (e.g. support groups for rape and incest survivors). The following principles should be reflected:

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<sup>13</sup> See also H. Reyes: Women in Prison and HIV, Extract from "HIV in Prisons: A reader with particular relevance to the newly independent states", ch. 9, pp. 193-218, WHO HIPP, 2001

General principles<sup>14</sup>:

- Each disorder should be treated as equally important and be treated simultaneously rather than one after the other
- Problems causing the most functional disturbance should be addressed first
- Extensive baseline assessment are required
- Flexibility in sequence, focus and intensity of treatment services provided should be established

Mental health needs for female inmates:

- Mental health treatment should be a central component of all prison drug services for female inmates
- Screening should include checking for depression and history of physical and sexual abuse
- Support of women to develop models for healthy, mutually empowering non-destructive relationships
- Consideration of the sense of powerlessness that women may feel due to economic, psychiatric and substance abuse related obstacles

Support joining of community services:

- Develop a community support network
- Promote strategies for developing peer-support groups within the community
- Most inmates return to high risk drug neighbourhoods which are destructive to in continuing treatment and staying drug-free
- Provide case management services to participate in ongoing community treatment
- Provide aftercare treatment and self-help groups
- Case manager and community treatment staff should maintain smaller caseloads recognising their extensive monitoring, support and supervision and the high risk for relapse

### **Women-specific substance abuse treatment programmes in prisons**

Drug dependency is a major threat for the health of many female prisoners. Prison based services should include the same range and quality of drug services offered in the community.

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<sup>14</sup> Based on the recommendations in Peters, R. H., A. L. Stozier, et al. (1997). "Treatment of Substance-Abusing Jail Inmates: Examination of Gender Differences." *Journal of Substance Abuse Treatment* **14**(4): 339-349.

This includes:

a) Prevention education<sup>15</sup>:

- Expansion of prevention programmes, increase of service provision
- Correctional and community-based programmes offered on an ongoing basis
- HIV/HBV/HCV information materials must be widely available
- Safer sex information adjusted to specific life settings (for private relations and sex work)
- The methods applied should reflect the growing need for interactive learning
- Relapse prevention programmes (how to avoid recidivism and overdose after release)

b) Support, counselling, training:

- Greater and more varied support services – including both group and individual counselling
- Services must meet needs
- Delays and barriers to access support and counselling must be minimised
- Consistent availability of services and support
- Safer use, safer sex and safer work (re sex work) seminars should be offered

Abstinence-oriented interventions:

- Prison based therapeutic communities (TC) with referral to post-release treatment in TCs
- Case management, individual counselling, addressing the specific aftercare needs for transition into the community

Substitution treatment:

- Expansion of treatment slots for women
- Using the whole range of substitution medications available in the community (methadone, buprenorphine, codeine, ret. Morphine)
- Substitution (maintenance) treatment, which includes the continuation after release
- Accompanying psycho-social support and self-help groups

Harm reduction measures:

- Condoms and bleach should be made discreetly available
- According to the WHO recommendations from 1993<sup>16</sup> the provision of clean syringe and syringes should be considered in those countries where they are available in the community. Projects act upon recommendations for needle exchange programmes, access to sterile syringes.

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<sup>15</sup> Based on DiCenso, A. M., G. Dias, et al. (2003). Unlocking our Futures. A National Study on Women, Prisons, HIV and Hepatitis C. Toronto, Prisoners' HIV/AIDS Support Action Network (PASAN): 72.

<sup>16</sup> WHO: HIV/AIDS in prisons, Geneva 1993

## **D. Parenting**

Women compared to men are more often the primary carers of children. This has implications for their health and social care needs of both the women and their children.<sup>17</sup> Drug use periods often lead to the fact that children are placed separately in institutions. Basic parenting programmes have to be developed in order to teach childcare or discuss parenting issues when needed.

### **Transition, release, aftercare:**

Many studies have shown that the successes achieved during prison-based drug treatment programmes are only sustainable when these are followed by treatment offers in the community. This requires an inevitable close collaboration and transferral with and to community-based services.

Community-based drug and other social services should be integrated in an early stage of prison-based programmes (ICs, methadone clinics, housing projects etc.).

During the first 6 months after release, the risks for relapses and overdose for drug users is extremely high. Service providers should focus on substance use behaviours immediately after release. Coping skills should be directed to develop coping skills to resist the temptation of using drugs after release and to identify high-risk situations. Harm reduction measures should be applied to avoid risks of acquiring infectious diseases when transferred to the community.

### **Institution specific recommendations**

Institutions for female prisoners have to be aware of women specific treatment needs. This needs structural requirements, like cross gender staffing, female physicians and nurses, probably childcare etc. This awareness has to be achieved in vocational training for staff in prisons, close cooperation with community based gender sensitive programmes.

Developing guidelines and detailed protocols in order to make staff more sensible for women specific issues seems to be an important strategy of setting up gender specific approaches. Evaluation should be carried out in order to prove efficiency and efficacy of treatment interventions. Pilot projects should be developed in order to adjust prison-based services to those available in the community.

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<sup>17</sup> See also WHO and Council of Europe (2001). *Prison, Drugs and Society*. Bern: 26.

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## PRISON WEBSITES IN EUROPE

### Austria

Bundesministerium für Inneres

<http://www.bmi.gv.at>

### Belgium

bij de Federale Overheidsdienst Justitie, Ministry of Justice in Belgium

<http://www.just.fgov.be>

### Denmark

Justitsministeriet, Danish Ministry of Justice

<http://www.jm.dk>

### England

Her Majesty's Prison Service

<http://www.hmprisonservice.gov.uk>

Her Majesty's Chief Inspector of Prisons for England and Wales

<http://www.homeoffice.gov.uk/justice/prisons/inspprisons/index.html>

## **Finland**

Vankeinhoito, Department of Prison Administration in Finland

<http://www.vankeinhoito.fi>

## **France**

Administration Pénitenciaire, The Administration of Penitentiary in France

<http://www.justice.gouv.fr/justorg/justorg10.htm>

Ministère de la Justice, French Ministry of Justice

<http://www.justice.gouv.fr>

## **Germany**

Bundesministerium der Justiz, German Ministry of Justice

<http://www.bmj.bund.de>

Bayerischen Staatsministerium der Justiz, Bavarian Ministry of Justice

<http://www2.justiz.bayern.de>

Bayerischer Justizvollzug, Bavarian Prison Service

<http://www.justizvollzug-bayern.de>

## **Greece**

Υπουργείο Δικαιοσύνης, Greece Ministry of Justice

<http://www.ministryofjustice.gr>

<http://www.ministryofjustice.gr/eu2003/indexENG.php>

## **Ireland**

Irish Prison Service

<http://www.irishprisons.ie/home.asp>

Northern Ireland Prison Services

<http://www.niprisonservice.gov.uk/>

Probation Board of Northern Ireland

<http://www.pbni.org.uk/frame.htm>

Department of Justice, Equality and Law Reform

<http://www.justice.ie/80256976002CB7A4/vWeb/fsWMAK4Q7JKY>

## **Italy**

La struttura del Ministero della Giustizia, Italian Ministry of Justice

<http://www.giustizia.it>

### **Luxembourg**

Ministère de la Justice, Ministry of Justice

[http://www.gouvernement.lu/ministeres/mini\\_justice.html](http://www.gouvernement.lu/ministeres/mini_justice.html)

### **Netherlands**

Ministerie Van Justitie, Dutch Ministry of Justice

<http://www.justitie.nl>

<http://www.justitie.nl/english>

De Dienst Justitiële Inrichtingen (DJI), National Agency of Correctional Institutions (DJI)

<http://www.gevangenis.nl> or <http://www.dji.nl/index.html>

<http://www.gevangenis.nl/english>

### **Norway**

Justis- og politidepartementet, Ministry of Justice and the Police (The Prison and Probation Department)

<http://odin.dep.no/jd>

[http://odin.dep.no/jd/engelsk/dep/om\\_dep/012001-150039/index-dok000-b-n-a.html](http://odin.dep.no/jd/engelsk/dep/om_dep/012001-150039/index-dok000-b-n-a.html)

### **Poland**

Ministerstwo Sprawiedliwości, Polish Ministry of Justice (Central Board of Prison Service)

<http://www.ms.gov.pl>

### **Portugal**

Direcção-Geral dos Serviços Prisionais – DGSP, Portuguese Prison Service

<http://www.dgsp.mj.pt>

### **Romania**

Romania Ministerul Justiției – Direcția Generală A Penitenciarelor, Romania Ministry of Justice – General Directorate of Penitentiaries

<http://www.anp.ro>

### **Scotland**

Scottish Prison Service

<http://www.sps.gov.uk>

**Spain**

Ministerio Del Interior, Spanish Ministry of Interiors

[www.mir.es/instpeni](http://www.mir.es/instpeni)

**Sweden**

Allmänt om kriminalvård, Prison and Probation Services in Sweden

[http://www.kvv.se/templates/KVV\\_Portal\\_targets.asp?id=1982](http://www.kvv.se/templates/KVV_Portal_targets.asp?id=1982)

[http://www.kvv.se/templates/KVV\\_Infopage\\_general.asp?id=2313](http://www.kvv.se/templates/KVV_Infopage_general.asp?id=2313)

**Switzerland**

Bundesamt für Justiz, Federal Office of Justice

<http://www.ofj.admin.ch>

**Turkey**

T.C. Adalet Bakanlığı, Turkish Ministry of Justice – General Directorate of Prisons and Detention Houses

<http://www.adalet.gov.tr/cte/index.htm>