

Problems of addiction among incarcerated women in Lithuania

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In Lithuania, this is the first scientific study on the problem of tobacco, alcohol and drug addiction as a psychological, social and public health phenomenon in penitentiary. In some EU countries, data suggest that two thirds of women entering prison report a history of severe drug and/or alcohol use prior to imprisonment (2).

The aim of the study was to investigate the tobacco, alcohol and illicit drug use among incarcerated women. We hypothesize that addiction could predetermine criminality and incarceration.

Methods. A self-completed semi-structured questionnaire was modified to include questions about illicit drug, tobacco and alcohol use, social behaviour, psychological environment. All prisoners filled in the questionnaire in privacy. The study was conducted in a Lithuanian prison for women in June 2003. The study sample comprised 67 women.

Results. The majority of incarcerated women (55 / 82.1%) smoked tobacco, and the mean age at which they had begun to was 16.5 years. 60 (89.6%) of respondents had drunk alcohol, usually beer (47 / 78.3%), one month preceding imprisonment. Twelve (20%) respondents had used over-boiled tea and over-pressed coffee. Approximately one third (21 / 31.3%) of respondents had used illicit drugs at least once. The most common response was: (by 9 / 42.9%) had first used illicit drugs at a party.

Conclusions. The majority of the respondents (55 / 82.1%) currently smoked tobacco and 60 (89.6%) had drunk alcohol in the month preceding imprisonment. Such factors of delinquency as tobacco and alcohol use are predictors of criminality. Imprisonment is a stressful event necessitating drastic changes in one's life, and is considered psychologically harmful. The care must include orientation towards the future, as these problems are long-term and not resolve during incarceration.

Key words: drugs, psychotropic substances, prison, drug abuse, smoking, psychosocial factors, alcohol, over-boiled tea, over-pressed coffee, drug services, modification of questionnaire

INTRODUCTION

On 14–16 May 1998, 52 people from 11 European countries met in Marseilles to discuss the specific challenge presented by young men and women with drug problems in prison. This followed a Conference in Oldenburg in March 1998, which produced recommendations in separate areas of prison drug work (harm reduction, drug-free treatment, substitution treatment, needle exchange and peer support). The incarceration of women prisoners is organized differently across the EU states. In some countries, mixed pri-

sons have separate units for women and/or there are specific women's prisons. As there are relatively small numbers of female prisoners, there is often only one institution serving a regional area (for example, 'Länder' Women's Prison, Vechta for Lower Saxony in Germany, and HMP Holloway for London in the UK) (1).

Criminality seems to be to a wide extent a male problem – women on average representing approximately 5% of inmates in European prisons. This ranges from 1.8% of the total prison population in Greece to 3% in the Netherlands, 5% in Germany, 5.7% in Sweden and 9.2% in Spain. Some countries indicate that the number of imprisoned women has risen considerably over the past decade. In Spain bet-

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ween 1987 and 1999 the number doubled. The percentage of drug users among women prisoners is very high in most EU countries. In some countries, data suggest that two thirds of women entering prison report a history of severe drug and/or alcohol use prior to imprisonment. Poly-drug use is a widespread pattern. Between one half and three quarters of drug-using women earn money for drugs through prostitution (2).

As regards the female population in penitentiaries, some authors (Stocco et al.) have noted a progressive increase in the number of women imprisoned for crimes connected to drugs, frequently with problems of drug addiction as well as coming from family backgrounds with multiple problems and often with relationships with subjects who are also often in prison due to drug problem. Indeed, there is no doubt that the experiences such as criminality and detention that are often part of female drug addicts past, have specific relapses in different surroundings, above all in the presence of a partner who is also a drug addict and / or has legal problems, relationships with their family and children (3).

Drug-addicted women in prisons are exposed to physical and emotional strain: they try to cope with prostitution, emotional, physical sexual abuse and violence by consuming intoxicating drugs (1). This mode of behaviour, *i.e.* to try to solve a problem inwardly or even to blame oneself for it, is typical of women. "Victimisation has many implications for women in general, but perhaps particularly for those in custody. Increased substance abuse is one possibility. Vulnerability during withdrawal from drugs or alcohol is another problem and women are particularly vulnerable during the first few days and weeks in custody. Feelings of shame, isolation or self-blame, which in turn reduce their self-esteem, are not uncommon. This is particularly true of women who have been victims of abuse, when even standard prison procedures such as body or cell searches, and the loss of autonomy which is a basic part of prison life can trigger feelings of helplessness and frustration reminiscent of the experience of abuse itself" (4).

METHODS

A self-completed semi-structured questionnaire was devised, containing questions about illicit drug, tobacco and alcohol use, social behaviour, psychological environment. We eliminated some questions and included those specific of life in prison. We incorporated questions such as "Did you have permanent work during the last year in freedom?"; "Why do you use drugs inside prison?"; "Does anybody from outside visit you in prison?"; "Do you feel yourself needed for society?"; "Do you have enough willpower to help oneself?".

The study was conducted in a Lithuanian prison for women in June 2003.

The study cohort comprised 67 women. Their age ranged from 18 to 70 years (mean, 34, median 32; mode = 43). The majority of women were 43 years old.

In Lithuania, there is only one prison for women. The study cohort was randomly selected from sentenced prisoners. Each prisoner in the sample received a letter signed by the Dean of the Medical Faculty of Vilnius University and the Director General of the Prison Department. The Director General allowed the researchers to visit prisons and to socialize with the inmates. We talked with prisoners without the presence of security officers. All prisoners filled in the questionnaire in privacy. The questionnaires were given directly to the prisoners by the researchers and after completion collected by them. The participants were informed about the aim of the study and assured that any information they would offer was confidential and would not be passed on to the prison staff.

The collected data were analyzed using the EPI INFO statistical program and descriptive statistics, including absolute numbers, percentage, means, and probabilities.

RESULTS

The sample displayed several characteristics associated with drug use.

Almost half (41.8%) of the respondents had left education before the age of 16 and two prisoners (all gypsies) had no formal education at all.

More than half (36, 53.7%) were brought up in families with both mother and father.

The majority of the women (55/82.1%) smoked tobacco; the mean age at which they had begun smoking was 16.5 years (minimum = 10; mode = 14).

Substance use prior to and during imprisonment

Sixty (89.6%) respondents had drunk alcohol, usually beer (47 / 78.3%), in the month preceding imprisonment. The mean age at which they had begun to drink alcohol was 16 years (minimum = 11; mode = 16).

Twelve (20%) respondents had used over-boiled tea and over-pressed coffee; two women used them on a daily basis.

Approximately one third (21/ 31.3%) of respondents had used illicit drugs at least once. The mean age at which illicit drugs had been first used was 28 years (minimum = 18; mode = 20). When asked where they had first used drugs, they most commonly responded (9 / 42.9%) that it was at a party, and only one drug user had done it in a coffee-bar.

Prison drug and health services in Lithuania

The increase in drug consumption entails also major implications for the penal system: drugs become the

central medium and currency in prison subcultures: many routine activities of inmates focus on the acquisition, smuggling, consumption, sale and financing of drugs. If the acquisition and the use of drugs dominate the life of prison inmates, prison directors and staff have to make increased efforts to safeguard a regular course of prison sentences. This is the primary goal to be achieved. Solving the problem of drug addiction in detention is secondary.

On 1st September 2001, under the jurisdiction of the Ministry of Justice Imprisonment Department, the health monitoring supervising office that organizes, coordinates and controls the activities of subordinate health surveillance institutions of Imprisonment Department has been established.

Presently in Lithuania there are 14 imprisonment institutions, among them one for women, that have health surveillance services. A prison hospital functions as a separate institution. All the medical services for convicts are available at all imprisonment institutions. The services that are not possible at imprisonment surveillance institutions are provided at a prison hospital.

The main problem of imprisonment institutions in Lithuania is the overcrowded custodies and prisons.

The top three-disease chart in imprisonment institutions in the year 2001 was digestive system diseases, mental illnesses and respiratory sicknesses.

Drug addicts are admitted to prison hospital after the period of abstinence begins. They are treated at the Mental Illnesses Department of a prison hospital. The recovery program lasts 2 to 4 weeks. The aim of the treatment is to help a drug addict survive the physical condition of abstinence; help to resist drug abuse and to inspire one that he can live without drugs. The work with this type of patients in this department is followed by an intensive psychiatrist's care. In imprisonment institutions, the psychologist aims to help convicts and prisoners to solve their psychological problems; in more complicated situations the psychologist would work longer on a particular case.

Help for drug users in Lithuanian female prison

In the female prison, a 12-step treatment program, mutual-help groups for alcohol users and illicit drug users are functioning. They are only part of the various measures that could be helpful for drug and alcohol abusers. All prisons should offer not only treatment service for illicit drug users and alcohol abusers, but also Social Handling and improved psychological services.

Few prisoners before imprisonment receive substitution treatment, and in prison they don't receive methadone; it means a compulsory break without motivation. During confinement, the motivation for drug-free life should be developed, but we think it is too

difficult after a compulsory break. It is clear that Lithuanian prisons are very overcrowded; the psychological environment and relationships among prisoners, non-social behaviour are risk factors for illicit drug use and distribution.

DISCUSSION

Our results show that prisoners need a better psychosocial environment in prison. Inmates are very stressed due to the lack of work or meaningful activities. In the Lithuanian prison system, about 25% of prisoners work. They know that outside the prison they are considered as 'undesirable', often feel rejected by society and are negative about any help.

Society should change its opinion about prisoners. Societal attitudes are a problem for released prisoners due to fears that ex-prisoners will be violent, carriers of infectious diseases and continue to be involved in crime. This makes it hard for ex-prisoners to find employment. In addition, released prisoners often find it difficult to re-establish relationships with family, especially in cases where the ex-prisoner has been violent in the past. In order to change the attitudes about prisoners in society, it would be helpful to focus on prevention against drug use, which includes increasing the tolerance and understanding about those who have problems with drug and alcohol use.

Working with prisoners' families is a central part of rehabilitation and social reintegration in many countries. In some countries, special 'family contact development officers' are employed. These help families to keep or initiate contact, to work on relatives' drug problems, inform families about drug problems in prison and outside, and help to enhance family visits. In some countries (such as Denmark and Switzerland) prisoners are given the opportunity to receive visits from their partners without supervision. Similarly, in Sweden supervision is fairly relaxed (2). Prison staff including psychologists, medical, administration and social workers step by step should gradually develop prisoners' motivation to stop using illicit drugs and other psychotropic substances.

Education is probably a better indicator of socioeconomic status, because income and employment levels are likely to reflect the consequences of alcohol and drug problems. The ECA (Epidemiological Catchment Area) study suggested that higher educational attainment is correlated with lower lifetime alcohol disorder rates.

Family members, because they influence the child's early psychosocial environment, have a tremendous impact on the child's vulnerability or proneness to alcohol or drug use. Early family environment is considered the primary determinant of attitudes, life stressors, and coping skills that will eventually influence the youth's need for and choice of drugs, including alcohol (5). Parental role modeling of alcohol use is

positively associated with adolescent use of alcohol, whereas the quality of the family relationship is inversely related to the use of illicit drugs. Stanton (1979) and Ziegler-Driscoll (1979) suggested that familial stressors on the child include a pattern of over-involvement by one parent and distance or permissiveness by the other (5).

Overboiled tea and over-pressed coffee are used in prisons as a substitute for other illicit drugs. These two stimulants, prepared in a specific way, have not been recorded outside the prison system. Coffee and tea are available in the shops located in every prison. Relatives visiting prisoners and sending them packages can provide them with coffee and tea. These two sources are "legal", permitted by the prison rules. This study revealed that there is also an illicit market for coffee and tea in the prison. Those who used overboiled tea and over-pressed coffee bought the ingredients at inflated prices from other prisoners. This exchange introduces a new element into the general picture of inter-prison relations. A user could collect tea and coffee from the other prisoners as a payment for protecting them. These products have a stimulatory effect due mainly to the extracted caffeine. The caffeine affects some brain structures responsible for the mediators of metabolism and directly stimulates the reticular formation, which is responsible for increasing the tonus and vigility. The large quantity of caffeine also affects the autonomic nervous system. Other components of tea and coffee affect the cardiovascular and respiratory system by stimulating the central nervous system (6).

Women in prison are more likely to have health problems compared to male prisoners (2). In the USA, approximately 70% of female inmates are mothers of dependent children (Bureau of Justice Statistics, 2000). Maternal incarceration has its own unique stresses and places imprisoned mothers at high risk for mental distress resulting from the disruption of their family life. Also, there is a high incidence of prostitution, as well as a burgeoning subpopulation of pregnant or postnatal inmates that presents its own special philosophical problems and challenges (7). Many suffer from chronic health conditions due to poverty, drug use, domestic violence, sexual assault, adolescent pregnancy, malnutrition, and poor preventative health care (2).

CONCLUSIONS

The results of this study showed that the majority of incarcerated women (55 / 82.1%) currently smoked tobacco and 60 (89.6%) had drunk alcohol in the month preceding the imprisonment. Such factors of delinquency as tobacco and alcohol use are predictors of criminality. Among such persons cases of antisocial behavior are most numerous and severe. The mean age at which the participants of this study had

begun smoking tobacco and drinking alcohol was 16 years, *i.e.* in adolescence. In this lifetime the young people are particularly influenced by a stressful environment. They try to cope with emotional strain by smoking, using alcohol and indulging in criminal actions. The results of this study shed some light on the important issues present in a female detention centre. Imprisonment is a stressful event necessitating drastic changes in one's life, and is considered psychologically harmful. The care must include an orientation towards the future, as these problems are long-term and not resolved during incarceration. Prisoners should not leave prison with more health problems than they had when they entered prison.

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AKALINTØ LIETUVOS MOTERØ PRIKLAUSOMYBÈS PROBLEMOS

Santrauka

Darbo tikslas. Nustatyti tabako, alkoholio bei nelegaliø narkotikø vartojimà tarp Lietuvos pataisos namuose kaliniø moterø.

Metodologija. Respondentės uždė klausimynus apie rūkymą, alkoholio, narkotikų bei kitų psichoaktyviųjų medžiagų vartojimą, jas supančią psichosocialinę aplinką.

Rezultatai. Klausimyną uždė 67 moterys, iš jų 41,8% turėjo tik pagrindinį (5–9 kl.) išsilavinimą. Didesnė dalis (55, arba 82,1%) respondentėms atsakė, jog rūko. Amžiaus vidurkis, kai jos pradėjo rūkyti, yra 16,5 metų. 60, arba 89,6%, respondentėms atsakė, kad laisvėje vartojančios alkoholi (apklausos metu dalis moterų ākalinimo āstaigoje lankė anoniminių alkoholių savitarpio pagalbos grupę). Dažniausiai vartojamas alkoholinis gėrimas – alus, jį paminėjo 47, arba 70,1%, apklaustų moterų. 16 metų – tai amžiaus vidurkis, kai respondentės pradėjo vartoti alkoholinius gėrimus. Beveik trečdalis (21, arba 31,3%) apklaustųjų moterų bent kartą savo gyvenime yra bandžiusios nelegalius narkotikus.

Išvados. Atlikto tyrimo rezultatai rodo, kad didesnė dalis (55, arba 82,1%) respondentėms rūko ir net 60 (89,6%) moterų atsakė laisvėje vartojusios alkoholi. Apklausos me-

tu respondentės nurodė, jog rūkymas, alkoholis bei kitos psichoaktyviosios medžiagos joms padeda susidoroti su stresu, psichologiniu smurtu, prievarta. ākalinimas – tai ypatingas stresas sukeliantis socialinis reiškinys, kuris gali iš esmės pakeisti (ir pakeičia) bet kurio žmogaus gyvenimą, pažeidamas jo psichiką. Pirmąjį ākalinimo mėnesį moterys dažniausiai jaučia vidinį nerimą, yra psichologiškai palūžusios. Todėl manome, kad ākalinimo āstaigose būtina taikyti anti-stresines priemones: kompetentingų specialistų konsultacijas, prevencines bei reabilitacines priemones, užimtumą. ākalinimo āstaigose turi būti skatinama motyvacija nevartoti alkoholio bei kitų psichoaktyviųjų medžiagų, turi būti ādiegtas specialistų (psichologų, medicinos personalo, socialinių darbuotojų) komandinio darbo principas. Specialistų skaičius turi būti adekvatus kalinėjų skaičiui. Kaip rodo kitų Europos Sąjungos šalių ākalinimo āstaigų komandinio darbo praktika bei patirtis, optimaliausia, kai viena specialistų komanda dirba su 30–40 kalinėjų.