Zur Homepage der Publikation

Schriftenreihe „Gesundheitsförderung im Justizvollzug“

Herausgegeben von H. Stöver, J. Jacob

„Gesundheitsförderung zielt auf einen Prozess, allen Menschen ein höheres Maß an Selbstbestimmung über ihre Gesundheit zu ermöglichen und sie damit zur Stärkung ihrer Gesundheit zu befähigen. Um ein angemessenes körperliches und seelisches Wohlbefinden zu erlangen, ihre Wünsche und Hoffnungen wahrnehmen und verwirklichen, sowie ihre Umwelt meistern bzw. sie verändern zu können“. Diese Gedanken leiten die Ottawa-Charta zur Gesundheitsförderung ein, die 1986 von einer internationalen Konferenz verabschiedet wurde. Versucht man den Leitgedanken der Ottawa-Charta, die Stärkung der Selbstbestimmung über die Gesundheit, auf den Strafvollzug zu beziehen, stößt man schnell an Grenzen der Übertragbarkeit: Äußere Beschränkungen, Fremdbestimmungen, eingeschränkte Rechte prägen das Leben und die gesundheitliche Lage der Gefangenen.
Mit der Schriftenreihe „Gesundheitsförderung im Justizvollzug“ wollen wir Beiträge veröffentlichen, die innovative gesundheitspolitische Anregungen für den Justizvollzug geben und gesundheitsfördernde Praxisformen des Vollzugsalltags vorstellen.
Außerhalb des Vollzugs bewährte Präventionsangebote und Versorgungsstrukturen werden auf ihre Relevanz zur Verbesserung der gesundheitlichen Situation Inhaftierter hin überprüft und auf die Bedingungen des Justizvollzugs bezogen.
Letztendlich kann nur eine größere Transparenz und Durchlässigkeit des Systems „Justizvollzug“ dazu beitragen, individuelle gesundheitsorientierte Potentiale Gefangener anzuregen und zu fördern.

Die HerausgeberInnen

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A European study of prison policies, prison drug services and the women's perspectives

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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	Luxembourg
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

1 Introduction

In Europe – as well as in North-America, Canada, Australia and New Zealand – women prisoners have become a growing administrative, societal and public health concern. Most of the European countries assume that especially female drug users constitute a significant group within criminal justice and prison population. Drug use has been identified as the major current problem of prisons. In addition, drug users are likely to be re-offenders, 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 that the same drug using offenders often reappear in court.

As regards female drug using prisoners, international studies show that a high proportion of them suffers from severe psychosocial distress and is in great need of professional support. Female drug using prisoners are characterised by prolonged social disadvantages consisting in their experiences of physical and sexual abuse, economic instability, social isolation and unmet needs of mental health treatment.

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

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

This gap of research was the starting point of the study, which has two main objectives. The first objective is to provide an overview of current prison policy and practice in European prisons with respect to female drug users. The second objective is to assess the effects of available prison programmes on relapse prevention.

The study duration was 12 months – from September 2003 to August 2004 – and was designed as a multi-site research with the five participating

European centres of Hamburg, Barcelona, Glasgow, Warsaw and Vienna. Methods and procedures used were document analyses, structured questionnaires with Ministries of Justice and with adult female drug users in prison and oral information by prison authorities and service staff. The study design starts from an international perspective on prison policy and practice, then presents an European overview and finally investigates more closely ten prisons of the five participating European centres.

1.1 Objectives

Prison policy in Western Europe established various strategies to tackle the drug problem in their prisons, ranging from supply reduction and demand reduction measures to pre-release and aftercare activities (Stevens 1998). However, there are great differences between European prisons – as well across countries as within one country – with respect to their strategies and the services they provide for drug using prisoners.

There had already been some attempts at providing an overview of drug services in European prisons (Turnbull and Webster 1998; Turnbull and McSweeney 2000; Stöver 2002), but with the exception of the study by Fowler (2001), there does not yet exist an European survey of drug services for female prisoners. Moreover, none of the surveys includes Eastern European countries, which have been members of the European Union since the May 1, 2004.

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 access to drug services and aftercare, encompassing the current 25 member states of the European Union.

In general, the research based upon the rationale that access to appropriate drug services would result in reduced drug use and re-offences after prison release. Research results as well as experts' experience show little evidence that sentencing and punishment of drug using offenders help in any way to prevent drug-related crime and to cut down consumption. On the contrary, there is well-founded evidence that appropriately tailored interventions and treatment options can substantially reduce drug use and drug-related crime (Edmunds, Hough et al. 1999). Though it is well known that male and female drug using prisoners have different support needs, most research projects are conducted among male offenders. It becomes increasingly im-

portant, for the penal system as well as for the professionals in charge of rehabilitation, to know how female drug users cope in prison and whether rehabilitative programmes meet their needs.

For this reason, the second major objective of the present study was to evaluate which type of female drug using prisoners utilise the available drug services and how they assess these services with regard to their adjustment to needs and their impact on relapse prevention. For this reason face-to-face questionnaires were conducted in a sample of 40 female drug using prisoners in each of the five participating European metropolises. The questionnaires not only provide information to which extent and intensity female drug users utilise different types of intervention, but they also identify support needs which are not covered so far by the services provided.

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

1.2 Definition of the target group

The study results refer to adult female prisoners (18 years +), who display a current and problematic use of illicit drugs and whose imprisonment is related to their drug use. The term 'problematic drug use' refers to women with regular, dependent and usually polyvalent drug use, which is associated with social, mental, health and legal problems, in contrast to women with a casual or recreational drug use, which does not usually create serious problems.

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

- Regular use of opiates, cocaine powder, crack and/or amphetamines on at least 3 days a week or on two consecutive days per week during 6 months within the last 12 months preceding the current prison sentence

or

- Use of one or more drugs at least once a week during the current prison sentence.

Adult female prisoners, who did not use drugs in the defined pattern, were also included in the target group if they met following criteria:

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

The study focused on the specific prison population of female drug using prisoners for several reasons. First of all, a broad range of research on drugs and prison has been conducted among male prisoners, but hardly any research has been performed among female prisoners. Compared to the United States, there is a lack of knowledge on the characteristics and treatment needs of female drug using prisoners in Europe. Secondly, the results of international research indicate that most female prisoners suffer from a multitude of severe health and social problems such as substance use, HIV, social isolation, prostitution, adolescent pregnancy (Kothari, Marsden et al. 2002; Stöver 2002).

Due to these problems a high proportion of female drug users in prison have been found to need professional support and treatment (Maden, Swinton et al. 1990; Lo and Stephens 2000; Malloch 2000). However, female prisoners have access to fewer treatment options than male prisoner which is ascribed to the fact that the number of female prisoners is lower, their prison sentences shorter and treatment offers mainly designed for adult male prisoners.

1.3 Methods

Both sociological and criminological approaches were used to collect different kinds of data, which allow to investigate the availability of drug services for female drug using prisoners in Europe and to evaluate the effects of those services on relapse prevention.

The research strategy included:

- An investigation of the prevalence of female drug users in European prisons and their access to drug services and treatment. A structured questionnaire was sent to the Ministries of Justice of all 25 member states of the European Union.
- A cross-sectional study among female drug using prisoners close to their release. At each of the five research sites a sample of 40 female drug users

were recruited in prisons until a total of 200 female drug users could be included for a detailed evaluation, which was also based on a structured questionnaire.

The standardised instruments had been developed and piloted for the purpose of this study. The decision to use structured questionnaires was basically made for two reasons: First, this procedure guarantees homogeneity of the investigation at all research sites. Secondly, standardised data collection allows comparative statistical analyses to detect similarities and differences of prison policies between the different European countries.

1.3.1 Questionnaire among the 25 member states of the European Union

The objective of this work package was a stock-taking of drug services currently 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, the original intention had been to send questionnaires to the Ministries of Justice of the 15 member states of the European Union. As the eastern enlargement occurred in May 2004, the project partners decided to include the ten acceding countries in the investigation.

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

No survey instruments exist so far to investigate female drug users in prison, but first attempts have been made to prepare a questionnaire for prison surveys, e.g. by the Trimbos Institute in the Netherlands and by the EMCDDA[1]. These two questionnaires had been taken into consideration when developing the questionnaire designed for this project. The developed questionnaire had been pre-tested by the project partners in Barcelona and Warsaw and been modified afterwards.

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1 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 is being developed in co-operation with Cranstoun Drug Services.

The final version of the questionnaire consists of the following four sections:
Section 1: general information on the prison system for female prisoners
Section 2: national data on the prevalence of female drug users in prison, reasons for their conviction and length of prison sentence
Section 3: information on the availability and number 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 the reduction of drug craving and re-offence rates.

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

Strategy

In January 2004, the questionnaire was sent directly to the Ministries of Justice of the 25 European countries. In consideration of several autonomous regions (e.g. in Spain) and federal states (e.g. in Germany), a total of 44 Ministries of Justice had been contacted.

The response rate to the survey was almost 100% as only Central Spain did not respond. Nevertheless, all 25 member states of the European Union are successfully included, as Spain is represented by the autonomous region of Catalonia.

Number of questionnaires sent	Responses	Filled questionnaires
44	43	35

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

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

Based on the questionnaires, a database was compiled, which includes survey data from 35 European countries, autonomous regions and federal states. Not considering the autonomous regions and federal states, the database refers to all 25 member states of the European Union. All analyses of the database were carried out with SPSS.

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 offer online information on the national prison population and the number of institutions (see: http://www.kcl.ac.uk/depsta/rel/icps/worldbrief/europe.html).

1.3.2 Questionnaire among female drug users in prison

Prisoners have rarely been asked about their views and opinions on available drug services in the framework of research. Therefore, a main concern of the research project was to investigate female drug using prisoners in order to find out which types of drug services they utilise and how they assess these services with regard to support and relapse prevention after prison release.

This part of the study was designed as a naturalistic cross-sectional study conducted in the five participating European cities: Hamburg, Barcelona, Glasgow, Warsaw and Vienna. In each of these cities, a sample of 40 female drug using prisoners close to release (1-6 months before release) were invited to fill in a questionnaire.

In order to meet the objectives of this cross-sectional investigation, a structured questionnaire had been developed, which combines tried and tested instruments with self-developed variables to cover specific topics. The time required to complete the questionnaire was about 30-45 minutes.

The questionnaire consists of following domains and instruments:
Social profile: The social profile was recorded by corresponding items of the EuropASI. This multidimensional and uniform research instrument was developed to allow comparisons of drug and alcohol users (in and out of contact with treatment agencies) across Europe (McLellan, Kushner et al. 1992).
Critical life events: Critical life events were investigated by using an adapted form of the questionnaire on life-changing events (Sh 43), which had been developed for the German Shell youth study (Jugend '92 1992). Of the 15

items of the original Sh 43, only 11 items were adopted for this questionnaire. The scale was used to investigate whether responders ever experienced critical life events, at which age this happened and how much this event had changed their lives. The life-changing effect of individual events was self-assessed on a 5-point scale from "none" to "very strong".

Experiences of violence as adult drug users: Corresponding items were adopted from the Maudsley Addiction Profile MAP (Marsden and Gossop 1998).

Substance use: An adjusted version of the MAP was used for this topic. The MAP is a short, interviewer-administered questionnaire that measures drug-related problems in four domains, one of which 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 previous imprisonments: All the variables that were used to investigate delinquency and frequency and duration of previous prison sentences were completely self-developed.

Social functioning: In order to measure social functioning in the year preceding imprisonment and during the current imprisonment, an adjusted version of a scale was used that had been developed by the German criminological research institute KFN. The scale on social functioning is part of an instrument that the KFN developed for a study on "prison and its consequences" (Hosser and Greve 1999).

Utilisation of drug services in prison: Variables concerning the acceptance and benefits of drug services and the intensity of their utilisation were completely self-developed.

Satisfaction with drug services: This self-assessment was based on the Treatment Perceptions Questionnaire (TPQ). The TPQ is a short scale that measures client satisfaction with treatment for substance use problems. It was developed at the National Addiction Centre in London and investigates clients' perception of the nature and extent of their contact with the treatment team (5 items) and aspects of the operation of the treatment service and its rules and regulations (5 items). Each item is formulated as a belief statement and clients' responses are 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 covering plans for the time after prison release, potential problems and support needs after release and self-confidence to avoid drug and delinquency relapse were self-developed.

Strategy

As the objective of the study was to investigate female prisoners with current and severe illicit substance use, a criterion-oriented sample strategy was used. Inclusion criteria for the questionnaire were:

- 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 current imprisonment **or**

b) use of one or more drugs at least once a week during the current imprisonment.

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

- Previous arrests or imprisonments due to drug-related crimes in the year preceding the current imprisonment and a known history of drug use
- Participation in drug treatment during the year preceding the current imprisonment. Treatment includes detoxification, maintenance treatment, abstinence therapy or drug counselling.

The screening of inclusion criteria was based upon self-reports by the female drug using prisoners. The female drug using prisoners received 5 Euro or an equivalent donation as compensation for their participation in the questionnaire.

Conducting the questionnaires in prison raised several unforeseen problems. In Poland, for instance, it became necessary to interview 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 reach the intended sample size of 40 female drug using prisoners because there was not a sufficient number of inmates, who fulfilled the inclusion

criteria during the interview period of three months. In other words, the slightly lower number of responders in the three cities covered the entire female drug using prison population, who were willing to participate in the questionnaire and who met the extended inclusion criteria.

The extension of the inclusion criteria refers to a second and major unforeseen problem. All 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 extend the release criterion to those female drug users, who either expected to be released on probation within the next six months or released at a later date. The date of release turned out to be rather difficult, as most of the female drug users did not definitely know when they would be released.

	Hamburg	**Barcelona**	**Glasgow**	**Warsaw**	**Vienna**
Sample (n) recruited at prison	37 *Hahnöfersand*	32 *Brians* 8 *Wad-Ras*	36 *Cornton Vale*	17 *Lubliniec* 10 *Grudziadz* 10 *Krzywaniec* 3 *Warszawa*	11 *Vienna-Favoriten* 21 *Schwarzau*
Total sample (n)	**37**	**40**	**36**	**40**	**32**
Remaining months of prison sentence					
- on average	5.6	6.4	9.4	21.5	12.9
- median	5.0	5.3	3.5	18.8	7.0

Table 1-2: Recruited sample

The questionnaires resulted in a comprehensive data record of 185 female drug users in several European prisons. The analyses were conducted with two main objectives: to compile a profile of female drug users at each of the five study sites and to compare female drug using prisoners of the participating European cities based on the results of the individual sites. For the data analyses, only established statistical procedures were used.

2 Literature review on “drugs & prison”

The systematic literature review on “drugs and prison” covers scientific reports, articles and grey literature from 1990 until today 2004. It focuses on international and European findings on gender differences in prison population, health and social problems of female drug users entering prison and the availability of drug services and treatment options. With regard to drug services, special attention was given to programme evaluations, which investigated the effectiveness of prison programmes on the reduction of delinquency, drug use and re-offending rates after prison release.

2.1 Problem definition

With regard to the literature on drug using offenders in the criminal justice system most research was conducted in the United States, and, to a lesser degree, in Australia, Canada and Europe. There is general agreement in literature that, between 1980 and 1990, the number of women prisoners dramatically increased in North America, Australia and Europe (Sudbury 2002).

In North-America and Australia, the female prison population increased more rapidly than the male prison population and this increase is mainly due to sentences for drug offences (Henderson 1998; Morash, Bynum et al. 1998; GAO (United States General Accounting Office) 1999; Haywood, Kravitz et al. 2000; Richie, Freudenberg et al. 2001; Fickenscher, Lapidus et al. 2002; Kim 2003; Willis and Rushforth 2003). Federal statistics of the United States reveal that drug offences accounted for half of the increase of the number of women in state prisons between 1986 and 1996 (Siefert and Pimlott 2001).

The reasons for the increasing number of female prisoners in the first world were mainly attributed to the particular effects that the “war on drugs” has on women (Boyd and Faith 1999; Sudbury 2002; Bloom, Owen et al. 2004). In addition, the increased popularity of crack cocaine and the associated crimes as well as public policy issues are seen as major factors responsible for the increase of female drug using inmates (Inciardi, Martin et al. 1994; Arcidiacono and Saum 1995; Greenberg 2001). Female drug users suffer from selective criminalisation and incarceration, although their criminal behaviour

must be seen as part of social problems such as poverty. Against this background women are underprivileged both economically and by the penal system.

In most European countries drug users are over-represented in prison as well. Although the proportion of prisoners ever having used illicit drugs varies according to countries and penal institution, 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 or while in prison. In addition, a major part of these prison inmates have been re-imprisoned several times (Stöver 2002).

In Eastern European prisons, the drug problem appears to be quite different as a considerably lower proportion of drug addicts are imprisoned. According to a survey on health care in prison in the Czech Republic, Poland and Hungary (MacDonald 2001; 2003), there does exist a problem with drugs and drug addicts in prison, but to a minimal extent. Thus in all three countries, drugs are not perceived as a major problem compared to the situation in Western Europe. In Lithuania, a relevant drug problem could be observed since gaining independence from the 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 for 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 the EMCDDA, for instance, provides useful information on drug problems in prisons across Europe, they offer only little information on female drug users in prison (EMCDDA 2002). In general, there are only very few estimates on the prevalence of drug use among women prisoners. However, all available data indicate that the level of drug use experiences is particularly high among the female prison population. Data from a recent study suggest that approximately 75% of women entering European prisons report a history of drug or alcohol abuse (Fowler 2001).

As regards the increasing number of female prisoners, the rate of recidivism in female inmates is alarming. Parsons and Warner (2002) state that 71% of the women in Northern American state prisons had served a sentence prior to remand or imprisonment. This was supported by Travis, Petersilia et al.

(2001) who emphasise that the rate of recidivistic offenders has reached new heights.

2.2 Characteristics of female drug using prisoners

Canadian and Australian literature reveal that women are less likely than men to be imprisoned 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), Taiwan (Deng, Vaughn et al. 2003) and Europe (Stöver 2002).

North-American as well as European literature on female drug using offenders agree in reporting gender differences in terms of victimisation, mental and physical illness and single parenting, which place women at a disadvantage (Morash, Bynum et al. 1998; Langan and Pelissier 2001; Borrill, Maden et al. 2003a; Borrill, Maden et al. 2003b; Borrill, Maden et al. 2003b).

A study from the United States on 199 recently imprisoned women documented that the majority of these interviewees reported living conditions involving great health risks (Fickenscher, Lapidus et al. 2002). 79% of this sample had ever used cocaine and 69% crack. A 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. Henderson (1998) pointed out that compared to men, female inmates show a high incidence of severe mental disorders such as depression and coexisting psychiatric disorders.

2.3 Health and social problems of female drug users entering prison

Health problems seem to be among the most important concerns of female offenders today. Several studies from the United States, Australia and New Zealand agree that women prisoners show a high prevalence of health problems and psychological and psychiatric disorders (Freudenberg 2001; Anderson, Rosay et al. 2002; Jordan, Federman et al. 2002).

A pilot study from New Zealand on the prevalence of psychiatric disorders among male and female inmates (Brinded, Stevens et al. 1999) found that, of the 50 interviewed women prisoners, 51% showed a lifetime prevalence of alcohol dependence, 41% of drug dependence and 48% were screened for major depressive episodes. According to the results for one-month prevalence, 19% of female inmates still had major depressive episodes. A literature review about female prisoners in the United States confirmed that this population suffers from major psychiatric disorders, especially posttraumatic stress disorder (PTSD), personality disorders and self-harm (Byrne and Howells 2002). These findings lead to the conclusion that rehabilitation should be based upon the needs of women prisoners and take gender-specific needs and requirements into consideration.

The results of two European studies are in line with international findings and indicate that female prisoners often suffer from mental disorders that demand psychiatric support. In England/Wales, up to 70% of male and female prisoners have been 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 the case for 83% of remanded and 75% of sentenced female prisoners. A study on the prevalence of psychiatric disorders in a women's prison in Dublin, Ireland (Mohan, Sully et al. 1997) explored 45 female prisoners applying DSM-IV criteria; 26 women (58%) met the criteria for substance dependence, 21 of these were re-offenders. According to this study, 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 underlines the urgency regarding the availability of legal, psychiatric and social services that are able to address the problem adequately.

An investigation of 92 women prisoners (mostly aborigines) in New Zealand and Australia (Hurley and Dunne 1991) found that female inmates are not only psychologically and mentally burdened before entering prison but that prison life itself has an impact on psychological distress. According to this study, 54% of the women had a lifetime prevalence of substance dependence and 53% were diagnosed as current cases of psychiatric disorders, mostly depression, chronic paranoid, anxiety and personality disorders. Entering prison is a stressful experience because of the loss of liberty and deprivation and disruption of the social network. From the women's perspective, the

most common stressor was a recent trial (52%) and the separation from children (38%). The distress was more severe for women awaiting trial and for women with previous prison experience. In general, the greatest stress occurs during the early weeks of imprisonment, decreases 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 feeling of distress was explained by the long sequence of events beginning with the arrest, progressing to trial and imprisonment and continuing after release from prison.

Loper (2002) argued that the adjustment to prison stress may have an impact on the ability to take advantage of vocational, educational, and rehabilitative opportunities. A comparison of women (n=630) serving a prison sentence for drug possession, for drug trafficking or for non-drug offences showed that women imprisoned for drug possession are better adjusted to prison life than their fellow inmates. Possession offenders reported less inner stress, lower levels of anger and conflict and a greater satisfaction with institutional conditions. No differences were found between the three groups as regards their participation (11% of the women) in a Therapeutic Community (TC).

2.3.1 Drug use and health risks in prison

Several international and European studies report that drug use and even injecting is quite common in prison, which places drug using inmates at risk for the transmission of HIV, HCV and other blood-borne diseases. Drug use in prison and related infections a widespread problem in Western Europe and a steadily growing problem in Eastern Europe (MacDonald 2002). Accordingly, prison health care is faced first of all by the problem of drug use 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).

As drug injecting is identified as a high-risk behaviour in prison, several studies investigated the prevalence of drug injecting and of sharing injecting equipment. For example, a North-American study on drug use in prison among 281 male and 191 female drug using inmates documented that 31% of the former injecting drug users used illicit drugs while in prison. Half of these inmates 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 half of both female and male injectors

reported injecting while in prison. Due to the high prevalence of drug injecting in prison and of sharing injection equipment, both the American and Australian studies proposed to introduce needle exchange programmes – as provided in some European prisons – in order to reduce HIV risks and improve the inmates' health.

According to EMCDDA data (2002; 2003), drugs are used by 16% – 54% of inmates in prison. A significant number of drug users in prison (3%-26%) reported that they had used drugs for the first time while in prison. Between 0.3 and 34% of the prison population report ever having injected while in prison 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 than male drug using prisoners share drugs and injection equipment.

Local studies among male inmates in Greece and Ireland confirm high rates of needle-sharing in prison, while studies form England/Wales and the Netherlands report low levels of injection drug use. According to a Greek study among 861 male inmates 83% had shared equipment when injecting drugs in prison (Koulierakis, Gnardellis et al. 2000). These results were confirmed by a more recent qualitative study among 31 male prisoners in a Dublin prison (Long, Allwright et al. 2004). An exploration of the prisoners' views showed that risk behaviour is due to the low availability of heroin in prisons, which leads to shifts from smoking to injecting. Due to the lack of injecting equipment, sharing occurs much more frequently than outside prison, and inadequate cleaning practices and the renting of injecting equipment in exchange for drugs further increase the level of risk behaviour. In contrast to other findings, studies from England/Wales and the Netherlands reported low levels of drug injection. In England/Wales, only 2% of all investigated prisoners injected drugs (Singleton, Farrell et al. 2003). In the Netherlands, the levels of drug use in prison were high, but the levels of infections related to drug use during imprisonment were low. Only 3% admitted intravenous drug use in prison and none of them shared needles or syringes (van Haastrecht, Bax et al. 1998).

Due to the lower availability of drugs in prison, drug use is less frequent in prison that outside (Stöver 2002). Thus a Canadian study found that most inmates (more than 50%) use drugs less often and in smaller quantities when entering prison (Plourde and Brochu 2002). Half of the responders used drugs several times a week, half less than once a week.

However, some European studies reveal that the initiation of drug use during the imprisonment is not uncommon. A study among prisoners in England an Wales indicated that lifetime heroin users were statistically more significant to initiate heroin use in prison (26%) than any other drug user (Boys, Farrell et al. 2002). Another study from England and Wales found that compared to men, women are less likely to initiate drug use in prison (Singleton, Farrell et al. 2003). This is different to findings from an anonymous survey in Lithuanian prisons. Out of 986 predominately male prisoners, more women than men reported lifetime drug use (62.9% vs. 30.2%) and almost half of them stating that drug use was initiated while in prison (Semenaite and Kasperunas July 2003).

A number of European 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, HCV and HBV. Among them are 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 of Western and Eastern European prisons (Rotily, Weilandt et al. 2001; Malinowska-Sempruch 2002).

A cross sectional study was performed in five committal prisons in Ireland among 607 prisoners upon admittance (Long, Allwright et al. 2001) and found a prevalence of hepatitis B infection of 6%, hepatitis C 22% and HIV infection 2%. The prevalence of hepatitis B and C was highest among drug injectors. A multi-centre pilot study in six European prisons (France, Germany, Italy, The Netherlands, Scotland and Sweden) documented that the HIV prevalence of 817 inmates was 4% among those who injected drugs (Rotily, Weilandt et al. 2001). Studies from Greece, Spain and Latvia found even higher prevalence rates among prisoners. A Greek prison study (Malliori, Sypsa et al. 1998) could prove on basis of 533 blood samples that IDUs had prevalence rates of 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 though IDUs inject less they share more during imprisonment. 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% with the hepatitis C virus. In contrast, 12.7% of the whole prison population are HIV positive and 42% are infected with HCV. The high incidence of communicable diseases in Spanish prisons

led to the introduction of syringe exchange and various treatment options to preserve prisoners' health and life. The Eastern European countries have a particularly dramatic increase of injection drug use and the world's fastest rate of increase of HIV infections (Malinowska-Sempruch 2002). Similar to all other countries, the risk and incidence of HIV infection is higher in prison than in the general population. In Latvia for instance, half of the annually reported new HIV cases occur in the penitentiary system. Although the total number of HIV cases in Latvian prisons is low, 87% are IDUs (Malinowska-Sempruch 2002).

As regards prevalence of communicable diseases among female prisoners, there are only studies from Canada and the United States focussing on the risk of an HIV infection. An older Canadian study on 394 women imprisoned in Quebec found a HIV infection in 6.9% of all participants, but in 13% of women with a history of injection drug use (Hankins, Gendron et al. 1994). A comparison between addicted and non-addicted female inmates in Montréal found that addicted inmates had a significantly higher HIV risk (82% versus 51%) (Guyon, Brochu et al. 1999). A recent Canadian study reports that, in December 2000, the HIV infection rate was 4.69% for women and 1.66% for men in federal prisons (DiCenso, Dias et al. 2003). American studies on HIV prevalence among women in prison 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).

In addition to the health problem of HIV-infected women entering prison, there is the problem of a possible HIV infection during imprisonment. This problem was addressed by Rich, Dickinson et al. (1999), who presented the results of mandatory HIV testing in 3146 female prisoners in the United States. The findings documented a 3.3% prevalence of HIV and a 0.6% HIV incidence rate in initially seronegative women who were retested on re-incarceration.

The epidemic of communicable diseases among imprisoned drug users give reason to implement or expand harm-reduction programmes such as HBV vaccination, maintenance treatment and syringe exchange schemes.

2.4 Drug and treatment services for drug using women in prison

Prisons are considered to be an opportunity to reach delinquent drug using women and bring them into contact with drug services. In U.S. prisons, that opportunity only started to become reality in recent years because in the early nineties, basic health care and programmes for female inmates were practically nonexistent (Yang 1990; Wellisch, Anglin et al. 1993). Similarly, in Western European countries most of the currently applied interventions for drug using prisoners have been developed during the last ten years. Both the number and type of interventions have still been rapidly increasing over the recent years, and responsibilities for the care of addicted prisoners have moved from the Ministry of Justice or Home Office to the Ministry of Health (France, Italy, in process in England/Wales). With the increasing numbers of women prisoners, treatment options and drug abuse programmes for women also increased in the past years.

A survey among prison and jail administrators in the United States in 1998 revealed that 17 states could not name a programme for women prisoners, whereas in 30 states there was 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 institutions offer a certain level of women specific health care, basic education programmes, job training, and sometimes aftercare for female offenders (GAO (United States General Accounting Office) 1999). Taking gender specific issues and the unmet needs of imprisoned women into consideration, several innovative programmes had been established mainly in the United States. The overall objectives of these programmes are to reduce risk behaviour and recidivism and to link women to community-based services after release.

For instance, in Rhode Island the pilot project of HIV prison prevention programme (WHPPP) was designed for the group of prisoners at high risk of HIV infection and offers discharge planning. Evaluation results show that the rates of recidivism were lower for programme participants (n=78 women) than for the control group at 3 months (5% vs. 18.5%) and at 12 months (33% vs. 45%) (Vigilante, Flynn et al. 1999). In New York, the pilot programme *Health Link* was designed to assist drug using women prisoners in becoming successfully reintegrated in the 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). The programme evaluation yielded two key results: 1. The length of

treatment (more than 90 days) is directly associated with reduced rates of drug use and re-arrests. 2. Post-release aftercare leads to significantly lower rates of re-arrest in the year after prison release than in-prison services alone (38% vs. 59%) (Freudenberg, Wilets et al. 1998). This view is supported by Porpino, Robinson et al. (2002), who found that continuity of treatment is important, particularly after release and that it is related to re-offending rates. However, it is not quite clear whether residential TC or structured day support is more likely to be successful as continued support after release.

Some of the innovative programmes specifically address the problem of drug using pregnant or parenting women. In California, pregnant drug users are offered an interagency community-based treatment programme as an alternative to prison (Berkowitz, Brindis et al. 1996); in Michigan, the intervention programme WIAR for women and infants at risk provides comprehensive residential treatment (Siefert and Pimlott 2001). However, an evaluation of WIAR results found high rates of recidivism with 39% sentenced 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 Europe the provision of drug services in prison is rather different from that in the United States. According to several surveys on the extent and kind of interventions available to drug users in prisons (Stevens 1998; Turnbull and Webster 1998; Muscat 1999; Fowler 2001; EMCDDA 2002; Stöver 2002; EMCDDA 2003; MacDonald 2003; Stöver, Hennebel et al. 2004) following picture could be drawn:

- About 26 countries stated that they have a policy related to interventions for drug users in prison.
- The majority of the interventions consist in abstinence-based drug treatment (available in 80% of the prisons in the European Union), detoxification, prevention of drug use and supply reduction.
- Several countries established drug-free units and therapeutic communities in separate sections of the prison (Austria, Netherlands, Finland, Sweden) with the aim to reduce demand. The development of drug-free units is rapidly increasing.
- Methadone maintenance treatment was commonly or occasionally available in eight member states (particularly in Austria, Denmark, Luxembourg and France).

- Harm-reduction measures consisting of blood tests, vaccination programmes and distribution of condoms and disinfectants are available in almost all prisons of two thirds of the European countries, but are completely absent in one third of the countries.
- About 19 members of the Council of Europe seem to have a policy supporting pre- and post-release programmes for drug using offenders.

In general, drug services in European prisons can be divided into harm-reduction measures, drug treatment services and pre-release and aftercare programmes. A table of drug services available in 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 abstinence models, harm reduction measures have been initiated in prisons during the past 15 years. However, only a limited number of countries and prisons have initiated harm reduction programmes such as vaccination, disinfectants and condom provision and syringe exchange, each of them integrated to a different degree (Stöver 2002). In 2003, a total of 38 prisons in Switzerland, Spain, Germany and Moldavia had introduced needle-exchange programmes in prisons. In Germany, 6 of the 7 ongoing projects have been terminated within only 15 months despite encouraging results of the scientific evaluation and positive practical experiences. On the other hand, Eastern European prisons introduced this offer and in Spain, the number of penal institutions offering access to sterile syringes has rapidly increased (Sanz Sanz, Hernando Briongos et al. July 2003; Stöver July 2003).

b) Drug treatment in prison

Abstinence models are still the main response to drug problems in European prisons. Nine countries have structured abstinence-orientated treatment programmes, but the number of places is very low compared to the estimated number of prisoners with drug problems. This is especially the case in Finland, Denmark, Ireland and Norway, where only few treatment places are available (EMCDDA 2002). In Poland, drug treatment programmes including psychological and psychiatric care for mentally ill prisoners are offered in specialised psychiatric wards over a period of 3-6 months (MacDonald 2001). About 11 EU countries and Norway run drug-free units to protect

non-dependent 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 planned (EMCDDA 2002).

Maintenance treatment has been widely introduced in prisons during the 1990s and currently differs considerably between the countries. Higher rates of maintenance treatment are found in Spanish and Austrian prisons, but also in Portugal. However, in many Western and Eastern European countries, maintenance treatment in prison is not much developed (Stöver 2002; Stöver, Hennebel et al. 2004). The rates of maintenance treatment in prison are about 1%-4% in Germany and the Netherlands compared to estimated 30%-50% in the community (EMCDDA 2002). In Greece and Sweden, maintenance treatment is not available at all.

In addition to the mentioned offers, external drug services play an important role; in Scotland, they are available 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 discharge and partly aftercare. In Germany, such agencies have been involved in prison drug work since the mid-eighties and are now largely available.

c) Release services and aftercare

In most cases, pre-release interventions are provided six months prior to release with the objective to provide continuity of care and to support prisoners' integration and health. Specific assistance mainly focuses on information concerning drug treatment and on initiating or continuing 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 availability of aftercare strongly differs. Only six countries stated that some kind of aftercare is available to most of the released drug users (Turnbull and McSweeney 2000). In Austria and Sweden, aftercare is an integral part of prison services and largely built into the sentence plan. In Scotland and England/Wales, through-care, a continuity of care from entry until discharge (before and after), is offered (EMCDDA 2002; Stöver 2002).

Since most interventions address male adult prisoners, many female drug users receive only a minimum of support during imprisonment and particularly after release (Morash, Bynum et al. 1998; GAO (United States General

Accounting Office) 1999). In England/Wales, half of the drug dependent women received some sort of drug treatment in the 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 provided to female drug users may dispose them to return to previous drug use habits and income-generating delinquency after release.

Peugh and Belenko (1999) as well as DiCenso, Dias et al. (2003) criticised that treatment, when it is available to female prisoners, 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 professional skills greatly complicate their recovery process. For these reasons they claim expanded treatment programmes for women inmates, which should be gender sensitive and combined with aftercare.

2.5 Evaluation results of intervention programmes

The search for programme evaluations reveals that there exists a body of literature originating solely from the United States and focusing predominantly on the outcome of in-prison therapeutic communities (TC). In Europe, hardly any research has been done on programme or policy effectiveness. If there are programme evaluations, they mainly exist on local or prison levels that are not representative for the respective country.

In general, TC treatment models are designed as total-milieu therapy, which promotes the development of pro-social values, attitudes and behaviours through positive peer pressure. Although each TC differs somehow in terms of services provided, most TC programmes are based upon a combination of behavioural models with traditional group-based, confrontational techniques. As a high-intensity, often multistage programme, TC is 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 community-based aftercare treatment, which is closely 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).

As most of the existing TCs are designed for male prisoners, some attempts have been made to modify the TC model in order to meet the needs of drug using women prisoners (Lockwood, McCorkel et al. 1998). However, little research has been done on the effectiveness of in-prison therapeutic communities for women (Henderson 1998). 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's programme *Turning Point* in New York (Strauss and Falkin 2000) and the evaluation of mixed-gender TCs with respect to their adequateness to meet gender needs (Bouffard and Taxman 2000). These studies detected that treatment models are effective for imprisoned women if they address sexual and violence issues, improve the women's self-esteem and develop a positive client-staff relationship. Psychological treatment, extensive individual counselling to build up personal skills, and a continuum of care proved as most important to prevent relapses.

2.5.1 Impact of intervention programmes on relapse prevention

Not surprisingly, many findings concerning the impact of programmes on relapse prevention are based upon evaluations three largest in-prison therapeutic communities (TC) in the United States.

Follow-up results of the TC *New Vision* only for males in Texas show that completers of TC (9 months) and aftercare (3 months residential treatment) have best outcomes with regard to a marked reduction of 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. Similar results were reported from the 18-month 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 significantly lower rates of drug relapse (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). The 3-year outcome of the California's *Amity* in-prison TC document that completers of both TC and aftercare have statistically significantly lower rates of rein-

carceration (27%) than those who received no treatment (75%) and TC drop-outs (82%) (Wexler, Melnick et al. 1999). The 5-year outcome underlines that the largest reduction of recidivism is associated with the completion of an aftercare programme (Prendergast, Hall et al. 2004). Similar results were found in a BOP (Federal Bureau of Prisons) multi-site evaluation of 760 male and female treatment participants (Pelissier, Wallace et al. 2001).

In California, a specifically female in-prison TC – *Forever Free* – has been evaluated. The first outcome study on 64 female drug users participating in an intensive prison programme followed by a community-based outpatient programme found that women, who participated in both programmes, were significantly less often re-offenders (31.6%) than women who participated in in-prison TC only (47.8%) and received no treatment (72.8%) (Prendergast, Wellisch et al. 1996). A one-year follow-up study of the prison programme revealed that women with more lifetime arrests had a definitely increased risk of reincarceration but that the likelihood of relapse decreased with treatment (Hall, Prendergast et al. 2004). A BOP study on gender differences in post-release outcome came to following results (Pelissier, Camp et al. 2003): Although women experienced more life problems than men, they had lower three-year recidivism rates (34% vs. 55%) and rates of post-release drug use (42% vs. 54%) than men. Treated subjects, both male and female, had longer survival times than untreated ones but the outcome results are only statistically significant for men. The question why women, although at higher risk, have better outcomes than men remains unanswered.

Beside the proven impact of prison-based treatment and aftercare, several North-American studies found that the length of time spent in treatment also has an impact on reducing relapse. According to a Californian study the length of time spent in aftercare decreased the 12-month re-offending rate (Burdon, Messina et al. 2004). The study also emphasises the importance of education for post-release reintegration and successful outcomes. A previous study of Swartz and Lurigio (1999) documented that 90-150 days of in-prison treatment had maximal effect on reducing re-arrests whereas more that 150 days reduced the effects. Community aftercare was found to reduce re-arrests by 50%.

In Europe, only isolated studies focused on specific interventions to investigate their impact on relapse prevention; they were carried out mainly in men's prisons in Austria, Sweden, Ireland, the Netherlands, France, England and Scotland.

The impact of a therapy unit in Austrian prisons resulted in almost 30% of the prisoners being 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). A study on a drug-free detention treatment in a Rotterdam jail (Schippers, van den Hurk et al. 1998) based upon a follow-up comparison of 86 male programme volunteers with 42 inmates from other wings. One year after release there are no differences found in drug use and relapse. The lack of any treatment impact on relapse was explained by a) the programme duration being too short (mean 3 months) and b) the highly difficult treatment population.

Programme evaluations including aftercare have been undertaken in England (Kothari, Marsden et al. 2002) and France. Both evaluations indicate that aftercare is vital for relapse and re-offence prevention. In France, the programme evaluation found that 38.6% of the participants 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).

In the four-country study on aftercare, Fox (2002) documented 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.

2.5.2 Gender specific needs and barriers for relapse prevention

The time of release is perceived as a crucial time for drug using prisoners as many drug users continue their habit after release. Dutch findings show that 42% of drug injectors relapse to drug injecting after release, most of these (34%) even on the very first day of prison release (van Haastrecht, Bax et al. 1998). In addition to the risk of relapse, a number of studies proved that there is a high risk of drug-related death after release because of the reduced tolerance to drugs (Harding-Pink 1990; Seymour, Oliver et al. 2000;

Heinemann, Kappos-Baxmann et al. 2002). 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 literature, several needs and issues of reimprisonment concerning female drug using prisoners have been identified. As imprisoned women are often burdened not only by drug dependence but also by psychological distress, poor health and a lack of supportive relationships, there is a great need for psycho-educational and skills training and for specific interventions, which prepare them for community life (Ramsay 2003). Specific treatment should include counselling, vocational preparation, mental health care, self-esteem promotion and drug abuse treatment (Taylor 1996). Successful transition from prison to community life requires an affordable dwelling place, financial and emotional stability, the development of vocational and life skills prior to prison release and professional support by social and health services after release (Parsons and Warner 2002).

Despite the multiple needs of female drug using prisoners, especially their mental health problems and drug dependence are still an unsolved problem (Harding 1997; Haywood, Kravitz et al. 2000; Langan and Pelissier 2001). Although programmes for women are improving they are still inadequate in terms of availability. A large number of imprisoned female drug users return to community without having received any treatment while in prison and without any formal transition support (Henderson 1998; Richie, Freudenberg et al. 2001).

2.5.3 Assessment of best practice based on evaluation results

Evaluation results from the United States provide clear evidence that participation in a continuum of treatment is most effective to decrease post-release recidivism of drug-involved offenders. In particular, transitional aftercare has been proved to be crucial for reducing post-prison recidivism.

> "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 appears that increased referrals, monitoring and supervision do not effectively reduce recidivism (Chanhatasilpa, MacKenzie et al. 2000). In fact, proper discharge planning and long-term trusting therapeutic relationships formed in prison and continued after release work towards easing transition into community (Vigilante, Flynn et al. 1999). However, the adaptation of treatment models to the needs of drug-involved women offenders still remains a challenge.

In Europe, little information is available on the drug use of female prisoners and related needs of care. In many European countries, access to treatment immediately after release is also limited. 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 of short duration with few opportunities for ongoing support after release. However, in line with international findings Turnbull and McSweeney (2000) summarised the European 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".

In conclusion, Fowler (2001) stressed that there are 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.

3 Results of the European prison survey

3.1 Introduction

In this chapter, the results of the "prison services survey" questionnaire, which had been distributed among the Ministries of Justice of the 25 member states of the European Union, are presented. The results refer to a database generated from 37 questionnaires, which encompass all 25 member states, autonomous regions and federal states. Great Britain is represented by England/Wales, Scotland and Northern Ireland; Spain is only represented by Catalonia.

Germany is a special case, as there exist no national but only federal data. Of the 16 German federal states, nine are included in the analyses. Four federal states – Niedersachsen, Bavaria, Sachsen-Anhalt and Mecklenburg-Vorpommern – declined their participation in the questionnaire. Three federal states – Brandenburg, Saarland and Thüringen[1] – have no female prisoners because of a judiciary convention with bordering states (Berlin, Rheinland-Pfalz and Sachsen) to place female offenders in those prisons. As German data are based upon nine different responders, 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 drug services in prison and pre-release and aftercare services.

It is important to note that the questionnaire always asked for data and not for estimations. For this reason, non-available data for individual items were recorded as missing. Many responders commented individual questionnaire

1 Thüringen has only few, transitory, female inmates who are tranferred to the women's prison in Saxony. Nevertheless, Thüringen filled in the survey questionnaire, which will be disregarded in further analyses because of the absence of female drug using prisoners there.

items with detailed explanations. 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 of the 25 member states.

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

The background data on the prison population in Europe derive from the national "prison brief", which was developed by the International Centre for Prison Studies of the King's College London. This centre provides online information about national prison systems and prison populations around the world (see: http://www.kcl.ac.uk/depsta/rel/icps/worldbrief/europe.html).

Table 3-3 shows that 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. In relation to the total population, the minimum-maximum rate of prisoners looks quite different. In relation to 100,000 inhabitants, the small Eastern European countries Latvia and Estonia have the highest rates of prisoners, which is 3-4 times higher than those of Finland and Denmark or even Germany.

As the research project focuses on female prisoners, Figure 3-1 illustrates separately the proportion of female prisoners among the European prison population.
The figure shows: On average (with some exceptions), female prisoners range between 4% and 6% of the European prison population. A much higher proportion of female prisoners is found in the Western European countries Netherlands, with 9%, followed by Spain with 8% and the Portugal with 7.0%. In contrast, the lowest percentage of female prisoners is found in Northern Ireland (2%) and Slovakia (2%) , followed by Poland (3%). In numbers, 1,760 women are imprisoned in the Netherlands, 4,777 in Spain and 920 in Portugal. In Poland, 2,303 women are imprisoned although their proportion of the total prison population is rather low.

In the five countries participating in the project, viz. Austria, Germany, Spain, Scotland and Poland (marked in black), the number of women prisoners varies a great deal but, with the exception of Poland, is high compared to other countries.

	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
Austria	8,700 / 106	4.1 %	26.9 %	2.5 %	33 %	28 / 101 %
Belgium	9,245 / 88	4.0 %	39.1 %	1.1 %	40.9 %	34 / 113 %
Cyprus	355 / 50	5.8 %	13.2 %	7.0 %	42.9 %	1 / 119 %
Czech Republic	19,506/ 191	4.7 %	15.5 %	0.8 %	8.7 %	35 / 116 %
Denmark	3,774 / 70	4.6 %	29.0 %	0.8 %	15.5 %	57 / 95 %
Estonia	4,571 / 339	5.2 %	23.7 %	4.9 %	35.8 %	8 / 94 %
Finland	3,446 / 66	5.6 %	13.6 %	0.2 %	7.8 %	37 / 107 %
France	55,028 / 91	3.8 %	35.7 %	3.8%	21.4%	185 / 118 %
Germany	79,329 / 96	5.1 %	19.7 %	4.2 %	27.7 %	237 / 100 %
Greece	8,760 / 82	5.9 %	28.2 %	6.9 %	41.7 %	28 / 157 %
Hungary	16,543 / 164	5.8 %	24.8 %	2.7 %	4.2 %	35 / 145 %
Ireland	3,417 / 85	3.2 %	16.4 %	2.4 %	9.1 %	14 / 95 %
Italy	56,530 / 97	4.7 %	36.0 %	0.8%	31.8 %	222 / 134 %
Latvia	7,769 / 337	5.3 %	35.0 %	2.9 %	0.8 %	15 / 85 %
Lithuania	8,063 / 234	3.0 %	16.9 %	2.4 %	1.6 %	15 / 84 %
Luxembourg	653 / 143	4.4 %	45.9 %	1.7 %	72.9 %	2 / 86 %
Malta	287 / 72	3.9 %	33.1 %	1.1 %	35.0 %	1 / 63%
Netherlands	19,999 / 123	8.8 %	35.2 %	1.0 %	33.2 %	102 / 98 %
Poland	82,262 / 216	2.8 %	17.1 %	1.3 %	1.0 %	214 / 117 %
Portugal	13,147 / 124	7.0 %	23.5 %	2.1 %	12 %	58 / 105%
Slovakia	8,891 / 165	2.5 %	33.1 %	0.7 %	2.3 %	18 / 94 %
Slovenia	1,129 / 56	4.1 %	27.1 %	1.3 %	11.7 %	7 / 102 %
Spain	61,246 / 142	7.8 %	23.1 %	0.3 %	25.4 %	77 / 114 %
Sweden	7,332 / 81	6.2 %	20.5 %	0.3 %	25.0 %	84 / 103 %
N. Ireland	1,300 / 76	2.4 %	36.8 %	5.7 %	1.5 %	3 / 95 %
Scotland	6,727 / 133	4.8 %	15.9 %	2.8 %	1.2%	16 / 105 %
Eng./Wales	77,025 / 145	6.0 %	16.9 %	3.1 %	12.5 %	140 / 111 %

Table 3-3: Prison population in the 25 member states of the European Union – an update of 2005

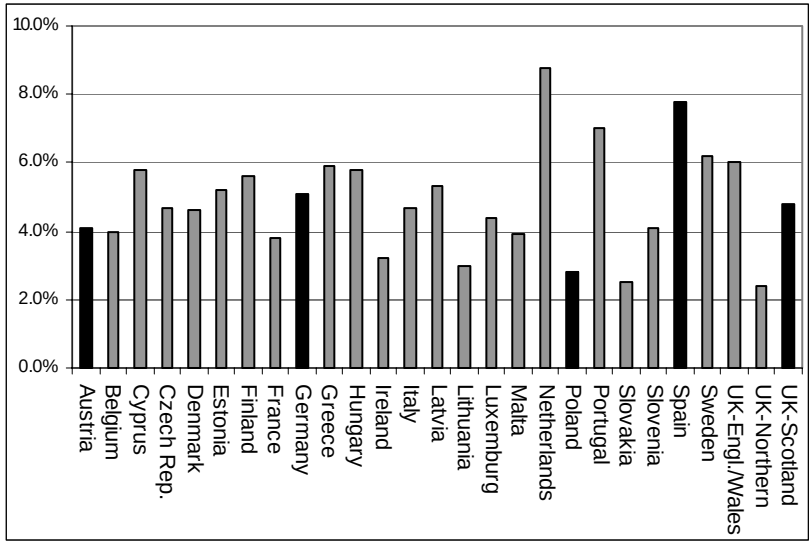


Figure 3-1: Proportion of female prisoners among the national prison populations – (n=27)

The following chapters present the results of the prison survey.

3.3 Adult female prisoners in Europe

The first section of the survey questionnaire focused on 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 total had passed through the prisons *during* the year 2002.

The following table shows that 11 out of 27 countries/regions have only one or two prisons for adult female prisoners. Four countries – Austria, Czech Republic, Portugal and England/Wales – have 10 to 20 penal institutions for adult women. Italy has, with 62 women's prisons, the highest number of penal institutions for women followed by France, Germany and Poland.

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

Table 3-4: Number of penal institutions for adult female prisoners and number of female prisoners – (n=27)

* From England/Wales no data were available for a specific data in 2002. The number of female prisoners based upon the average number of women prisoners detained during 2002

including young offenders (18-21 years old) and juveniles (<18 years old). The data on the total number of female prisoners refers to the data of 2001 on the total number of all female prisoners, regardless of their age.

With respect to Germany and Spain it must be taken into consideration that data are missing from some German federal states and from central Spain. Therefore, the number of prisons as well as the number of female prisoners will be higher in both countries than indicated in table 3-4.

Concerning the number of adult female prisoners on a specific date in 2002, there are considerable differences across Europe. Many European countries have about 200 to 500 female prisoners, with several exceptions downwards and upwards. Small countries like Cyprus, Luxembourg, Malta, Slovenia and Northern Ireland have only small numbers of 20 to 30 female prisoners. Large countries with a high number of prisons (France, Germany, Italy, Poland, Portugal) accordingly have a very high number of adult female prisoners ranging from 1,000 up to 2,500. There are two peculiarities worth mentioning: First, compared to all other European countries, a disproportionally high number of female prisoners is found in England/Wales, which is highest in Europe with about 4,300 imprisoned women. Second, in Hungary there are only two prisons, but the considerable number of more than 1,000 female prisoners on a specific date in 2002. It must be assumed that these two prisons are very large-scaled, which is associated with well-known security and health problems caused by putting together a great number of prisoners. In addition, the Hungarian responder reported that there are 19 remand prisons, where female prisoners are also placed.

When comparing the number of female prisoners on a specific date with the official prison capacity, it appears that women's prisons in Belgium, Germany, Greece, Hungary, Latvia, and Poland are overcrowded to a certain extend. The capacity overload in the prisons of these countries differs enormously and ranges from a minimum of 102%-122% up to 147% in Greece and a maximum of 206% in Hungary. For Hungary, this means that more than twice as many women than places available had been imprisoned on a specific date in 2002. According to the data, the prisons in Portugal seem to be overcrowded, too, but the responder noted that no information was available about the number of places in some male dominated prisons with a women's section. For this reason, the question of capacity overload cannot be answered clearly for Portugal.

In most European countries, about twice as many women passed through the prison system during one year than counted on a specific date. In Ireland, Cyprus and Luxembourg, this number is comparably high, though there are only few female prisoners in these countries.

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. It investigated the percentage of drug users among the female prison population and the percentage of those who had been re-imprisoned. In order to know who is regarded as "drug user" by the prison system the responders were asked how they identify women prisoners as drug users.

There is consistent evidence from the international and European literature that most 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 HIV and hepatitis infections. Moreover, persons who continue drug use in prison are found to have a high risk to relapse or to die from overdose after prison release. 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.

In order to find out how drug users in prison are identified, the responders were presented with six possible answers to choose those applicable to their prison system. With the exception of Belgium, all participants responded to this question.
The majority of prison officers rely on women's self-reports in order to identify those with a history of drug use (n=24). Only in Portugal and Estonia, self-reports of the women prisoners did not play any role in identifying a potential drug addicted prisoner. In most European prisons, medical examinations are usually performed immediately after women have entered the prison (n=19). Therefore, medical examination is also one of the most important basics to identify drug addicted female prisoners. In addition, data sources such as social reports, criminal records and urine tests are used in many national prison systems to identify drug using inmates (n=15). In general, most of the prison systems combine the different sources of information for the identification of drug users or drug addicts.

Sweden and Malta reported that they additionally use the standardised questionnaire EuropASI to determine the prevalence of drug addiction. In England/Wales, the CARAT-team carries out Motivational Interviewing as an additional assessment method. CARAT is an acronym for Counselling, Advice, Referral, and Treatment, and describes a service offered in all prisons by qualified drug workers, who are often contracted from health and private sectors. In France, controls by the security staff and in Ireland, assessment by the nursing staff upon entering prison provide additional information to identify female drug using prisoners.

Based on several assessment procedures, the data in figure 3-2 present the prevalence of drug users among the adult female prison population. It refers to the specific date in 2002 as listed in table 3-4.

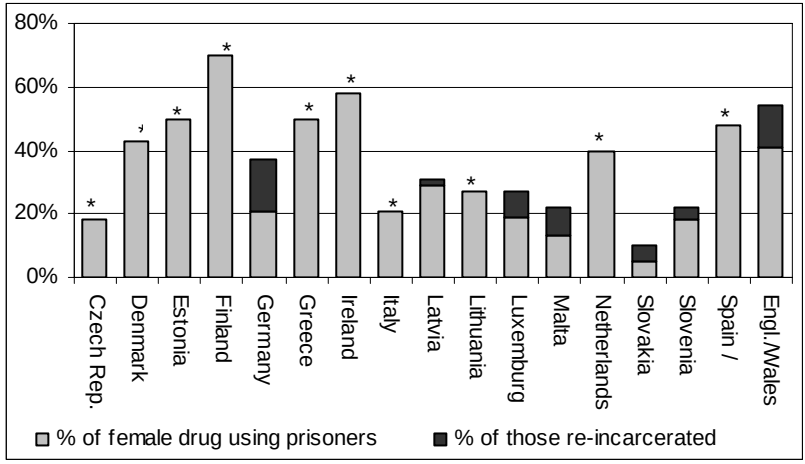


Figure 3-2: Percentage of adult female drug users on a specific date in 2002 – (n=17)

* No data available on the percentage of re-imprisoned persons

Concerning the prevalence of female drug users in 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.

Based on data from 17 countries/regions, it seems that about half of them have only a small proportion of 10%-30% of adult female drug users in their prisons, while the other half stated to have about 40%-60% of female drug using prisoners amongst their female prison population. The latter is especially the case for Ireland, England/Wales, Catalonia, Estonia and Greece. The highest proportion of female drug using prisoners was reported from Finland, where 70% of the female inmates in 2002 are considered to be drug users.
As mentioned above, we were also interested in the number of re-imprisoned adult female drug users. Most countries could not provide any data concerning this question. Among those who provided data, Slovakia and Malta, who have only a small number of female drug using inmates, stated that 51% and 40% respectively had been re-imprisoned in 2002. In Germany, an average of 43% of female drug using prisoners have been re-imprisoned.

However, the results on the prevalence of female drug users in European prisons have to be treated with caution, as the definition for "drug use" applied in the different European countries remains unclear. For instance, the responder from England/Wales commented in 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 are significant under-representations. This perspective was supported by a European overview on drug and HIV services in European prisons. It pointed out that only few countries have a clear definition of the term "drug user" and that, when compared, these definitions are extremely heterogeneous (Stöver 2002). 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). Others define drug use as the regular use of drugs or medication during the year preceding imprisonment (France) (Stöver 2002). It is obvious that the reported proportions of female drug users in the national prisons more or less reflect the variety of definitions. Unless all European prison systems use the same clear and unique definition of "drug users", all data quantifying the degree of the drug problem in prison need to be treated with caution.
The definitional problem has to be kept in mind when looking at the following data, which represent first the imprisonment trend of female drug users and second the prevalence of illicit drug use among female drug using inmates.

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

Eleven European countries did not know whether the proportion of female drug users imprisoned on a specific date in 2002 compared with the data of 2001 had changed. Sweden did not answer this question at all. This obviously poor availability of information is remarkable considering the common agreement that the number of drug users in prison is steadily increasing. However, the lack of information shows first of all that proper assessment methods are missing.

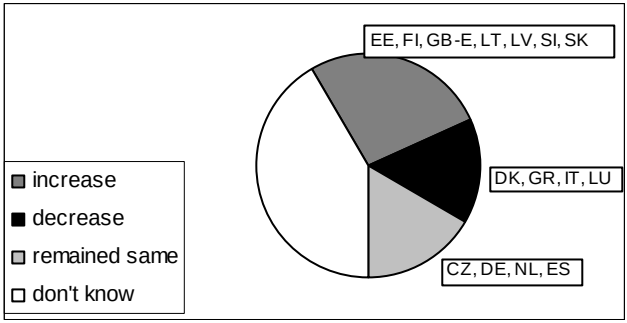


Figure 3-3: Trend in the proportion of imprisoned female drug users from 2001 to 2002 – (n=26)

When comparing the results of those countries with available data, seven European member states report an increased proportion of imprisoned adult female drug users from 2001 to 2002. This is particularly the case for the Eastern European countries. A decrease was reported from Italy, Luxembourg, Denmark and Greece, who still had a considerable number of female drug using prisoners in 2002 compared to other European countries. Four countries, among them Germany and Spain, state that the proportion of female drug using inmates remained the same in 2002 compared to 2001. However, for Germany and Spain, the results would possibly be different if based on data from all 16 German federal states and from central Spain.

Due to the different definitions of "drug user", data on female drug users presented above could refer to legal drugs such as alcohol, to illicit drugs

such as opiates, and to medicaments either prescribed or non-prescribed. In fact, the data illustrate rather the perspective of the prison administration on the extent of the national drug problem in prison than provide a valid overview on the prevalence of drugs in European prisons.
For this reason it was one of the survey's objectives to focus on the use of illicit drugs in order to get a more consistent picture of the drug problem in prison. Thus, the recent percentage of adult female drug using prisoners who have a history of illicit drug use prior to their imprisonment was explored. In addition, data were obtained on those women prisoners who continue using illicit drugs such as opiates, cocaine, amphetamines and cannabis while in prison.

One major result of the survey is that almost half of the European countries/regions stated to have no data on the degree of illicit drug use among women prisoners prior to their imprisonment and/or during their prison term. Only 14 out of 27 countries/regions provide data on this issue, although most of them could only indicate the percentage of female drug using prisoners who have a history of illicit drug use. As to the proportion of women prisoners using illicit drugs while in prison, data are only available from 9 countries/regions (the missing black columns in figure 3-4 indicate missing data).

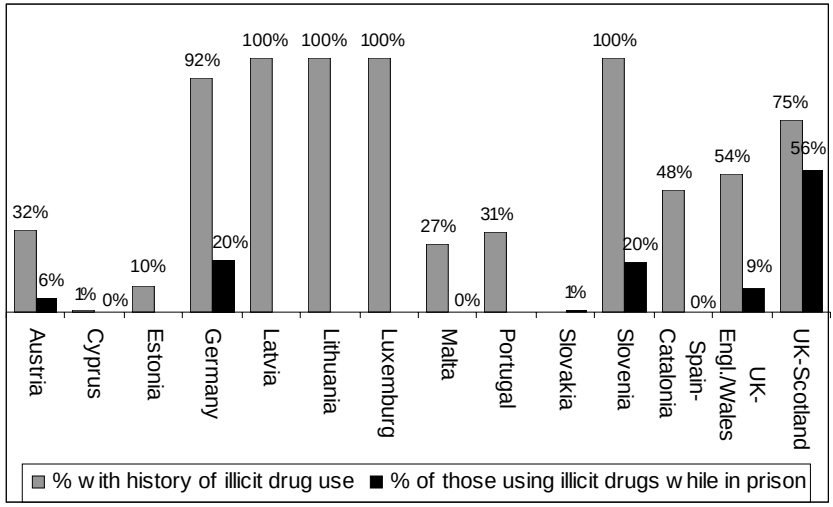


Figure 3-4: Prevalence of illicit drug use among female drug using prisoners – (n=14)[2]

According to the data, all female drug using prisoners in the Eastern European countries Latvia, Lithuania and Slovenia, and in Luxembourg seem to have a history of illicit drug use. Apparently, none of the female drug using prisoners in these countries is only addicted to legal substances such as alcohol or pharmaceutics. Similar results are found in Germany and to a lesser extend in Scotland, where three quarters of the female drug users are reported to have a history of illicit drug use. In Catalonia and England/Wales, about half of the female drug using prisoners were users of illicit drugs prior to their imprisonment while another half of this prison population have been identified as users of other substances than illicit drugs. In Austria, Portugal, Malta, 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.

2 Austria noted that the most recent data on the prevalence of illicit drug use among the female drug using prisoners were from 1999. The data reported from Portugal derived from a 2001 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", based on 1997 data.

In Cyprus, only 1% of the female drug using prisoners seem to use illicit drugs and none of them seem to continue illicit drug use while in prison. Similarly, Malta and Catalonia stated that none of the female prisoners who are experienced in illicit drug use continue using illicit drugs in prison. However, both literature and practical experience suggest that these data might be an understatement. The same might apply to data on illicit drug use in prison reported for England/Wales and probably also for Slovakia and Slovenia. As to Austrian and German data on illicit drug use in prison, the reported 6% and 20% respectively probably do not correspond to the real prevalence. According to the comment of the Austrian responder, the 6% incidence of illicit drug use in prison covers only those female drug using inmates who inject drugs while in prison. No data are available on inmates with consumption patterns other 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 of them continue injecting drugs during their imprisonment (Müller, Stark et al. 1995; Meyenberg, Stöver et al. 1999). Considering this information, there is not much doubt that the data provided by Austria and Germany are underestimations and that, in fact, a considerably higher proportion of female prisoners continue using illicit drugs while in prison.

In contrast, the prevalence of 56% of illicit drug use among female prisoners reported from Scotland seems to correspond to the prison reality, as annual prison surveys are conducted in Scotland. Therefore, Scotland is one of the European countries with well-founded prison data. Ireland could also provide detailed data on the spread of illicit drug use among female prisoners. According to these data, 3% of Irish female inmates use cocaine, 6% amphetamines, 17% opiates, 30% benzodiazepines and 35% cannabis while in prison.

In general, the survey results on the prevalence of illicit drug use among female drug using prisoners in the different European countries reveal that the availability and validity of data depend on the prison information available in the respective country. In order to ascertain the origin of the data, the responders were asked to name the source of their information.

With the exception of Luxembourg, all countries providing data on the percentage of female drug using prisoners with either a history of illicit drug use and/or illicit drug use during imprisonment answered this question.

Obviously most countries (10 out of 14) had access to 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. Independent representative studies are apparently only available in these three countries and as well in Austria.
In Austria, in addition to representative studies, information from a report of the European network on HIV/AIDS and hepatitis was used to determine the prevalence of illicit drug use among female drug using prisoners. The data from Cyprus were based on reports of prison psychologists and on prison statistics. Ireland, Lithuania and Scotland stated having used exclusively other data as sources of information, but the quality of these sources of information varies utterly. As mentioned above, the Scottish data are based 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 cited by Lithuania stating to "have information that illicit drugs are being used in prison though we don't know the exact proportion". This statement highlights a very common difficulty of European prison systems, viz. that the prison administrations are aware of the problem of drug use in prison but feel unable to assess the extent of this problem.

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

- Information on the national prevalence of illicit drug use among adult female prisoners depends on the availability and quality of data sources and on the respective definition of the term "drug use".
- As regards the availability of data, as many as 6 European countries (Belgium, France, Hungary, Northern Ireland, Poland, and Sweden) could neither specify the percentage of female drug using prisoners nor the percentage of women prisoners with a history of illicit drug use.
- Due to the lack of a standardised definition of "drug use" used by all countries in Europe and due to the effects of the heterogeneous data sources, it is not possible to compare the data on illicit drug use among female prisoners in a reliable and valid way.

The EMCDDA face the same difficulties when they try to compare the reported data for their surveys of the drug situation in Europe (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 most European member states agree that the drug problem in prison is the greatest challenge for the penal system, it becomes increasingly important to establish a standardised classification system accepted by all European countries to measure the prevalence of drug use. Moreover, it seems advisable to implement procedures to assess prisoners upon entering prison and to develop a system of national prison monitoring. Evidence-based information will allow to undertake reliable between-country comparisons and to provide reliable information on the drug problem in European prisons.

Currently, only little or no data on female drug using prisoners are available in many Western and Eastern European countries. Scotland is the exception and could be regarded as an example of good practice in Europe, due to a regular and comprehensive monitoring of the Scottish prison system. The monitoring is conducted annually 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

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

About half of the European member states could not provide data concerning the reasons of imprisonment of adult female drug users. Portugal and England/Wales could only specify the reasons for imprisonment with respect to

the entire female prison population but not for female drug users in particular. In Germany, the data represent only 3 out of 9 federal states, as no data were available from the other 6 states.
Keeping in mind the different data baselines in 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 previous illicit drug use. Second, 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.

Among the European member states, the proportion of female (drug using) prisoners who had been imprisoned because of offences against the drug law differs enormously. 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 are found in Malta, Portugal and Luxembourg; however, it has to be considered that Malta and Luxembourg each had only 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 shoplifting. In Poland, Estonia and Germany, between 21% and 28% of the female drug users are imprisoned for drug law violations. The lowest percentage of female prisoners sentenced for drug law offences (3%-14%) is found in Northern Ireland, Cyprus, Latvia and England/Wales, as the majority of female drug users were imprisoned for acquisitive offences.

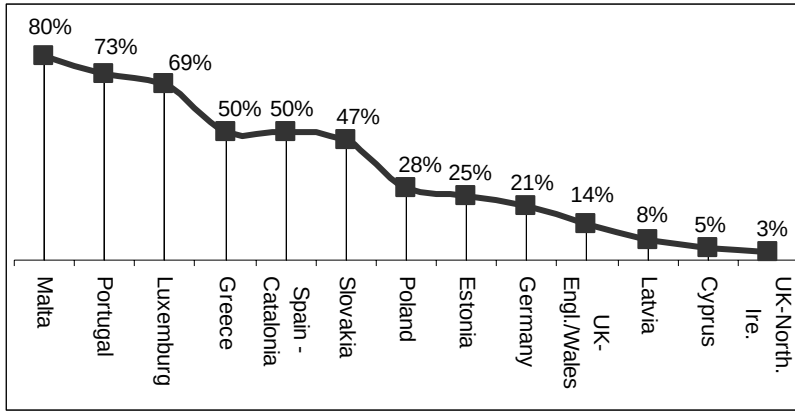


Figure 3-5: Offences against the drug law as reasons for imprisonment – (n=13)

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 reflects the nature of the respective national drug law. Thus, the EMCDDA pointed out that in some member states, sanctions for possessing illicit drugs depend on the type of drug, while in other countries, the law does not differentiate between illicit substances. For example, in Belgium, Spain, Ireland, Italy, the Netherlands, Portugal, Luxembourg and the UK, the penalty for drug offences varies according to the nature of the substance involved. In the remaining countries, the law does not officially recognise differences between drugs, although judicial authorities in practice do consider the nature of the substances (as well as the quantity and other determining factors) when sentencing (for details see: http://eldd.emcdda.eu.int/trends/classification.shtml).

The severity of drug and/or acquisitive offences determines the severity of the sentence and thus the length of the prison sentence. We have analysed the length of prison sentences of the majority of adult female drug users. There are again differences of the data baselines: Ireland reported data for the total female prison population imprisoned in 2002, as it was not possible to link the length of sentences to the drug history. England/Wales stated that according to the "Statistics on Women and the Criminal Justice System 2002", 76% of the women with custodial sentences were committed to a 12-

month sentence or less, and the average length of time spent in prison is only 4.5 months on average. There is a significant minority of women imprisoned for drug importation. On average, these women receive a 7-year sentence but have very different substance misuse profiles compared to the rest of the population (www.homeoffice.gov.uk/rds/pdfs2/s95women02.pdf).

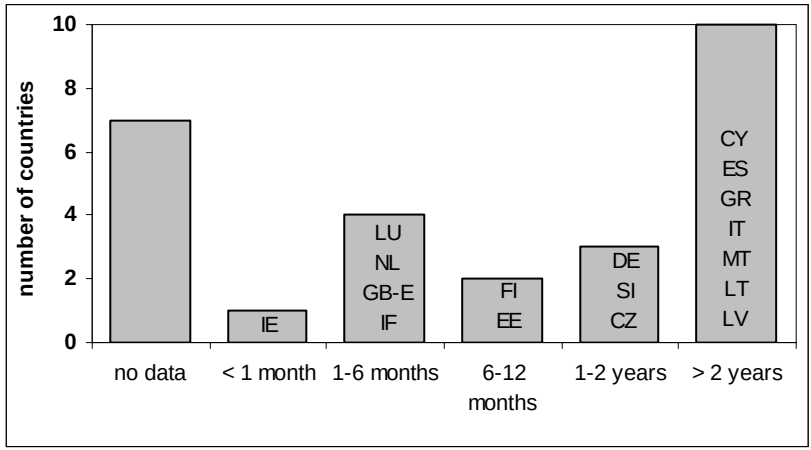


Figure 3-6: Average duration of imprisonment for female drug using prisoners – (n=27)

The data clearly show that in 13 out of 20 European countries that provided data, the majority of the female drug using prisoners had to serve long prison sentences of more than one year on average. In the vast majority of the countries, the women even had to stay in prison more than two years. The latter is particularly the case in the countries of the eastern enlargement. Short-term prison sentences up to six months were found in Northern Ireland, Luxembourg, Netherlands, England/Wales and most notably in Ireland. In Finland and Estonia, female drug using prisoners are on average 6 to 12 months in prison.

As female drug using prisoners in most European countries serve long prison sentences, it can be assumed that the respective prison systems face numerous drug-related problems.

In order to assess which is the drug-related problem that the prison administration regards as most challenging to the prison system, the responders were requested to choose from 10 specified drug-related problems two that they consider most important. Portugal did not answer this item.

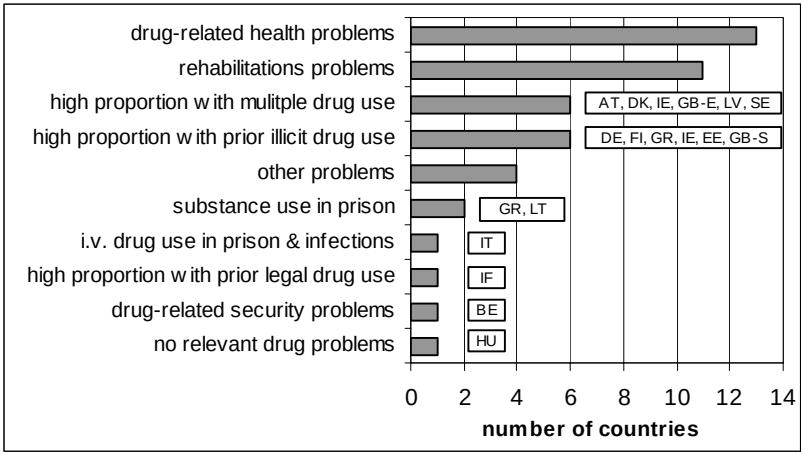


Figure 3-7: Major drug-related problems challenging the prison system – (n=26)

From the 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 as most challenging to the national prison system by 13 European member states. This was followed by rehabilitation problems, which 11 countries stated to be most challenging to their prison system. Six European member states stated that the high proportion of female prisoners with either multiple drug use or with previous illicit drug use was a major prison problem.

The results 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 the exception of Greece, Lithuania and Italy. Similarly, previous

legal drug use and security problems are mostly regarded as no or minor prison problems, with the exception of Northern Ireland and Belgium.
Four European countries stated that they have other than the mentioned problems; three of them – Czech Republic, Malta and Spain-Catalonia – stated that they have only other problems. The responders from Malta and Czech Republic explained that they have only small numbers of female drug users and that drug use is not or only rarely detected among their female prisoners. In Malta, this is proved by regular urine testing. Hungary, Malta and Czech Republic obviously have no relevant drug problems challenging their prison system. From the perspective of the Catalonian responder, personality disorders of female drug using prisoners are a major drug-related prison problem. In Finland, social problems of female prisoners in freedom along with the high prevalence of previous illicit drug use are regarded as major prison problems.

In conclusion, the survey found two relevant results:

- Major drug-related problems of the prison system could be identified in four areas. According to the assessments of the prison administrations, drug-related problems such as health and rehabilitation problems, the high number of female drug using prisoners with multiple drug use and/or previous illicit drug use are most challenging to the prison system in the majority of the European countries. One or more of these problems are stated by at least 22 European countries/regions.
- Malta, Czech Republic and Hungary are countries with a small proportion of female drug using prisoners and nearly no detection of drug use in prison. Consequently, 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 so far no major prison problem (MacDonald 2001; 2003).

As the vast majority of 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 thorough information about the drug and treatment services provided to female drug users in European prisons. A comprehensive survey covering the availability of all types of prison drug services has not been carried out so far. Results with respect

to available drug services for female drug using prisoners in European prisons are presented for the first time.

In order to investigate the availability of drug and treatment services in prison, the responders were asked which of the 18 listed offers are available to female drug using prisoners and whether these services are available in all their national women's prisons.
The listed 18 offers can be divided into "harm reduction" services and in "treatment" services. The availability of each kind of drug services was individually explored. The results show what help offers exist in the prison systems of the different European member states and what is common standard of care.

The next figure illustrates the availability of "harm-reduction" services in the prisons of the 27 European countries/regions.

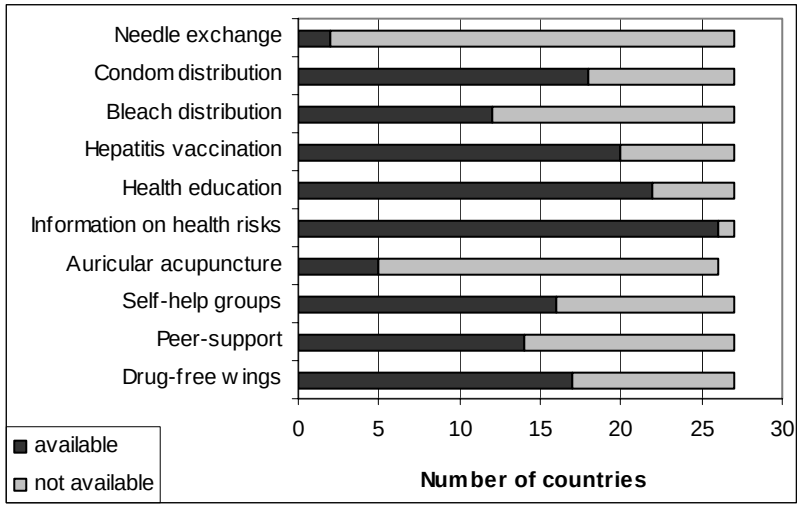


Figure 3-8: Availability of harm reduction services in prison – (n=27)

From a total of 10 different harm reduction offers, three offers are provided in the prisons of nearly all European countries/regions. With the exception of Estonia, all prisons in Europe provide information on health risks to female drug using prisoners. This is followed by health education available in 22

countries and by hepatitis vaccination available in 20 countries. It can, therefore, be assumed that health information, health education training and hepatitis vaccination became established as a kind of standard prisoners' health care. At the same time, some countries still do not meet this standard although they reported to have drug-related health problems. For instance, as many as six countries – Belgium, Latvia, Lithuania, Northern Ireland, Poland and Slovakia – do not offer hepatitis vaccination to female prisoners despite their awareness of health problems. It is recommended that all countries ensure the availability of these offers as a measure of health promotion.

The majority (14 to 18) of the European countries provide, to some extent, drug-free wings, self-help groups, and peer support to female drug using prisoners. Drug-free wings or units are particularly important for female prisoners to keep distance to drug using inmates and to stay abstinent in prison. Ten countries – Belgium, France, Luxembourg, Catalonia, Northern Ireland, Poland, Cyprus, Estonia, Latvia, and Lithuania – do not provide drug-free wings; therefore, there is a need to increase the availability of this type of drug service in prison.

Auricular acupuncture and, in particular, needle exchange programmes are only rarely available. 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 shows that most countries put emphasis on health promotion by means of health information, health education and hepatitis vaccination in order to address drug-related health problems and to prevent infectious diseases. The prevention of health risks could be greatly improved if bleach and syringes were made available to all female prisoners who still inject drugs in prison.

It has to be kept in mind that generally available services are not available in all prisons. Especially in countries with a high number of prisons, some services are only available in most prisons or in some of them. This limitation also applies to treatment services as presented in figure 3-9.

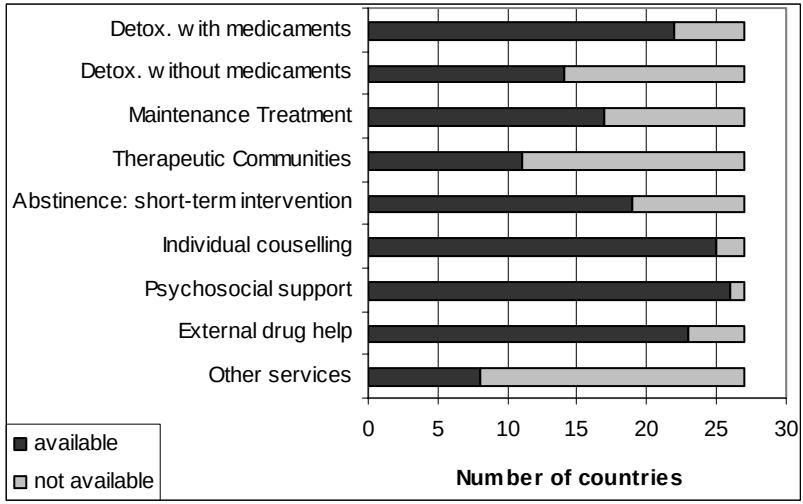


Figure 3-9: Availability of drug treatment services in prison – (n=27)

The results concerning the availability of drug treatment services show that especially psychosocial support and individual and 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 frequently provided treatment service is detoxification with pharmaceutics, which a majority of 22 countries/regions make available to female drug using prisoners.

As drug using women are often still drug-dependent when entering prison, detoxification with medicaments plays 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 detoxification or initiation of maintenance treatment, they are moved to resettlement prisons where detoxification is no longer provided.

In addition to detoxification with pharmaceutics, 13 countries/regions also provide detoxification without medicaments. Only Sweden merely offers detoxification without any medication. Detoxification without pharmaceutics can be very different, as for instance some countries do not provide any support while others offer symptomatic relief by alternative therapies. Thus, England/Wales report that they detoxify stimulant users by means of herbal

teas, analgesia, hot chocolate and alternative therapies such as auricular acupuncture and yoga.
Detoxification with or without medicaments is not provided in the prisons of Northern Ireland, Hungary, Estonia and Lithuania.

Two other types of treatment are often available in European prisons: abstinence and maintenance treatment. Abstinence orientated short-term interventions are provided in all or in some prisons in 19 countries/regions. Maintenance treatment is provided to a different extend in 17 countries/ regions. Maintenance treatment in particular is one of the most important services from the 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, maintenance treatment is also a measure of harm reduction, as it reduces high-risk practices of needle sharing among prisoners. These are good reasons to make maintenance treatment available to as many drug addicted prisoners as possible. Currently this kind of treatment is only available in all the prisons of 11 European countries/regions.
Therapeutic communities, which either prepare female drug using prisoners for a referral to a community-based drug therapy or which prepare them for prison release are currently only available in prisons of 11 countries/regions.
Eight responders reported that they provide other services in addition to those mentioned above. In Malta, Slovakia and Germany, psychiatric care is offered in some of the national prisons. In addition to external drug help, the prison systems in Luxembourg and Germany cooperate with community based AIDS and youth care units. In Ireland, there are formal connections with community drug and psychiatric services, which also provide housing. In Italy, work therapy is offered to female drug using prisoners. In some Polish prisons, drug-free treatment programmes provide training of assertive abstaining behaviour and relapse prevention. Finnish prisons additionally offer programmes for treatment motivation, family work in some cases and networks with community agencies.

With regard to treatment programmes such as maintenance treatment, therapeutic communities, abstinence-orientated short-term interventions and drug-free wings, the responders had been asked about their opinion as to the likely benefits for female drug using prisoners, who participated in any of these programmes. The responders could choose among four given benefits. The

data analysis show that about one third of the European member states (n=8) did not answer the question of possible benefits.

The statements of 19 responders concerning possible benefits of treatment participation reveal that in most countries, participation in prison treatment can lead to a transition to community-based treatment. This is the case for 14 countries (AT, BE, CY, CZ, DE, DK, ES, FI, FR, IE, LT, MT, SE, SI). Ranging second was the statement that participation in a prison treatment programme is helpful to be released on licence according to the conditions of "therapy instead of punishment". This kind of benefit was reported by 10 countries (BE, CZ, ES, DE, DK, FR, LT,MT NL, SE). Only a minority of the responders stated that treatment participation resulted in a shortening of the prison sentence and/or relaxation of prison restrictions (n=8; n=6). Obviously, these advantages of treatment participation are rather the exception and more common in Eastern European prisons.

In conclusion, the availability of drug treatment services can be summarised in three main points:

- When taking the most widely 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 European member states also provide detoxification with medicaments and/or short-term interventions in order to promote drug abstinence. Compared to the availability of maintenance treatment, European prisons systems tend to favour abstinence models.
- A comparison of the availability of harm-reduction and treatment offers reveals that in prison there is a tendency to provide treatment options rather than basic harm-reduction measures.

3.4.1 Country specific comparison of available drug services in prison

As mentioned above, not all drug and treatment services are basically available in all prisons. Especially in countries with a high number of prisons, there are considerable differences between prisons concerning the availability of these services. For a country-wise comparison, it is necessary to group the countries according to their number of prisons, as 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

For the sake of comparison, it would have been desirable to indicate the number of drug using inmates per 100,000 inhabitants for each group. However, due to the lack of data concerning the number of female drug using prisoners in many of the countries, it is not possible to establish the rate of female drug users in prison.
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 focus on the availability of harm-reduction services by identifying which of the harm-reduction services are available in general and which of the services are available in all existing prisons (see table 3-5).

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

When comparing the distribution of harm-reduction services, it is surprising that the countries of group 1 range lowest though they operate only one or two women's prisons. Rather the opposite had been expected, as it seems more difficult to ensure a high level and quality of care in those countries with numerous prisons and especially in all prisons than in a country with only one prison. The survey results clearly indicate that the countries of group 2 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 nationally existing prisons is of great importance because it guarantees women prisoners equal access to services independently from the specific prison they serve their sentence in.

	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
Group 1 (N=11)	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	--	--
Group 2 (N=8)	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	--
Group 3 (N=4)	Austria (14)	++	--	--	--	++	++	++	--	++	--
	Portugal (14)	++	--	--	--	++ all	++	++ all	++ all	++ all	--
	Czech Republic (17)	++	++ all	--	--	++ all	++ all	++	++ all	++ all	--
	England / Wales (18)	++	++	++	++	++ all	++	++	++	++	--
Group 4 (N=4)	Poland (21)	--	--	++	--	++ all	++	--	++	++	--
	Germany (33)	++	++	++	++	++ all	++	++	--	++	++
	France (56)	--	++	++	--	++ all	--	++ all	++ all	++	--
	Italy (62)	++ all	++ all	++ all	++ all	++	++ all	++	--	--	--

Table 3-5: Country-by-country availability of harm-reduction services – (n=27)

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

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

In group 1, with the exception of Estonia, all countries provide information on health risks and health education training. Hepatitis vaccination ranges second of the most available offers though it is only provided by 6 out of 11 countries with one or two women's prisons. Along with hepatitis vaccination, 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; the distribution of condoms is offered only in 5 countries and the distribution of bleach in 3 countries only.
With respect to all available harm-reduction offers, Slovenia it the country of group 1 that provides most harm-reduction offers to promote health and prevent communicable diseases. The Eastern European country Lithuania provides most of the different kinds of harm-reduction offers compared to all other countries with one or two women's prisons. Cyprus, Northern Ireland and Hungary are those countries with the lowest provision as they provide only 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 also provide to a certain extent health education training and hepatitis vaccination. Hepatitis vaccination is often available in all prisons. Many countries of group 2 also provide bleach and condom distribution, mostly in all prisons. However, there are some exceptions. In Belgium and Greece in particular, harm-reduction measures in prisons are poorly developed. In Belgium, health education and hepatitis vaccination is not available in prison. In Greece, they are available in only some of the prisons. Similar, in the Netherlands, only information on health risks is available in all prisons while other health services are only available in some of the women's prisons.
In addition to health services, the prisons in Greece, Denmark and Scotland provide drug-free wings, peer-support and self-help groups to female drug using prisoners. 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 that provides needle-exchange in some of the prisons.
An overall comparison of the available harm-reduction offers reveals that Scotland provides harm-reductions services in all prisons as a matter of principle. Spain-Catalonia and Finland provide the highest number of different harm-reduction offers, with health services in principle available in all prisons. Belgium provides 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 extents – health education training, hepatitis vaccination and condom distribution. With the exception of Austria, the other three countries with 11 to 20 prisons also distribute bleach to female prisoners. A range of harm-reduction offers to prevent communicable

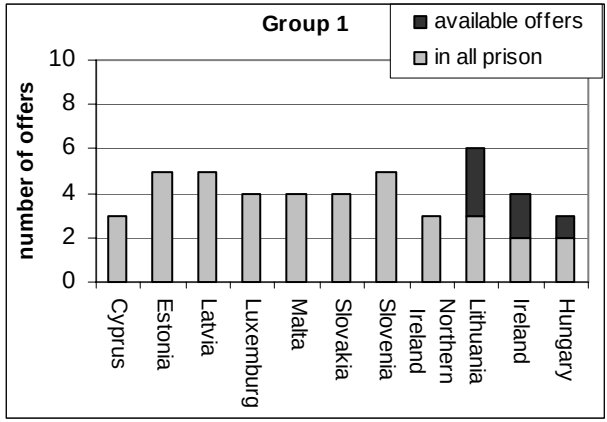
diseases is available in all four countries/regions of this group; it is worth mentioning that in Portugal and Czech Republic, these offers are often available in all prisons.
Drug-free wings are available in all countries/regions though non of them provides them in all prisons. Peer-support is provided in England/Wales and in all prisons of the Czech Republic. Only in England/Wales, self-help groups and auricular acupuncture are provided in some prisons.
In conclusion, the prison system in England/Wales makes the whole range of harm-reduction offers available to female drug users with the exception of needle exchange. The Czech Republic also provides a high range of different harm-reduction offers, and most of these offers are available in all prisons. Austria has the lowest level of harm-reduction offers and none of them available in all prisons.

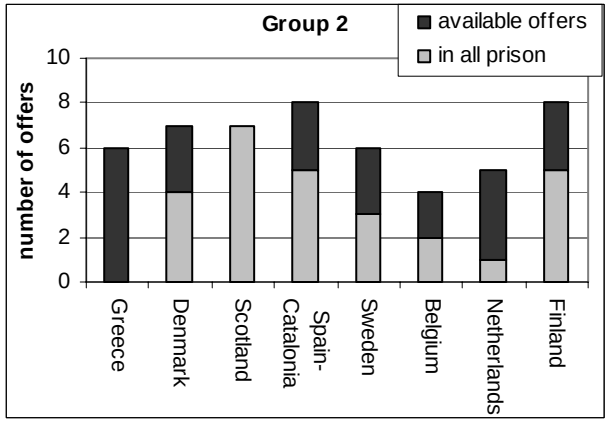
The four countries of **group 4** with the highest number of prisons all provide information on health risks and self-help groups to female drug using prisoners. Most of these countries also provide health education training, hepatitis vaccination and condom distribution. Hepatitis vaccination is not available in Poland, and condom distribution is not available in Italy. Bleach is only distributed in Poland and France. In Spain and in Germany, needle-exchange programmes are available in some prisons.
In addition to health services, peer-support is often provided, with the exception of Poland. Drug-free wings and auricular acupuncture are only offered in Germany and Italy.
Among the countries of group 4, Germany has the widest range of different harm-reduction offers but apart from health information, none of these offers is available in all prisons. In Italy, the variety of harm-reduction offers is mostly available in all prisons. Compared to the other countries with a high number of prisons, Poland shows the lowest provision of harm-reduction services in prison.

A more condensed comparison and assessment is provided in figure 3-10, which evaluates the number of available harm-reduction services according to the grouped European member states (see figure 3-10).

The result on the availability of harm-reduction services clearly shows that England/Wales and Germany provide the greatest variety of harm-reduction offers in their prisons. At the same time, both countries/regions provide only one of these offers in all prisons. Another major finding is that in Greece, the number of harm-reduction offers is low in general and in addition, none of

these offers is available in all prisons. According to the data the same applies to the prisons in Austria. Scotland is the only European country, which basically provides harm-reduction services in all prisons.





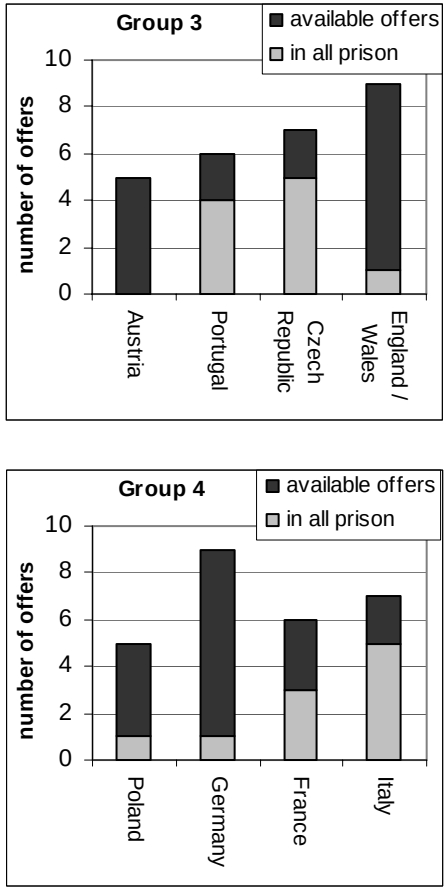


Figure 3-10: Number of available harm-reduction services according to groups

In order to assess if the service provision is adequate to address the country specific drug problems in prison, it is necessary to link the available harm-reduction offers to a) the national prevalence of female drug using prisoners and b) the self-reported drug problems in prison. Accordingly, 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, four countries/regions of the European member states 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 in 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 made available in future.
The prison systems in Catalonia and Finland are regarded as best practices because health services for female drug users are provided in all prisons in order to respond to the high proportion of female prisoners with previous illicit drug use. Surprisingly, the Czech Republic also provides a variety of harm-reduction offers although the prison administration stated having 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 a small number of drug dependent women prisoners and/or nearly no drug use detected in prison. Similarly, in *Denmark*, *Sweden* and *Portugal,* the range of harm-reduction services, 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 previous illicit drug use in Portugal.

- Sufficient service provision but with further call for action

The four Eastern European countries *Latvia*, *Lithuania*, *Estonia* and *Slovenia* show various endeavours to address health problems related to the high proportion of female prisoners with previous illicit drug use. However, despite a number of already available harm-reduction offers, further calls for action could be identified. In Lithuania, 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 useful. In Estonia, basic health offers such as health information and health education are required and their implementation strongly recommended.

In Western Europe, *the Netherlands*, *Austria, England/Wales* and *Germany* have already undertaken great efforts to respond to the ascertained drug-related health problems and the high number of female prisoners with previous illicit drug use. Compared to other European countries, England/Wales and Germany provide the greatest number of different harm-reduction offers in their prisons. However, as some of the harm-reduction offers are currently only available in some prisons, these countries are recommended to extent the availability of their services to more prisons in order to provide equal access to harm-reduction for female drug using prisoners. Similarly, several harm-reduction services are in general available in *Greece*, but none are available in all prisons. Therefore, it is also recommended to extent the availability of harm-reduction offers in Greece in order to react to substance use in prison.

The prison system in *Italy* shows, to some extent, best practice as many different kinds of harm-reduction services are available in all 62 prisons with female inmates. But in relation to the reported drug-related health problems and especially the intravenous drug use in prison, basic health services are lacking. In order to improve care for drug using inmates, hepatitis vaccination in more prisons as well as condom and bleach distribution should be considered. Last not least there are good reasons to consider the introduction of needle-exchange programmes in prison.

- Unclear assessment

Although *Northern Ireland* and *Luxembourg* only have few drug users among their 20 to 30 female prisoners, both countries reported to face drug-related health problems in their prisons. It remains unclear whether the low level of harm reduction is sufficient to reduce the experienced drug-related health problems. *Belgium* and *Poland* also stated drug-related health problems as most challenging to their prison system but had only poorly developed health services in prevention of communicable diseases. As both countries could not provide any data on 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 previous illicit and multiple drug use is currently the major drug-related problem in prison. Despite this drug problem 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 problems.

In a next step, the country-by-country data on the availability of drug treatment services in prison are presented (see table 3-6).

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

Table 3-6: Country-by-country availability of drug treatment services – (n=27)

Unlike 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. 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 (group 1). Out of 8 possible treatment services in Estonia, only abstinence-orientated short-term interventions are provided to female drug users. The situation is similarly poor in Northern Ireland, Hungary, and Lithuania. Northern Ireland only provides counselling and psychosocial support. In Lithuania and Hungary, no detoxification and maintenance treatment is provided to female drug using prisoners.

When going into details, the results for **group 1** show that almost all countries provide psychosocial support, individual counselling and abstinence-orientated short-term interventions. The latter is not provided in Hungary, Estonia and Ireland. Drug counselling by community agencies and detoxification with medicaments range second in the available treatment services. Drug counselling is not provided in Cyprus, Estonia and Latvia.
Maintenance treatment, one of the most important drug treatment measures, is only provided in four of the 11 countries, viz. Luxembourg, Malta, Slovenia and Ireland. There are not many therapeutic communities among group 1; they are solely provided by Malta, Slovakia and Lithuania.
The results reveal that Malta, Luxembourg 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 women's prisons and most of these services are available in all prisons. One exception are therapeutic communities, which are available only in some prisons in Greece, Denmark, Catalonia and Finland. Sweden provides neither detoxification with medicaments nor maintenance treatment. In Sweden, drug treatment mainly focuses on abstinence models and counselling. Denmark and Spain, on the other hand, offer a maintenance treatment service in prison, which is widely accessible for drug using inmates.
With respect to well established drug treatment provisions, the prison systems of Spain-Catalonia, Belgium and Scotland have to be pointed out for providing a variety of drug treatment options in nearly all women's prisons.

In **group 3**, the countries with 11-20 prisons, counselling and support is most available and most widespread to female drug using prisoners. Moreover, all four countries provide detoxification with medicaments and, with the exception of the Czech Republic, maintenance treatment, but to different extents. Detoxification with medicaments is only available in all prisons in

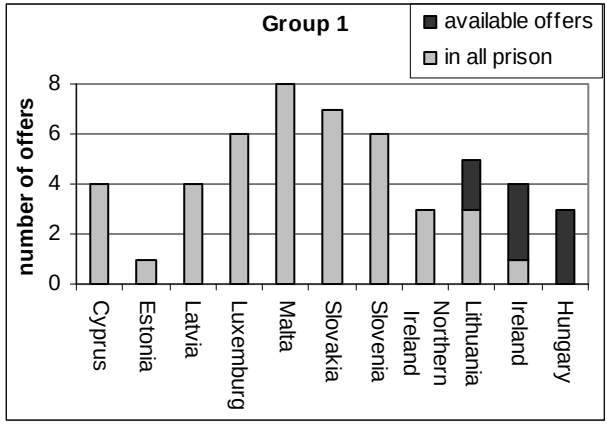
England/Wales, and maintenance treatment is only available in all prisons in Austria and Portugal. As regards maintenance treatment, the Austrian prison system has to be pointed out for its widespread and differentiated substitution practice.
Apart from the mentioned services, abstinence-orientated short-term interventions are provided in some prisons in Austria and England/Wales, and in all prisons in the Czech Republic.
The prison systems in England/Wales, and, with reservations, in the Czech Republic are assessed to offer the greatest variety of drug treatment services among group 3.

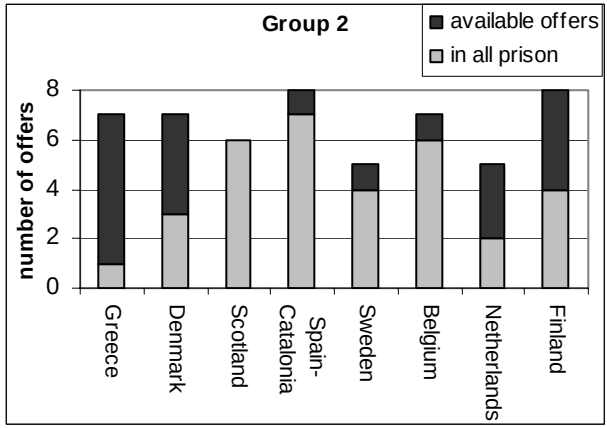
The availability and spread of drug treatment services in **group 4** does not much differ from that in group 3. Again counselling and support are the most available services. In addition, all four countries with a multitude of women's prisons provide detoxification with and without medicaments and, with the exception of Poland, also maintenance treatment. Among the countries of group 4, the French prison system, in particular, widely provides maintenance treatment. All countries of group 4, with the exception of France, offer short-term interventions for abstinence to a certain extent. Germany and Italy provide therapeutic communities, this is not the case in France and Poland.
Due to the high number of prisons, many of the available drug treatment services are not offered in all prisons. In Italy, however, female drug using prisoners can often access various treatment services in all prisons.

For comparison reasons, the availability of drug treatment services in prison is presented in a more condensed form by pointing out how many treatment offers are provided in total and how many of these services are available in all prisons (see figure 3-11).

The results highlight that, in Europe, five countries/regions – Malta, Catalonia, Finland, Germany and Italy – provide the complete range of 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. Seven other countries/regions provide seven out of eight possible drug treatment offers available in prison. To summarise, the findings reveal that more than one third of the European member states have introduced a variety of drug treatment options in order to respond to the needs of female drug users in prison. On the other hand, nearly the same number of European countries provide only a minimum of drug treatment services to female drug

using prisoners. This is in particular the case for Estonia and Northern Ireland, but also for Cyprus, Latvia, Ireland and Hungary.





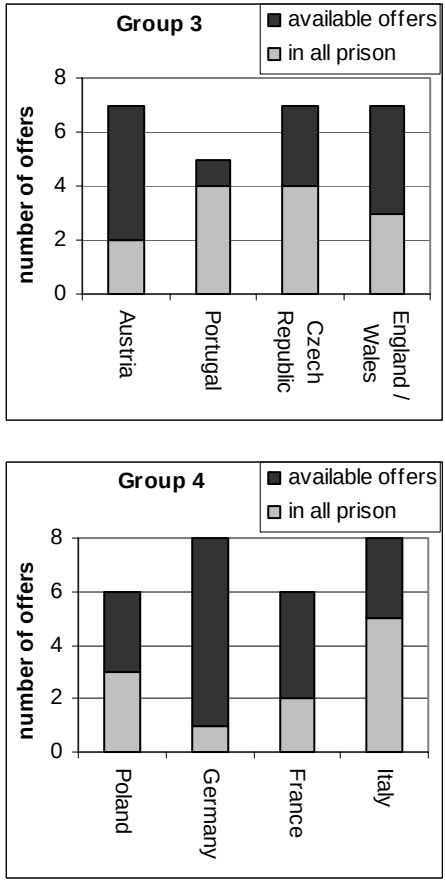


Figure 3-11: Number of available drug treatment services according to groups

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

- Best practice in terms of drug treatment

Similar to the provision of harm reduction services, *Scotland* and *Spain-Catalonia* can be considered to have also developed "best practice" in terms of drug treatment provision in their prison system. Also the prison systems in *Belgium*, *Malta* and *Italy* are assessed as meeting conditions of "best practice". Like Spain-Catalonia, Belgium and Malta also have implemented a broad range of drug treatment services, which, in addition, are most often available in all prisons. It seems peculiar that Malta, though stating to face no relevant drug-related problem in prison, provides so many drug treatment options.

The prison system in Italy is evaluated positively as, despite the highest number of women's prisons in Europe, it provides the whole range of 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 the Czech Republic make maintenance treatment available to female drug using prisoners, it can be assumed that the absence of this offer does not seriously affect the basically high care for female drug using prisoners. However, with respect to a possibly higher prevalence of drug-related problems in both prison systems in the future, it may become increasingly important to introduce methadone maintenance in prison.

In consideration of a great variety of drug treatment offers, the prison systems in *Finland*, *Denmark* and *Luxembourg* are also assessed to provide appropriate treatment services in prison. Especially in Finland, the whole range of drug treatment services are provided, and a relevant number of them in all prisons. In Denmark and Luxembourg, the most relevant drug treatment offers such as detoxification, maintenance treatment, counselling and abstinence short-term interventions are provided, which can be regarded as adequate to respond to the reported problem of rehabilitation.

- Sufficient treatment provision but need of further action

As expected, countries with a high number of penal institutions for female prisoners have sufficient drug treatment offers but, on the other hand, are encouraged to increase their treatment offers in prison. Thus, the prison systems in *Germany*, *England/Wales* and in *Austria* are recommended to

enhance the care for prisoners by making available the existing variety of drug treatment options in more prisons. This would ensure equal treatment opportunities for female drug using prisoners and respond better to problems of rehabilitation and multiple drug use.
Greece is also among the countries, which should consider providing already available drug treatment services in more prisons.
In contrast, the data situation of the *Netherlands* and *Sweden* suggests that a greater variety of treatment options should be implemented in order to enhance the standard of care. The Dutch prison might, for instance, extend the availability of counselling offers. In addition, therapeutic communities and/or short-term interventions for abstinence might help to meet the perceived rehabilitation problems. In Sweden, it is recommended to make available detoxification with pharmaceutics and maintenance treatment to female drug using prisoners. *Latvia* and *Lithuania* are also found to offer insufficient drug treatment options. In Latvia, maintenance treatment is not offered; in Lithuania, both maintenance treatment and detoxification are not provided. It seems important to make these offers available in both countries in order to meet the challenges of drug-related health problems and to respond to the high number of female prisoners with previous illicit drug use.

- Unclear assessment

In four European member states, *Hungary*, *Poland*, *Portugal* and *France*, the availability of drug treatment for female drug using prisoners can hardly be assessed.

Hungary does not provide any drug treatment apart from counselling and psychosocial support. As there are no data on the prevalence of female drug users in the two women's prisons, is remains unclear whether 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 maintenance treatment 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 no maintenance treatment is offered. However, as Poland could not provide any data on the prevalence of female drug using prisoners, it is not possible to definitely determine whether the current drug treatment provision is adequate to address the experienced drug-related

health problems. Similarly, in France and Portugal, a variety of different drug treatment services are basically available, some of them in all prisons. Indeed, both countries are found to respond to their respective numbers of female drug users in prison (Portugal) and the existing drug-related health and rehabilitation problems (France) by providing different kinds of drug treatment. But it remains unclear if the current treatment provision is adequate or if it should be extended to improve the care for this prison population.

- Insufficient provision of drug treatment

Four European countries, *Estonia*, *Northern Ireland, Ireland* and *Cyprus,* were found to provide insufficient opportunities of drug treatment in their national prisons.

The prison system in Estonia does not provide any drug treatment other than short-term interventions for abstinence although they state that they face problems due to many female prisoners with previous illicit drug use. Therefore, it can be assumed that a high demand for different drug treatment services exists. Northern Ireland and Cyprus have only few female drug users in their prisons but reported drug-related health and rehabilitation problems to be most challenging to their prison system. Therefore, the present treatment provisions have to be assessed as insufficient, as mainly abstinence interventions and counselling are provided. Ireland stated to face severe problems related to the high prevalence of female drug users among the women prisoners but at the same time provides only minimal drug treatment in prison. A broader range of treatment offers seems indicated in order to respond adequately to the existing drug-related problems.

A comparison of the availability of harm-reduction and drug treatment services reveals the main focus of the respective prison systems in Europe. One fourth of the European member states, viz. Austria, Belgium, Greece, Italy, Luxembourg, Malta, Slovakia, and Slovenia, significantly emphasise drug treatment in prison. Only Estonia and, to a lower degree, England/Wales mainly focus on harm reduction.

In conclusion, the results show that the majority of the European prisons provide both types of services to a similar extent.

With respect to the ascertained deficiencies in the provision of drug services, we will later address the important issue, whether the responders deem additional services necessary or plan them for the future.

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

Literature shows that pre- and post release services are of high importance to make easier the prisoners' transition from prison back to the community. A multitude of studies agree that a systematic preparation for release and in particular continuation of care after release are most effective to prevent relapses to drug use and delinquency in drug dependent prisoners.
Against this background, the availability of pre- and post-release services for adult female drug using prisoners was explored. The responders were asked to choose among seven specified release services of different types in order to identify the availability of essential release services.

The data revealed that referral to community-based drug and health agencies is the most widely available release offer. This type of service is provided in the prisons of 22 European countries/regions. In Sweden, all prisons provide as well referrals to NGOs.

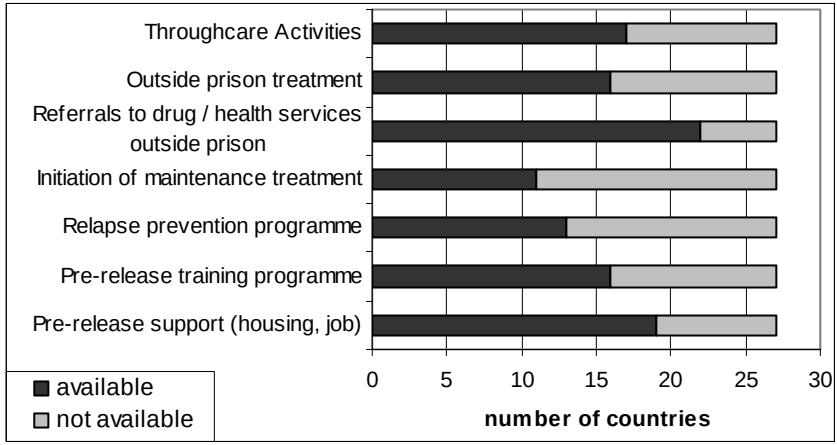


Figure 3-12: Availability of pre- and post-release services – (n=27)

Pre-release support in the search for housing and jobs ranges second and is provided in prisons of 19 countries/regions. A majority of up to 17 European member states provide through care, a systematic pre-release training programme and outside prison treatment. Especially pre-release training and through care are highly important services as they proved to be highly effec-

tive in relapse prevention. However, more than one third of the European countries do not provide any of these two services at present.
There are two pre-release services, which are available to female drug using prisoners only in few European prisons: relapse prevention programmes and maintenance treatment. The prison systems of only 13 countries/regions provide interventions aiming at relapse prevention, and some of them provide this offer merely in some prisons. The responder from England/Wales, for instance, explained that some resettlement prisons send their prisoners to local colleges and groups to participate in drug relapse prevention programmes. The initiation of maintenance treatment close to prison release is even less frequently available. In 11 countries/regions it is possible for female drug using prisoners to receive maintenance treatment as part of the release preparation; this is not the case in 16 countries/regions.

In conclusion, the findings reveal that much more efforts are necessary to promote rehabilitation and prevent relapses after prison release. As this result does not apply to all European member states, a country-by-country analysis of the availability of release services is conducted.

The detailed country specific results show that 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. Poland, Germany and Italy, countries with the highest number of prisons, also provide a multitude of release services. However, the distribution of available services in the national prison system differs considerable. **"Best practice**" is displayed in *Scotland*, *Catalonia*, *Denmark* and *Belgium*, where all services are in principle available in all prisons. In Austria, release services are only available in some prisons. **"Good practice"** applies to the *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 Germany and Finland, only referrals to community agencies are available in all prisons, although a wide range of different release services is generally available.

	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
Group 1 (N=11)	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	--
Group 2 (N=8)	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	++
Group 3 (N=4)	Austria (14)	++	++	++	++	++	++	++
	Portugal (14)	--	--	--	--	++ all	--	--
	Czech Republic (17)	++ all	++ all	--	++ all	++ all	--	++ all
	England / Wales (18)	++ all	++	--	++	++ all	++	++ all
Group 4 (N=4)	Poland (21)	++ all	++ all	--	++	++	++ all	++ all
	Germany (33)	++ all	++	++	++	++ all	++	++
	France (56)	++ all	--	--	++ all	--	++ all	++ all
	Italy (62)	++ all	++ all	++	++ all	++	++	++ all

Table 3-7: Country-by-country availability of pre- and post-release services – (n=27)

Another five countries/regions, though not providing a wide range of different release services, provide the most important ones for promoting rehabilitation. **Rehabilitation assistance** has to be evaluated positively in particular in *Luxembourg*, *Northern Ireland*, *France, Sweden* and also in the *Netherlands.* These countries offer pre-release support and referrals to community agencies along with through care and often outside prison treatment in almost all prisons. France and Sweden additionally offer relapse prevention programmes, the Netherlands provide pre-release training programmes in some prisons.

In contrast, a significant number of European countries offer only **minimal care** to support female prisoners' release into community. Mainly the Eastern European countries *Estonia*, *Lithuania*, *Hungary*, *Slovakia* and *Slovenia*, but also *Cyprus* and *Ireland* provide insufficient release services. All these countries provide to some extent different release offers, but some of them offer no basic pre-release support and training, such as Cyprus, Estonia, Lithuania and Ireland. Slovakia and Hungary do not provide referrals to drug or health agencies, while Lithuania, Slovenia and Slovakia do not support outside prison treatment. However, it has to be appreciated that Cyprus and Lithuania make relapse prevention programmes available to female drug using prisoners and that the prison systems in Estonia and Ireland provide through care activities.
The prison systems of *Greece*, *Portugal*, *Latvia* and *Malta* show a very **poorly developed** provision with pre-and post release services. In Greece, not any single service is provided to prepare female prisoners for release. In Malta and Portugal, solely referrals to community agencies are provided. Latvia only provides pre-release support and training.

In conclusion, there are three main findings with regard to the provision of prison release services:

- Four European countries/regions – Scotland, Catalonia, Denmark, Belgium – provide best practice in terms of several activities to promote rehabilitation and to prevent relapses after prison release. Three countries – Czech Republic, Poland and Italy – provide good release practice.
- Mainly some Eastern European countries insufficiently provide pre- and post-release services, showing different kinds of shortcomings.
- It is most worrying that Greece, Portugal, Latvia and Malta do not provide any systematic and comprehensive support to prepare female drug users for prison release. It is recommended that these countries should consider the implementation or development of release services.

3.5 Quality assurance of drug care in prison

Apart from the availability of drug services in prison and after release, it is also of major importance whether the drug and treatment services are suited for the needs of the female drug using prisoners. For this reason, the utilisation of treatment plans and the development of specific guidelines or recommendations for drug care in prison were explored. Greece and Eng-

land/Wales did not respond to both issues and the question regarding guidelines was not answered by Portugal.

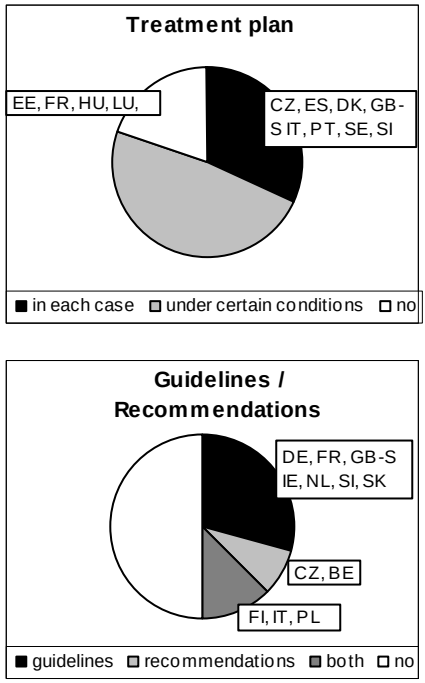


Figure 3-13: Treatment plan, guidelines and recommendations for care of female drug users in prison – (n=27)

The results indicate that a minority of five countries/regions do not establish treatment plans for female drug using prisoners. The responder from France commented that, although there is no treatment plan made in prison, basic health care is ensured for each female inmate by medical services of the Ministry of Health. Only 8 out of 27 countries/regions reported to establish a treatment plan in each case. Obviously, it is common practice in European prisons to establish treatment plans only under certain conditions. The majority of 12 countries/regions confirmed this procedure. Treatment for female inmates with a short prison sentence tends to be neglected, while for

long-term prisoners it is considered relevant. According to a comment from Finland, the prison system establishes a treatment plan if the prisoner wants them to do so.

As regards guidelines and/or recommendations, only half of the European countries have developed them. In countries with no instructions, there are sometimes other kinds of recommendations. For example, the responder from Malta explained that a prisoner substance abuse assessment board regulates the recommending of inmates both male and female.
If instructions exist, they are mainly guidelines rather than recommendations. However, none of the European prison systems had developed specific guidelines for the care of female drug using prisoners. Guidelines or recommendations focus either on the health care of prisoners in general or on 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 apparent from documents, which were provided together with the answers to the survey. In some federal states in Germany, the Ministry of Justice had issued instructions for the care of drug using prisoners, which cover, for example, the cooperation with external drug agencies and the initiation of maintenance treatment. In Ireland, a detailed programme guideline for methadone treatment has been developed, which covers the required staff qualification and outlines best clinical practice. Along with practical suggestions for methadone treatment, the guideline addresses issues of needs of specific groups (e.g. pregnant mothers), care planning and release and rehabilitation requirements. Although England/Wales did not answer the question regarding guidelines, they stated in an additional note that guidelines for chemical detoxification exist.
In France, the Ministry of Justice established guidelines to regulate the responsibility for the health care of inmates in August 2001. These guidelines also address the problem of prisoners dependent on psychoactive substances by giving instructions on interventions to reduce the transmission of hepatitis and HIV, on health education training, medical treatment and preparation for prison release. In addition, the guidelines recommend establishing 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 required services.

Italy, Poland and Finland stated to have developed guidelines as well as recommendations. As Finland provided the guideline – which have been

established in 1999 and was expected to be updated in summer 2004 – some details could be presented. The guideline of 1999 includes a comprehensive description of the "Strategy for intoxicant abuse of the Finnish prison administration". This strategy includes objectives, values and principles such as supply, demand and harm reduction for the prison drug work, and it regulates the responsibilities of actors in the field of prison drug work. In a second part of the guideline, a specific manual for "intoxicant control" has been developed, which lists detailed procedures of control activities, inspections of the prisoners and information on effects of the different substances, and includes a guidance for rehabilitation of drug dependent prisoners. The manual includes a short questionnaire to evaluate relevant facts concerning the state of intoxication and disciplinary measures. In general, the Finnish guideline constitutes the basic frame of the prison drug work, and it instructs each prison administration unit to prepare their own specific strategy and action plans.
The different existing guidelines often consist in action programmes for comprehensive prison drug work strategies. These programmes differ considerably between the countries. While some prison administrations, e.g. in France and Ireland, focus on health care, others focus predominantly on control strategies, e.g. in Finland. In Germany, some prison administrations have developed a concept, 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. In order to find out what works best with female drug using prisoners, it is necessary to evaluate the drug services offered in prison. For this reason, the survey explored whether any of the drug services for female drug users had been evaluated. The results show that an overwhelming majority of the European countries had never conducted any evaluation. Only 8 out of 27 countries/regions stated that some kind of evaluation had been conducted. These are Northern Ireland and Scotland, which unfortunately did not specify the subject and type of evaluation, and Germany, England/Wales, Spain-Catalonia, Czech Republic, Slovenia and Slovakia.
In Germany, the needle-exchange programmes in prison had been evaluated by external researchers. In England/Wales, detoxification of drug using prisoners had been evaluated. In Spain-Catalonia, therapeutic communities in prison and in community had been evaluated. Prison health services and also the execution of prison custody and probation had been evaluated in Slovakia. Slovenia and the Czech Republic carried out an internal assess-

ment of drug services. In Slovenia, the evaluation of drug services is part of the yearly work report. In the 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 responder noted that in autumn 2004, the treatment programme "Vanaja" for women prisoners would be evaluated.
However, as a number of European projects had been going on, it can be assumed that further drug services in European prisons have been evaluated. For instance, a recent European study evaluated practise and policies of maintenance treatment in prison in 18 European countries (Stöver, Hennebel et al. 2004).

An important result of the analysis of the different aspects of quality assurance is that, in contrast to the community drug work, drug services in European prisons are rarely based on high-quality standards. This absence of quality assurance is indicated by

- the frequent absence of a treatment plan, which mediates between available treatments and individual needs of female drug using prisoners and is part of a systematic care management,
- the lack of women-specific guidelines or recommendations in the field of prison health services, which consider gender specific needs and support requirements,
- the low number of prison programme evaluations, which exist to date.

However, this critique does not apply to all prison administrations; e.g. Scotland, England/Wales, Catalonia, France, Italy and partly Germany show various efforts to ensure high quality of care for drug using prisoners. Nevertheless, a majority of the European prison systems should improve the quality of drug services in prison.

3.6 Future requirements for drug services in prison

A final but significant topic of the survey was to find out what the prison administrations consider to be future requirements in order to meet the challenges of drug-related prison problems. Particular importance is attached to the assessment of needs related to health and rehabilitation problems of female drug using prisoners.

The responders 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 the near future.

Data analysis of the answers to the first question reveals that 13 European member states denied the necessity to provide any further services apart from those already available. A denial is 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, indeed, there is no need for additional services. But a negative answer was also given by countries that were either assessed as being in need of further activities or that could not be clearly assessed. This is the case for England/Wales, France, Portugal, Hungary, Poland, Slovakia and Greece.

In general, those countries, which had been assessed to provide an insufficient range of drug services in prison, express the opinion that some of the currently not available offers should be provided to female drug using prisoners.

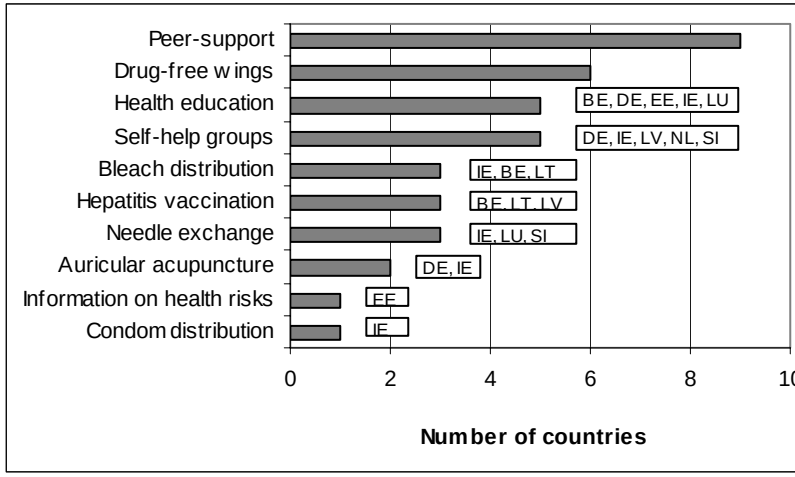


Figure 3-14: Need of additional harm-reduction services – (n=12)

An analysis of additional support requirements shows that there is a strong need of peer-support in prison. The need of peer-support is expressed by the Western European countries Austria, the Netherlands, Luxembourg, Ireland, Malta and Cyprus and by the Eastern European countries Estonia, Latvia and Slovenia. In addition, a number of countries, viz. Ireland, Cyprus, Estonia, Latvia, Belgium and Lithuania, agree that drug-free wings should be provided in prison. Demands for health education training and self-help groups range third.
With regard to the prevention of communicable diseases, 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 administrations in Ireland, Luxembourg and Slovenia. A few countries confirm that auricular acupuncture, information on health risks and the distribution of condoms should be provided to female drug using prisoners.

In general, 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 increase the availability of harm-reduction services in prison. Countries with insufficient harm-reduction offers, like Ireland, Cyprus and Luxembourg, recognise the need for additional drug services to better meet drug-related problems in prison.

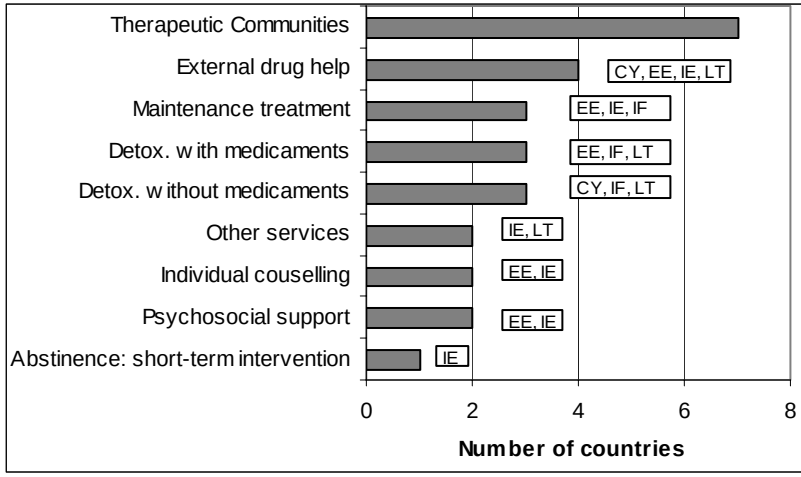


Figure 3-15: Need for additional drug treatment services – (n=9)

Altogether nine countries are of the opinion that additional drug treatment services should be provided in prison. Seven countries, Belgium, Luxembourg, Sweden, Cyprus, Ireland, Estonia and Lithuania perceive the necessity of therapeutic communities. The demand for help from community drug agencies ranges second. Due to the present lack of available services, especially the prison administrations in Ireland, Estonia and Lithuania perceive the need for many different drug treatment options for female drug using prisoners. They are agreed that maintenance treatment, differentiated detoxification, counselling and support should be introduced in women's prisons. Northern Ireland and Cyprus also mention the need for maintenance treatment and detoxification.
In addition, Ireland expressed the wish for formal links with drug and psychiatric community services and for housing support. Lithuania requires more active help from NGO's in general.

The analyses of needs can be summarised in three main points:

- Countries with an inappropriate provision of drug services are sensible of the present deficiencies in their prison system. To meet the challenges of drug-related prison problems they clearly approve of the introduction of further drug services.

- The analyses found that the most needed services are additional harm-reduction offers in order to promote the prisoners' health and to prevent infectious diseases.
- While some countries want to increase the availability of already existing drug services, others demand a variety of drug services that should be available in prison. Ireland e.g. mentioned 15 different drug services that should be available, and Estonia expressed the need for 10 additional drug services. To a lower extend, also Latvia and Lithuania expressed a need for additional drug services in prison.

We finally explored the concrete plans of the European member states to implement additional drug services in prison in the near future, as there is a wide difference between additional drug services required and concrete activities to realise their introduction.
According to the data (see table 3-8), 11 countries/regions confirm plans to implement additional drug services for female drug using prisoners in the near future. Portugal stated that they are evaluating the decision for additional services. Ireland and Estonia, however, have no plans to implement further services although they are most needed.
The analysis of concrete plans shows that each prison system decided on different drug services, although therapeutic communities and needle-exchange programmes are mentioned by several countries. Some countries such as Cyprus, Luxembourg and Lithuania plan to implement not one but several different additional drug services.

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 must be appreciated 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.

	Planned implementation
Belgium	Therapeutic Community
Cyprus	Therapeutic Community, drug-free wings and support from external agencies
Finland	Therapeutic Community and 12-step programme
Germany	Social therapy unit, programme for preparation for outside prison therapy and offers for professional training in
Latvia	Drug prevention programme for women
Lithuania	Distribution of bleach, peer support, self-help groups and training and education
Luxembourg	Pre-release training, initiation of maintenance treatment for release and relapse prevention programme
Slovenia	Needle-exchange programme
Spain-Catalonia	Needle-exchange programme
Sweden	A special narcotic project tackling drug misuse
UK – England/Wales	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 prison-ers, including women. The hostel will provide a drug treatment programme and resettlement support such as housing and access to children

Table 3-8: Implementation of additional drug services in the near future – (n=11)

4 Description of the prison settings

Detention of female prisoners is organised differently in Europe. In some countries, women are detained in separate units within a predominantly male prison, in other countries there exist specific prisons for women.

The prisons, where the interviews with female drug users took place, are also organised in different manners. Although the prisons *Hahnöfersand* in Hamburg, *Cornton Vale* in Glasgow and *Lubliniec* in Warsaw are all women's institutions, their capacity and drug services vary considerably. The Hamburg prison accommodates 95 inmates, the Warsaw prison 225 and the Glasgow prison up to 350. In Vienna, the prison *Favoriten* with 100 places is designed for both male and female prisoners, but exclusively for addicts participating voluntarily in abuse treatment. In Barcelona, the situation is again different.

The prison structure and the prison policy play an important role for a) the conditions under which female drug users are arrested and b) the efforts undertaken to promote their rehabilitation. In order to provide information about the prison policy and prison setting for female drug users, each of the investigated prisons is described in detail with respect to their security levels, visitors' regulations, parole, education and in-prison and community linked drug services. The available drug services are characterised with respect to their providers, capacity, type and length of support.
The prison descriptions are based 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.

4.1 Hamburg – the prison Hahnöfersand

In Hamburg, there are nine prisons (including remand prisons) with about 3100 places. 170 of these 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 since the election of a conservative Senate in Hamburg 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 concept of a drug-free prison led to different consequences such as the reduction of several harm-reduction offers and increase of control measures. First of all, the previously available methadone maintenance treatment in prison has been stopped. At present, methadone maintenance treatment is only available under certain conditions, e.g. drug users on methadone with a short-term prison sentence and individual inmates with an established serious disease like AIDS or cancer. According to a press report of the Hanseatic City of Hamburg of 29.12.2003, a total of 336 prisoners had been in methadone maintenance treatment in October 2002; one year later, the number had dropped to 75 prisoners.
A second significant change of the prison policy was the stopping of needle-exchange programmes in January 2002 according to the policy of preventing drug abuse in the penal system. In close connection with the diminuation of harm-reduction offers, control measures have been intensified. According to the above mentioned press report, nearly 1,800 cell controls and more than 3,390 urine tests had been carried out in 2003.

The prison *Hahnöfersand* is located on an island which is far away from Hamburg city. One part of the prison is occupied by juvenile male offenders, and a new part of the prison has been set up for female offenders in April 1997. Both parts of the prison are separate units with their own buildings, administration, fences and checkpoints. The women's prison accommodates a maximum of 95 inmates, who serve 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 the women have single cells. In addition, there are special cells for at most two or three mothers with small children.
In April 2004, all of the 95 prison places were occupied. Moreover, there are waiting lists for prisoners on remand, waiting to enter the women's prison in order to serve their prison sentences. According to the information of the prison warden, female inmates stay in prison 10 months on average. About 20% of the female inmates are migrants, and a high proportion of 70% are drug users. On average, the female inmates are 35 years old with a considerable number younger than 25.

All inmates are obliged to work 38.5 hours per week, either in different working units or in one of several units offering professional training. In order to assess individual skills and abilities of the women, each inmate is

submitted to a profiling upon entering prison. In general, the women have to work until 4 p.m. and are paid a daily salary of 7.60 € to 11.35 €. After work, they have three hours of leisure, which they can use for sports or other recreational activities. At 7 p.m., all the women are locked up in their cells.

Measures of supply reduction

According to the prison warden, cell controls are carried out regularly every 14 days. Urine tests follow a different schedule. For example, if women from the drug-specific unit apply for admission to the drug-free unit, they have to take urine tests. In this case, female drug users have to prove that they have been free of drugs since three months before they are allowed to change to the drug-free unit. Their drug-free status is ensured by 8 urine tests.
As regards visitor regulations, they allow female prisoners to receive visits once a month for the duration of 2 hours. In reality, the women often get permission for a second visit of two hours. There are also opportunities of longer visits 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.

Available drug services

For each woman entering prison, an execution plan is established, but not a treatment plan. Unlike other prisons, in *Hahnöfersand* there is no therapeutic community, drug therapy and detoxification available. The absence of detoxification is explained by the fact that most often, female offenders have to stay in a remand prison before they are transferred to a penal prison, and in the remand prison, detoxification is provided. Therefore, the prison warden did not see any further need for detoxification. Moreover, neither bleach nor information on hepatitis and HIV are distributed to female drug users when entering prison.
With regard available services, first of all medical care has to be mentioned. Medical care is ensured by three hospital nurses and a physician, who is located in the prison for juvenile male offenders. In addition, an in-prison psychologist located at the prison for male juvenile offenders, advises female drug using prisoners on demand in individual cases. As well different external specialists such as a general practitioner, a dentist, a gynaecologist and a psychologist hold surgery for a few hours once a week. In cooperation with an external physician, the medical staff also delivers methadone treatment.

However, in consensus with the official prison policy of „drug-free prisons“, methadone maintenance changed from common drug treatment to exceptional treatment so that methadone maintenance treatment is available in prison only under well-defined conditions: for female drug users with a short sentence or in individual cases for those with additional infectious diseases or medical or psychiatric indication. However, methadone treatment is more often 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.
In May 2003, auricular acupuncture has been introduced for female drug users as a new intervention to ease drug craving and to support them in overcoming their addiction. Preconditions for acupuncture treatment are a medical check-up and signed consent.
In general, most of the available services for female drug using inmates are provided by different community-based institutions such as drug and aids agencies. Some of these service providers are regularly present in prison, while other agencies visit female drug users only on demand. However, as regards regular services, the two external drug agencies and the AIDS assistance stated to be in charge of the prisoners in all the institutions of Hamburg. In addition, the drug agencies pointed out that their staff resources had been cut down during the last year. The reduction of staff results in a limited attendance in prison and in reduced help offers.

Pre- and post-release services

There are three department chiefs which are responsible for the inmates’ preparation for release. In addition, the is an “enterprise contact woman” who is involved in the preparation for prison release as regards support of job hunting and professional training. Her position funded by the European social capital. Usually the pre-release support begins in the final weeks of the prison term. Female inmates do not have to wait longer than one week for a first conversation about release needs. According to staff information, about 30-40 inmates attend the pre-release counselling simultaneously, and 5-10 inmates participate in an intensive preparation for prison release.
Furthermore a non-governmental social project (*Frauen-Projekt*) offers housing support for women close to release and after release. After prison release, 10-13 women can be offered assisted living for one year.

4.2 Barcelona – the prisons Brians and Wad-Ras

The prison *Brians* is located on 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 is 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 is part of the correctional system and provides flats for mothers with children and flats for single women.

In the year 2003 there had been 1334 men and 248 women in *Brians* prison and 284 men and 221 women in *Wad-Ras* prison. Of the female inmates in *Brians*, 198 were convicted and 50 were in preventive execution. In *Wad-Ras*, 142 of the female inmates were convicts, 64 women were in preventive execution and 13 in the community resources. Of the convicts, there had been 105 in open execution and 10 in the mothers' unit. From the community resources, there had been 10 women in the dependent unit and 3 in socio-health resources of the community.
With regard to the proportion of drug users, in *Brians* 28% (70 women) of the female inmates had a history of drug use, in *Wad-Ras* this was the case in 38.4% (84 women). These figures may be underestimates as there may be drug problems, which had not been detected. However, whereas in the 90s heroin was the substance that generated most problems and demands for treatment, this is currently cocaine.

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.

Available drug services

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 taking 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 is 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 on 4 days a week for 1.5 hour. 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 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 is open to all inmates who are motivated to undertake an abstinence-orientated programme and who are allowed to apply for permission to leave the prison for participation.

Services in the prison Wad-Ras*:*

- MMP (methadone maintenance programme): Currently, 23 women prisoners in closed execution participate in the methadone programme. 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 3rd grade and during the day they can work, undergo treatment or other programme activities outside the prison. They only sleep in prison. 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 ensure ongoing care and follow-up drug addicts.

4.3 Glasgow – the prison Cornton Vale

Opened in 1975, *Cornton Vale* is the only prison is 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.

The total prison population in *Cornton Vale* varies between 340 and 350 prisoners when inspecting statistics collected between 2000 and 2004. In this

period between 94%-98% (n=324-338 based on an average total of N=345) of admissions have been identified with a drug problem.

Measure of supply reduction

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. 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.
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); 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. 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.

Available drug services

Upon admission to prison, all prisoners undergo a thorough health check thereby indicating whether Hepatitis B and C immunisations are required. There are triage clinics 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.
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. 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.
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 indicate 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 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. 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. 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.

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 offers a comprehensive employment preparation service specifically tailored to the needs of offenders and ex-offenders. ApexScotland transitional care workers take direct referrals from Cranstoun workers and offer support to prisoners up to 12 weeks after their liberation. 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. SACRO is another charity organisation that works closely with Cranston 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. 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.

4.4 Vienna – the prisons Favoriten and Schwarzau

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 All inmates are kept in prison units in groups consisting of about 10 inmates. The female drug using inmates are obliged to work while in prison (Oesterreichisches Bundesinstitut für Gesundheitswesen 2001; Bundesministerium für Justiz 2002).

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 execu-

tion so that they are able to serve their sentence but 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).

Favoriten owns an outpost at the site of the "Schweizer Haus Hadersdorf", which provides in-patient therapy for drug addicts (Schweizer Haus Hadersdorf). The institution has a capacity of 30 places and treats many 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).
In April 2004, there were 26 women imprisoned in *Vienna-Favoriten*. 21 of them are illicit drug users. The age of the inmates range from 19-55 years, most of them are 25-40 years old. Most of the female prisoners have been sentenced because of drug-related crime. The duration of their sentences varies between 2 months and 10 years.

This prison *Schwarzau* is located in a small town in lower Austria. 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 had been 149 women and 30 men imprisoned. About 30% of the female prisoners are migrants. All prisoners are obliged to work full-time.

The prison has five units:
- the "closed execution" with cells for 56 women
- a unit for juvenile and first offenders (46 persons)
- closed penal institution and day-time release unit (50 women)
- a unit reserved for mothers and their children (8 inmates)
- an open prison unit for 40 men.

In 2004, about 39 female inmates were 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.

Measure of supply reduction

In *Favoriten* regular urine tests are carried out, but the frequency of urine testing 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 twice a week and prisoners with "penal execution with decontrolled working outside the prison" are tested 1-4 times a month. The cells are controlled as a matter of routine.

In *Schwarzau* urine tests are carried out about five times a month in those inmates who are known as drug users but are not treated with methadone. Prisoners in maintenance treatment are tested only once a month. Cell controls are carried out irregularly upon suspicion of possession of mobile phones or drugs.

Treatment programme in the prison Favoriten

Female drug using prisoners are obliged to participate in therapeutic programmes. Available treatment programmes are either abstinence- or maintenance-orientated, but both groups of women are in the same group sessions. Maintenance therapy is offered in form of a reduction treatment. About 60% of the female inmates get maintenance treatment (Obrist and Werdenich 2003).

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. All inmates join a 3 months' psychological training programme including communication training, conflict management, psychological therapy and/or group psychotherapy (Bundesministerium für Justiz 2002). 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. Individual therapy is available on demand and under condition that the prison staff perceives it as reasonable.

After having completed 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 meet in groups led by a social worker once a week.

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.

Apart from the treatment programme, the prison provides medical care by external medicines. A central distribution office provides a "care-package", which includes condoms, lubricant and bleach as well as information brochures about HIV/AIDS and Hepatitis B and C. An AIDS and HIV service offers information workshops both for prison staff and inmates which are carried out irregularly.

Available drug services in Schwarzau

There is methadone treatment and psychotherapy available. Psychotherapy is carried out by the psychologists, the psychotherapists and the psychiatrist and is used by about half of the inmates. No group counselling is provided, but individual therapy. Drug withdrawal and detoxification are generally not offered in this prison. In special cases, detoxification with pharmaceutics is continued if it was not completed during remand. Detoxification without pharmaceutics is carried out if the inmates requests it. The duration depends on individual needs. In special cases, inmates are transferred to *Vienna-Favoriten* to get 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*.

Psychological treatment, which includes drug counselling, is offered to every inmate who claims treatment, but there is no special drug counselling available. Individual psychological treatment is carried out by the psychologist or psychiatrist, and the inmates can utilise it during the whole sentence, up to twice a week. Psychological treatment in case of crisis intervention can include up to 6 appointments. Some inmates attend external drug services during furlough. Additionally, appointments with social workers are available on request.

Pre-and post-release services

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 support after release.
Probation supervision is carried out by a service called "NEUSTART" ("new beginning"), which is the Austrian probation organisation. 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. In addition, the "Haftentlassenenhilfe Niederösterreich" (probation office which is part of NEUSTART) helps with social integration close to release and after release (e.g. housing, social welfare).

4.5 Warsaw – the prison Lubliniec

The prison *Lubliniec* is located about 200 kilometres south of Warsaw and 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.

The unit for drug dependent inmates was established in 1987. Since 2002 the unit has 36 beds in 9 cells, which makes 4 beds per cell. 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. Visits may last not more than 60 minutes and not more than two adults are permitted at one time. The number of underage visitors is not limited.

Available drug services

For female drug dependent inmates, a programme is 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.

- 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)

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 to each newcomer, who may join a group at any point of time.

Group therapy aims at the identification and reducing of the mental and psychological causes of dependence. Group work assists 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 their tradition – at societal integration and at dealing with problems affecting the life of all its members.
Individual consultations particularly address severe personal questions, which are difficult to cope with 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?

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 the female prisoners in different prisons in Hamburg, Barcelona, Glasgow, Warsaw and Vienna (see chapter 4), those inmates had been included into the sample that were

- 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 current term of imprisonment; or b) current use of one or more drugs on a minimum of once a week while currently in prison.

In particular, the criterion "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 in each study location during the interview period from April to August 2004, it became necessary to extent this criterion. Consequently, also those female drug users, who expected to be released from prison later than in 6 months, had been interviewed.

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 interviewed in the prisons *Favoriten* and *Schwarzau*. In these three cities, the sample size covered almost all female drug using inmates who had been imprisoned within the period of time provided for the interviews of this study. In Barcelona, 40 female drug users were interviewed in the prisons *Brians* and *Wad-Ras*, in Poland, 40 female drug users were interviewed in the four prisons *Lubliniec*, *Grudziadz*, *Krzy-*

waniec and *Warszawa*. In Poland, the responders did not only come from a Warsaw prison but from some other prisons across Poland, therefore, the analyses always refer to Warsaw-Poland (PL).

The standardised questionnaires conducted with a total sample of 185 female drug using prisoners were analysed computer-aided with SPSS. All analyses comply with standard evaluation procedures and take cultural and local peculiarities into account. In fact, all analyses were done separately for each study site, which allows to identify similarities and differences in female drug using prisoners between the five European cities.
All the results are summarised and assessed with respect to the three hypotheses that have been developed in order to identify potential relations, e.g. between the duration of imprisonment and the acceptance of drug services in prison. As well, the impact that utilisation of drug services has on 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 that cover typical socio-demographic characteristics. Apart from issues such as age, marital status, partnership, children and living conditions, the length of the current prison sentence is also included in the social profile.
As regards the age of the responders, 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. The responders in Glasgow and Warsaw-Poland are considerably younger with an average age of 27 to 28 years. The ages of the majority of female drug using prisoners ranged from a minimum of 20 years to a maximum in the late 40ies. Only in Hamburg, the oldest responder was 53 years old.
As already mentioned, in Hamburg and Barcelona it was possible to include those female drug users who expected to be released from prison within the next 6 months at the date of the interview. In Glasgow, Vienna and in particular in Poland, the responders' prison release was on average clearly later: 9.4 months in Glasgow, more than one year in Vienna, and in Poland, not earlier than 21 months. However, some of the responders in all study sites expected 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, after more than 7, 8 or 9 years respectively (Austria, Poland, Glasgow).

	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 (%):					
- *married, with spouse*	-	2.5	2.8	12.5	7.5
- *married, but separated*	13.5	5.0	11.1	-	2.5
- *divorced*	21.6	-	8.3	9.4	10.0
- *widowed*	-	5.0	-	-	-
- *in partnership*	16.2	57.5	50.0	62.5	32.5
- *single*	48.6	30.0	27.8	15.6	47.5
Children (%):	59.5	62.5	55.6	50.0	42.5
- *with children under age of 16*	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
- *partner is drug user*	6	4	9	8	4
- *partner is in prison*	-	4	2	2	5
- *partner is both drug user and in prison*	7	7	3	8	5
Employment status in past 12 months prior to prison (%):					
- *employed*	8.1	20.0	27.8	43.7	10.0
- *employed less than 12 mo.*	2.7	17.5	13.9	6.3	2.5
- *unemployed all 12 mo.*	89.2	62.5	58.3	50.0	87.5
Main finance source in past 12 months prior to prison (%):					
- *wage*	8.1	23.1	19.4	31.3	2.5
- *unemployment benefit*	-	2.6	11.1	12.5	-
- *welfare benefit*	16.2	5.1	8.3	25.0	5.0
- *drug selling*	37.8	15.4	27.8	6.3	30.0
- *prostitution*	18.9	23.1	-	15.6	10.0
- *other*	18.9	30.8	33.3	9.4	52.5

Table 5-9: Social profile of female drug using prisoners – (n=185)

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 current prison sentence. In Hamburg and Glasgow, half of the study participants have to stay in prison up to 10-11 months; the minimum was three weeks. The maximum prison term in Hamburg is 3.5 years, but in Glasgow it is 14 years, which is highest among all study sites. In Vienna, half of the responders have to serve a prison sentence of up to 28 months; the minimum is almost four months and the maximum prison sentence 8.5 years. In Barcelona and Poland, the situation is significantly different: Half of the responders have to stay in prison up to 3 years; the minimum is 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.

With regard to the social profile, there are significant differences in the characteristics of female drug using prisoners. Thus, the data on the marital status reveal that in Hamburg and Poland, almost 50% of the women 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 women in Hamburg. Compared to the other samples, most of the female drug using prisoners in Hamburg are divorced (21.6%). In general, only few of the responders are married and live with their spouse. If the women are married, they are likely to be separated from their partners, with the exception of Poland and Vienna. However, women drug users obviously tend to be either single or in close partnership.

Independently from the marital status, at least half of the responders at all study sites stated to have a partner. This number was lowest in Poland, comparably high in Barcelona and highest in Vienna, where more than three thirds mentioned to have a partner. However, the women's partners are often either drug users themselves or in prison or even both.

A considerable number of the female drug using prisoners have children; an overwhelming majority of them have minor children under age of 16. In Poland, the number of mothers among the interviewees is lowest with about 43%; in Vienna, 50% reported to be a mother and in Barcelona as many as 63%. In all the samples, more than 80% of the mothers had dependent children. In Glasgow, even 90% of the mothers have children under 16 years of age. In most cases, the women have one or two children, but in Glasgow, there are a number of women with four minor children. It is not surprising

that the imprisonment causes additional psychological strain to mothers due to the separation from their children.

Apart from personal relations, it is highly important what the female drug users have lived on in the year preceding their imprisonment. Their employment status in the past 12 months before prison entry shows that 50%-89% had been unemployed during the whole year. The unemployment rate is lowest in Vienna and Glasgow and 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 proportion of 44% of the female drug users had been employed during the whole past year. In Glasgow and Barcelona as well, a noticeable proportion of the female drug users had been in permanent jobs (20%; 28%) or had been employed temporarily. In fact, in Vienna and to a lower extent in Glasgow and Barcelona, many of the female drug users are socially integrated in terms of employment. Thus it can be assumed that the imprisonment caused a sharp break in their lives.

With respect to the main financing in the past 12 months, the sources of financing are closely associated with the employment status. In the year preceding imprisonment, more than 30% of the female drug users in Vienna financed their living mainly from their wages. In Barcelona and Glasgow, this is the case for about one fifth of the women drug users. In Hamburg and Poland, only few of the responders stated having financed themselves from wages, and none stated unemployment benefits as main resource. In both study sites, drug selling was reported by at least 30% as main financing source in the past year. A similar level of financing by drug selling is found in Glasgow. Prostitution was mentioned as main financing source especially in Barcelona (23%), followed by Hamburg and Vienna. In Poland only a small proportion of the women reported prostitution as main financing source in the past year (10%) and none in Glasgow. A considerable number of female drug users – in particular in Poland – named other main money sources. Summarising other sources of living, the following could be found: In Poland, nearly half of the whole sample stated shoplifting and thefts as main financing sources. Criminal activities such as shoplifting, burglary and robbery also play an important role in Hamburg and Barcelona. In Glasgow, other main financing consists predominantly in different kinds of disability benefits while in Barcelona, most other money resources came from parents, partner or relatives.

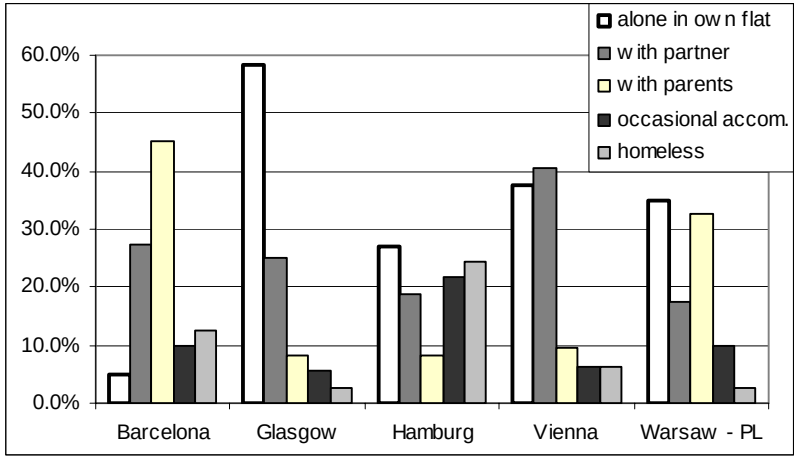


Figure 5-16: Usual accommodation in the past 12 months prior to prison – (n=185)

* Occasional accommodation summarises all instable housing conditions such as temporary housing with friends, customers, and accommodation in hotels, hostels and night-shelters.

Similar to family status, employment and main financing, there are also great differences in the usual housing conditions of the women drug users at the five European study sites. Fig. 5-16 illustrates the different profiles of accommodations in the year before entering prison.

With the exception of Hamburg, the majority of the women drug users in all other cities usually lived in somewhat safe and stable housing conditions. In Glasgow, almost 60% lived alone in their own flat, in Vienna, about 40% lived alone and 40% together with a partner. In Poland, most of the women either lived alone or in their parents' home. In Barcelona, the situation differs compared to the other cities, as a high number of the women drug users lived with their parents and only a minority lived alone. In addition, a notable number of the Barcelona women drug users were homeless or only occasionally housed.

In Hamburg, half of the women usually lived in stable housing conditions either alone or together with a partner in a flat. But the other half lived under highly uncertain conditions and were either homeless or temporarily stayed in hotels or night-shelters. In no other city, the number of women living in such instable conditions was as high. Consequently, housing is a major issue,

which needs to be addressed within the preparation of prison release in Hamburg.

To conclude, the total length of the current prison sentences of the interviewees are presented more in detail.

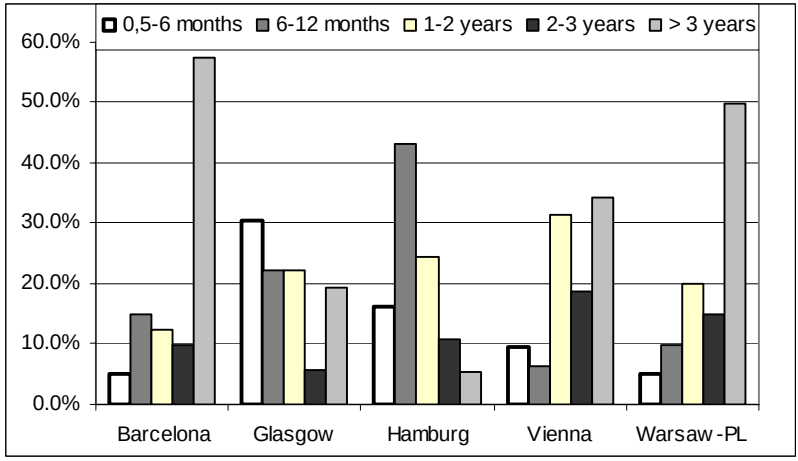


Figure 5-17: Total length of current prison sentences – (n=185)

The detailed data on the current prison sentences 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 responders serve such a short prison sentence (31%). However, the lengths of the prison sentences in Glasgow differs much more than at other study sites, as the women nearly equally represent almost all categories of prison sentences. The other four studies sites also present some striking results. 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.

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 was most unexpected.

5.1.1 Summary

The female drug using prisoners at the five European study sites share only few similarities. In fact, similarities are only found in the areas of partner relations and maternity. Thus, half of the women reported to have a partner, in Vienna and Barcelona, they have most often a partner (78% and 68%). Their partners are often drug users and/or in prison. Furthermore, with the exception of Poland, at least 50% of all women are mothers, a vast majority having minor children under age of 16. The latter was the case in more than 80% of the women.
Apart from these similarities, there are considerable differences in the social profile.

Social Profile

Barcelona: The female drug users are on average 32 years old, most of them live in a partnership or – to a lesser degree – are single. About 63% of the women were unemployed, one fifth was employed regularly in the year preceding their imprisonment. An equal number of women mainly financed their living either from wages or prostitution. This is followed by financial support from parents or husband. A majority of the female drug users have to stay in prison for a duration of three years.

Glasgow: The female drug users are comparatively younger with an average age of 28 years; half of them live 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 source of financing in the year prior to imprisonment consisted 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 an average age of 32 years, mostly single or divorced. The rate of unemployment in the year preceding their imprisonment is the highest – nearly 90%. As a result, their main source of financing during that period consisted in drug selling, followed by prostitution and thefts, burglaries and robberies. On average, the women have to serve a prison sentence of 13 months, which is lowest 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 equal numbers regularly employed or jobless. In fact, wages, 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, most of the female drug users have to stay in prison for more than two years.

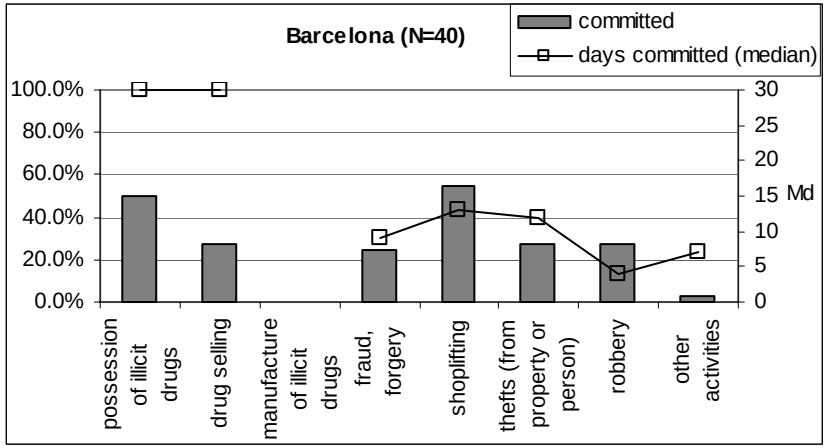
Warsaw-Poland: The female drug users are youngest with an average age of 27 years, most likely to be single, followed by a partnership. They have a high rate of unemployment of nearly 88%. As a consequence, their main financial sources consist in criminal activities such as shoplifting, thefts and drug selling. Probably due to these activities, half of the women have to serve prison sentences of considerably more than three years.

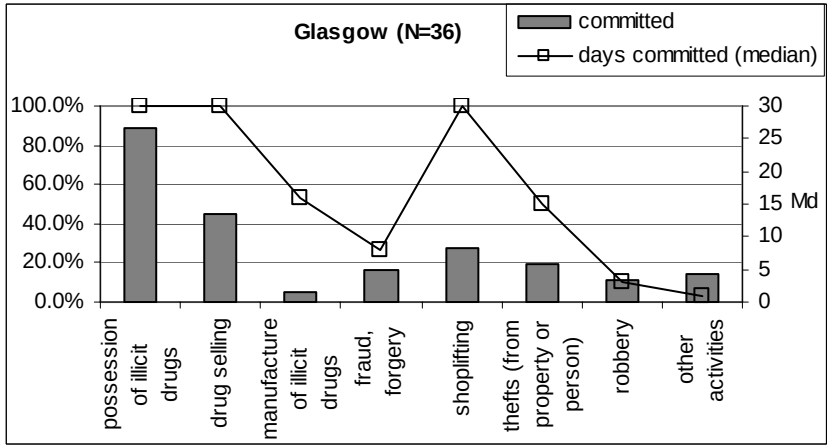
5.2 Delinquency and previous imprisonment

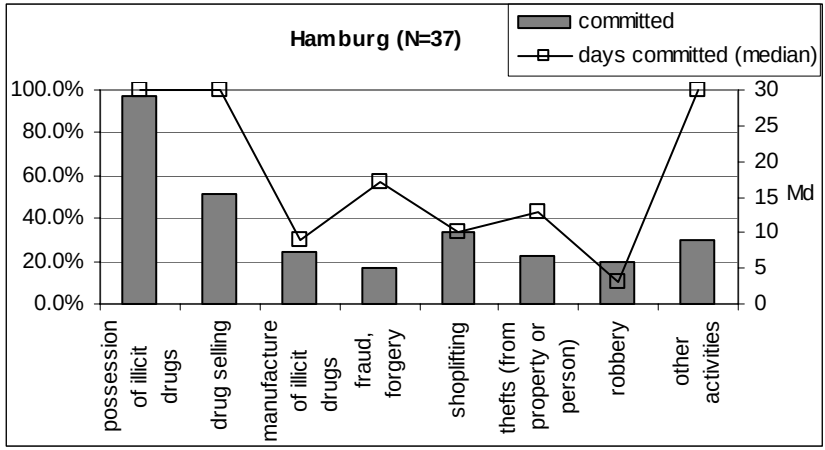
To investigate the female drug users' involvement in criminal activities and their lifetime experiences with the penal system, a number of questions have been developed. Thus, a number of items asked about criminal activities in the past 30 days before entering prison in order to explore the most recent delinquent behaviour. To identify the lifetime experiences with the penal system, first the prevalence of different convictions and second the overall number and duration of previous prison sentences were asked about.

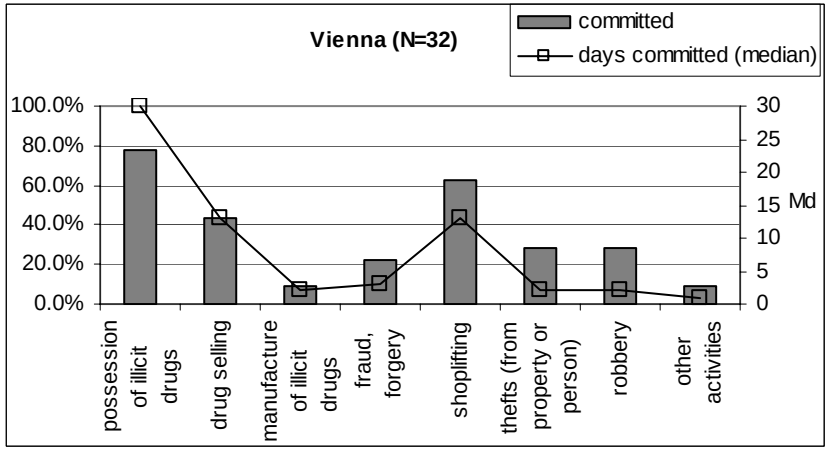
5.2.1 Illegal activities and reasons for current imprisonment

With regard to criminal activities, the data analysis focused on the prevalence and frequency of different drug-related and acquisitive crimes in the month preceding the current imprisonment. The prevalence is given for those female drug users, who committed any illegal activity on 1 to 30 days in the past month. In addition to the prevalence, the frequency is evaluated in terms of the median number of days on which the women committed these offences in the past 30 days before entering prison. This procedure allows to identify a) the most common and b) the most frequent illegal activities 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 the next figures).


Barcelona (N=40)
committed
days committed (median)
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
30
25
20
15
10
5
0
Md
possession of illicit drugs
drug selling
manufacture of illicit drugs
fraud, forgery
shoplifting
thefts (from property or person)
robbery
other activities


Glasgow (N=36)
committed
days committed (median)
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
30
25
20
15
10
5
0
Md
possession of illicit drugs
drug selling
manufacture of illicit drugs
fraud, forgery
shoplifting
thefts (from property or person)
robbery
other activities


Hamburg (N=37)
committed
days committed (median)
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
30
25
20
15
10
5
0
Md
possession of illicit drugs
drug selling
manufacture of illicit drugs
fraud, forgery
shoplifting
thefts (from property or person)
robbery
other activities


Vienna (N=32)
committed
days committed (median)
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
30
25
20
15
10
5
0
Md
possession of illicit drugs
drug selling
manufacture of illicit drugs
fraud, forgery
shoplifting
thefts (from property or person)
robbery
other activities

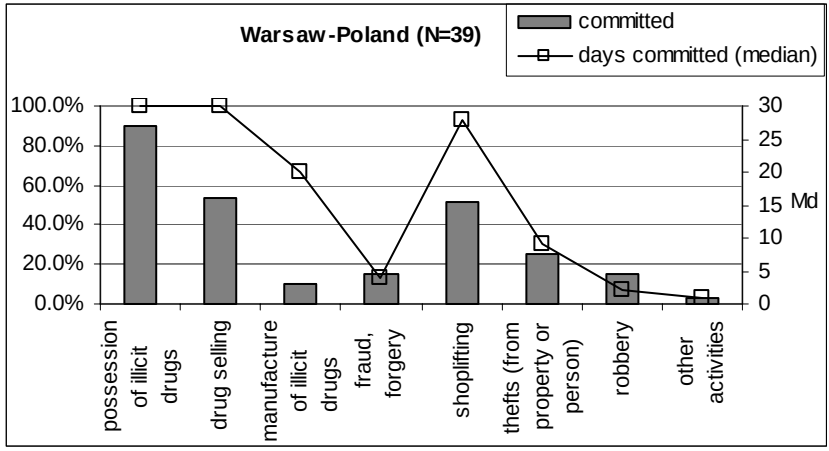


Figure 5-18: Prevalence and frequency of illegal activities among female drug users in the past 30 days before entering prison

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, half of the responders did not possess any drugs in the past month. Offences such as drug selling, thefts and/or robberies were committed by 28% of the female drug users respectively. With respect to the frequency of the individual activities, possession and selling of drugs with a median of 30 days were found to be most frequent among the women. Shoplifting, which is most prevalent among the women, was committed by half of them on 13 days in the past month. Thefts were committed on 12 days at median. Acquisitive offences such as fraud, forgery and robbery were less frequent. Along with drug possession, the most common and frequent illegal activities in Barcelona consist in shoplifting and drug selling.

In **Glasgow,** a high proportion (89%) of the female drug users possessed drugs in the months prior to their imprisonment. In addition, a considerable number (44%) of the women was active in drug selling. 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 were less common among this population (19%; 17%; 11%). Four women (14%) mentioned assaults and vandalism as other illegal activities, and two women (6%) were involved in drug manufacturing. As concerns the intensity of the

different activities, the data reveal that possession and selling of drugs along with shoplifting are highly frequent, as these activities were committed at median every day in the past month. Thefts and manufacturing of drugs were committed frequently at median on every second day even though both offences were not really highly prevalent. In other words: Those women, who were active in drug selling, drug manufacturing, shoplifting and thefts, did so very often. In contrast, activities such as fraud, forgery and robbery had been committed rather seldom.

The delinquency profile of the female drug users in **Hamburg** shows that almost all of the responders possessed drugs in the months before entering prison (97%). Selling of drugs was also highly prevalent (51%). Different to all the other cities, a high number of women (24%) were active in the manufacturing of drugs. Among the acquisitive crimes, shoplifting was particularly prevalent (33% of the women), but also thefts and robberies were not uncommon (22%; 20%). Other activities in Hamburg only included prostitution, to which about 30% of the women admitted. The most prevalent illegal activities of female drug users were also 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. This was followed by fraud, forgery (17 days mean), thefts (13 days mean) and shoplifting (10 days mean). Manufacturing of drugs and robbery were committed very rarely though they were quite widespread.

In **Vienna** a majority of the women (78%) possessed drugs in the past month, and a significantly high proportion (63%) committed shoplifting. Compared to all other cities, shoplifting was highest among the women from Vienna. Drug selling was quite widespread, in 44% of the women, followed by thefts and robberies (28% both). More than a fifth of the women committed fraud and forgery (22%). Only three women were active in drug manufacturing or other activities such as burglaries (9% both). The frequency of almost all illegal activities is comparatively low with the 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 rare 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 as high as in Glasgow (90%). In addition, a high number of the Polish women were either involved in drug selling

and/or in shoplifting (54%; 51%). The second most frequent illegal activity consists in thefts from burglary or robbery from persons (26%). Fraud, forgery and robbery were committed each by 15% of the women drug users. As to other activities, one woman attempted murder. Similar to Hamburg, the most prevalent activities are also those committed most frequently. Drug possession, drug selling and shoplifting were committed at mean on every day or almost every day in the past month. The second most frequent activity, at mean on 20 days, was manufacturing of illicit drugs, although only reported by 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 only on 4 and 2 days respectively. The attempted murder was a single event.

In the context of delinquency it is of high interest how many of the eight different illegal activities were committed by the female drug users. Within this context, one important finding is that some women did not commit any offence at all in the past 30 days before entering prison. This is the case for 7 women in Barcelona (18%) and for 3 women in Glasgow, Vienna and Warsaw-Poland respectively. In Hamburg, only one woman did not commit any offence. At all five study sites, the majority of the women committed two to three different delinquent activities. In Barcelona and Glasgow, the women were on average engaged in two different types of delinquency; in Hamburg, Vienna, and Warsaw-Poland, the majority of the women tend to have committed three different illegal activities. Only 25 women of the whole sample (14%) had committed four different types of delinquency, most of them in Warsaw-Poland and in Glasgow. More than four and up to seven different illegal activities were very rare and only found in one to five women at 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 reasons for the current imprisonment vary considerably between the female drug users of each of the five European study sites, as presented in figure 5-19.

Offences against the national drug law are the main reasons for 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 a prison sentence in about 38% respectively. Among all other female drug

users the second highest numbers of imprisonment for drug consumption are found in Vienna and Hamburg (25%; 24%). In Glasgow and Barcelona, female drug users less frequently mention drug consumption as reason for their imprisonment (17%; 10%). In Glasgow and in Hamburg, drug selling was the reason for imprisonment in 28% and 27% respectively. In Vienna and Barcelona, drug selling is significantly less often the reason for the current imprisonment (16%; 15%). In Poland, as many as 75% of the female drug users have been imprisoned for offences against the drug law. In Hamburg this is the case for 51%, in Glasgow for 45%, in Vienna about 41% and in Barcelona only 25% of the women.

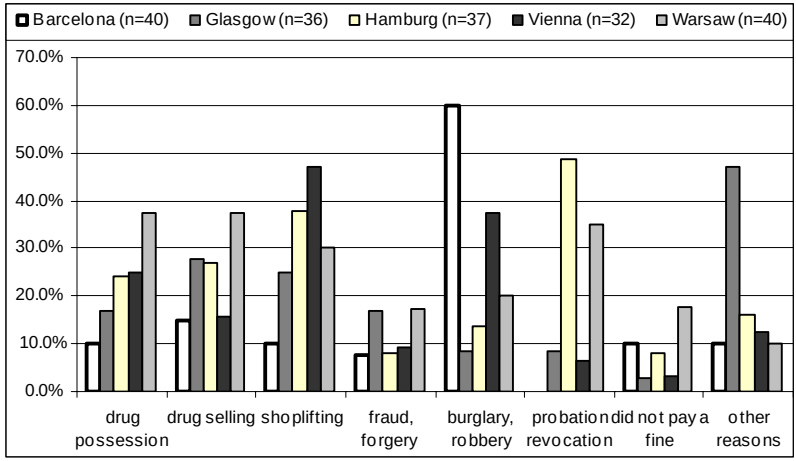


Figure 5-19: Reasons for the current imprisonment of the female drug users – (n=185)

With respect to acquisitive crimes, the data clearly demonstrate that a significantly high number (60%) of the female drug users from Barcelona have been imprisoned because of rather serious offences such as burglary and robbery. A relevant proportion of female drug users imprisoned for burglary and robbery can also be found in Vienna (38%). At the other three study sites, these offences are less common as reasons for the current imprisonment. The proportion of Polish women sentenced for burglary and robbery is 20%, followed by Hamburg (14%) and Glasgow (8%). Compared to bur-

glary and robbery offences, shoplifting is even more widespread as reason for the current imprisonment. A particularly high number of women from Vienna have been imprisoned due to shoplifting (47%). This is followed by Hamburg (38%) and by Poland (30%). In Glasgow, it is much less frequent (25%) and least in Barcelona (10%).
As concerns acquisitive crimes, fraud and forgery do not play an important role for the current imprisonment in all five samples. Only in Poland and Glasgow, these offences were somewhat relevant for the current imprisonment (18%; 17%). In all other female drug users, fraud and forgery were responsible for the current imprisonment in only 9% of cases.
Prison sentences related to penal procedures such as revocation of probation or an unpaid fine are frequent only among the women in Hamburg and, to a lower extend, in Poland. Cancelling of probation (49%) is one of the most widespread reasons for imprisonment of the women in Hamburg. Also 35% of the Polish women have been sentenced to prison for this reason. In Vienna and Glasgow, probation revocation was only in individual cases the reason for the current prison sentence, and in Barcelona, there was no such case. Unpaid fines are not often the reason for the current imprisonment, with the exception of Poland (18%).

A number of the responders in all five sites stated others than the given reasons for their current imprisonment. This is the case for the majority of the female drug users from Glasgow (47%). Although these reasons are manifold they mostly cover violence-related offences. Eight women were sentenced to prison for assaults and violence (22%), two women because of attempted murder (6%), and one woman because of culpable homicide. Four women had been imprisoned for breaching probation rules, peace or drug treatment orders (11%), and 2 women were sentenced to prison because of resisting arrest. In Hamburg, six women (16%) reported other reasons; three of them were imprisoned for serious assaults, two women for fare dodging and one woman for 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 sales license. In Vienna, violence offences and drug smuggling are among the reasons for the current imprisonment. In Warsaw-Poland, the four women have been imprisoned for serious body injury, attempted murder, manufacturing of drugs and the refusal to act as a witness in court.

To summarise, following were the most prevalent reasons for the current prison term at each of the five European study sites.

In **Barcelona** a vast majority of the female drug users currently serve a prison sentence for burglary and robbery. Other reasons are not much prevalent; the highest prevalence is drug selling with 15%. In **Glasgow,** the majority of the female drug users stated to be imprisoned for others than the given reasons (47%), mainly for violence offences followed by drug selling and shoplifting. In **Hamburg,** most of the female drug users had been imprisoned for revocation of their probation (49%). In **Vienna,** the highest proportion of the female drug users had been imprisoned because of shoplifting (47%), followed by burglary and robbery. In **Warsaw-Poland**, 75% of the women have been sentenced to prison because of offences against the drug law, at equal numbers for drug consumption and drug selling.

5.2.2 Lifetime prevalence of prison sentences

The lifetime prevalence of prison sentences refers to a) the prevalence of previous convictions 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 previous imprisonment has been investigated.

In order to evaluate the complete experiences with previous imprisonment, the overall duration of previous imprisonments as well as the longest duration of one prison stay were investigated. Furthermore, the lapse of time since the last prison release is analysed in order to identify how long the female drug users survived in community before having (again) been sent to prison to serve their current prison sentence.
First of all, the results on the lifetime prevalence of previous criminal convictions will be presented (see figure 5-20). Along with the prevalence, the median number of previous convictions is investigated.
Data analyses show that a vast majority of the female drug users at all five European sites had been previously convicted. In fact, 171 out of 185 women reported a minimum of one lifetime conviction. This corresponds to 92% of the whole sample. The few exceptions are 7 women are from Barcelona, 4 from Glasgow and 3 from Warsaw-Poland.

The female drug users from Hamburg and Vienna not only show the highest prevalence of previous convictions but also the highest prevalence of previ-

ous convictions for all four 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 proportion of 84% in Hamburg and Vienna already got the most severe penal sanction, viz. a prison sentence. In addition, sentences with probation and revoked probation are considerably widespread among the female drug users in both cities. In Hamburg, 81% of the women reported ever having been convicted on probation, and in 76% probation was revoked. Of the women in Vienna, this was the case in 72% and 75% respectively.

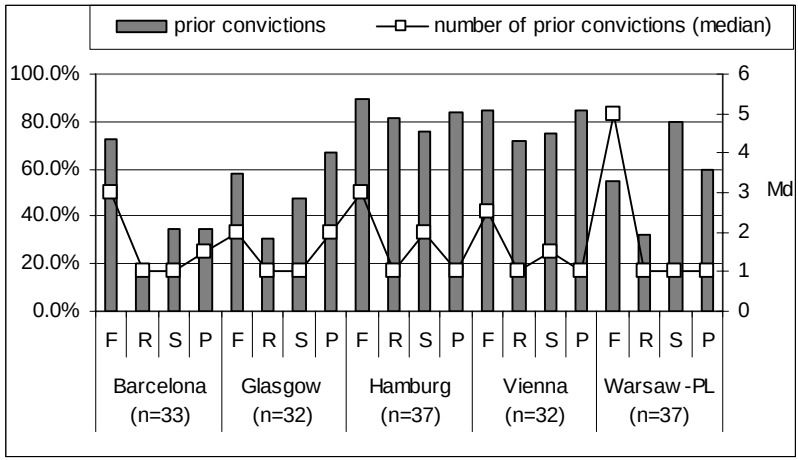


Figure 5-20: Prevalence and number of previous convictions – (n=171)

F=sentenced to a fine; R=revocation of probation; S=sentenced with probation; P=sentenced to prison

In Warsaw-Poland, the majority of the female drug users have ever been convicted to a sentence with probation (80%), followed by a sentence without probation (60%). In Glasgow, the prevalence of prison sentences is slightly higher; it is the most prevalent type of sentence (67%), a sentence with probation was received by 47% of the women. The lifetime prevalence of fines or probation revocation are equally high in Glasgow and Warsaw-Poland. 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). Revocation of probation is less common with 31% and 33% respectively.
The female drug users from Barcelona differ much from all other women in terms of being less often convicted in lifetime and having mostly been convicted to less serious sentences. In fact, conviction to a fine is significantly most prevalent with 73% of the women. Compared to fines, all other types of convictions are only found in small numbers of the women. Respectively 35% have ever been convicted to a sentence with and without probation. Only 18% of the women ever experienced revocation of probation.
As regards the prevalence of previous convictions, a major finding is that lifetime experiences with different types of penal sentences is extremely high among the female drug users in Hamburg and Vienna and comparably low in Barcelona.
The lifetime number of different types of sanctions varies in close relationship to the prevalence of previous convictions. Of the four possible sanctions, the women from Hamburg and Vienna experienced at median three sanctions, while the women of the other three study sites experienced at median two different sanctions. Especially in Barcelona, women tend to have got only one or two different sanctions.

Apart from the number of different sanctions, the lifetime number of previous convictions is of high importance. The median number of the individual convictions indicates how often half of the responders have been convicted in relation to the four sanctions.
Figure 5-20 shows that most often, female drug users have at mean been convicted only once. However, there are some exceptions, which demand attention. In Poland, for instance, half of the women were already fined five times. In Hamburg and Barcelona, the women were fined at mean three times. Sentences to a fine are obviously widespread among female drug users. This is also supported by the maximum number of sentences to a fine, reaching 50 times in individual cases. Moreover, half of the women from Hamburg have been convicted already twice to a sentence with probation, the second half even 3 to 11 times. In Poland as well, a high number of the women got a sentence with probation already up to six times.
In Glasgow and partly in Barcelona, the women drug users have been sentenced to prison at mean twice before they were currently imprisoned. Again there is a broad range in the frequency of previous prison sentences for the other half of the women. In Glasgow, the latter group of women had already experienced 3 to 13 prison sentences in their lives. Last not least, the fre-

quency of revocations of probation should be commented. Half of the women in each of the five samples had only experienced one cancelling of their probation, but in Vienna and to some extend in Hamburg, another part of the women had experienced this sentence already 4 to 6 times.
To summarise, half of the women with previous convictions have been convicted only once or no more than twice to the different sanctions; the other half tend to be convicted again and again. Thus it can be assumed that a considerable number of female drug users have frequently been convicted to different penal sanctions in their lives.

As previous penal sentences did not show accurately how many of the female drug users had been in prison before, a second step of the data analysis addressed this issue. A first finding is that 134 out of 185 female drug users had already been imprisoned prior to their current imprisonment. This corresponds to 72% of all the study participants; only one fourth of the female drug users are currently in a prison for the first time.
With respect to the number of female drug users without any previous prison experience, the data reveal enormous differences among the five samples. In Hamburg, only two out of 37 responders have never been in prison before, neither on remand nor in a prison. In Glasgow and Vienna, 9 women respectively have never been imprisoned before (25%; 28%). In Barcelona, this is the case for as many as 13 women (33%), and in Warsaw-Poland, the number of women without any previous prison sentence is highest with 17 of the responders (43%). Consequently, for a noticeable 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 previous imprisonment is illustrated in figure 5-21.

The data show that in Warsaw-Poland and also in Hamburg, all female drug users with previous imprisonment have ever been in a remand prison. In Poland, the majority of women who had been in a remand prison had been there only once (59%). In Hamburg, only one woman had been imprisoned once on remand while the majority was imprisoned on remand 2 to 5 times (54%) or even 6 up to 28 times (43%). In Barcelona, Glasgow and Vienna, some of the women have not been in a remand prison but in a prison for convicts. In Glasgow and Vienna respectively, two women had not been in a remand prison before; this was reported by four women from Barcelona (15%). Of those women who had ever been imprisoned on remand, the majority of the Spanish women was there only once (37%); 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%). In Warsaw-Poland, the situation is similar: 36% of the women had been in a remand prison 2 to 5 times. In Barcelona, this is the case for 30% of the women.

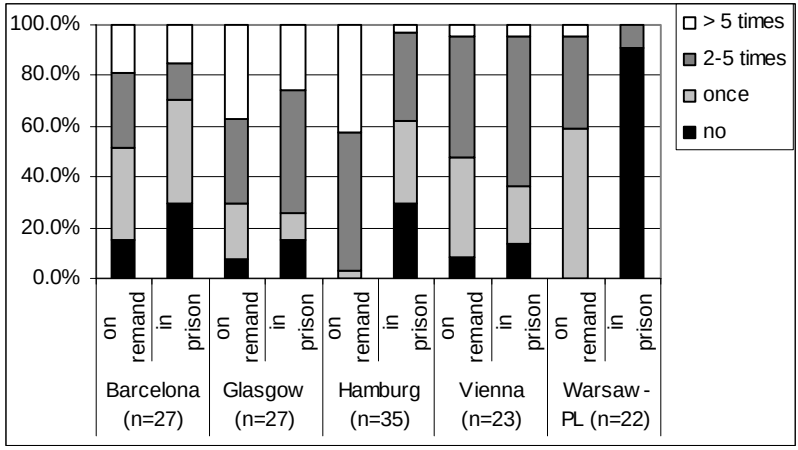


Figure 5-21: Frequency of previous imprisonment on remand and in prison – (n=134)

In Vienna and Warsaw-Poland, only one woman reported imprisonment on remand more than five times. In Barcelona, Glasgow and particularly in Hamburg, however, 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 (19%), in Glasgow for as many as 10 women (37%). In Hamburg, 15 women reported having been in remand prison more than 5 times (43%).

The data reveal following results when looking at the frequency of imprisonment in a convicts' prison. At all five study sites, imprisonments in a convicts' prison are in general less common than in remand prison. This is particularly obvious in Poland, where more than 90% of the women have never been in a prison before. The remaining proportion refers to two women, who have both been in a prison up to five times. In Barcelona and Hamburg, about 29% of the women – i.e. 10 German and 8 Spanish women – have been in a remand but not in a convicts' institution. In Glasgow, only 4

women (15%) and in Vienna, only 3 women (14%) have not been in a prison before.
As regards the frequency of imprisonment in a convicts' prison, the majority of women from Barcelona (41 %) have been in prison only once, while 30% (8 women) had been in prison more often. Of these 8 women, 4 had been imprisoned 2 to 5 times and 4 more than 5 times. In Hamburg, similar numbers of the women have been in prison either once (32%) or 2 to 5 times (35%). In Glasgow and Vienna, the majority of the women had been in prison 2 to 5 times, and only few of the women had been in prison only once (48% vs. 11% in Glasgow; 59% vs. 23% in Vienna). In Glasgow, 7 women have already been in prison very frequently: between 5 and 13 times (26%). Frequent imprisonments of more than 5 times is very uncommon among the female drug users from Hamburg and Vienna. In each city, only one woman reported more than five previous prison stays.

In conclusion, the findings show that the prevalence of previous imprisonments is as high as 60% and more among the female drug users in nearly all of the five European prison sites. An exception from this rule is Poland, where 43% of the women had never been imprisoned before; thus, their current imprisonment is the first one. A second important finding is that remand imprisonment is very common among the women; many of them have been in a remand prison already several times. Previous imprisonment in a "regular" prison is less widespread than imprisonment on remand but also mostly experienced not only once but several times. Consequently a high number of the female drug users have already been frequently in prison during their lives before serving their current prison sentence at the time of this study.

The age of the female drug users at their first imprisonment covers a wide range, between a minimum of 14 years and a maximum of 47 years (see table 5-10). More than one fourth of all responders were minors (< 18 years) at the time of their first imprisonment (28%). Especially in Glasgow, a high percentage of women (47%) were minors when first imprisoned. At the age of 21, 67% of the women from Glasgow had already been imprisoned for the first time. In Warsaw-Poland, this was the case for 51% of the women, in Barcelona 50%, in Vienna 45% and in Hamburg 39%. To summarise, half of all female drug users were 21 years and younger when they were sent to prison for the first time.

The average age of the women at their first imprisonment ranges between 22 and 24 years; in Glasgow, they were youngest with an average age of 22 years. In Barcelona, Hamburg and Warsaw-Poland, the average age of the first imprisonment was about 1-1.5 years later. The women from Vienna were oldest with an average age of 24.3 years on their fist imprisonment. With respect to age, it has to be kept in mind that the current imprisonment was the first one for a total of 50 women.

	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 previous imprisonment (n)	27 (67.5%)	27 (75.0%)	35 (94.6%)	23 (71.9%)	22 (55.0%)
Duration of previous imprisonment on remand (months at median)	7	6.3	8	4.3	5.5
Duration of previous imprisonment in prison (months at median)	36	22	13.5	16	15
Longest duration of one prison stay (months at median)	18	10,5	7	12	5
Overall duration of previous imprisonment (months at median)	24	23.5	17	19	6
Lapse of time since last prison release (months at median)	60	3	10	24	12

Table 5-10: Age at first imprisonment and overall duration of previous imprisonments

As already mentioned, the majority of the female drug users had been previously imprisoned before they re-entered prison for their current sentence at the time of the interview. This is in particular true for the women from Hamburg and less frequent among the women from Warsaw-Poland.
Concerning 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 was

highest with 8 months, followed by Barcelona with 7 months 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 (46%; 50%) while in Barcelona, more than half of the women spent 7 months and more (even up to 6 years) in a remand prison (57%). In Warsaw-Poland and especially in Vienna, the median duration of previous remand imprisonment is lowest with 5.5 and 4.3 months respectively. In Poland and Vienna, more than half of the women stayed in a remand prison slightly longer for up to six months (62%; 71%).

In all five samples, the median length of time spent in prison is considerably longer than the time spent in a remand prison. In Barcelona, the time spent in prison is longest with a median of three years. This corresponds to the fact that 47% of the women have been previously imprisoned for more than three years. Women from Glasgow had also spent much time in prison; although the median duration of previous 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 15 and 16 months respectively. For Warsaw-Poland, the duration is rather misleading, as it refers only to two women; one of them spent 3 months in prison, the other one 27 months. In Vienna, half of the women had to stay in a prison no longer than 16 months, and half of them had to serve previous prison sentences of more than four years in total. The women from Hamburg had the lowest duration of time previously spent in prison with a median of 13.5 months. Half of the women stayed less than 13 months in prison while the other half had partly spent several years in prison, between 10 and 14 years.

When considering the longest duration of one prison term, the data show following results: The women from Barcelona are most likely to serve long prison sentences with at median one and a half year. In Warsaw-Poland, the women are most likely to serve short prison sentences of at median less than six months. In Hamburg the women also tend to have comparatively short prison sentences with a median of 7 months. In Glasgow and Vienna, the data reveal the tendency that for many of the female drug users, 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 previous imprisonments can be summarised as follows: Although many of the women from Barcelona and Warsaw-Poland have been previously imprisoned once, the duration of imprisonment varies greatly between the two sites. In Barcelona, much time was spent in a pre-trial prison and the prison terms were longest. Poland had the shortest previous prison terms of all. In Hamburg, the time previously spent both on remand and in prison is rather short despite a high frequency of previous imprisonments. In Glasgow and Vienna, the frequency of previous imprisonments is high, and at the same time, many of the women had previously been in prison for considerable lengths of time.
These findings are supported by the data on the overall duration of previous imprisonment that adds up the time ever spent on remand and in prison for each female drug user. According to the results, the overall duration of time previously spent in prison is highest for the women from Barcelona and Glasgow. The median time previously spent in prison prior to their current prison term was about two years. But many women in Barcelona and Glasgow had spent much more time in prison (48%; 50%). For instance, one woman from Spain had already spent 16 years of her life in prison. A similarly long duration was only found in Hamburg, where two women had previously spent 15 and 16 years in prison.
In Vienna and Hamburg, the median overall duration of previous imprisonments of female drug users was about 1.5 years. In both cities, similar numbers of women have been imprisoned for less and for more time than the median of 19 and 17 months respectively. In Hamburg and in Vienna, some women have been in prison for a much longer time. In Vienna, for instance, one woman had been in prison for 10 years. As expected, in Warsaw-Poland the lifetime prison duration is lowest with a median of six months, which refers to 60% of the women. The second highest prevalence is about six months as well as one year; imprisonments of more than one year are the exception among Polish women.
According to the analyses there is a strong and statistically significant correlation between to overall duration of previous imprisonments and the age at first imprisonment. This correlation confirms that the younger the women had been at their first imprisonment, the higher is their overall duration of previous imprisonments (Kendall-Taub-b: -0.239).

To complete the analyses of previous imprisonment, the lapse of time since the last prison release is analysed.

The lapse of time since the last prison release is highest among the female drug users from Barcelona with a median of five years. Figure 5-22 presents a detailed analysis of the lapses of time since last prison release. The data clearly reveal that the overwhelming majority of 74% of the Spanish women stayed outside prison more than three years. How the female drug users from Barcelona succeeded in remaining in the community for such a long time remains unexplained. Even data on the participation in residential drug treatment during the year preceding the current imprisonment provides no answer to this question, as only four women had participated in an inpatient treatment.

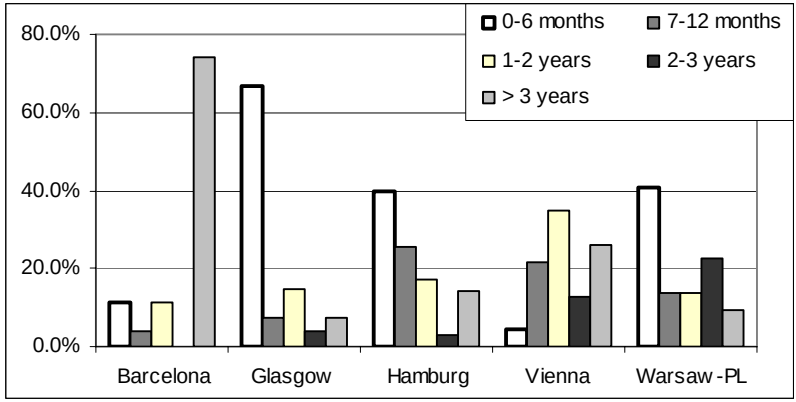


Figure 5-22: Lapse of time since last prison release – (n=134)

In Glasgow, the situation is quite different. Here the median length of freedom since the last prison release was not more than three months. 67% of the women remained outside prison only up to six months. Six out of these 18 women were even reimprisoned within one month. Only few women managed to stay outside prison for longer than half a year. For four women (15%), the lapse of time between release and current imprisonment was 1-2 years.

In Hamburg and Warsaw-Poland, the median lapse of time since the last prison release is similar with 10 and 12 months respectively. However, at both sites, a considerable number of women only managed to stay out of prison for one to six months (40% in Hamburg and 41% in Poland). In Ham-

burg, the second largest group (26%) stayed outside prison for 6-12 months, in Warsaw-Poland for 2-3 years (23%). In Hamburg, 6 women (17%) stayed in freedom for 1-2 years, 5 women (14%) for three or more years. In Warsaw-Poland, 3 women (14%) managed to stay outside prison for 7-12 months and 3 women for 1-2 years. Only 2 women (9%) remained free for more than three years before re-entering prison.

Similar to Barcelona, the women from Vienna succeeded in avoiding prompt re-imprisonment. The median lapse of time out of prison was two years. In detail, the time before entering prison again differs much between the individual female drug users. Only one woman was re-imprisoned 6 months after her last release, while 5 women (22%) were in freedom for 6-12 months, and 8 women (35%) for 1-2 years. Three women (13%) remained in freedom for 2-3 years and 6 women (26%) had even been able to stay in the community for more than 3 years.

5.2.3 Summary

The findings on delinquency and previous imprisonment of the female drug users can be summarised as follows.

- Illegal activities in the past 30 days before the current imprisonment were most prevalent among the female drug users at all five European study sites and included drug possession, drug selling and/or shoplifting. Drugs had been possessed and – with the exception of Vienna – as well sold on every single day in the past month. Shoplifting had been committed almost on each day in Glasgow and Poland and nearly on every second day in Hamburg and Vienna. The women in Glasgow and Barcelona committed a mean of 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% of the 185 interviewed women reported a minimum of one lifetime conviction. Most of them were sentenced to a fine but prison sentences are also quite common with the exception of Barcelona. In general, one part of the women had very few previous convictions while another part show a high prevalence and frequency of previous convictions.
- A great many female drug users had previous experiences with imprisonment, and only a minority were in prison for the first time when the inter-

view took place. 72% of all study participants had been previously imprisoned. Previous stays in both remand prisons and prisons for convicts are highly common among all female drug users with the exception of Poland. Most women already experienced four or more previous imprisonments. This high frequency is found especially in Hamburg and Vienna, while the lowest frequency of previous imprisonment is found in Barcelona.

- The age of the first imprisonment is lowest in Glasgow with an average of 22.3 years. In Barcelona, Warsaw-Poland and Hamburg, the average age at the first imprisonment was 23-24, and in Vienna 24.3 years. However, half of all female drug users were 21 years and younger when they first were sent to prison. The younger the women were at their first imprisonment the higher is their overall duration of previous imprisonment. This correlation is statistically significant.

In general, the delinquency and imprisonment profiles of the female drug users of the five European study sites partly show considerable differences.

Delinquency and imprisonment profiles

Barcelona: In Barcelona, the most common and frequent illegal activities in the past 30 days prior to the current imprisonment consist in drug possession, shoplifting and drug selling. However, the current prison sentence of 60% of the women is due to burglary and robbery. Previous convictions are not very common apart from sentences to a fine. The majority of women, who had ever been imprisoned before, had been imprisoned only once on remand and once in prison. Half of the women had first been imprisoned at the age of 16 to 21. Despite fewer previous imprisonments the overall duration of imprisonment is significantly high with a median of two years. On the other hand, the lapse of time between the last prison release and the current re-imprisonment is rather long with a median of five years.

Glasgow: Although only one fourth of the women committed shoplifting in the month prior to their current imprisonment, this was done on each day. Thefts and the manufacturing of drugs were committed frequently, at median on every second day, though both offences are not very prevalent. Most of the women (47%) are currently imprisoned for a multitude of different reasons, but mainly because of assault and violence offences. The second most frequent reason is drug selling and shoplifting (28%; 25%). A high number

of the female drug users have ever been sentenced to prison, at mean twice. As well, a high number of the women have been previously imprisoned on remand more than five times and had been in a convicts' prison two to five times (40%; 57%). A considerable number of the women were imprisoned for the first time when they were still minors (47%). The overall duration of previous imprisonments is similarly high as in Barcelona with a median of nearly two years. A considerable number of the women were re-imprisoned soon after the last prison release. The lapse of time between release and re-imprisonment was at median only three months.

Hamburg: In the past 30 days prior to the current prison term, drug possession along with drug selling and prostitution had been most prevalent and frequent among the female drug users. These three activities took place at mean on each day. A majority of 49% of the current prison sentences are due to revocation of the probation, followed by shoplifting (38%). The female drug users from Hamburg have the highest degree of lifetime experience with all types of penal sanctions compared to all the other study sites. More than 76% of the women experienced all the four types of different convictions. The women show a high frequency of previous imprisonments; 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 the time of their first imprisonment. Despite the high number of previous imprisonments, the overall duration of these imprisonment is, with at median 17 months, comparatively low. The lapse of time since the last prison release is at median 10 months, but 40% of the women re-entered prison already 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 lowest compared to the other study sites. The current imprisonment is most often due to shoplifting (47%), followed by burglary and robbery (38%). Similar to Hamburg, all four types of penal sanctions are very widespread as well in Vienna, with a prevalence of more than 72% for each sanction. Frequent previous imprisonments are found among the women drug users from Vienna; almost half of them had been imprisoned two to five times. The median overall duration of previous imprisonments is 1.5 years; one fourth of the women had been imprisoned already for more than three years. In 52% of the cases, the first imprisonment was at the age of 17 to 22 years. However, at median the

women managed to stay outside prison for as long as two years prior to their current prison sentence.

Warsaw: Apart from drug possession, drug selling and shoplifting are the most prevalent and most frequent illegal activities in the month preceding the current imprisonment. Furthermore, manufacturing of drugs was committed on at mean 20 days, but only by 10% of the women. The most frequent reason (75%) for the current prison term are offences against the national drug law with equal numbers either for drug consumption and/or for drug selling. The majority of the women have ever been convicted to a sentence with probation (80%) followed by sentences without probation (60%). Only about 55% of the women have ever been imprisoned before and only two of them in a convicts' prison. More than half of the women have only been imprisoned once prior to the current prison term. The average age at first imprisonment was 23.8 years, with a broad range from 17 to 47 years. The overall duration of previous imprisonments is significantly low with at median six months. The lapse of time 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 inside prison

In this chapter, the patterns of drug use will be analysed. First of all, the results concerning the age at the start of regular use will be presented, as well as the total length of time of substance use, not counting periods of abstinence.

It is of particular interest to focus on the most recent drug use. For this reason the patterns of drug use concerning those substances used in the past 30 days prior to the current prison term and those substances used since being in prison are investigated. As it can be assumed that drug use changed in the course of imprisonment, the female drug users have been asked about their drug use in the first weeks after entering prison and in the past 30 days preceding the interview in prison. In general, the patterns of drug use are analysed in terms of prevalence, frequency of substance use and the main route of administration. Especially the latter allows to identify risk behaviour in drug use.

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 predominately administered intravenously. Although the usage of kompot 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).
A second note concerns the regular use of the four substances heroin, cocaine powder, crack and amphetamines. According to the given definition of "regular" use, six women from Glasgow denied any regular use of these substances.

Before going into details, some preliminary results on the prevalence of the substances used should be mentioned. The lifetime regular use of heroin is most prevalent in Barcelona and Vienna, as only two women respectively denied regular use of heroin (95%). Hamburg and Glasgow range second, as only four and seven women respectively did not name this substance (89%; 89%). In Warsaw-Poland, only half of the responders stated to have ever regularly used heroin, a slightly higher number affirmed to have ever used kompot regularly. Surprisingly, one woman from Vienna started regular use of kompot at the age of 14 and used it for as long as 12 years.

The use of cocaine powder is most prevalent among the women from Barcelona (90%); only four women denied regular use of this substance. In Hamburg, 27 out of 37 women and in Vienna, 23 out of 32 women confirmed to have ever used cocaine powder regularly (73%; 72%). In Glasgow, this was only the case for 10 women and in Warsaw-Poland for no more than 6 women (28%; 15%).
As regards regular use of crack, this is most widespread among the women from Hamburg (92%); only three women denied ever having used crack regularly. In Glasgow, 39% of the women confirmed to have used crack regularly and in Barcelona, this was the case for one fourth of the women. Only 4 women from Vienna and 3 women from Warsaw-Poland ever used crack on a regular basis.
Regular use of amphetamines is quite common among the women from Vienna (56%), Warsaw-Poland (55%) and Glasgow (53%). In Barcelona, 12 out of 40 women stated to have ever used amphetamines regularly (30%), and in Hamburg, this was only confirmed by 9 women (24%).

	Barcelona	Glasgow	Hamburg	Vienna	Warsaw-PL
Age at beginning of 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)
- *Amphetamines*	16,0 (n=12)	17,1 (n=19)	19,2 (n=9)	18,0 (n=18)	20,3 (n=22)
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

Table 5-11: Age at the beginning of regular drug use and years of drug use – (n=179)

* Regular drug use means use of drugs more than 3 times per week or on more than two consecutive days.

The age at the beginning of regular use of one or more of the substances varies considerably and ranges from 10-45 years; more than 40 years only occurred in Hamburg. The late age suggests that some women started regular use of drugs quite recently. The years of drug use also vary considerably and range between one and 28 years; in Glasgow, the number of years of drug use is highest. In each sample, there are some women with only one year of drug use, which is in particular the case for crack and amphetamines.

The data reveal significant differences between the five samples concerning the age at the beginning of regular drug use and the number of years of regular drug use. For each substance, the women from Barcelona are youngest when starting regular drug use. Spanish women started regular drug use on average at the age of 17.6 years, in Hamburg and Vienna one year later.

The women from Warsaw-Poland and Glasgow were on average about 20.5 years old at the time of first regular heroin use. A relationship exists between the duration of regular use and the age when starting regular use. Accordingly, the women from Barcelona consumed heroin for the longest time with 10.7 years on average. In Hamburg and Vienna, heroin had been used for about 8.5 years and in Glasgow on average for 7.7 years. 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 in the years of drug use disappear when considering the time of kompot consumption. The period 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 18.4 years at first regular use, and they have the longest duration of cocaine use with 10.3 years on average. The women from Glasgow are about one year older when starting 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 as old as those of Glasgow when starting regular cocaine use. 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 regular use of cocaine powder at the age of 20.7 and 21.3 years respectively; the Polish women used cocaine for almost six years and the German women for about seven years. In general the years of cocaine use vary between 10 years in Barcelona and 5 years in Glasgow.

As already mentioned, crack use is most prevalent among the women from Hamburg. However, they started regular use of crack significantly later at an average age of 26.3 years and used this substance for an average of 4.5 years. The women from Barcelona and Warsaw-Poland, who ever used crack regularly, began early at the age of 19 years, and they used crack for many years, particularly the women from Poland. The three Polish women used crack for about nine years, in Barcelona it was used for about six years. The women from Glasgow and Vienna began regular use of crack at about 22 years; in Glasgow the average length of crack use was about five years, in Vienna the duration of crack use was short with 1.5 years.

Amphetamines have predominantly been used regularly for the first time at a young age. This is especially true for the women from Barcelona, who started regular use of amphetamines at a mean age of 16 and continued for about five years. The responders from Glasgow started one year later and

used amphetamines on average a little more than five years (5.3 yrs). The women from Vienna started regular use of amphetamines at 18 years on average; they have the longest time of amphetamine use with an average of 7.7 years. In Hamburg, women with amphetamine use started regular use at the age of 19.2, but did not continue very long as they stopped amphetamine use on average after 3.4 years. In Warsaw-Poland, the women started regular use of amphetamines about four years later than the women from Barcelona, and they continued for an average of 4.3 years. To summarise, amphetamine users from Vienna took this substance for a particularly long time.

In conclusion, the findings can be summarised as follows: In Barcelona and Vienna, heroin and cocaine powder are the substances widely used on a regular basis. These substances have also been used on average for the highest number of years (10 yrs; 8 yrs). In Glasgow, heroin and amphetamines are most frequently used and 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 an average of 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 regular basis. However, these are not always the substances used for the longest period of time. Kompot was used for a mean of 8 years, but heroin and amphetamines only for 4-5 years. Especially crack and cocaine powder were used regularly for many years, crack 9 years and cocaine powder about 6 years.

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 about their consumption pattern in the past 30 days before entering prison. Of those with any substance use it has also been determined how frequently 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 methadone, it has to be mentioned that this refers not only to methadone but to any other substance used for maintenance treatment. In Germany, methadone is the most common medication for maintenance treatment, but in Austria drug users are treated with various maintenance

medications. In Austria, methadone, buprenorphine (Subutex®), codeine and retarded morphine (Mundidol®, Substitol®, Compensan®, Kapanol®) are utilised for maintenance treatment.
A second comment alludes to the use of non-prescribed medications. This includes a broad range of pharmaceutics such as benzodiazepines, barbiturates, sedatives, tranquillisers and hypnotics.
Two women from Poland stated that they had not used any substances in the month before entering prison.
As regards alcohol consumption in the month before entering prison, the data reveal that 35%-55% of all female drug users consumed alcohol. The highest number of women with alcohol use is found in Barcelona, the lowest in Warsaw-Poland. Women with alcohol use are most likely to do so every day.

The use of heroin and/or kompot (Polish heroin) is prevalent in a majority of the female drug users in all five samples. Heroin was used by 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, equal numbers of the women used heroin or kompot in the past month including one woman who used both substances. Heroin and kompot users together amount to 70% of the Polish responders. In all five study sites, a majority of the heroin users consumed heroin or Polish heroin daily.

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. A total of 75% of the responders from Barcelona reported use of cocaine powder prior to their imprisonment with most of them using cocaine daily. But only seven (18%) of the women admitted 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 it predominantly daily, while about one third either used cocaine powder or used it additionally, which also often happened daily.

	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 %)
- *regular use*	3	5	4	2	3
- *daily use*	18	6	6	8	3
Heroin, any use	24 (60.0 %)	26 (72.2 %)	26 (70.3 %)	20 (62.5 %)	15 (37.5 %)
- *regular use*	7	2	2	5	1
- *daily use*	14	22	21	15	14
Kompot, any use	0	0	0	0	14 (35.0 %)
- *regular use*					2
- *daily use*					11
Cocaine powder, any use	30 (75.0 %)	9 (25.0 %)	11 (29.7 %)	19 (59.5 %)	6 (15.0 %)
- *regular use*	9	-	1	3	1
- *daily use*	18	3	6	12	2
Crack, any use	7 (17.5 %)	9 (25.0 %)	33 (89.2 %)	0	4 (10.4 %)
- *regular use*	3	2	3		
- *daily use*	2	4	27		3
Prescribed methadone, any use	25 (62.5 %)	7 (19.4 %)	17 (47.2 %)	21 (65.6 %)	1 (2.5 %)
- *regular use*	-	-	-	-	1
- *daily use*	25	4	17	21	-
Non-prescr. methadone, any use	3 (7.7 %)	9 (25.0 %)	9 (24.3 %)	6 (18.7 %)	4 (10.0 %)
- *regular use*	2	2	2	1	2
- *daily use*	-	1	-	3	-
Non-prescr. medications, any use	28 (71.8 %)	22 (61.1 %)	13 (36.1 %)	13 (40.6 %)	14 (35.0 %)
- *regular use*	5	7	2	1	1
- *daily use*	21	8	5	10	8
Amphetamines, any use	5 (12.5 %)	4 (11.1 %)	2 (5.4 %)	13 (40.6 %)	22 (55.0 %)
- *regular use*	3	1	-	1	2
- *daily use*	1	-	-	6	12
Cannabis, any use	28 (70.0 %)	23 (63.9 %)	16 (43.2 %)	23 (71.9 %)	4 (10.0 %)
- *regular use*	4	3	4	5	1
- *daily use*	22	17	8	16	2
Hallucinogens, any use	1 (2.5 %)	0	2 (5.4 %)	4 (12.5 %)	3 (7.5 %)
- *regular use*	-		-	1	-
- *daily use*	-		-	-	1
Amount of money spent on drugs in past 30 days (mean)	4,232 €	3,243 €	8,295 €	1,694 €	866 €

Table 5-12: Drug use in the past 30 days before entering prison – (n=183)

In Glasgow, only 9 women (25%) used cocaine powder and crack. Both cocaine powder and crack are mainly used occasionally, or, at most, regularly. This differed again from Vienna where none of the women reported any crack use, while almost 60% reported a – most often daily – use of cocaine powder. In Warsaw-Poland, neither the use of cocaine powder nor the use of crack is widespread. In fact, only six women use cocaine and four women use crack.

When looking at the results concerning the use of methadone and/or medications, several points attract attention. In Vienna and Barcelona, 62% and 66% respectively of the interviewed female drug users had been in maintenance 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 maintenance medications. The same applies to Hamburg, where 47% of the women had been in maintenance treatment in the month prior to their imprisonment. In Glasgow, only seven women (19%) used prescribed methadone but merely four women were on a daily dose. In Warsaw-Poland, no more than one woman used prescribed methadone on a regular basis though not daily. The differences found in the prevalence of prescribed methadone are closely related to the national practice of maintenance treatment, which is easily accessible in Spain, Austria and Germany but rather non-existent in Poland.

Methadone use outside a maintenance treatment programme is in general not very common, with some exceptions in Hamburg and Glasgow. Nine women from Hamburg (24%) and Glasgow (25%) used non-prescribed methadone sold on the black market. In both cases, non-prescribed methadone was mainly used occasionally. In Vienna, six women (19%) consumed non-prescribed methadone with a certain frequency, and in Warsaw-Poland, this was only the case for four women (10%). Unlike non-prescribed methadone, the use of non-prescribed medications such as benzodiazepines and barbiturates is highly widespread. In particular, the women from Barcelona are heavy users of non-prescribed medications; almost 72% reported this substance use and the majority of them used them every day in the past month. In Glasgow, 61% of the women admitted the use of non-prescribed medications, in equal numbers either occasionally, regularly or daily. In Warsaw-Poland, Hamburg and Vienna, the use of non-prescribed medications is less frequent and ranges between 35% and 41%, but, in Vienna and Warsaw-Poland, it is often used daily.

The use of amphetamines is not widespread in Hamburg and only little prevalent in the women from Glasgow and Barcelona. In these three cities no more than five women had used amphetamines, mainly occasionally; only in Barcelona, it was used more regularly. In Vienna and especially in Warsaw-Poland, 13 and 22 women respectively reported the use of amphetamines (41%; 55%), half of them daily. Obviously, amphetamines play an important role among drug users in Austria and Poland.

Cannabis is a popular and common drug in different parts of the population and also often used by female drug users. The exception is Warsaw-Poland, where only four responders (10%) admitted to cannabis use. The women from Barcelona and Vienna in particular reported the use of cannabis (70% and 72%), most of them being daily smokers. In Glasgow, 64% used cannabis, mostly on a daily basis. In Hamburg, cannabis use was less prevalent with 43% of the women. Only half of them smoked cannabis daily.
The use of hallucinogens and/or other substances was rather seldom in the month before entering prison. Only few women at each study site reported the use of hallucinogens such as LSD or mushrooms and equally few women stated to use other substances. The latter was especially the case for Vienna where six women (19%) said to have used morphine or opium tea. Two women from Glasgow reported the use of other substances; one of them used Valium® regularly.

In conclusion**,** the data show that at each of the five study sites, the use of specific substances is most prevalent in the month preceding imprisonment. The use of cannabis is not considered here in order to focus on problem drug use.

- In Barcelona, the use of cocaine powder ranges first, closely followed by non-prescribed medications and finally heroin as well as prescribed methadone.
- In Glasgow, heroin ranges first followed by non-prescribed medications; the prevalence of other substances is less than 45%.
- In Hamburg, crack ranks first followed by heroin in the second and prescribed methadone in the third place.
- In Vienna, most of the women are on methadone or other maintenance medications, closely followed by heroin and finally cocaine powder.
- In Warsaw-Poland, heroin and kompot range first, followed by amphetamines. The prevalence of other substances is less than 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 analysis of the number of different substances used confirmed that – with the exception of the Polish women – about two thirds of the women are polydrug users. Thus, the responders from Barcelona used at median five different substances (up to eight), while the female drug users from Glasgow, Hamburg and Vienna consumed at median four different substances (up to ten). In Warsaw-Poland, the women used only two substances at median and six different substances at maximum. However, it has to be kept in mind that the number of different substances also includes prescribed methadone, which is an essential component 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 not having spent any money on drugs. These women had either been in maintenance treatment and did not use any additional drugs or had a low frequency of drug use, which was financed by friends or other persons. In Poland, eight women denied having paid any money for drugs; two of these women did not use any drugs at all in the past month, and four women used merely alcohol but were daily drinkers.

The amount of money spent on drugs varies considerably and ranges from a minimum of 20 Euro to a maximum of 54,000 Euro. The female drug users from Hamburg spent by far the highest amount of money on drugs, with an average of 8,295 € and a maximum of 33,000 €. Though the median amount of money is only 6,000 €, this remains highest compared to all other women. Barcelona ranges second with an average of 4,232 € and a maximum of 54,000 € paid for drugs. 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 most no more than 13,532 €, but the median amount of money is again much lower with 1,397 €. In Vienna, the costs for drugs amount to 1,694 € on average and to 7,500 € at maximum. The median amount of money for drugs is 1,050 € which is somewhat lower than the average amount. In Warsaw-Poland, the women paid least for drugs with an average of 866 € and a maximum of 3,330 €. The median amount of money for drugs is only 660 €.

The amount of money spent on drugs not only depends on the frequency of drug use but also on the specific price of the drugs in the various cities. Unfortunately, it is not possible to compare prices for a gram of street heroin

or cocaine across Europe, but it can be assumed that drugs are less expensive in Poland. 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 problem drug use, six illicit substances could be identified which were most prevalent among the female drug users in the 30 days prior to their current prison sentence. These substances are heroin, kompot, cocaine powder, crack, amphetamines and non-prescribed medications. In Hamburg, all interviewed women used one or more of these substances. In Barcelona, Glasgow and Vienna, five women respectively did not use any of these substances and in Warsaw-Poland, this is the case for six responders. Only 11% of the whole sample did not use any of the mentioned six substances.
For those 164 women with any use of the six substances, figure 5-23 shows a condensed overview of the frequency of drug use for each substance, differentiating between “regular” (8-25 days) and “daily” (26-30 days) substance use. Heroin and kompot in Poland are summarised as heroin.

Although it has to be kept in mind that some data refer only to a few women (see table 5-12), the figure indicates a clear tendency towards daily drug use. This is in particular the case for heroin and – surprisingly – also for non-prescribed medications. In Warsaw-Poland, Glasgow and Hamburg, 80%-90% of the female heroin users used this substance daily; in Vienna, 75% of the heroin users were daily users. A daily use of non-prescribed medications especially occurs among the users of medication from Vienna and Barcelona (77%, 75%). In Hamburg, crack was also mostly used daily (82%). The women from Poland who used crack are most likely to consume daily.

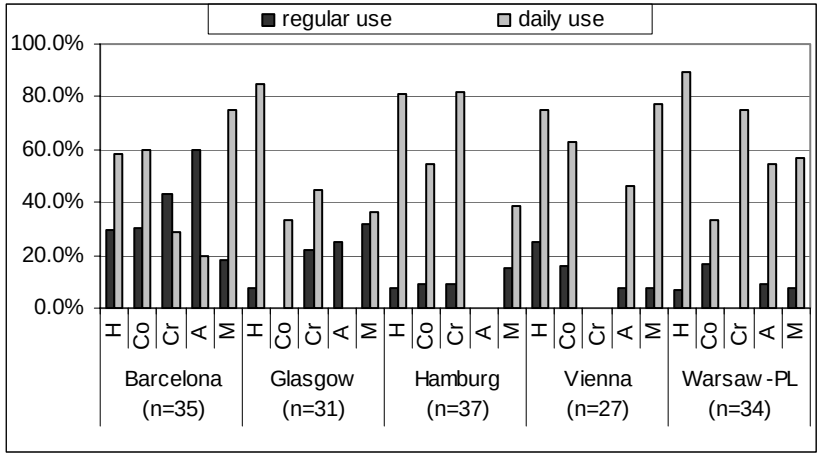


Figure 5-23: Regular and daily drug use in the past 30 days before entering prison – (n=164)

"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.

Apart from these findings some peculiarities are worth mentioning. In Barcelona, the women are most likely to use heroin and as well cocaine powder daily, but at the same time a relevant number of women use these substances les frequently, the ratio being 2:1 for each substance. With respect to crack and in particular amphetamines, however, most women are less likely to use these substances daily but tend to a regular or occasional use. The ratio between a regular and daily use of amphetamines is 3:1. In Glasgow, women, who mainly used cocaine powder, used this drug occasionally and only 33% reported daily cocaine use. None of the women shows a regular use of cocaine powder. It is also worth mentioning that none of the women used amphetamines daily and only 25% used it regularly. Thus, 75% of the women from Glasgow used amphetamines only occasionally. In Hamburg, there is no regular or daily use of amphetamines, and in Vienna no crack use had been reported. Instead the women from Vienna had a considerable use of cocaine powder, which was mostly used daily (63%). In Warsaw-Poland, cocaine powder was mostly used occasionally and in 17% regularly. Only one third used cocaine powder daily.

The following analyses focus on the main routes of administration of the six most prevalent substances (see table 5-13).
With respect to consumption patterns of heroin, the data reveal that in Poland, almost all heroin users and all kompot users used this substance intravenously. In Austria, three-quarter of the heroin users injected heroin, only four women snorted heroin and one woman administered heroin orally. In Barcelona and Hamburg, about half of the women mainly injected heroin, but the other half displayed a less risky behaviour and smoked or even sniffed heroin. In Glasgow, heroin smoking was most common, closely followed by heroin injection; only one woman sniffed the substance.
Cocaine powder was mostly used intravenously by the women from Vienna; only three women sniffed cocaine. In Barcelona and Hamburg, most women also tend to use cocaine powder intravenously instead of sniffing or smoking. In Barcelona, the non-injectors 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, three women snorted and injected cocaine powder respectively. As already mentioned, none of the responders from Vienna ever used crack. In the other four study sites, the crack users did not always consume in the typical manner of smoking. Only in Barcelona and Warsaw-Poland, all crack users smoked the substance. In Hamburg and Glasgow, two women respectively 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 from Hamburg mainly injected non-prescribed medications. In Vienna, this was the case for two women. These findings show that a small number of female drug users usually inject benzodiazepines, barbiturates or other pharmaceutics.

	Barcelona	**Glasgow**	**Hamburg**	**Vienna**	**Warsaw-PL**
Sample (n)	35	31	37	27	34
Heroin (n)	**24**	**26**	**26**	**20**	**15**
oral	-	-	-	1	-
snort / sniff	5	1	2	-	-
smoke / chasing	6	13	9	4	2
intravenous	13	12	15	15	13
Kompot (n)	**0**	**0**	**0**	**0**	**14**
intravenous					14
Cocaine powder (n)	**30**	**9**	**11**	**19**	**6**
- *snort / sniff*	7	4	1	3	3
- *smoke / chasing*	4	2	3	-	-
- *intravenous*	19	3	7	16	3
Crack (n)	**7**	**9**	**33**	**0**	**4**
- *snort / sniff*	-	1	-		-
- *smoke /chasing*	7	6	31		4
- *intravenous*	-	2	2		-
Non-prescr. medications (n)	**28**	**22**	**13**	**13**	**14**
- *oral*	27	22	9	11	9
- *snort / sniff*	1	-	-	-	-
- *intravenous*	-	-	4	2	5
Amphetamines (n)	**5**	**4**	**2**	**13**	**22**
- *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 %)	14 (45%)	18 (49 %)	19 (70 %)	29 (85 %)

Table 5-13: Main routes of administration in the past 30 days before entering prison – (n=164)

With respect to the administration of amphetamines, most of the users tend to use amphetamines orally. This is the case for all five amphetamine users from Barcelona and for most of those from Glasgow. The two amphetamine users from Hamburg either swallowed or sniffed amphetamines. In Vienna, four of the female amphetamine users mainly injected the substance although oral use or snorting was most common. The women from Warsaw-Poland

displayed the highest risk behaviour regarding amphetamine use. A vast majority of them injected amphetamines (77%), while only few women usually sniffed or swallowed amphetamines.

Intravenous drug use is a most severe route of administration, as it is related with several health risks such as vein damages and the risk of becoming infected with hepatitis or HIV. However, the data reveal that intravenous drug use is less common than expected though still widespread among the female drug users. In fact, 54% of all 185 responders reported using drugs intravenously. All responders who admitted having injected drugs in the month preceding their imprisonment had used one of the six substances listed in table 5-13. As described above, intravenous drug use is primarily related to the use of heroin and/or cocaine powder, and in Poland to the use of amphetamines. The number of intravenous drug users differs considerably between the five samples. In Hamburg, due to the widespread use of crack among the women, only 14 of the responders had injected any substance in the past 30 days before entering prison (45%). In Glasgow, less than half of the female drug users reported intravenous use (49%). In Barcelona, little more than half of the women injected drugs, which is mainly due to the widespread use of cocaine powder (57%). In Vienna, 70% of the female drug users injected in the past month, which is related to the prevalence of the use of heroin and cocaine powder. The highest proportion of drug injectors (85%) is found in Poland, due to the widespread intravenous use 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 had injected drugs daily. In numbers, more than three-quarters of the IVDUs used drugs intravenously on all 30 days. The frequency of intravenous drug use differs only slightly between the participants; in Barcelona, the probability of daily injection is lower than in Vienna. In Barcelona, one quarter of the drug injectors use drugs regularly but not daily.

With respect to the high-risk behaviour of sharing injection equipment, the results show: A vast majority of the female injectors observe the rules of safe injecting and have never shared needles or syringes in the past 30 days. The women who only use their own injecting equipment range from 60% (in Barcelona) up to 83% (in Hamburg). Nevertheless, a number of women practice needle sharing occasionally or even daily although it can be assumed that they are well aware of potential health risks. Thus in Glasgow,

22% of the women shared needles and syringes on average 3.5 times. In Vienna and Warsaw-Poland 30% to 40% of the IVDUs shared their needles and syringes little more than 4 times. The highest prevalence of needle-sharing is found among the IVDUs of Barcelona, who reported having shared needles and syringes on average six times in the past month.

According to the results it can be concluded that a great many of the female injectors exclusively used their own sterile injecting equipment. At the same time especially the women 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

Upon entering prison some of the female drug users stopped using drugs, but a high number of them continue drug use during their imprisonment. Thus, imprisonment does not necessarily result in abstinence from drugs so that the prison systems need to respond to the drug-related problems of female inmates with 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 affect 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 patterns of drug use 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 results show that substance use of the 185 interviewed women decreased from a prevalence of 99% outside prison to a prevalence of 74% 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, the data clearly reveal that a majority of female drug users continue using any substance while in prison. With respect to these results on the decrease in substance use it should be mentioned that this figures includes methadone as part of a drug treatment programme outside and inside prison.
As regards drug use in prison, it is of major importance to know if and to what extend illicit drugs are still consumed. For this reason, the comparison of drug use outside and inside prison focuses on illicit drugs and on non-prescribed pharmaceutics. Accordingly, any use of prescribed methadone has been excluded from further analyses. Not counting the use of prescribed

methadone, the decrease in drug use of the 185 women is even more marked; thus substance use declined from 97% outside prison to 50% in the first weeks of imprisonment and finally dropped to 38% in the last 30 days prior to the interview.

As the number of female drug users, who stopped or continued illicit drug use in prison, differs across the five study sites, the changes of the prevalence of any drug use are presented separately for each of the five samples.

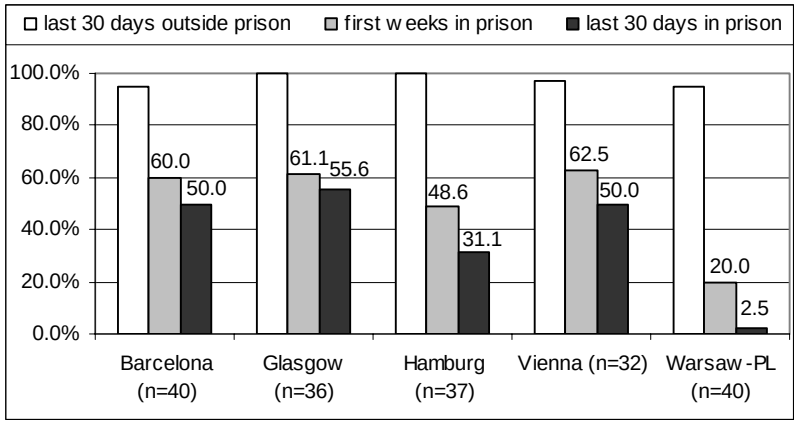


Figure 5-24: Changes in the prevalence of any use of illicit drugs since entering prison – (n=185)

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 of 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 8 out of 38 women continued using illicit drugs during the first weeks, and 30 days before interviewing the women only one woman was left who still used drugs. Thus, in Poland, drug use extremely decreased from 95% to 3%. In Hamburg, the reduction of drug use is also considerable. Out of 37 women who used illicit drugs outside prison, 18 continued using drugs within the first weeks of their imprisonment. In the month prior to the interview, this

was the case for 13 women, which corresponds to a decrease from 100% to 31%. In contrast, half of the female drug users from Barcelona, Vienna and Glasgow continue using illicit drugs during imprisonment. Although about 40% of the women gave up drugs when entering prison, the remaining 60% did not stop using drugs within the first weeks of their imprisonment. Moreover, drug use decreased only slightly 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 drug use when entering prison are most likely to maintain this habit during their imprisonment, in contrast to Poland and Hamburg, where the women tend to give up using illicit drugs the longer they stay in prison.
It has to be pointed out that none of the women refused to give information about their drug use in prison. The questions on drug use behaviour in prison often prompted general talk on the availability of drugs in prison pointing out that different kinds of drugs are available despite of visitors' and cell controls.

As already mentioned, the number of different illicit substances used also decreased after entering prison. In the month preceding imprisonment, a mean of four different substances have been used in Barcelona, Glasgow, and Hamburg. In Vienna, the women used a mean of three different substances and in Poland, 2.5 substances. Since being in prison, the pattern of drug use changed considerably as now most of the women used only two or even one substance. In Glasgow and Vienna, two different substances have been consumed at median in the first weeks after entering prison, at the other three sites, a mean of only one drug was still used. During imprisonment there is a clear tendency toward the use of only one substance, with the exception of Hamburg, where the women tend to use two different substances.
Despite the obvious tendency among the female prisoners to use only one or two different drugs in prison, there are still some women who continue multiple drug use in prison. Out of 92 female drug users, 28 women (30%) used three to six different illicit substances during the first weeks of their imprisonment. This was especially the case in 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, most of them in Glasgow and Hamburg.

The next question addresses the kind of drugs female prisoners reported to use in prison. Table 5-14 lists the number of female drug using prisoners, who have used any illicit substance in the first weeks of their imprisonment and who have used any illicit substances in the last 30 days prior to the interview.

	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 %)	-

Table 5-14: Any use of illicit substances while in prison – (n=185)

Before going into details, it has to be mentioned that only seven women of the whole sample drank any alcohol since being imprisoned, none of the Polish women consumed any alcohol. Secondly, in contrast to the drug use outside prison, none of the Polish women used any kompot (Polish heroin) in prison.

At all five study sites, a considerable number of the female drug users continue using heroin in prison, though to different extents. Heroin use is most common among the female prisoners from Glasgow: More than half of the women from Glasgow continued using heroin when entering prison, and still 36% reported an ongoing use during their imprisonment. In Vienna and Barcelona, 5 and 7 women respectively consumed heroin in the first weeks of their imprisonment, but in the course of the prison term, only 3 and 4 women respectively continued heroin use. In Hamburg, no more than 4 women reported heroin use in the first weeks of their imprisonment, and 3 of them continued during imprisonment. In Poland, only two women used heroin in the first weeks in prison, but not later.

Only few women used cocaine powder, crack and/or amphetamines in prison, and this happened mainly is the first weeks since entering prison. Only in Barcelona and Vienna, a noticeable number of the women prisoners used cocaine; in all the other study sites, the use of cocaine powder is rather an exception. In Hamburg, about 24% of the female drug users used crack in the first weeks of their imprisonment but it decreased noticeably during imprisonment. In Glasgow as well, some women used crack at the beginning of their imprisonment, but most of them stopped during imprisonment. The use of amphetamines in prison is not very common with a slight exception among the women from Glasgow and Poland (4 and 3 women). Polish women, who used drugs in prison, mostly used either amphetamines or cannabis or non-prescribed pharmaceutics, but this happened merely in the first weeks of their imprisonment.

Female drug users are most likely to use heroin, cannabis and/or non-prescribed methadone and pharmaceutics in prison. Smoking of cannabis is most widespread in Barcelona, Vienna and Glasgow, where 41%-47% of the women continue using cannabis in the first weeks of their imprisonment. In Barcelona, cannabis use did not change much during imprisonment; in Vienna, cannabis use decreased to about one third and in Glasgow to about one fifth. In Hamburg, nearly one quarter of the women smoked cannabis at the beginning of their prison term with a slight decrease in the course. The use of non-prescribed methadone or medications is rather widespread in Vienna, where 44% of the women used these substances when entering prison. In Hamburg and Barcelona, about one fifth of the women reported using non-prescribed pharmaceutics when entering prison, in Glasgow and Poland, only few women use these substances. In Hamburg, the number of women using non-prescribed substances hardly changed in the course of

imprisonment; in Vienna and Barcelona, the number deceased in the course of imprisonment. In Hamburg, non-prescribed medications refer to buprenorphine (Subutex®), which is available as a pill. These pills are crushed to powder, which is sniffed.
Some women, most of them from Glasgow, stated to use other substances in prison. Seven women from Glasgow reported using benzodiazepines or Valium® at the beginning and also during their imprisonment. In Vienna, 4 women stated to have used morphine during the first weeks of imprisonment, one woman continued using morphine during imprisonment. One woman from Barcelona used benzodiazepines in the first weeks of imprisonment.

In **conclusion,** the data show that cannabis, heroin and non-prescribed medications are the illicit substances most widespread in prison. About one third of all responders have ever smoked cannabis and about one fifth used heroin and/or non-prescribed medications while in prison. Female prisoners seem to prefer substances in prison, which calm down rather than stimulate. However, the women from Hamburg are an exception, as they tend to use crack as well while in prison.
As regards the frequency of drug use in prison, the data reveal a significant decrease in the frequency from daily drug use outside prison to 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 month prior to the interview (14 out of 23 women). Second in frequency is regular heroin use on 9 to 20 days in the past month (8 women). Merely one woman from Hamburg used heroin every day while in prison.
Non-prescribed methadone or pharmaceutics are either used occasionally or even daily. Occasional use is found in 9 out of 20 women, most of them from Vienna. On the other hand, 8 women – 5 from Hamburg and 3 from Barcelona – used non-prescribed medications daily while in prison; three women used these substances regularly in prison. Cannabis is predominantly used occasionally in prison, which is the case for 29 out of 43 cannabis users. In Hamburg and Barcelona, 11 women smoked cannabis only regularly, 3 women smoked it daily.
Those four women who ever used cocaine powder in the last 30 days preceding the interviews display a very situational use of this substance, which did not exceed consumption on three days in the last month. Similarly, crack was mainly used on no more than one or two days in the past month; only one woman from Hamburg used crack on every second day while in prison. Amphetamines are also used rather rarely; 2 out of 3 women used it twice,

and one woman used it on 9 days in the past month. As to other substances, the woman from Vienna used morphine every single day in the last month while in Glasgow, 5 women used Valium® occasionally and 2 other women used this substance at least every second day.
As concerns the route of administration, some findings deserve particular attention. Outside prison, more than half of all 185 responders used drugs intravenously. In prison, only 3 women reported ever having injected drugs in the month prior to the interview. These 3 women all came from Vienna. One of them injected heroin, another one injected heroin and cocaine powder, and the third injected cocaine powder and non-prescribed medications. All three women injected only occasionally but it remains unclear whether they had access to sterile syringes and needles and if they used their injecting equipment several times. As concerns the route of administration, all the other women prisoners who used drugs were 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, heroin and cannabis are mainly used occasionally or somewhat regularly. Daily drug use in prison refers in particular to the use of non-prescribed pharmaceutics. Most of these substances are either sniffed, smoked or swallowed; intravenous drug use remains an exception in prison.

5.3.3 Methadone maintenance treatment in prison

Apart from illicit substances, a number of women reported having used prescribed methadone or other substitution substances since entering prison. The use of prescribed methadone is related to maintenance treatment in prison, which could either consist in detoxification with methadone and/or methadone maintenance treatment.

In order to present the proportion of female drug users on methadone, the number of women in methadone treatment outside prison is compared to those in methadone treatment in the first weeks after entering prison and the last 30 days prior to the interview. 71 out of 185 women had been in methadone treatment in the last month before entering prison (38%). Since entering prison, 99 women had been treated with methadone or other medications in the first weeks of their imprisonment (54%), but this number decreased to 70 women (39%) in the last 30 days. Thus the proportion of female drug users treated with methadone during their imprisonment is

similar to that outside prison. However, there are significant differences in the number of female drug users who have ever been treated with methadone between the five samples.

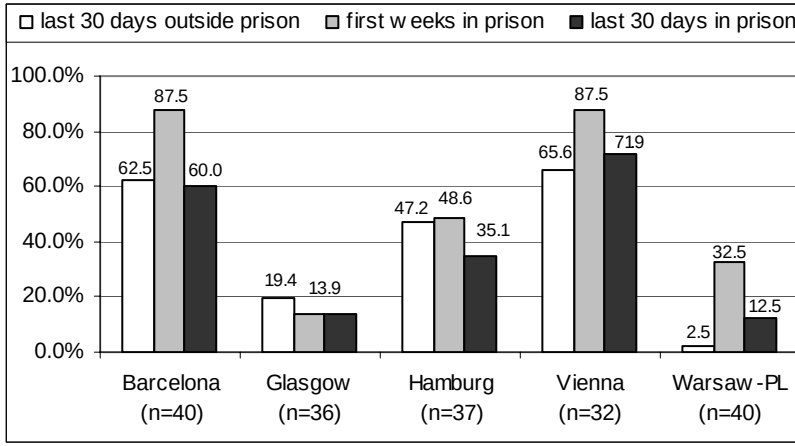


Figure 5-25: Maintenance treatment outside and inside prison – (n=185)

"Last 30 days in prison" refers to the last 30 days prior to the interview.

Figure 5-25 shows that methadone treatment is very widespread among the female drug users from Vienna and Barcelona. In the month before entering prison, more than 60% of these women had been treated with methadone, and since entering prison this number considerably increased to 88% at both sites. Even though the proportion of female prisoners in methadone treatment noticeably decreased during imprisonment, there is still a high number of women on methadone. This is especially the case in Vienna, where 72% of the women are still in maintenance treatment, which is attributed to the high 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 49% to 35%, which means that more than one third of the responders are still in maintenance treatment. In Glasgow, only a small number of women were in methadone treatment both outside and inside prison, and their proportion even slightly

decreased since entering prison. During imprisonment, their number did not change (14%).
In Poland, the situation is quite different again. Only one woman was on methadone in the month before entering prison; since entering prison this number increased considerably to 13 women (one third), but dropped again to five in the course of the prison term (13%).

The frequency of methadone intake in the last 30 days prior to the interview reveals that in most cases the female drug users participated in maintenance treatment. In Vienna and Glasgow, all the women on methadone received the drug daily (23 and 5 women); in Barcelona, all but one woman received methadone daily (23 women); one woman received 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. In Poland, none of the five women can be considered to be in methadone maintenance treatment, as all of them got methadone or other medications only on 5-14 days in the last month.

5.3.4 Summary

The findings on the patterns of drug use outside prison and in prison can be summarised as follows:

- Most women from Barcelona and Vienna had at some point used heroin and cocaine powder regularly. In Barcelona, regular use of these substances began at the age of 17-18 and continued for about ten years. In Vienna, the women started about two years later with the regular use of heroin and cocaine powder, which lasted for about eight years. In Glasgow, heroin and amphetamines are most often used regularly with onset of regular use at the age of 20 and 17 respectively and continuing for about seven and five years. In Hamburg, most women used heroin and crack regularly since the age of 18 and 26 respectively. Heroin was used for about nine years, crack for a considerably shorter time of 4.5 years. In Warsaw-Poland, regular use of heroin, kompot and amphetamines was most widespread and started at the age of 19-21. Kompot was used for about 8 years, heroin and amphetamines only for 4-5 years.
- In the month before entering prison, about two thirds of the women used multiple drugs. In Barcelona, a mean of five different substances was used, in Glasgow, Hamburg and Vienna, a mean of four different sub-

stances. 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 heroin, crack and non-prescribed medications tend to be used daily. 54% of all female drug users injected drugs in the month preceding their imprisonment. Injection was mainly related to heroin and cocaine powder, but in Poland as well to amphetamines. Although many of the female injectors exclusively used their own sterile injecting equipment, 30%-40% reported risk behaviour of needle sharing. These are most often women from Poland, Vienna and Barcelona.
- A total of 92 women (50%) continued the use of illicit drugs in the first weeks after entering prison; the number dropped to 70 (38%) in the course of imprisonment. The patterns of drug use changed significantly while in prison. Outside prison, multiple drug use was most widespread, in prison, the use of one or two different substances is most common. Moreover, frequency of drug use decreased in prison from daily drug use outside prison to occasional or regular drug use inside prison.
- Smoking cannabis and the oral use of non-prescribed pharmaceutics 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. Stimulants, if used at all, were only used on single occasions.
- Contrary to the prevalence of drug injection outside prison, intravenous drug use is the exception in prison. Of all the responders, only three women from Vienna injected drugs in prison in the month preceding the interview.
- As concerns methadone treatment, 71 out of 185 women had been in methadone treatment in the last month before entering prison (38%). In the first weeks of the imprisonment, 99 women had been treated with methadone or other medications (54%); in the last 30 days, this number decreased to 70 women (38%). Especially the women from Vienna (72%) and Barcelona (60%) participated in maintenance treatment. In Hamburg, 35% of the responders participated in methadone maintenance treatment, in Glasgow only 14% of the women. In Poland, no more than 13% of the women were treated with methadone in prison.
- Although a high number of the women from Barcelona and Vienna are treated with methadone while in prison, this does not seem to reduce the

use of illicit drugs as still half of the responders in both cities continued using drugs during imprisonment.

Patterns of drug use outside and inside prison

Barcelona: In the month before entering prison, most women used cocaine powder followed closely by non-prescribed medications and finally by heroin and prescribed methadone. Cocaine powder and heroin were most often used daily, though a relevant number of the women used both substances less frequently. Injecting heroin and cocaine powder was most common in the past 30 days before entering prison. Since entering prison, half of the women continued using illicit drugs but none injected in prison. Of those who continued, nearly half smoked cannabis and about 20% consumed non-prescribed pharmaceutics while in prison. Contrary to drug use outside prison, only some women continued using heroin in prison.

Glasgow: Heroin, non-prescribed medications and cannabis were most prevalent in the month preceding the imprisonment. Non-prescribed medications were always taken orally, heroin was mainly smoked closely followed by injecting heroin. During imprisonment, 56% of the women continued using illicit drugs. Snorting of heroin and smoking of cannabis are most common. Some women also used non-prescribed Valium® orally in prison.

Hamburg: In Hamburg, crack use ranks first among the women in the month before entering prison. This was followed by heroin and prescribed methadone. Crack was mainly smoked, heroin was more likely to be injected. When entering prison, only 31% of the women continued using drugs. However, about one quarter of the women still smoked crack and cannabis. In addition, some women snorted non-prescribed buprenorphine (Subutex®) in prison, some of them daily.

Vienna: In Vienna, most of the women were in maintenance treatment before entering prison. This substance is closely followed by heroin, cocaine powder and cannabis. Three-quarter of the heroin users injected heroin, and cocaine powder was also often injected. After entering prison, half of the women continued using illicit substances. Cannabis and non-prescribed pharmaceutics were used by 44% of the responders and 22% reported ongoing use of heroin. Three women injected illicit drugs in prison.

Warsaw: In Warsaw-Poland, the women used first of all heroin and kompot in the month preceding their imprisonment, followed by amphetamines. The

women display a particularly high risk behaviour, as heroin and kompot were nearly always injected, and in 77% of cases amphetamines as well. When entering prison, only few women continued using illicit substances such as cannabis, amphetamines and non-prescribed medications. In the course of imprisonment only one woman still used an illicit substance.

5.4 Health and social functioning in prison

This chapter presents the results on the health status, psychosocial strains related to imprisonment, and social functioning outside and inside prison.
With respect to the health status, the prevalence of communicable diseases such as hepatitis C and HIV is addressed first. The medical examination at entry offers the opportunity for blood tests to ascertain whether the inmates suffer from an infectious disease. Therefore, the questionnaire investigated whether the female prisoners were 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 yes or no. Only few women stated that they were not sure if they were infected or not. With regard to hepatitis C, four women from Glasgow and one from Barcelona stated not to be sure. As concerns HIV infection, five women were not sure if they were HIV-positive and four women from Vienna did not answer this question. In Hamburg, all the women stated to know very well whether they suffered from communicable diseases.
The following figure presents the prevalence of infections for those women who were sure that they are infected with hepatitis C and/or HIV.

The data reveal that the female drug using prisoners from Barcelona suffer significantly most often from both hepatitis C and HIV infection. 74% of the women suffer from hepatitis C and 62% are HIV-positive. Vienna has, with 78%, an even higher prevalence of hepatitis C; 6% of the women reported to be HIV-positive. Hamburg has a prevalence of hepatitis C of 65%; HIV prevalence is 5%, which is somewhat lower than in Vienna. In Warsaw-Poland, the prevalence of hepatitis C is, with 35%, considerably lower than in Barcelona, Vienna and Hamburg, but nearly a similar proportion of the women is infected with HIV. In fact, 30% of the Polish sample suffer from HIV, which is a very high incidence rate. In Glasgow, the rate of communicable diseases is significantly low among the female drug using prisoners. Only four women stated to be infected with hepatitis C and only one woman with HIV. The hepatitis prevalence in Glasgow might be higher, as four

women were not sure about being infected. The data clearly indicate that there is a vital need to respond to the high prevalence of communicable diseases among female drug using prisoners.

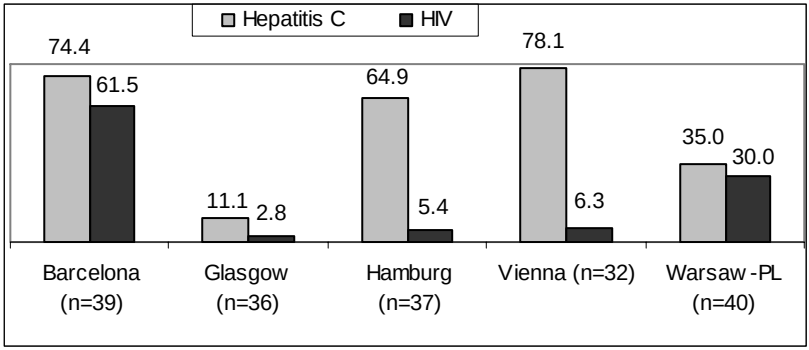


Figure 5-26: Prevalence of infections with hepatitis C and HIV – (n=184)

In the context of the health status, the women were asked how they currently assess their own physical condition, their emotional and mental health and how content they are with their current life. To assess their general well-being, the women could choose from a 5-point scale ranging from 'very good', 'good', 'indifferent', 'bad' to 'very bad'. As only few women chose the extremes 'very good' and 'very bad' these items have been grouped together with 'good' and 'bad'.

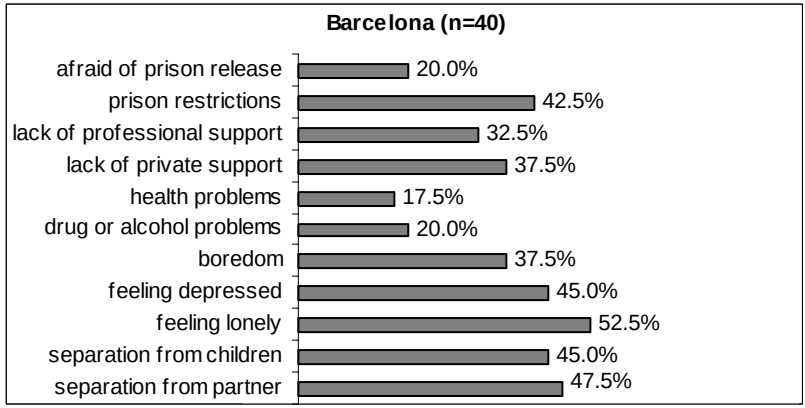
The analyses reveal surprising findings on the assessments of the physical conditions. Thus, in Barcelona, the majority of the women assessed their physical well-being as good or even very good (63%) although many of them suffer from communicable diseases. This result is underlined by the fact that only three women evaluated their physical well-being as bad or very bad. In Glasgow and Warsaw-Poland, also a majority of 64% and 65% respectively said to be currently in good physical condition, but 28% and 20% respectively assessed their physical condition as bad. In Vienna still half of the women rated their physical well-being as good or very good against 22%, who stated it to be bad or very bad. In Hamburg, equal numbers of women assessed their physical condition as good or as indifferent (41% each).

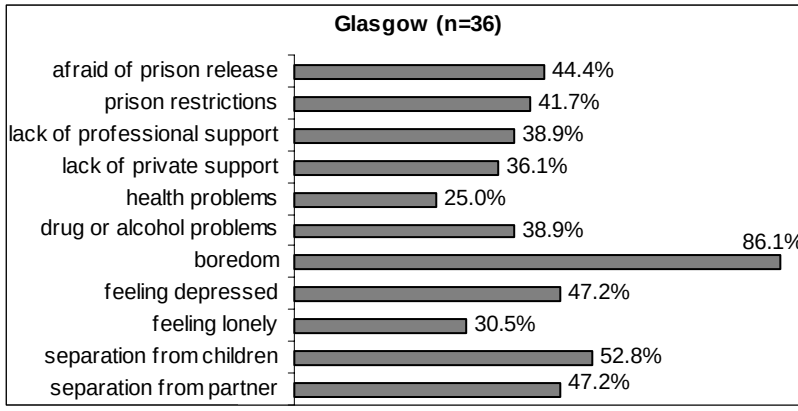
As concerns the emotional and mental health, the women from Glasgow appear most balanced, as more than half of them stated to be in a good emotional and mental condition (56%). However, one third of them assessed their current emotional well-being as bad or even very bad (33%). In Barcelona, 45% of the responders assessed their emotional and mental condition as good, 30% as bad. In Hamburg and Warsaw-Poland, 41% and 43% of the women prisoners judged their current emotional well-being as indifferent, 30% as good and 28% as bad and partly very bad. In Vienna, equal numbers of the women assessed their emotional and mental health as indifferent or as bad and very bad (38%); only eight women stated to be currently in good emotional and mental condition (25%).

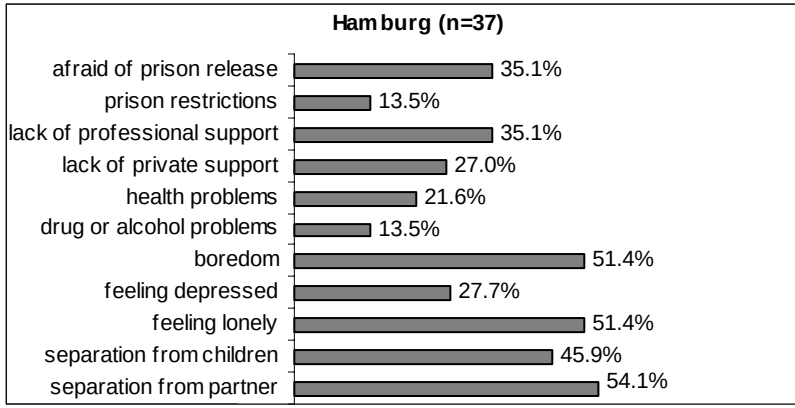
The self-reported satisfaction with life shows interesting results. Despite being in prison, the majority of women assessed their satisfaction with life as good. It is in general even better than the emotional and mental well-being. In particular the women prisoners from Glasgow and Barcelona said that they are satisfied with their present life (58% and 50%); nine women in both cities said that they are very unsatisfied with their life. In Vienna and Warsaw-Poland, 41% and 43% of the women prisoners reported good satisfaction with their lives, but an almost similar number assessed it only as indifferent. Only a minority of seven women in both cities assessed their present satisfaction with life as bad or very bad. In Hamburg, the assessments were almost equally distributed: 14 women evaluated their present satisfaction with life as good or very good (40%), 12 women assessed it as indifferent (32%) and 11 women said that they were very dissatisfied with their lives (30%).

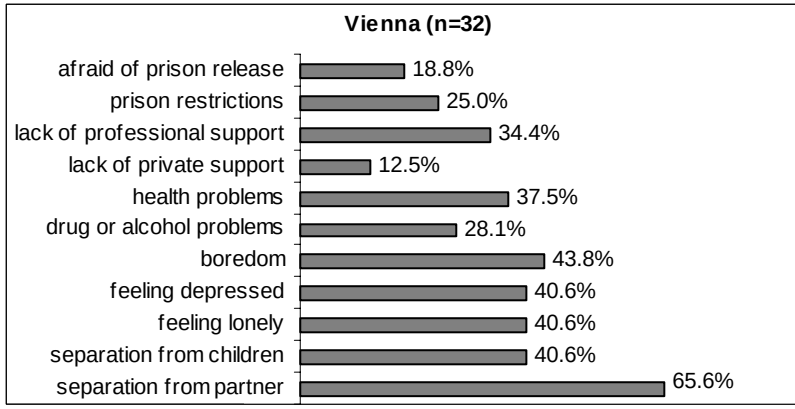
5.4.1 Psychosocial distress of the women

Upon entering prison, the daily life of the female drug users changes considerably. On the one hand they recover physically due to regular meals, a daily routine of eating and sleeping and because of basic medical care. Imprisonment is often an opportunity for dental care, which has mostly been neglected outside, and to undergo dental treatment while in prison. Maybe physical recovery is the reason for the positive statements concerning the current physical condition.


Barcelona (n=40)
afraid of prison release
20.0%
prison restrictions
42.5%
lack of professional support
32.5%
lack of private support
37.5%
health problems
17.5%
drug or alcohol problems
20.0%
boredom
37.5%
feeling depressed
45.0%
feeling lonely
52.5%
separation from children
45.0%
separation from partner
47.5%


Glasgow (n=36)
afraid of prison release
44.4%
prison restrictions
41.7%
lack of professional support
38.9%
lack of private support
36.1%
health problems
25.0%
drug or alcohol problems
38.9%
boredom
86.1%
feeling depressed
47.2%
feeling lonely
30.5%
separation from children
52.8%
separation from partner
47.2%


Hamburg (n=37)
afraid of prison release
35.1%
prison restrictions
13.5%
lack of professional support
35.1%
lack of private support
27.0%
health problems
21.6%
drug or alcohol problems
13.5%
boredom
51.4%
feeling depressed
27.7%
feeling lonely
51.4%
separation from children
45.9%
separation from partner
54.1%


Vienna (n=32)
afraid of prison release
18.8%
prison restrictions
25.0%
lack of professional support
34.4%
lack of private support
12.5%
health problems
37.5%
drug or alcohol problems
28.1%
boredom
43.8%
feeling depressed
40.6%
feeling lonely
40.6%
separation from children
40.6%
separation from partner
65.6%

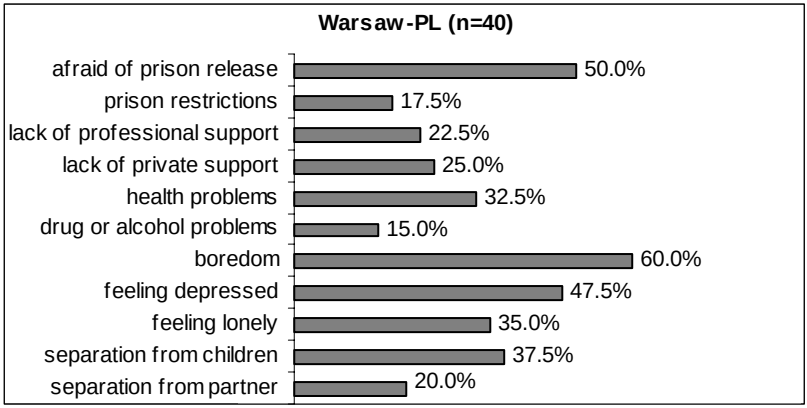


Figure 5-27: Sources of distress in the present situation – (n=185) multiple nominations

On the other hand, imprisonment is a clear interruption of the usual lifestyle, which can result in psychosocial strains. Imprisonment can, for instance, lead to a loss of contacts to friends and family members and might cause depression or boredom. The conditions of prison life, e.g. security levels and cell controls, could also result in mental distress. In order to find out what the female drug using prisoners are mostly suffering from in their present situation, they were asked to choose the most relevant strains out of 11 possible answers.

The analyses show that in Barcelona, more than half of the women suffer from feeling lonely and 45% stated to feel currently depressed. A considerable number of the women suffer from the separation from their partner and/or children (48% and 45%). Prison restrictions are a common subject of present distress; this was named by 43% of the women. Maybe it explains why only few of the women are afraid of their prison release (20%). Apart from these three areas, 33% of the women suffer from the lack of professional support and 38% from the lack of private social support. In general, health and drug or alcohol problems play a minor role in terms of distress. Only few women stated to suffer from health and/or drug problems while in prison (18%; 20%).

In Glasgow, an overwhelming and significant majority of the women reported suffering mostly from boredom (86%). Distress due to the separa-

tion from children ranges second and was stated by 53%. 47% of the women stated to suffer from the separation from their partner. An equal number felt currently depressed. Boredom along with feelings of depression and suffering from separation from close persons might explain why so many women continued using illicit substances in prison. However, due to the widespread use of drugs, 39% of the women reported suffering mostly from drug problems. Almost 42% of the women are distressed because of the prison restrictions, but even more (44%) are currently afraid of their prison release. It is obvious therefore that there is a great need for systematic preparation for release. However, many of the women currently feel not much supported; 36% complain about the lack of private support and 39% about the lack of professional support. In general, the results show that female drug users suffer from a multitude of different problems in prison, which need to be addressed.

In Hamburg, a little more than half of the women suffer mostly from feeling lonely and feeling bored (51% each). Only 28% stated to be depressed at present. Most prevalent was distress at the separation from the partner (54%); separation from own children was mentioned by 46% of the women. All other subjects are of less importance. 35% stated to suffer from the lack of professional support, and an equal number was afraid of prison release. Both aspects are major challenges for the prison system. 27% of the women stated to suffer from the lack of private support and 22% from health problems. Unlike all the other study sites, prison restrictions and drug or alcohol problems do not play a major role in Hamburg; both problems were only mentioned by five women (14%).

In Vienna, by far most women suffered mostly from the separation from their partner (66%), which is explained by the fact that about 78% of the women had lived in a partnership outside prison. 41% of the women also suffer mostly from the separation from their children. Boredom was stated by 44% of the women. 41% reported feeling depressed and an equal number felt lonely. A significant number of women (38%) suffered from health problems, 28% from drug problems. 34% of the women complained about the lack of professional support, but only few women felt a lack of private support (13%). Prison restrictions were the source of distress in 25% of the women. Comparable to Barcelona, only few women currently suffered mostly from being afraid of prison release (19%).

In Warsaw-Poland, 60% of the women suffered mostly from boredom in prison. As half of the women prisoners stated to be afraid of prison release, systematic preparation for prison release and ongoing support after release is indicated. 35% of the women stated to suffer from feelings of loneliness, and almost 48% felt currently depressed. Thus, many of the women seem to need psychological or psychiatric care. This is underlined by the finding that almost one third of the women suffer from health problems. Many of the women (38%) currently suffer from being separated from their children, but only few (20%) suffer from being separated from their partner. Contrary to the other sites, most Polish women felt well supported during their prison term. Not more than about one quarter of the women complained about the lack of private and professional support (25% and 23%). Prison restrictions as well as drug or alcohol problems are of minor importance in terms of distress; only few women reported to suffer from these problems (18%; 15%).

In **conclusion,** the results show that boredom, loneliness, depression and the separation from the partner or children are main subjects of distress while in prison. Apart from these general results, certain differences between the five study sites are found. In Barcelona, a considerable number of women felt distressed because of the prison restrictions. In Glasgow, prison restrictions, but also being afraid of prison release are common subjects of distress, though multiple causes for distress are found among the women. In Vienna but also in Poland-Warsaw, many of the women suffer mostly from health problems. As many as half of the Polish responders felt distressed because they were afraid of prison release. These problems should be addressed by offering the women psychological treatment and programmes of release training.

5.4.2 Social contacts before and since entering prison

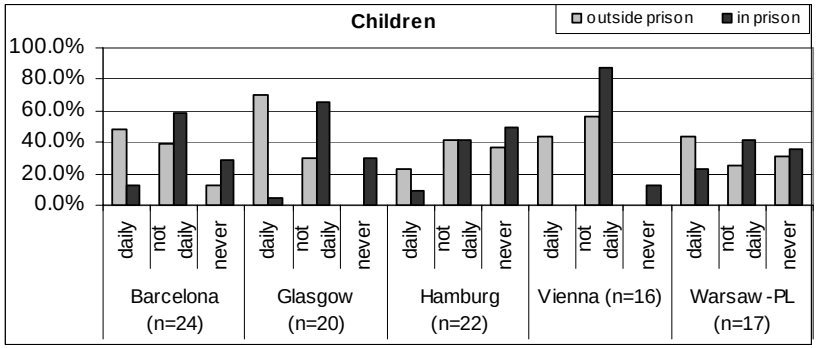
The results show that separation from close persons is a matter of strain in prison. It can also be assumed that the loss of contacts to family members or professionals may cause distress. In order to find out if contacts to significant others changed with entering prison, the women were asked if and 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-

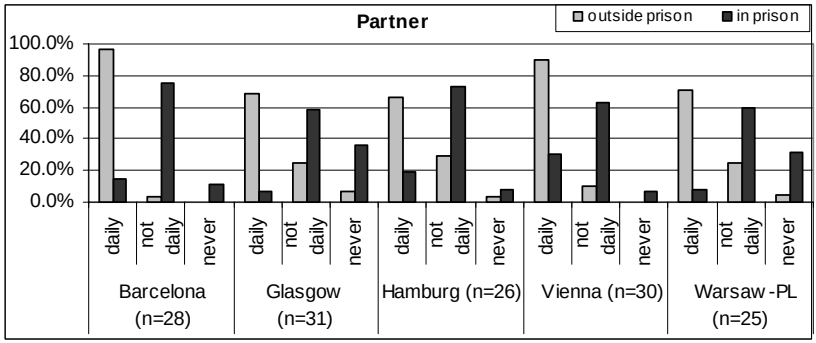
point scale as ‘daily’, ‘several times per week’, ‘several times per month, ‘several times per year’ and ‘never’.
First of all, the potential contacts had to be explored; for instance, women without children or relatives cannot have contacts to such persons.
As concerns children, 60% of the Barcelona women and about half of the women from Glasgow, Hamburg and Vienna have children with whom they could be in contact since entering prison. In Warsaw-Poland, 43% of the women prisoners had children. Despite being imprisoned, 30 out of 32 women from Vienna reported to have a partner (94%), and in Glasgow, this was the case for 31 out of 36 women (86%). In Barcelona and Hamburg, 70% of the women had partners even though they were in prison. In Poland, 25 out of 40 women had a partner (63%).
More than 80% of all responders had parents as well as sisters and brothers with whom they could entertain contacts since entering prison. In Vienna and Spain, 97% and 88% respectively reported having parents, but the number might even be higher as a few women did not answer that question. In Warsaw-Poland, 35 out of 40 women stated to have parents (88%).

Based on the number of women, who could have any contacts, the frequency of their contacts was analysed, based on a five-point scale as already mentioned. When analysing the data, it became obvious that it was not helpful to differentiate contacts that happened less than daily according to several times per week, per month and per year. The reason is that yearly contacts have been mentioned rather seldom and that there is no significant difference between weekly and monthly contacts. Therefore, several times per week, month and year have been combined to “not daily”. Accordingly, the analysis is based on whether contacts took place “daily”, “not daily” or “never”. Based on this condensed scale, the frequency of contacts in the 12 months before entering prison and since entering prison is investigated.
Contacts of the female prisoners to their own **children** became considerably less frequent since entering prison. Outside prison, 48% of the women from Barcelona had daily contacts and 39% weekly or monthly contacts to their children, either face to face, by telephone or by letters. Since entering prison, only 13% of the women had daily contacts with their children, 58% less than daily, and. seven women (29%) had no contact at all with their children since being in prison. In Glasgow, 70% of the women had been in contact with their children daily and 30% several times per month outside prison. In prison, 30% had not any contacts with their children and 65% managed to keep in contact weekly or monthly. Only one woman had daily contact with

her children since entering prison. Thus the frequency of contacts with own children decreased considerably in prison.
Outside prison, many of the women from Hamburg were in contact with their children either weekly or monthly (41%) or never (36%). Only five women had daily contacts with their children before entering prison (23%). Since entering prison, the number of women with less than daily contacts remained the same while half of the women had never any contact with their children. The proportion of mothers without any contact with their children while in prison is highest among the women from Hamburg.
In Vienna and Warsaw-Poland, 44% of the women had been daily in contact with their children outside prison. In Vienna, 56% of the women had weekly or monthly contacts, in Poland, only one quarter of the women. A number of Polish women had no contacts at all with their children in the past year (31%). Since entering prison, none of the women from Vienna had any longer daily contacts with their children but only weekly or monthly (88%). Outside prison, all mothers had some kind of contact with their children, since entering prison, two women had no contacts at all. In Poland-Warsaw, daily contacts to own children decreased since entering prison while contacts to other persons became significantly more frequent (24% vs. 41%). The number of women without any contact slightly increased to 35%.

Concerning contacts to **partners** outside prison, nearly all women from Barcelona and Vienna used to have daily contacts with their partners (96%; 90%). Only one woman from Barcelona and three from Vienna stayed in contact with their partners less than daily. When entering prison, the majority of the women from Barcelona and Vienna stayed in contact weekly and monthly, but no longer daily (75%; 63%). Only few women from both cities did not have any contact to their partner while in prison (three and two women). In Warsaw-Poland and in Glasgow, most of the women had daily contact with their partners before entering prison (71%; 69%). At both sites, a quarter of the women had less frequent contacts than daily, and only few women had no contact with their partner in the last year before entering prison. In prison, weekly or monthly contacts became more common among the women from Poland, but at the same time the number of women without any contacts to their partners increased notably (60% vs. 32%); the same applies to Glasgow (58% vs. 36%).





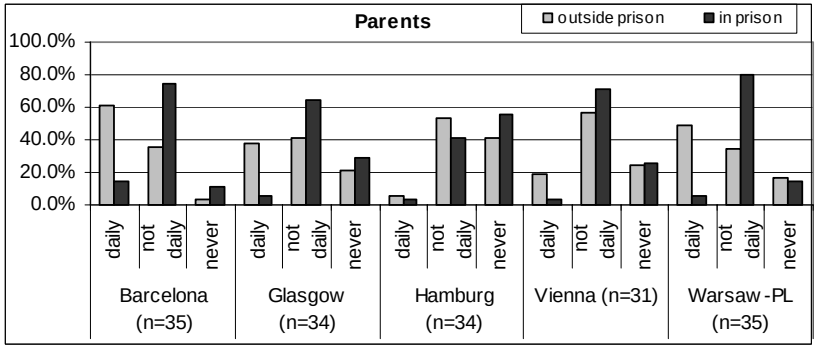


Figure 5-28: Frequency of contacts with children, partner and parents outside prison and since entering prison

In Hamburg, a majority of the women (67%) had daily contacts and 30% had less frequent contacts with their partners outside prison. Since entering prison all but two women managed to maintain their contacts although the frequency decreased from daily to weekly contacts. Accordingly, 19% of the women kept up daily contacts with their partners while 73% had weekly contacts.

With respect to **parents,** most of the women from Barcelona and Warsaw-Poland used to be in daily contact with their parents in the past year before entering prison (61%; 49%). More than one third of the women at both sites had weekly or monthly contacts to their parents (36%; 34%); one Spanish woman and six Polish women had never any contact with their parents outside prison. Since entering prison, the frequency of contacts decreased considerably; daily contacts became less frequent (14%; 6%). In Barcelona, the number of women without contact to parents increased since entering prison (from 3% to 11%); in Warsaw-Poland, this number slightly decreased (from 17% to 14%).
In Hamburg and Vienna, about half of the women had weekly or monthly contacts to their parents in the year before entering prison (53%; 56%). At the same time, many of them had never any contact to their parents (41%; 25%). In Hamburg only two women had daily contact with their parents, in Vienna this was the case for six women. In prison, many of the German women lost their contact to their parents so that 56% had no longer any contact. Those who maintained their contact did so mainly several times per week or month (41%), only one woman maintained daily contact with her parents. In Vienna, only one woman lost the contact with her parents when entering prison. For all other women, monthly or weekly contacts became more common than daily contacts (71% vs. 3%). In Glasgow, almost similar numbers of the women had daily and less than daily contacts to their parents before entering prison (38% and 41%), about one fifth had no contacts at all (21%). Since entering prison, the number of women without any contact to their parents increased to 29%. For all other women, weekly or monthly contacts became most common (65%), only two women maintained daily contacts with their parents (6%).

Apart from contacts to children, partner and parents, the women had also been asked about contacts to professionals in the past 12 months before entering prison and since entering prison. The results to this question allow

to find out whether the female drug users had utilised any drug or treatment services in community and how this may have changed since entering prison. All the responders from Warsaw-Poland confirmed having the opportunity for contacts with professionals. In Glasgow, this is the case for all but two women and in Hamburg for all but four women. Four women in Vienna and two in Barcelona did not answer this question. Two women in Vienna and one woman in Barcelona denied having the opportunity for contacts with professionals.

However, a vast majority of the responders confirmed that they could have contacts with professionals before and since entering prison. A closer look at the frequency of these contacts reveals some surprising findings.

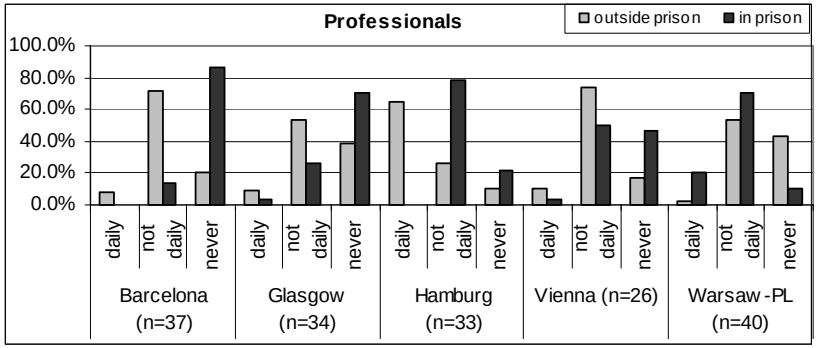


Figure 5-29: Frequency of contacts with professionals outside prison and since entering prison

First of all, the data reveal that a significant number of the female drug users from Warsaw-Poland (44%) and from Glasgow (38%) never had any contacts with professionals in the past year even though they admitted that they could have done so. Only one woman from Poland and three women from Glasgow had daily contacts with professionals. In most cases, contacts occurred several times per month in Glasgow (53%) and only several times per year in Poland (55%). In Barcelona and Vienna as well, a number of women reported not having had any contacts with professionals in the last year (21%; 17%). Only three women in both cities stated that they had daily contacts to help or treatment services. Accordingly a vast majority of the

women from Barcelona and Vienna had contacts with support services mainly several times per month (71%; 73%). The situation is quite different in Hamburg. A broad majority of the female drug users had daily contacts with drug and/or treatment services in the past 12 months outside prison (65%). Only three women stated having had no contacts with any professionals at all during that period. The remaining women mainly had weekly contacts with professionals. The results show that of all the responders, the women from Hamburg made most frequent use of the available help and treatment services in community.

Those women who were in contact with professionals mentioned a variety of different community-based services, and as well legal services such as probation offices. However there are considerable differences in the kinds of the services utilised in the past 12 months before entering prison. In Barcelona, most women had contacts with physicians followed by drug counsellors and by psychologists or psychiatrists. In Glasgow, a majority of the women had contacts with drug counsellors or street workers, few women visited a physician. In Hamburg, most of the women regularly visited low-threshold facilities, followed by participation in methadone programmes. In Vienna, a number of women utilised community-based drug facilities, and some women had been in medical treatment. In Warsaw-Poland, most of the women were under supervision of a probation officer, closely followed by those in psychological or psychiatric treatment.

Since entering prison, not only the frequency of contacts but also the kinds of services contacted changed noticeably. With the exception of Poland, all other responders seem to lose their former contacts with professionals since being imprisoned. The data reveal that the proportion of women without any contacts with professionals increased enormously. This is in particular the case in Barcelona and Glasgow, where 87% and 71% of the women stated not having had any contacts with professionals since entering prison. No Spanish woman and only one woman from Glasgow had daily contacts with professionals while in prison. In Barcelona, no more than five women (14%) and in Glasgow nine women (27%) somehow stayed in contact with professionals since entering prison.

In Vienna, 46% of the women never had contacts with professionals in prison, 50% had weekly or less frequent contacts. Only one woman had daily contacts with professionals. In Hamburg, the data clearly indicate a significant interruption of contacts with professionals since entering prison. While outside prison a majority of the female drug users had had daily contacts,

none of the women still had daily contacts while in prison. Outside prison, only few women had never contacts with professionals, but inside prison this number increased to 21%. The majority (79%) of the women still maintained contacts, which mainly occurred several times per month.
In Warsaw-Poland, the situation is rather different as in prison, the number of women with contacts to professionals as well as the frequency of contacts increased. Only 10% of the women had no contacts at all, 20% had daily contacts and 70% had mainly either weekly or only yearly contacts to professionals.
The contacts with professionals of the drug dependent women in prison were mainly with counselling services and psychological treatment services. In Hamburg and Glasgow, a majority of the women utilised individual or drug counselling. In Warsaw-Poland, 30 out of 40 women reported to participate in psychological or psychiatric treatment while in prison.

In **conclusion,** the data show that the frequency of contacts to children, partner and parents decreased in prison. A relevant number of the women even lost their contacts to these persons during imprisonment. As concerns contacts to professionals, in Poland, Glasgow and Barcelona, many of the women never had any contacts in the year before entering prison. In Glasgow and Barcelona, this number significantly increased in prison; only in Poland, the number of women with contacts to professionals increased in prison. In Hamburg, women with no contacts to professionals were an exception outside prison, but their number increased in prison. The results show that imprisonment leads to enormous difficulties to maintain social contacts with important persons.

5.4.3 Summary

Analyses of the health status and social functioning of the female drug using prisoners yielded following results:

- 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; more than 70% of them are infected with hepatitis C and more than 60% with HIV. Vienna and Hamburg also have high prevalence of hepatitis C infections (78% and 65% respectively); as regards HIV infections, the prevalence is 6% in Vienna and 5% in Hamburg. In Warsaw-Poland, 35% of the women are infected with hepatitis C and 30% with HIV. The particularly high rates of HIV in Barcelona and in

Poland are alarming. In Glasgow, only a low number of the female drug users suffer from hepatitis C (11%) and HIV (3%).

- Upon entering prison, most of the female drug users began to recover physically so that, with the exception of Hamburg, 50%-65% of the responders reported being in good physical condition at present. On the other hand, the imprisonment caused a variety of psychosocial strains.
- The most common distress is related to the separation from children and partner, and a considerable number of the women mainly suffer from feeling lonely or even depressed. Moreover, many women feel disturbed by boredom during their imprisonment. Apart from these strains, some particularities call for attention. In Glasgow and Barcelona, more than 40% of the women 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 mainly from being afraid of prison release. These fears show that there is great need for systematic preparation for release and ongoing care to support the transition from prison into community.
- Difficulties to maintain social contacts to important persons such as children, partner, parents and as well professionals are further subjects of psychosocial strain in prison. The analyses clearly reveal that with entering prison the frequency of contacts declines from daily contacts outside prison to weekly or monthly contacts in prison. A number of women even lost their contacts while in prison.

Loss of contacts while in prison happened to different degrees within the five samples. The results are summarised separately.

Social contacts outside and inside prison

Barcelona: Upon entering prison, the number of women with contacts to their children declined from 87% to 71%. Contacts to partners declined from 100% outside prison to 89% maintaining any contact to partners while in prison. About 10% of the women lost the contact to their parents since entering prison. The decrease of contacts with professionals is most significant; it decreased from 79% outside to less than 14% inside prison.

Glasgow: Outside prison, all mothers had some kind of contact to their children, but during imprisonment this was only the case for 70%. About 30% of the women lost their contact to the partner since being in prison. However,

70% out of 79% of the women could maintain contacts to their parents while in prison. Only 62% of the women had any contact to professionals in the past year before entering prison; in prison this number decreased to 29%.

Hamburg: Outside prison, no more than 64% of the mothers had any contact to their children; in prison, this number further decreased to 50%. Only 59% of the women had any contact to their parents in the past year; in prison the number decreased to 44%. On the other hand, most women managed to maintain some kind of contact to their partners while in prison; this was the case for 24 out of 26 women. 90% of the women had contacts with professionals outside prison, most of them daily; in prison, 79% could maintain their contacts, but they became less frequent.

Vienna: All the mothers had some contact to their children outside prison, in prison this was still the case for 88%. Outside prison, all women also had some kind of contact to their partners; 93% could maintain it since entering prison. The situation is similar with parents; only one woman lost this contact since entering prison. Contacts to professionals considerably declined since entering prison, from 83% to 54%.

Warsaw: 69% of the mothers had any contact to their children outside prison; 65% could maintain it since entering prison. About 30% of the women lost their contact to their partner while in prison. With respect to parents, one woman could reactivate the contact to her parents since entering prison; all the other women could maintain some kind of contact (86%). Contacts with professionals increased significantly, from 56% to 90%, upon entering prison. Thus, many of the women are initiated to drug and treatment services during imprisonment.

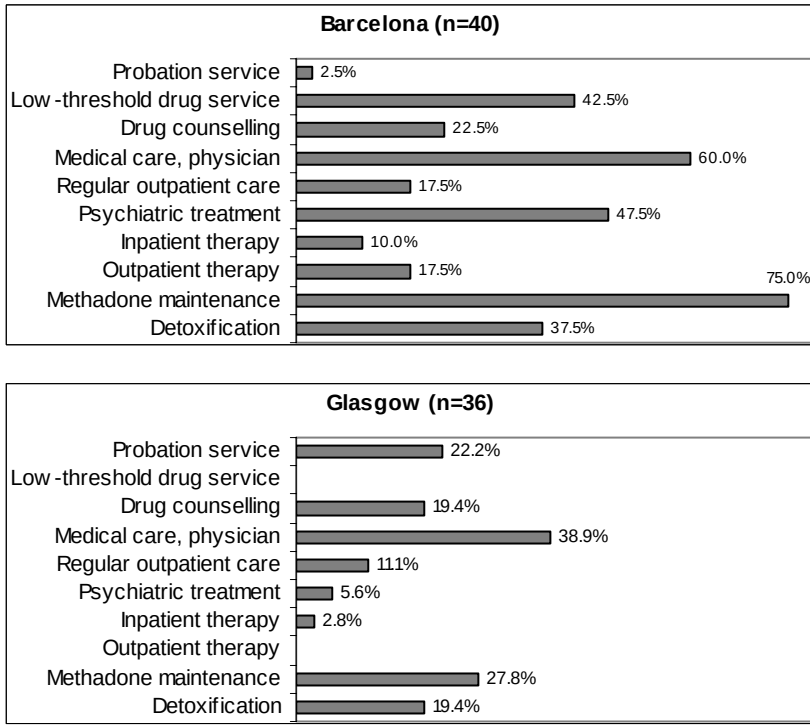
5.5 Utilisation of drug services outside and inside prison

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 which types of drug services were utilised before entering prison and during imprisonment. With respect to drug support in prison, the questionnaire included questions related to the assessment of the quality of drug help services attended in prison and related to the reasons for not 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 women were asked if they had ever made use of at least one out of 11 specified drug services during the last year. In addition, they were asked if they utilised any of these services in the last 30 days before entering prison.

The following figure presents the utilisation of different kinds of community drug services in the past year before imprisonment.



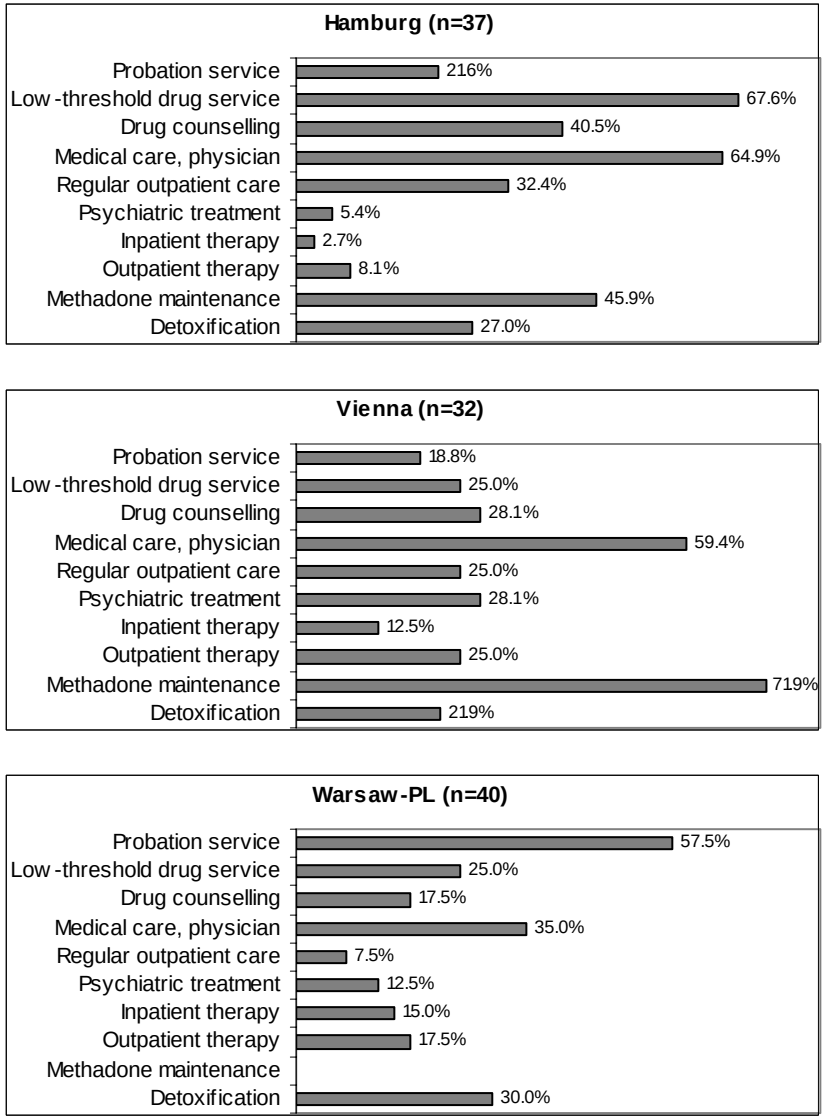


Figure 5-30: Utilisation of different drug services in the past year – (n=185) multiple nominations

The data reveal that only 27 out of 185 women (15%) did not utilise any drug services within the last year. As expected from the findings regarding contacts to professionals, almost half of these women without any utilisation of drug services were in Glasgow, five women in Hamburg, four in Vienna and three in Barcelona. In the last 30 days before entering prison, the number of women not utilising any community drug services was even greater. This was the case for 50 women (27%): 19 women from Glasgow, 9 from Barcelona, 9 from Poland, 8 from Hamburg and 5 from Vienna.

The data show that there are significant differences between the five study sites concerning the utilisation of different drug services in the year before entering prison. Supervision by a probation service is very uncommon in Barcelona and rather uncommon in Vienna. In Glasgow and Hamburg, only about 22% of the women attended a probation service. In Warsaw-Poland, more than half of the women had been supervised by a probation officer in the last year (58%).

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 (68%). This is less common at the other sites. Solely in Barcelona, low-threshold facilities were also utilised to a relevant degree by about 43% of the women; 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. Drug counselling was also not much utilised with the exception of 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, drug counselling was utilised by 28%, but in Hamburg by 41% of the women.

With regard to medical care and treatment by a physician, the data show that a high number of the female drug users had been in medical treatment in the past year. This is in particular the case for the women in Hamburg (65%), but also in Barcelona (60%) and Vienna (59%). Even in Glasgow and Warsaw-Poland, more than one third of the female drug users had been in medical treatment (39%; 35%).

As concerns the utilisation of treatment services such as regular outpatient care, psychiatric treatment, outpatient therapy and inpatient therapy, these services seem to hold little attraction as only few women participated in any of these treatments. However, there are some exceptions. Thus nearly one third of the women from Hamburg attended regular outpatient care, in

Vienna, this was the case for one quarter of the women. In Barcelona, almost half of the female drug users (47.5%) had been in psychiatric treatment in the last year, in Vienna 28%. However, few women participated in outpatient and/or inpatient treatment.
With the exception of Poland, many of the female drug users had been in methadone maintenance treatment in the past year. In Vienna and Barcelona, about three quarters of the female drug users received maintenance treatment (75%; 72%). Three women from Vienna were given fluent morphine as substitution medication. In Hamburg, almost 46% of the women had been in maintenance treatment, in Glasgow nearly 28%. In Poland, none of the female drug users were in maintenance treatment in the past year.
The utilisation of detoxification is rather widespread among the Spanish and Polish women (38%; 30%), but less common among all other responders. In Hamburg, 27% of the women underwent detoxification, in Vienna 22% and in Glasgow 19%.
As already mentioned, the number of the female drug users who utilised any of the drug services declined in the past 30 days before entering prison. Accordingly, the number of different services utilised decreased. In Spain, a mean of 3.5 different services had been utilised in the past year, but only two different services in the past 30 days. In Hamburg and Vienna, three different services had been utilised in the past year and two in the past 30 days. In Poland, half of the women utilised two different services in the past year and only one in the last month. In Glasgow, half of the women utilised only one drug service in the past year and none close to their imprisonment.

The data analysis also shows which types of drug services had been utilised in the past 30 days before entering prison. Only a few women from all five sites had been in a detoxification programme or attended drug counselling and, in particular, outpatient and inpatient treatment. In Hamburg, ten women still attended regular outpatient care (27%). In Barcelona, ten women were in psychiatric or psychological treatment (25%). In contrast, methadone maintenance treatment was still quite common among the women from Vienna (66%), Barcelona (55%) and Hamburg (41%). Many of the women from Hamburg (57%), Vienna (44%), Barcelona 33%) and Glasgow (28%) utilised medical care. In Hamburg, 60% of the women visited low-threshold facilities. In Poland, half of the women had been on probation.

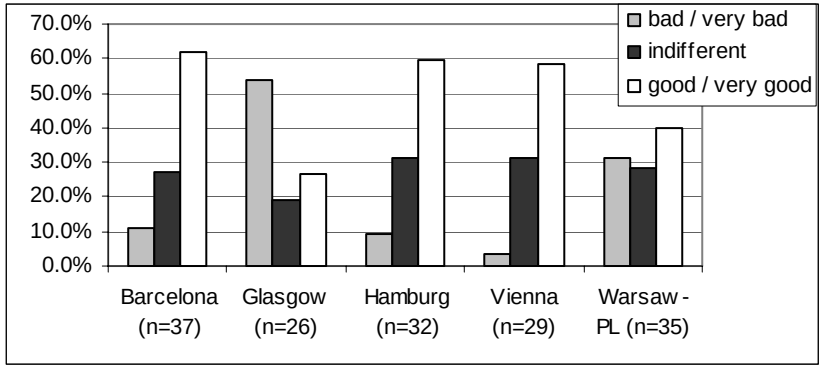


Figure 5-31: Assessment of the experiences with drug services

Those women who utilised any drug services in the past year were asked how they assessed their experiences with these drug services in general. Figure 5-31 shows that the women from Barcelona are most satisfied with the community drug services. Of the 62% who assessed their experiences as good/very good, one quarter had assessed them as very good. Only four women reported bad or even very bad experiences with the utilised drug services (11%). In Glasgow, more than half of the female drug users were unsatisfied with the drug services they had utilised (54%), and of these, a vast majority even stated to have made very bad experiences (42%). Only 27% of the women assessed the drug services as good, one of them as very good. The high rate of negative assessments is mirrored by the low number of women who utilised the available community drug services. In Hamburg, where a high number of women assessed their experiences with drug services positively, the frequency of utilisation is equally high. Similar to the Spanish women, more than half of the women from Hamburg evaluated drug services as good/very good (59%); many of them stated that their experiences were very good (22%). None of them assessed their experiences as very bad, but three women said their experiences were bad (9%). In Vienna as well, none of the woman said to have made very bad experiences and only one found them bad. A majority of the women are pleased with the services they utilised (59%). In Warsaw-Poland, 40% of the women assessed their experiences with drug services as good, half of these even as very good, but a considerable number of the women are unsatisfied: 31% assessed their

experiences with drug services as bad/very bad; half of these women complained to have made very bad experiences.

In **conclusion,** the data indicate somewhat different profiles of drug service utilisation for the five European cities. In Barcelona, three thirds of the women had been in methadone maintenance treatment in the past year, and many of the female drug users had been in medical or psychiatric treatment (60%; 48%). In Glasgow, only some of the drug services had been utilised in the past year. If the women utilised any drug services, this was mainly medical care (39%) and, to a lesser extent, methadone maintenance treatment (28%). In Hamburg, more than 60% of the women utilised low-threshold drug services and medical care, and about 46% were in methadone maintenance treatment. In Vienna, more than 70% of the women had been in maintenance treatment, and nearly 60% utilised medical treatment. In Warsaw-Poland, more than half of the women had been on probation last year, and 35% utilised medical treatment. Obviously, medical care and maintenance treatment are particularly important for the female drug users in all five European cities.

5.5.2 Utilisation of drug services while in prison

Before presenting the results on the utilisation of drug services in prison, it is necessary to inform about the services, which are available in each of the prisons. The interviews with the female drug using prisoners took place in ten different European prisons; each of these prisons provided different services. Consequently, not all female drug users had the same opportunities to utilise each kind of drug service that were specified in the questionnaire.

Table 5-15 presents the availability of services for each of the ten prisons (for further details on the prisons see as well chapter 4).

	Barcelona		Glasgow	Hamburg	Vienna		Poland*			
Name of the prison	**Brians**	**Wad Ras**	**Cornton Vale**	**Hahnöfer-sand**	**Favo-riten**	**Schwar-zau**	**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 pharmaceutics	☑	☑	☑		☑	☑				
Detoxification without pharmaceutics					☑	☑			☑	
Maintenance treatment	☑	☑	☑	☑	☑	☑				
Therapeutic Communities	☑				☑		☑			
Drug-free units or wings			☑	☑			☑			
Short-term intervention for abstinence	☑		☑		☑	☑				
Individual counselling	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
Psychosocial support	☑	☑		☑	☑	☑			☑	☑
Psychiatric treatment	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
Support from external drug agencies	☑	☑	☑	☑			☑			☑
Support from prison drug work			☑		☑	☑	☑	☑	☑	
Prison medical care	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
Self-help groups	☑		☑							
Health education training	☑		☑		☑		☑		☑	☑
Peer support / Peer education			☑				☑		☑	
Other services**				☑						☑

Table 5-15: Available drug services in the ten European prisons involved

* The abbreviations listed below are for following prison names: LUB=Lubliniec, GRU=Grudziadz, KRZ=Krzywaniec, WAR=Warszawa

** In Hamburg, an additional service consists in acupuncture; in the prison Warszawa, an additional service consists in psycho-correctional influence/support for dependent people offered by a psychologist.

It is important first of all to investigate how many of the 185 responders utilised any drug or treatment service since entering prison. The data show that 169 women, i.e. 91% of all the responders, ever utilised any available service since entering prison. 156 women (84%) were currently[1] utilising any of the services. Consequently, a great majority of the female drug users got support and/or treatment while in prison. In fact, only 16 female drug using prisoners did not accept or seek any help in prison. Of these 16 women, five were in Hamburg, four in Vienna, three in Glasgow, one woman in Barcelona and one in Warsaw-Poland. Not using any services is rather the exception.

	Barcelona	**Glasgow**	**Hamburg**	**Vienna**	**Warsaw-PL**
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	

Table 5-16: Reasons for not utilising services while in prison – (n=42) multiple nominations

In general the reasons for not seeking any help appeared to be more or less individual decisions. 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 found that they were not in need for help. In Vienna, a number of women is convinced that no adequate help for their problems is 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 their individual needs.

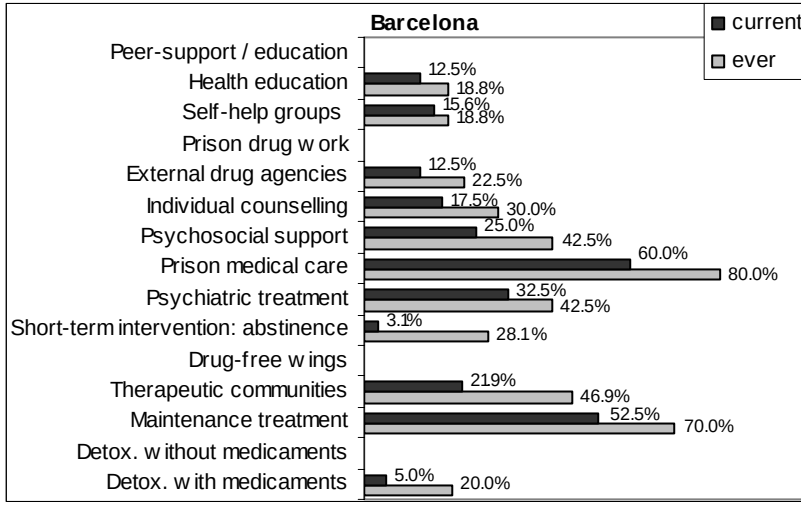
Table 5-17 shows how many of the 169 and 156 women at the five study sites ever and currently utilised any service while in prison.

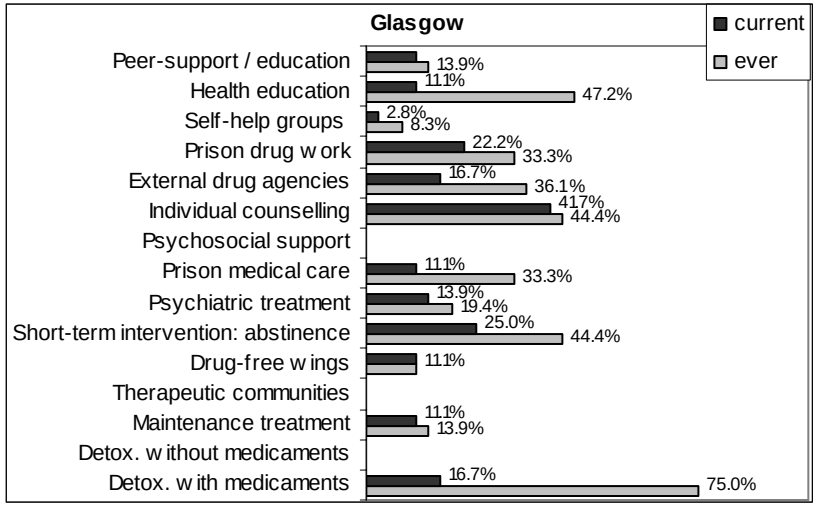
1 "Currently" refers to the time of the interview.

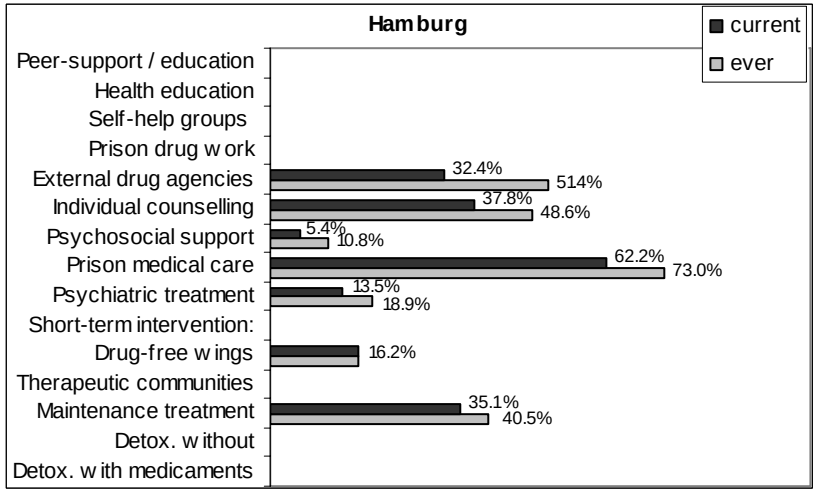
	Barcelona	Glasgow	Hamburg	Vienna	Warsaw-PL
Sample (n)	40	36	37	32	40
Ever used any service	38	33	32	28	38
Currently use any service	36	29	30	27	34

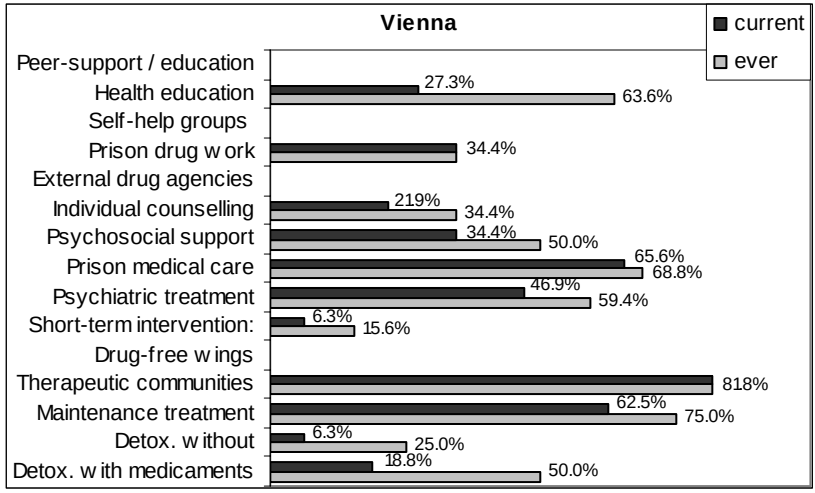
Table 5-17: Number of women who ever and currently utilised any service

Figure 5-32 shows which kinds of services had been utilised by the responders in each of the five study sites in relation to a) the available services in the respective prisons and b) the number of women who made use of these services.




Glasgow
current
ever
Peer-support / education
13.9%
Health education
11.1%
47.2%
Self-help groups
2.8%
8.3%
Prison drug work
22.2%
33.3%
External drug agencies
16.7%
36.1%
Individual counselling
41.7%
44.4%
Psychosocial support
Prison medical care
11.1%
33.3%
Psychiatric treatment
13.9%
19.4%
Short-term intervention: abstinence
25.0%
44.4%
Drug-free wings
11.1%
Therapeutic communities
Maintenance treatment
11.1%
13.9%
Detox. without medicaments
Detox. with medicaments
16.7%
75.0%


Hamburg
current
ever
Peer-support / education
Health education
Self-help groups
Prison drug work
External drug agencies
32.4%
51.4%
Individual counselling
37.8%
48.6%
Psychosocial support
5.4%
10.8%
Prison medical care
62.2%
73.0%
Psychiatric treatment
13.5%
18.9%
Short-term intervention:
Drug-free wings
16.2%
Therapeutic communities
Maintenance treatment
35.1%
40.5%
Detox. without
Detox. with medicaments



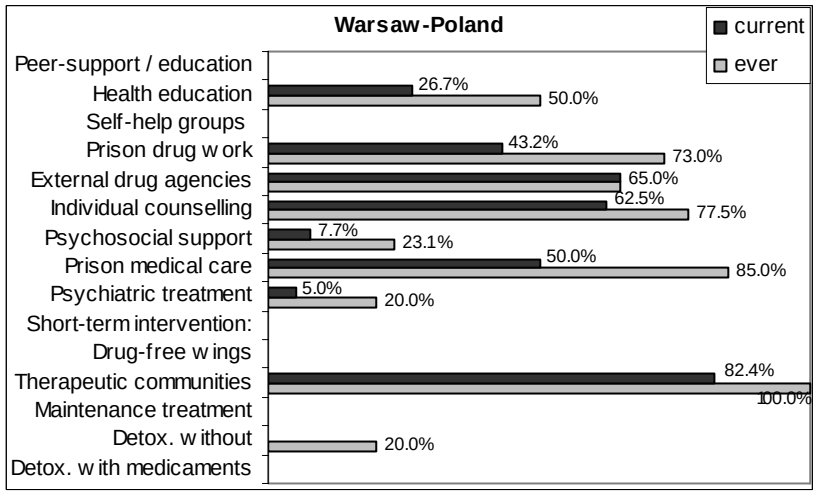


Figure 5-32: Ever and current utilisation of available drug and treatment services in prison – multiple nominations

The results show that prison medical care is utilised by a majority of the female drug users, ever as well as currently, with the exception of Glasgow. Prison medical care, along with individual counselling and psychiatric treatment, is available in all ten prisons. Women from Warsaw-Poland and Barcelona utilised prison medical care to a particularly high degree; 85% and 80% had ever been in medical treatment since entering prison; 50% and 60% respectively were still currently in medical treatment. In Hamburg, 73% of the women ever utilised prison medical care and 63% did so currently. In Vienna, more than 60% of the women ever and currently utilised prison medical care. In Glasgow, only one third of the women prisoners ever utilised prison medical care, and only 11% did so currently. In Glasgow, the women were either not in great need of medical treatment or did not have great trust in the staff or the quality of prison medical care.

As regards psychiatric treatment in prison, 59% of the women from Vienna and 43% from Barcelona ever utilised this kind of service since entering prison. Most of these women were also currently in psychiatric treatment (47%, 33%). In Glasgow, Hamburg and Warsaw-Poland, no more than 20% of the women ever utilised psychiatric treatment while in prison. These differences cannot only be explained by different needs of psychiatric treatment but rather by different conditions of this service in the individual prisons. In the Vienna prison *Favoriten*, for instance, 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. On the other hand, for instance in the Hamburg prison *Hahnöfersand*, they do not have their own psychiatric service; one male psychiatrist employed by the juvenile prison, offers treatment in the women's prison only on request. Thus it can be assumed that the utilisation of psychiatric treatment basically depends on the structure, quality and staff of the psychiatric service provided in prison.

Individual counselling was utilised to different degrees at the five study sites. It seems highly important for the Polish women; 78% of them ever made use of this offer and 63% did so currently. In Hamburg, individual counselling played a relevant role: it was ever utilised by 49% and currently by 38%. In Glasgow, individual counselling was also important: 44% ever used it and 42% currently. In Vienna, only 34% of the women ever utilised individual counselling, in Barcelona only 30%; at both sites, only few women currently utilised individual counselling (22%; 18%).

Other services such as maintenance treatment, psychosocial support and support from external agencies are available in most but not in all of the ten prisons. Maintenance treatment is not available in any of the four Polish prisons. Due to the widespread availability and access to maintenance treatment in Austrian and Spanish prisons, the number of female prisoners in maintenance treatment is highest in Vienna and Barcelona; in Vienna, 75% of the female drug using prisoners have ever participated in maintenance treatment since entering prison, in Barcelona 70%. At the time of the interview, 63% and 53% respectively were on methadone or any other substitution medication. In Hamburg, 40% of the women have ever been in a methadone maintenance treatment while in prison and 35% currently. In Glasgow, only five out of 36 female drug users have ever been in maintenance treatment while in prison (14%).

Psychosocial support is available in all but the Glasgow and two Polish prisons. The highest degree of utilisation of psychosocial support was found in Vienna, closely followed by Barcelona. Half of the responders in Vienna and almost 43% in Barcelona stated to have ever utilised psychosocial support. At the time of the interview, the number had declined to 34% in Vienna and 25% in Barcelona. At the two Polish prisons offering psychosocial support, three out of 13 responders had utilised this offer at some point (23%), currently this was the case only for one woman (8%). In Germany, psychosocial support is an integrative part of maintenance treatment and this applies also to methadone treatment in prison. Psychosocial support in prison is usually offered by external specialists, who do not visit the prisoners very often. Maybe this is the reason why only 4 out of 37 responders from Hamburg stated to have received psychosocial support since entering prison (11% ever). At the time of the interview this was the case for merely two women.

In the two prisons in Vienna and in two Polish prisons, no support from external drug agencies is available; instead, support is offered by prison drug work. Of those responders who received support from external drug agencies, particularly the women in the two Polish prisons utilised this service while in prison; 13 out of 20 female drug users (65%) ever and currently utilised this service. There seems to be a great demand for support by external agencies in the Polish prisons. In Hamburg, more than half of the responders have ever been in contact with external drug agencies since entering prison, currently about one third of the women. In Glasgow, 36% of the women ever utilised support from external drug agencies; at the time of the interview, this number had declined to 17%. There seems to be little

interest for support by external drug agencies in the women from Barcelona; no more than nine out of 40 women (23%) ever had any contact to external agencies while in prison, and currently only five (13%) still had any contact to external drug agencies.

Prison drug work, along with support from external drug agencies, plays an important role among the female drug users in the Polish prisons. 27 out of 37 women (73%) ever utilised support by in-prison drug workers; the number decreased to currently 43%. In Vienna and Glasgow, about one third of the responders ever utilised prison drug work; in Vienna, the number of current users remained the same, in Glasgow, only 22% currently utilised this service. However, compared to the current utilisation of external drug agencies, the women from Glasgow seem to prefer to stay in contact with the in-prison drug workers.

Apart from the mentioned services some of the prisons offer detoxification, mainly with pharmaceutics, but in the Polish prison *Krzywaniec* solely without pharmaceutics. In the Hamburg prison *Hahnöfersand*, detoxification is not available because the female drug users are detoxified in the pre-trial prison. However, detoxification is important for those women, who are still drug dependent when entering prison. The responders from Glasgow have particularly often utilised detoxification offers since entering prison. While three thirds of them have ever been detoxified with medications while in prison, currently only 6 out of 36 women were detoxified in prison (17%). In Vienna, half of the female drug users have ever been detoxified with pharmaceutics and one quarter without pharmaceutics since entering prison. At the time of the interview, only few of the women were detoxified either with or without medications (19%; 6%). In Barcelona and Poland, merely 20% of the female drug users have ever been in detoxification treatment in prison, and currently only two Spanish women and none of the Polish women.

Drug treatment services such as therapeutic communities, drug-free wings and short-term interventions for abstinence are only available in some of the prisons involved. Therapeutic communities are available in the Spanish prison *Brians*, in the Austrian prison *Favoriten* and in the Polish prison *Lubliniec*. In *Brians*, the women's therapeutic community provides 24 places, which 15 out of 32 responders ever utilised since entering prison (47%); only seven women were currently left in the therapeutic community. The prison *Favoriten* is dedicated exclusively to addicted inmates, who voluntary participate in an abuse treatment; as could be expected, nine out of eleven responders have been in a therapeutic community while in prison (82%). In

the prison *Lubliniec*, a programme is provided for female drug dependent inmates that runs over six six months and includes group and behavioural therapy as well as a therapeutic community. All 17 responders have ever participated in the therapeutic community programme since entering prison, and currently this was still the case for 14 women (82%).

This Polish prison also provides a drug free wing, but none of the women ever made use of it. In Glasgow and Hamburg, a drug-free wing is provided but utilised only by few of the responders. In Hamburg, six women were accommodated in a drug-free wing since entering prison (16%) and in Glasgow four women (11%). The question arises why drug-free wings seem to be so unattractive. One possible explanation is that drug-free wings not only require an application but also a number of urine tests that have to be clean in order to get access to a drug-free wing. It is possible that these procedures are too high a barrier for the women.

Abstinence-orientated short-term interventions are available in Glasgow and Vienna and in the *Brians* prison in Barcelona. The women from Glasgow had utilised this offer most frequently; 16 out of 36 women prisoners ever utilised short-term interventions to become or remain drug-free (44%), currently still nine women participated in this intervention programme (25%). In Barcelona, 28% of the women ever made use of short-term interventions for abstinence, but at the time of the interview only one woman (3%) still participated in this programme. In Vienna, only five out of 32 women ever participated in this abstinence-orientated intervention (16%) and currently only two women (6%).

Health education and peer-support as well as self-help groups are rarely provided in prison. Prisons at four of the study sites provide health education training. Hamburg does not provide this kind of service. Health education training plays an important role in Vienna, Poland and in Glasgow. In Vienna, 64% of the women ever utilised health education while in prison, in Poland and in Glasgow, about half of the female drug users ever utilised this service (50%; 47%). At the time of the interview, only 27% of the women in Vienna, 27% in Poland and 11% in Glasgow still made use of this service. As the number of women currently utilising health education training is low at all three sites, it can be assumed that health education training is of particular relevance at the beginning of the prison term. In Barcelona, only few of the women utilised health education training in prison at all. Only six women (19%) ever participated in that training programme, and currently only four women (13%).

Peer-support is only available in the Glasgow prison. Only five of the women ever utilised this service during their imprisonment (14%). Self-help groups are even less utilised. Merely three women from Glasgow (8%) and six women from Barcelona (19%) ever participated in a self-help group since being imprisoned. Acupuncture was offered in Hamburg and had been utilised by five of the women (14%).

In **conclusion,** the data reveal that medical care, counselling offers, maintenance treatment and to some extent 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, drug-free wings, self-help groups and short-term interventions for abstinence seem to be rather unpopular in prison, as only few of the responders ever made use of them while in prison.

A majority of the female drug using prisoners utilised a range of different services in the course of their imprisonment. Only a minority of the women did not utilise more than two different drug and treatment services (22%). The responders from Barcelona and Glasgow ever utilised eight different services at maximum and at median four different services. In Poland, a maximum of seven and a mean of four different services have been utilised. In Hamburg, a maximum of six and a mean of three different services had been utilised. In Vienna, up to eleven different services had ever been utilised by the female drug users, half of them utilised five different services during their imprisonment. The findings clearly indicate that female drug using prisoners very likely utilise a range of the available services while in prison.

The data also show that different profiles of utilisation prevail at the five study sites. Following is a ranking of the top four services utilised at each site:

- **Barcelona**: 1. prison medical care, 2. maintenance treatment, 3. psychiatric treatment, 4. therapeutic communities.
- **Glasgow**: 1. detoxification with pharmaceutics, 2. individual counselling, 3. abstinence orientated short-term intervention, 4. health education training.
- **Hamburg**: 1. prison medical care, 2. support by external drug agencies, 3. individual counselling, 4. maintenance treatment.
- **Vienna**: 1. therapeutic communities, 2. maintenance treatment, 3. prison medical care and health education training, 4. psychiatric treatment.

- **Warsaw-Poland**: 1. therapeutic communities, 2. prison medical care, 3. individual counselling, 4. support by external drug agencies.

The next questions address the question of access to drug and treatment services.

5.5.3 Access to drug and treatment services while in prison

In order to investigate the routes of access to drug and treatment services in prison, the female drug users were asked when they had their first contact to any programme and how this contact was initialised. In addition, they were asked if utilisation of drug and treatment services was voluntary or compulsory.

Seven women did not answer the question even though they had made use of the services since entering prison. Thus the data on first contacts refer to 162 instead of 169 responders.

Of those women who answered the question, more than one third (36%) came into contact with any of the services immediately after entering prison. Immediately means either directly at entry or one day later. This is particularly the case in Vienna (67% of the responders), Hamburg (44%) and Barcelona (32%). 62% of all responders had their first contact to any drug and/or treatment service within the first two weeks of their imprisonment. Thus, a majority of the female drug users had access to support and care rather soon after prison entry. The remaining proportion of 38% named a broad range of specifications when they first came in touch with any service. One woman in Hamburg and one in Glasgow even reported that they had been in prison already for about two years when the first contact to any drug and/or treatment service took place. The Polish women had been imprisoned for several weeks until they first came into contact with any service.

The median intervals between prison entry and first contacts to services are as follows: 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 before the first contact happened. In Glasgow the female drug users had been imprisoned at median for two weeks before they first came into contact with any service. The Polish women have been in prison at median for two months before having contact to any service for the first time.

	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 %)	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%)

Table 5-18: Access to drug services in prison – (n=175) – multiple nominations

There are various ways of gaining access to drug services while in prison. In all five study sites, the female drug users usually apply for access to drug services and/or orally request support or treatment. Both pathways to drug services account for at least half of the responders. In Barcelona and Glasgow, it is apparently more or less standard procedure to professionally assess and explore individual needs for drug help and to initiate and coordinate referrals to drug services. Here, many of the female drug using prisoners stated to have got access to drug services due to professional assessment. Even half of the Polish responders reported that professional assessment has been done to refer them to drug services. In Vienna, professional assessments are the exception, in Hamburg, they are not done at all. In Vienna and Warsaw-Poland, drug testing, either voluntary or mandatory, is rather uncommon as method to access drug services. In Hamburg, only few women said that drug testing was required to access drug services. Here, drug testing is closely associated with drug-free wings. In Barcelona and in particular in Glasgow, however, 39% and 33% respectively of the women stated having undergone voluntary drug testing in order to access drug services. Mandatory drug testing was reported by 46% in Barcelona and 67% in Glasgow. It is assumed that mandatory drug testing is related to the participation in a therapeutic community, short-term intervention for abstinence and maybe to the admission to a drug-free wing.

In Vienna, all the responders reported additional routes of access to drug services. All the women imprisoned in *Schwarzau* also gain access to drug and treatment services by a streetworker; all the women imprisoned in *Favoriten* gain access to treatment by obligation, as participation in different treatment groups is compulsory within this prison. Some responders from

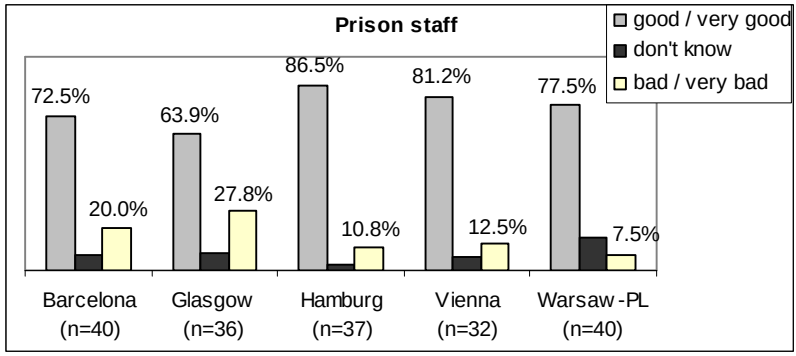
Barcelona, Glasgow and Warsaw-Poland reported that they gained access to drug services by referrals of prison staff, a personal officers or the court. For the interviewees, the latter is different from gaining access "by oral demand" because here, access to any intervention depends on the attitude and commitment of the prison staff.
As mentioned, in the Vienna prison *Favoriten*, participation in different kinds of drug services is obligatory and part of the prison programme for drug dependent inmates. Accordingly, most of the 11 responders in this prison reported that their participation in services such as therapeutic community, psychiatric treatment, psychosocial support, prison drug work was compulsory. The same is true for the 17 women placed in the Polish prison *Lubliniec*. Here, too, 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.

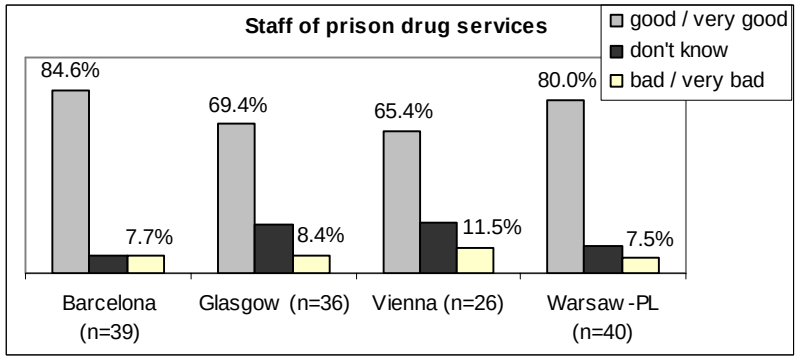
Three women in Vienna had to undergo detoxification with pharmaceutics. For one woman in Vienna and one in Barcelona, participation in a short-term intervention for abstinence was compulsory. In Poland, one woman was obliged to use support by external drug agencies while in prison. In the Glasgow prison *Cornton Vale* and in the two prisons in Barcelona, only individual women were obliged to utilise specific drug services. In Glasgow, for instance, one woman respectively was obliged to participate in peer-support, short-term intervention for abstinence, psychiatric treatment, individual counselling or health education training. In Barcelona, five and six responders respectively reported that their participation in either individual counselling, psychosocial support or in a self-help group was compulsory. None of the female responders from Hamburg was obliged to participate in any intervention so that their utilisation of any drug service was completely voluntary.

5.5.4 Satisfaction with drug and treatment services while in prison

To examine the women's satisfaction with the drug and treatment services they utilised during their imprisonment, first of all their individual relations with the staff, i.e. prison officers, prison drug workers and drug workers from community agencies, are analysed. The women's assessment of their relations with the staff provides on the one hand information about the attitude of the staff towards female drug using prisoners; on the other hand, it

allows to draw conclusions about the nature and quality of the contacts with the prison and drug service staff.





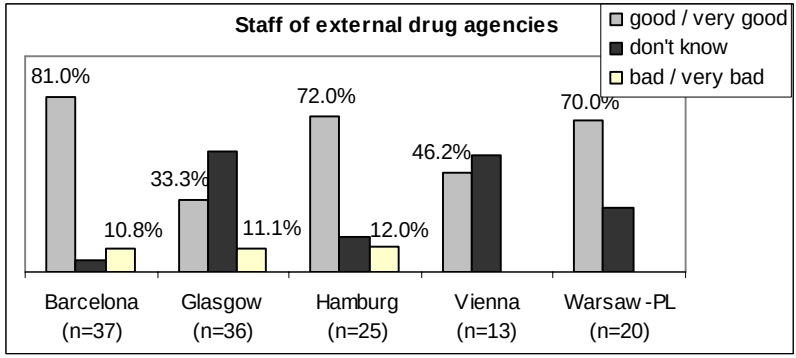


Figure 5-33: The women's assessments of their relations with the staff

Most women had well-defined views concerning their relations with the staff (see figure 5-33). Only few of them were unsure how to assess their relations with the staff; this refers mostly to the staff of external drug agencies. Positive relations with all three types of staff prevail among the responders. In detail, more than 80% of the women from Hamburg and Vienna defined their relations with prison officers as good or even very good. In Hamburg in particular, a number of women confirmed that their relations with prison officers are very good; they described the staff as experienced, friendly and interested in the women's condition (30%). In Barcelona and Warsaw-Poland, more than 70% of the responders assessed their relations with general prison staff as good and partly even very good. In Glasgow, nearly 28% of the women stated that their relations to prison officers were bad or very bad. In general, a majority of almost 64% of the responders confirmed to have good relations with prison officers.

As there is no prison drug work in Hamburg, the assessments concerning the staff of in-prison drug services refer to the other four study sites. In each of the four study sites, a vast majority of the women evaluated their relations with prison drug workers as good or very good. Positive relations to the staff of prison drug work prevail especially in Barcelona and Warsaw-Poland; 33% of the Polish women even defined their relations with prison drug workers as very good. So did 31% of the women from Glasgow. It can be assumed that positive relations with the staff of in-prison drug services are closely associated with the women's perception to receive the support they need.

As regards the staff of community-based drug agencies, many of the women do not seem to know how to assess their relations with the staff and are rather ambivalent. This is especially the case for the women prisoners in Glasgow (56%), Vienna (54%) and Warsaw-Poland (30%). On the other hand, none of the women from Vienna and Poland evaluated their relations with external staff as bad. 70% of the Polish women assessed their relations with the staff of external drug agencies as good, some of them even as very good. In Vienna, 46% of the women assessed their relations with the staff of drug agencies as good. In Glasgow, however, only one third of the responders stated to have good relations with external drug workers. In Barcelona, 81% and in Hamburg, 72% reported to have good relations with the staff of external drug agencies. In Barcelona, half of the women assessed their relations even as very good. These results suggest that the nature and quality of the contacts and support by external drug agencies differ considerably at the five European sites. In Barcelona in particular, the staff of external drug agencies is obviously highly accepted and appreciated by the female drug using prisoners; in Glasgow this seems to be the other way round: Many of the women appear to be rather unsatisfied with the staff and the provided support.

It has been explored whether the quality of relations with the staff either of prison drug services or of external agencies is reflected in the assessments of the support the women had received when utilising drug services.

The women were asked about the benefits they experienced due to their current utilisation of drug services. The benefits question first of all addressed the issue of the effects of support, i.e. meeting needs or promoting the rehabilitation process. Secondly it explored whether the utilisation of drug services has a favourable impact on prison conditions and on legal decisions as regards the prison sentence.

Of 156 responders who confirmed currently utilising any service, only 137 answered the question on the benefits of participating in any drug and treatment service. Thus, 19 answers are missing.

The results on the benefits of drug service utilisation not only reflect the women's perceptions but also the different national penal proceedings and will be described separately for each of the five European study sites.

	Barcelona	Glasgow	Hamburg	Vienna	Warsaw-PL
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%)

Table 5-19: Benefits of participating in drug or treatment programmes – (n=137) multiple nominations

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 responders confirmed that the services helped them to recover physically and mentally. 79% 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. A considerable number of women admitted having utilised drug and treatment services in order to avoid boredom in prison. With respect to the impact of service utilisation on prison conditions, 68% of the women confirmed that participation in drug treatment resulted in a relaxation of prison restrictions. About 60% of the women stated that they got the opportunity to participate in a preparation for prison release programme. 26% of the women had the opportunity to be referred to a community-based treatment. However, participation in drug programmes seldom favours a release on parole or getting out of prison due to the regulation of therapy instead of punishment.

69% of the women from Glasgow reported having received the help they individually sought, which corresponds to the assessments of positive relations with the staff of drug services. Maybe due to the widespread use of drugs in prison and the low number of women who utilised prison medical care and psychiatric treatment, only 55% of the women stated that the utilised drug programmes promoted their physical and mental rehabilitation. Similar to the women from Barcelona, 41% of the women from Glasgow admitted that boredom in prison motivated them to participate in a drug programme. In general, utilisation of drug services only partly affects the prison conditions. 48% of the women reported that one benefit consists in the participation in a prison release preparation, and nine women (31%) stated to have been given the opportunity to be referred to a community based treatment. For nine women, participation in a drug programme led to a shortening of the prison sentence and seven women became imprisoned under relaxed prison restrictions.

In Hamburg, 67% of the responders confirmed that utilisation of drug and treatment programmes resulted in physical and mental rehabilitation; only half of them confirmed having received the help they needed. Here also, some women admitted having utilised drug services in order to avoid boredom. If participation in a drug programme affects prison conditions, this refers mostly to preparation for release (63%) and relaxation of prison restrictions (38%). In addition, service utilisation prepares the way to outside treatment so that eight women (33%) will move to a community-based treatment after prison release and six women will undergo quasi-compulsory drug therapy according to national drug law (25%).

In Vienna only one woman was motivated by boredom to participate in a drug programme; a majority of 10 out of 14 women confirmed having received the help they really needed and 9 women confirmed that the support helped them to recover physically and mentally. Eight women reported that 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 mentioned transfer to a community-based treatment.

The results concerning benefits of programme participation in Warsaw-Poland are comparable to those found in Hamburg. 59% of the Polish women stated to have received the help they needed and 63% to have been supported in their physical and mental rehabilitation. Nine out of 32 women stated to have participated in a drug programme to avoid boredom in prison

(28%). Different to all other study sites, 47% of the Polish women confirmed that prison restrictions had been loosened due to their programme participation, and 34% confirmed that as well their prison sentence had been shortened. However, most women (66%) perceived preparation for prison release as a benefit of programme participation. Treatment instead of imprisonment is rather unusual among the Polish women but six of them were referred to community-based treatment.

In **conclusion,** the data from all five study sites show a tendency that the benefits of drug programme participation in prison mainly consist in individual support of the female drug users, which promotes their physical and mental rehabilitation. In Barcelona, Hamburg and Warsaw-Poland, more than 60% of the responders benefited by gaining access to a programme preparing them for prison release.

The women's satisfaction with drug and treatment services they utilised since entering prison was measured by the Treatment Perceptions Questionnaire (TPQ). The TPQ is a brief scale to measure client satisfaction with treatment for substance use problems. It investigates the clients' perception of: a) the nature and extent of their contact with the team of a treatment programme (5 items); and b) aspects of the operation of the treatment programme and its rules and regulations (5 items). Each item is expressed as 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 did not always understand the kind of help I want.
2. The staff and I have different ideas about my treatment objectives.
3. There has always been a member of staff available when I wanted to talk.
4. The staff helped to motivate me to sort out my problems.
5. I think the staff were 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 the purpose of analyses, all ten items have been summarised and the median score has been evaluated in order to examine the overall satisfaction with the drug and treatment services the women utilised since being imprisoned. Similar procedures have been applied to staff perceptions and programme perceptions: The respective five items have been summarised and a median score computed. The mean score of the TPQ items has been taken because all scores were approximately normally distributed (range=0-4).

	Barcelona	**Glasgow**	**Hamburg**	**Vienna**	**Warsaw-PL**
Sample (n)	38	36	23	14	33
Overall treatment satisfaction: mean (s.d.)	1.91 (.59)	1.79 (.72)	1.95 (.95)	1.92 (.71)	2.20 (.84)
Staff perception: mean (s.d.)	1.86 (.81)	1.73 (.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)

Table 5-20: Satisfaction with drug and treatment services: means (standard deviation) of the Treatment Perception Questionnaire

The results show that the overall satisfaction with drug and treatment services is highest among the women prisoners from Warsaw-Poland, followed by those from Hamburg. As expected from previous findings, especially the women from Glasgow were little satisfied with the drug and treatment services provided.

With the exception of Barcelona and Glasgow, there is a clear tendency that the women's perceptions of the staff are more positive than their perceptions of the programmes or services. In particular in Warsaw-Poland, the women evaluated the nature and extent of their contacts with the treatment pro-

gramme's staff as satisfying; in Hamburg and Vienna, the women were also quite satisfied with the staff of drug and treatment services. In Glasgow, however, satisfaction with contacts to the programmes' staff was rather low; the operation of the treatment service and its rules and regulations were evaluated as equally unsatisfactory. In Barcelona, the women prisoners perceived the programme itself as more satisfying than their contacts with the staff of these programmes. Of all the responders, those from Poland are not only most satisfied with the staff but also with the different aspects of the drug and treatment service provision.

Within the context of programme satisfaction, the women were asked two additional questions which refer to a) the impact of any intervention on their drug use in prison and b) support to come into contact with persons outside prison.

	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.					
- *strongly agree*	5 (13.5%)	3 (8.3%)	5 (21.7%)	3 (25.0%)	10 (30.3%)
- *agree*	23 (62.2%)	9 (25.0%)	1 (4.3%)	6 (50.0%)	16 (48.5%)
- *unsure*	-	15 (41.7%)	-	1 (8.3%)	3 (9.1%)
- *disagree*	9 (24.3%)	5 (13.9%)	6 (26.1%)	1 (8.3%)	2 (6.1%)
- *strongly disagree*	-	4 (11.1%)	11 (47.8%)	1 (8.3%)	2 (6.1%)
The staff helped my to come into contact with persons outside of the prison.					
- *strongly agree*	3 (7.9%)	1 (2.8%)	4 (17.4%)	1 (8.3%)	6 (18.2%)
- *agree*	17 (44.7%)	5 (13.9%)	3 (13.0%)	4 (33.3%)	5 (15.2%)
- *unsure*	3 (7.9%)	10 (27.8%)	-	2 (16.7%)	3 (9.1%)
- *disagree*	12 (31.6%)	11 (30.6%)	4 (17.4%)	1(8.3%)	6 (18.2%)
- *strongly disagree*	3 (7.9%)	9 (25.0%)	12 (52.2%)	4 (33.3%)	13 (39.4%)

Table 5-21: Additional items on the impact of drug and treatment services

Three thirds of the women from Barcelona, Vienna and Warsaw-Poland are convinced that the drug and treatment services helped them to reduce or even stop their drug use. In Glasgow, most of the women are not sure if the help

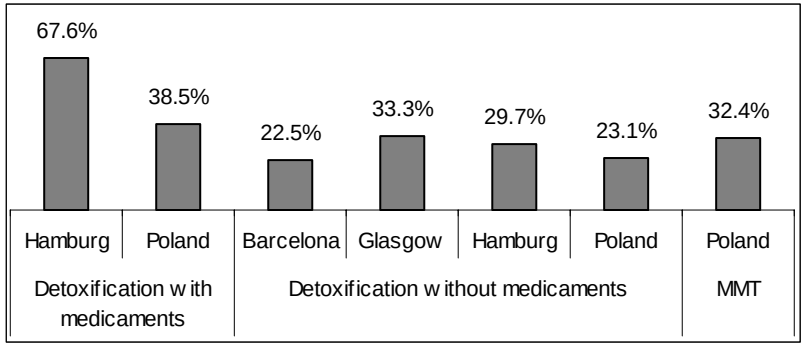
they received had any influence on their drug use. Almost similar numbers of women agreed that, with the help of any intervention, they were able to stop or reduce their drug use; an almost equal number stated that interventions did not have an impact on their drug behaviour. In Hamburg, about 70% of the women were convinced that the reduction of their drug use is not related to the help they received.

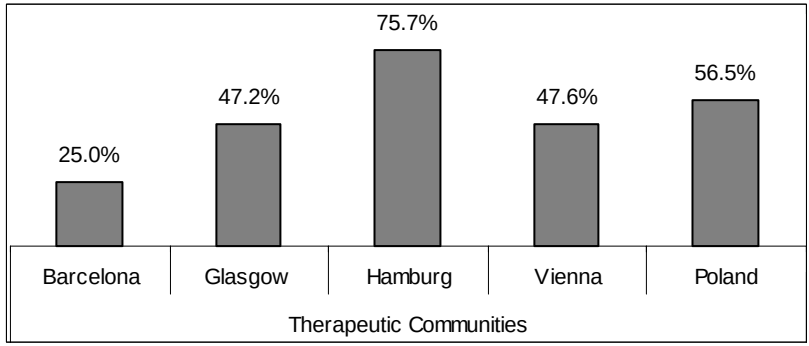
With respect to the question if the staff of drug and treatment services promoted contacts to persons outside prison, only in Barcelona, half of the women confirmed that the staff supported these contacts. In Vienna the results are ambiguous as equal numbers of the women confirmed and denied that the staff helped them to come into contact with persons outside prison. In Hamburg, Poland and Glasgow, a majority of the women negated that the staff provided any help to come into contact with persons outside prison.

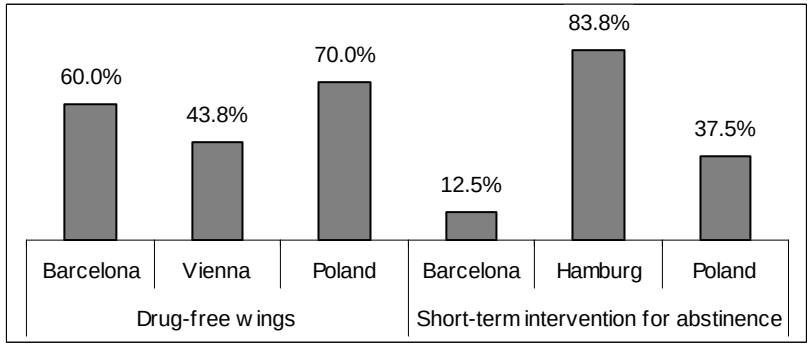
5.5.5 Further drug and treatment services needed in prison

In the prison services survey, the prison administrators have been asked about 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 presented to the female drug using prisoners; they were asked whether further drug services should be available in the prison where they were living at the time of the interview.

The next figure (5-34) refers to drug and treatment services that are at present not available in the respective ten prisons, but that should be made available in future according to the female drug users statements.


67.6%
38.5%
22.5%
33.3%
29.7%
23.1%
32.4%
Hamburg
Poland
Barcelona
Glasgow
Hamburg
Poland
Poland
Detoxification with medicaments
Detoxification without medicaments
MMT


25.0%
47.2%
75.7%
47.6%
56.5%
Barcelona
Glasgow
Hamburg
Vienna
Poland
Therapeutic Communities


60.0%
43.8%
70.0%
12.5%
83.8%
37.5%
Barcelona
Vienna
Poland
Barcelona
Hamburg
Poland
Drug-free wings
Short-term intervention for abstinence

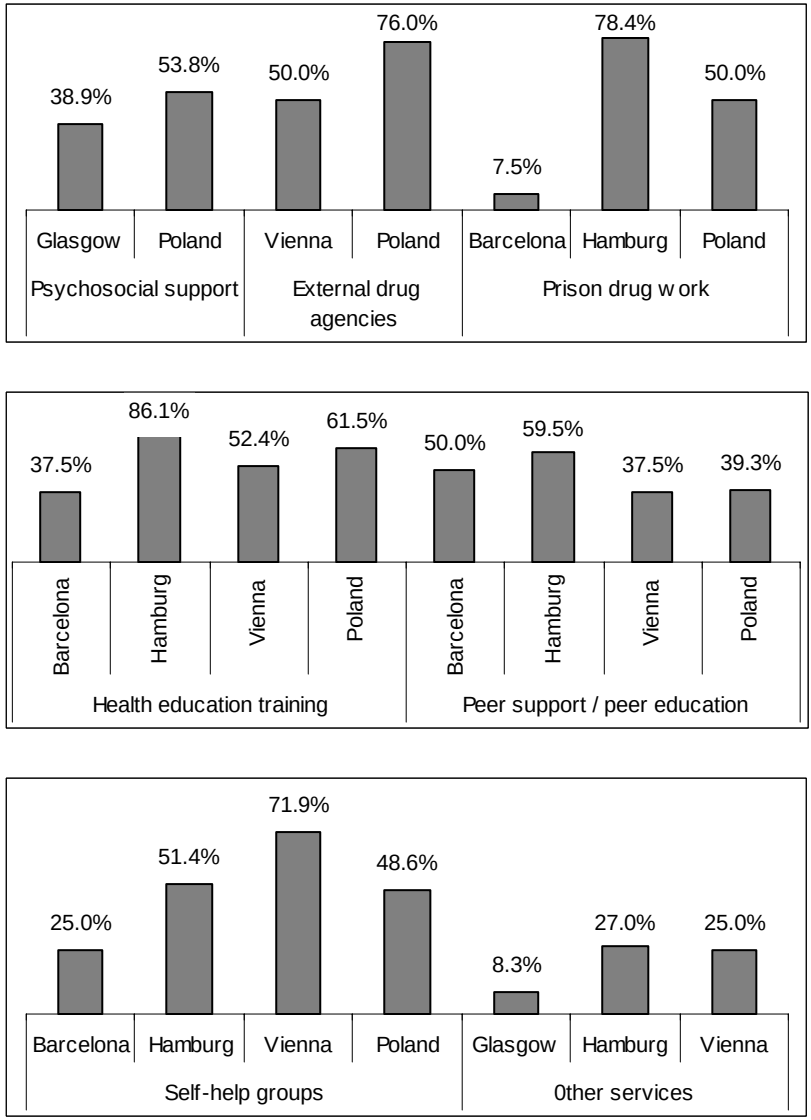


Figure 5-34: Further drug services that should be provided in prison

With respect to the need for detoxification with pharmaceutics, a majority of the responders (68%) from the Hamburg prison *Hahnöfersand* hold the opinion that detoxification in remand prison is not sufficient and should also be provided in the convict's prison. 39% of the Polish women also expressed their need for detoxification with medicaments. Detoxification without pharmaceutics is only available in the two prisons in Vienna; a number of the other responders stated that detoxification without pharmaceutics should be made available in prison. This is the case for 33% of the women from Glasgow and for 23% of the women from Poland and Barcelona. Even though maintenance treatment is not available in any of the four Polish prisons, only 32% of the Polish women stated to be in need of this kind of treatment.

Therapeutic communities are currently rarely provided in the ten prisons; responders from all the five study sites stated that this treatment programme should be made available to them. In Hamburg, more than three thirds of the women stated their wish for therapeutic communities. In Poland, 57% of the women perceived the need for therapeutic communities, in Vienna 48% and in Glasgow 47%. In Barcelona, only a quarter of the responders found that they are in need of therapeutic communities.

The need of drug-free wings in prison was perceived by 70% of the responders in Poland and by 60% in Barcelona. In Vienna, 44% of the women were of the opinion that drug-free wings are necessary in prison. Obviously, female drug users seek the opportunity to be separated from those inmates who continue using illicit drugs in prison and to live in an environment that supports staying drug-free. An overwhelming majority (84%) of the women from Hamburg stated that short-term interventions for abstinence should be provided in prison. This was not only expressed by those women who need support to remain drug-free but also by those who still used illicit drugs in prison. Especially the latter group expect from abstinence-orientated interventions the support they need to reduce or give up drug use and to prevent immediate relapse to a drug-involved life upon prison release.

In Poland, the female drug users express a considerable need for different kinds of support. Three thirds of them stated that support from external drug agencies should be provided in prison; half of the responders expressed their whish for psychosocial support and for support from prison drug workers. The need for psychosocial support is also perceived by 39% of the women from Glasgow. In Vienna, half of the women stated their need for support by external drug agencies. As many as 78% of the women from Hamburg

expressed their need for support by prison drug work; most of the female drug users from Hamburg complained about the few opportunities of regular contacts to any kind of drug services while in prison. The drug workers from external drug agencies are responsible for too many prisoners so that the women experienced their support as insufficient. Against this background, many of the female drug users saw the need for a complementary drug service, regularly available in prison.

At all study sites except Glasgow, a number of the women stated that harm-reduction offers such as health education training and peer-support should be made available in prison. Health education training would be welcomed by 86% of the women in Hamburg, by 62% in Poland and by 52% in Vienna in order to address general health problems and problems of communicable diseases of the female drug using prisoners. In Barcelona more than 38% of the women imprisoned in *Wad-Ras* stated that health education training should be made available. 60% of the women in Hamburg and 50% in Barcelona expressed a wish for peer-education; so did 39% in Vienna and 38% in Poland.

73% of the women from Vienna missed self-help groups in prison. This need was confirmed by 51% in Hamburg and 49% in Poland.

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. Four women from Vienna expressed their opinion that leisure offers such as sports and fitness training should be made available in prison in order to avoid boredom and to promote physical well-being. In Hamburg, three women wanted a syringe-exchange programme to be introduced in prison. Some women from all three sites expressed their need of client-centred psychotherapy, drug therapy or relaxation techniques while in prison. In Hamburg, one woman wanted to have the choice for buprenorphine, and one woman in Vienna wanted morphine instead of methadone within maintenance treatment in prison. In Hamburg, some women wished for specific offers to support them in their transition from prison to community, e.g. motivational groups, relapse prevention training, systematic discharge planning or through-care.

In conclusion, the data reveal that major needs for different kinds of further drug and treatment services are particularly felt in Hamburg and Poland. Obviously, many of the female drug users from both sites assess the current provision with interventions as insufficient and feel the necessity of additional offers to meet their need for support and care during imprisonment.

5.5.6 Summary

The results on the women's utilisation of drug and treatment services in the year prior to imprisonment and since entering prison can be summarised as follows:

- During the year before entering prison a vast majority of all responders have made any use of community drug services. Only 27 out of 185 responders did not utilise any drug services (15%), almost half of them in Glasgow. In the past 30 days prior to imprisonment, 50 of the responders did not utilise any of the community drug services (27%). Again, many of these women came from Glasgow.
- Experiences with community drug services have been assessed as good or even as very good most often by the women from Barcelona, but a majority of the women from Hamburg and Vienna also 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 indifferent or even bad, in Glasgow, a majority of the female drug users assessed their experiences as bad or even very bad.
- Since entering prison, 169 responders (91%) ever utilised the available drug and treatment services. At the time of the interview, still 156 responders (84%) utilised any available service. Most of the female drug users utilised a range of different interventions during their imprisonment. Even though there are differences among the five study sites, most of the women prisoners utilised prison medical care and counselling offers, maintenance treatment and, to some extent, psychiatric treatment and health education training.
- As regards satisfaction with the drug and treatment services the women ever utilised in prison, the findings reveal that most of the responders seem to be quite satisfied with the support they received. 80% of the women from Barcelona and Poland assessed their relations with prison drug workers as good or even very good. In Glasgow and Vienna this is the case for about 65% of the women. The women from Barcelona in particular, but also those from Hamburg and Poland, assess the staff of external drug agencies as positive. A majority of the women from Barcelona, Vienna and Glasgow confirmed to have received the help they needed. A vast majority of the women from Barcelona, Vienna and Poland confirmed that the professional support helped them to reduce or stop drug use; the women from Hamburg denied this.

Utilisation of drug services outside and inside prison

Barcelona: In the year before entering prison, 75% of the women had been in maintenance treatment and 60% had utilised medical care. More than 40% had been in psychiatric treatment and an equal number visited low-threshold facilities. In prison, the four most utilised services were, in the sequence of their utilisation: prison medical care, maintenance treatment, psychiatric treatment and therapeutic communities. Certain drug and treatment services were not available in the two prisons involved; therefore, a number of the responders stated that additional services should be implemented. At least half of the women stated the need for drug-free wings and peer-support, and 38% health education training.

Glasgow: Outside prison, the female drug users had mainly utilised medical care. All other kinds of drug services had only been utilised by less than 30% of the women. Inside prison, most of the women utilised mainly the following four services: detoxification with pharmaceutics, individual counselling, abstinence-orientated short-term intervention and health education training. Only few responders demanded additional help offers, maybe due to the fact that the prison *Cornton Vale* already provides a broad range of drug and treatment services. In fact, only 47% of the women stated that therapeutic communities should be available, and 39% requested psychosocial support.

Hamburg: In the past year before entering prison 65% of the female drug users had utilised low-threshold facilities and medical care. Little more than 40% of the women had been in methadone maintenance treatment and/or had utilised drug counselling. During imprisonment, most of the female drug users mainly utilised prison medical care, support by external drug agencies, individual counselling and maintenance treatment. Many responders 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. At least 60% of the women wished that detoxification with medicaments and peer-support be provided in prison.

Vienna: Outside prison, 72% of the women had been in maintenance treatment and 60% had utilised medical care. All other drug services had only been utilised by less than 30% of the women. Since entering prison, most of the responders mainly utilised following services: therapeutic communities, maintenance treatment, prison medical care, health education training and

psychiatric treatment. More than 70% of the women suggested the initiation of self-help groups in prison, and at least half of the women stated that health education training and support by external drug agencies should be made available in prison.

Warsaw: It was rather surprising that 58% of the female drug users had been under supervision of a probation officer in the year before entering prison. About 30% had utilised medical care and detoxification during that period. Since entering prison, most of the women had utilised at least once one of the following services: therapeutic communities, prison medical care, individual counselling and support by external drug agencies. Similar to Hamburg, many of the Polish women confirmed to be in need for additional support. At least 70% of the women stated that support from external drug agencies and drug-free wings should be available in prison. More than half of the women stated to be in need of health education training, therapeutic communities and psychosocial support.

5.6 Utilisation of release services and plans for the time after prison release

In addition to the evaluation of the utilisation of drug and treatment services in prison, another main objective of the European project was to gain evidence-based information on the topic of discharge planning. For this reason, we investigated the utilisation of different kinds of pre-release services and the women's satisfaction with the support they received. As the risk of relapse after prison release significantly depends on the living conditions the women will face when returning into community, they were asked about their concrete plans after release. Concrete plans refer to topics such as concrete knowledge where to live, how to finance life or how to seek professional support or treatment. Moreover, we assessed what the women perceived as major problems that will occur after prison release and if they need help to deal with these problems. Finally, we analysed the women's self-confidence to realise future plans in order to learn about the areas associated with high risk of relapse 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 look at the different structural conditions of the discharge planning at the five European study sites. Thus the women were asked

whether a treatment or a transitional care plan had been set up and whether they had already received professional assistance for release. All but one woman from Vienna answered these questions.

	Barcelona	Glasgow	Hamburg	Vienna	Warsaw-PL
Sample (n)	40	36	37	31	40
Have received					
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%)

Table 5-22: Structural conditions of the discharge planning – (n=184)

Only a minority of the responders reported that, since being in prison, a treatment plan has been set up to assess their needs for support and to initiate referrals to drug and treatment services in prison and after prison release. A transitional care plan as part of the preparation for prison release had been established even more rarely and must therefore be regarded as an exception at all five study sites. In particular in the prison *Hahnöfersand* in Hamburg, it is completely uncommon to establish a treatment plan, and only one woman stated that a transitional care plan had been made for her. In Glasgow, only 4 out of 36 women reported that treatment and/or transitional care plans had been established since being in prison. The situation is quite different in the Barcelona prisons *Brians* and *Wad-Ras*. Here a clear majority of the female drug users stated that a treatment plan has been worked out 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 responders. Apparently, 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 prison release, it is also important whether the women get any professional assistance to prepare them for their return to community. Again, there are significant differences between the five study sites. In Vienna and Hamburg, only about 25% of the women already received professional assistance at the time of the interview, in Poland, this was the case

for more than 30% of the women, in Glasgow more than 40% and in Barcelona more than half of the women. The differences are partly related to the fact that for some of the responders it was too early to attend any preparation for release at the time of the interview because of their long prison sentence. Nevertheless, some responders did not receive any support despite of being close to prison release. For instance in Hamburg, some responders stated that they did not receive any support and will leave prison completely unprepared for their life in community.

	Barcelona		**Glasgow**	**Hamburg**	**Vienna**		**Poland***			
Name of the prison	**Brians**	**Wad-Ras**	**Cornton Vale**	**Hahnöfer-sand**	**Favo-riten**	**Schwar-zau**	**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.	☑	☑	☑	☑	☑	☑		☑	☑	☑
Pre-release training programme	☑	☑	☑	☑	☑					☑
Initiation of maintenance treatment			☑	☑						
Relapse prevention programme	☑	☑	☑		☑		☑			
Referrals to external drug / health services	☑	☑	☑	☑		☑	☑	☑	☑	☑
Referral to treatment outside prison	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
Initiation of ongoing care		☑	☑	☑	☑	☑				☑

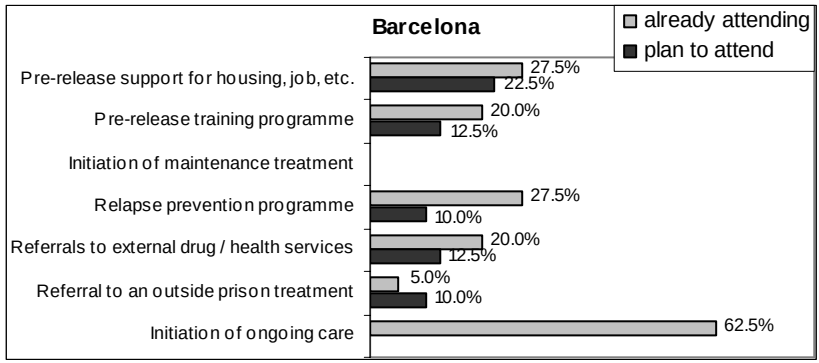
Table 5-23: Available release services in the ten European prisons

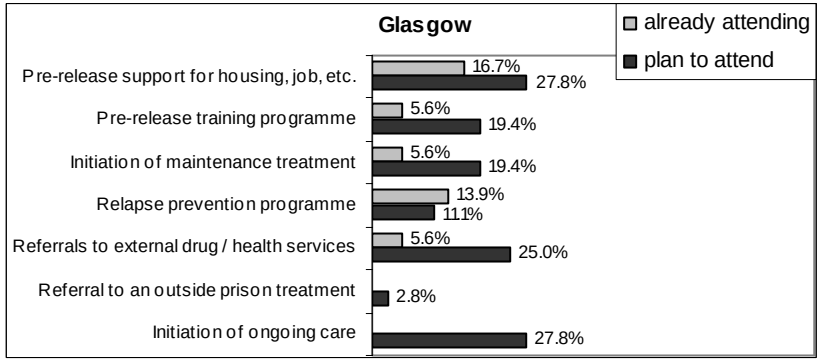
* The abbreviations listed below are for following prison names: LUB=Lubliniec, GRU=Grudziadz, KRZ=Krzywaniec, WAR=Warszawa

To explore the availability of different release services, the responders were asked which of the services they already attended and which they plan to attend in order to be prepared for prison release. A first analysis of the responses reveals that 52 responders stated that they neither attended any

release service nor plan to attend any service[2]. This corresponds to 28% of a total of 185 responders.

Of the remaining 133 women (72%), 89 (67%) had already attended at least one release service at the time of the interview; 90 women stated that they plan to make use of any (further) release service.





2 Of these 52 responders, 14 women came from Glasgow, 13 from Poland, 11 from Vienna, 11 from Barcelona and only 3 from Hamburg.

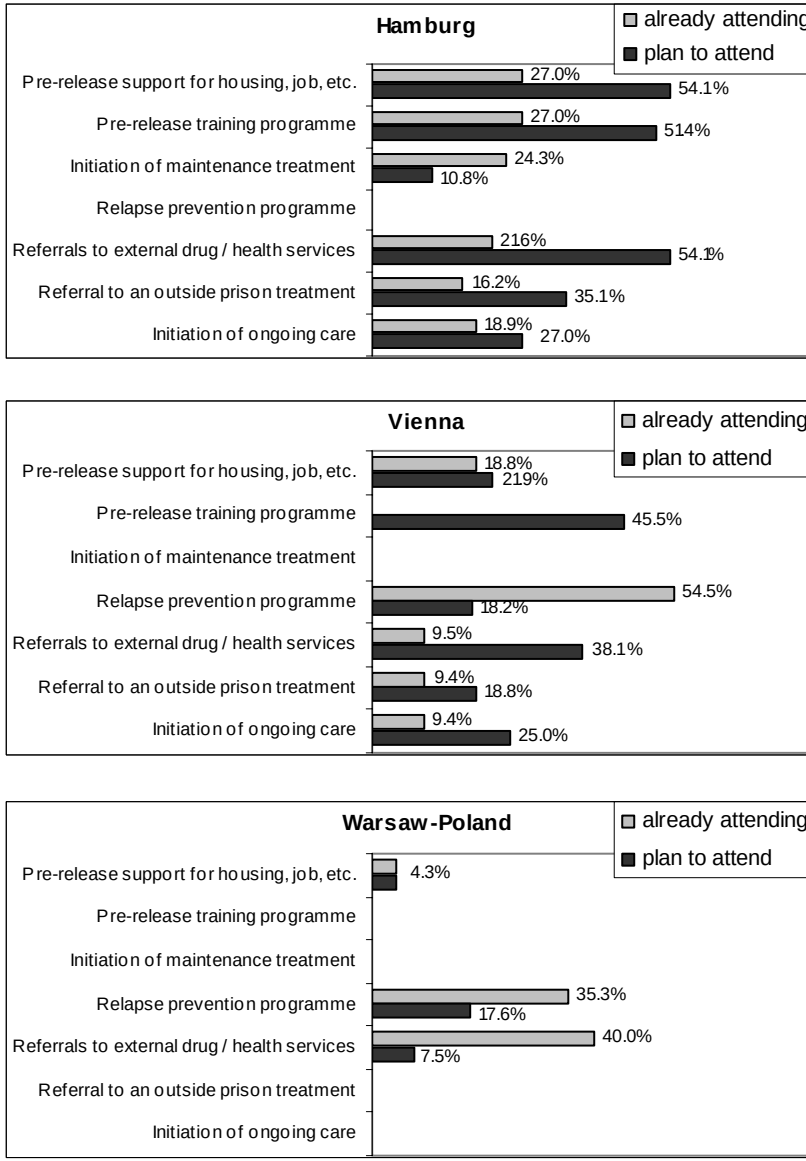


Figure 5-35: Utilisation of pre- and post-release services – (n=185) multiple nominations

Depending on the availability in the different prisons (cf. Table 5-23), the women could, in general, utilise a minimum of three and a maximum of seven different kinds of release services. Figure 5-35 above presents the utilisation or planned utilisation of the different available release services.
In Barcelona, 21 out of 40 female drug users already attended at least one release service. Thus, 28% of the women already attended pre-release support for housing etc. and 28% participated in a relapse prevention programme. The two prisons *Brians* and *Wad-Ras* also provide a pre-release training programme and referrals to external drug and health services, but these are only utilised by 20% of the responders. Only two women stated that a referral to community-based treatment is already in progress, and merely four women said that they plan to be referred to treatment outside prison. Of those eight women imprisoned in Wad-Ras who are offered ongoing care, five women (63%) already utilised this post-prison support.
In Glasgow, the situation is much different from Barcelona, as in general only few women already attended any release service. Out of 36 women, no more than six women already attended pre-release support for housing and five women a relapse prevention programme. In fact, most of the women only plan to make use of any available service. 28% of the women want to attend either pre-release support for housing and/or utilise support by ongoing care. About 25% want to be referred to an external drug or health service. Even though all specified seven release services are provided in the Glasgow prison *Cornton Vale,* it seems that only few of female drug using prisoners are really interested in utilising any of these services.
In Hamburg as well, the number of women already utilising any release service is lower than the number of women who plan to utilise at least one release service. But different to Glasgow, half of the 37 responders confirmed that they want to utilise any release offer. In detail, 27% of the women reported that they already utilise pre-release support for housing and 27% a pre-release training programme. In addition, a quarter of the responders said that a pre-release maintenance treatment has already been initiated. All other available services such as referrals to external drug agencies or to community-based treatment and ongoing care were only utilised by few of the women. On the other hand, slightly more than half of the responders stated to plan the utilisation of pre-release support for housing, referrals to externals drug and health services and a pre-release training programme. 35% of the women want to be referred to community-based treatment, and 27% wanted ongoing care to be initialised. In general, the

women from Hamburg show a great interest and motivation to get professional support in order to be prepared for prison release.
In Vienna, only 14 (19%) out of 32 female drug users already attended any release service, which in most cases consisted in pre-release support for housing, job etc. Only 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 (55%). Six women from *Favoriten* (46%) stated that they plan to attend a pre-release training programme, 8 out of 21 women from the prison *Schwarzau* (38%) stated that they want to be referred to external drug and health services. In both prisons, ongoing care is provided, which eight women plan to utilise (25%).
In Poland, five different services are available only in the prison *Warszawa*, the other three prisons provide no more than three different kinds of release services. None of the responders made use of all the available services. In fact, the Polish responders were mainly prepared for release by referring them to external drug and health services (40%). Merely one woman currently received pre-release support for housing etc., another woman planned to make use of this service. Of those 17 women, who had the opportunity to attend a relapse prevention programme, six already attended this pre-release intervention (35%). Apart from the mentioned pre- and post-release service, no further interventions are 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 prison release. Particularly in Glasgow, only few women already utilised 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. In fact it must be assumed that a great number of the female drug users will be released from prison without receiving any systematic preparation for the transition to the community. Consequently, it is necessary to reflect how to approach female drug users in order to prevent relapses and to promote their reintegration after prison release.

This need is also emphasised by the results on the women's satisfaction with their release preparation (see table 5-24). Those women who either already utilised any release service or who were close to being released but did not utilise any release service have been requested to assess their satisfaction with the preparation for release. The data show that in particular many of the

women from Glasgow, Hamburg and Vienna are rather or even very dissatisfied with their preparation for release. In Glasgow only four and in Vienna only five women stated that they were somewhat satisfied with the preparation for prison release they have received, while all other responders stated the opposite. Even though in Hamburg 12 out of 31 women assessed their preparation for release as satisfactory, the majority were dissatisfied. Only in Warsaw-Poland and Barcelona, a majority of the female drug users confirmed to be satisfied or even very satisfied with their preparation for release. This positive assessment is possibly due to their participation in a relapse prevention programme and the initiation of ongoing care.

	Barcelona	**Glasgow**	**Hamburg**	**Vienna**	**Warsaw-PL**
Sample (n)	32	17	31	17	40
Very pleased	3 (9.4%)		3 (9.7%)		7 (17.5%)
Rather pleased	14 (43.8%)	4 (23.5%)	9 (29.0%)	5 (29.4%)	20 (50.0%)
Rather displeased	8 (25.0%)	7 (41.2%)	8 (25.8%)	5 (29.4%)	10 (25.0%)
Very displeased	7 (21.9%)	6 (35.3%)	11 (35.5%)	7 (41.2%)	3 (7.5%)

Table 5-24: Satisfaction of the women with their preparation for release

However, the tendency towards negative statements makes it obvious that many of the female drug users feel unprepared for the transition into community. This is a good argument in favour of a more structured and systematic preparation for release and possibly an optimisation of the already available release services.

5.6.2 Future plans and support needs for rehabilitation

Preparation for prison release does not inevitably predict the risks of relapse after prison release. This means that women who attend a systematic preparation for release do not generally have a higher chance for reintegration than those who do not utilise any release services and who perceive themselves as unprepared for prison release. For this reason, the female drug users were asked in addition whether they currently have concrete plans with regard to their prison release. The existence of concrete plans has been evaluated on the basis of nine specified questions on issues such as secure housing and

financing situation after release and intention to continue or start a treatment programme.

The following results refer to the statements of 184 responders, as one woman from Vienna did not answer the question of concrete plans. All data presented in Table 5-25 refer to those female drug users who confirmed having concrete plans and therefore answered “yes”.

The data show that a vast majority of the women, in particular those from Vienna and Warsaw-Poland, already know where they will live after prison release. On the other hand, there are still many women, especially in Hamburg, who currently do not know where to stay when they are 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 the case for 65% and in Hamburg for 57%. In Glasgow, more than half of the women stated that they do not know how to finance their living with legal means after prison release. About three thirds of the women from Vienna and Barcelona stated that they will start on 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. In Glasgow, only one third of the women plan to start on 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 give 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 start for a reintegrated life compared to all other responders because most of them are already sure about the basics. In contrast many of the female drug users from Glasgow and Hamburg face less favourable living conditions after release. Even though most of them know where to live, there is still a great number who do not know how to finance their living legally and what they will be doing after prison release. Thus many of the female drug users from both study sites will possibly face severe difficulties not to relapse after prison release.

	Barcelona	Glasgow	Hamburg	Vienna	Warsaw-PL
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 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%)

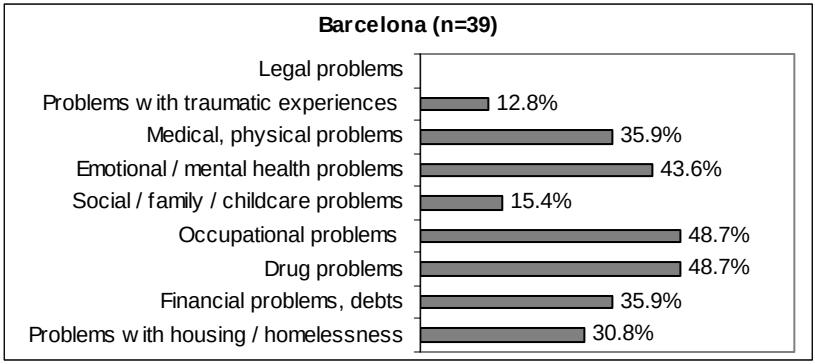
Table 5-25: Existence of concrete plans for the time after prison release – (n=184)

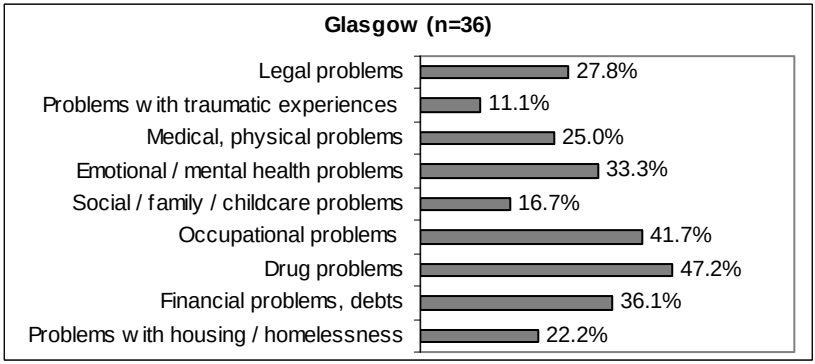
A vast majority of all responders stated that they will either contact their parents/relatives and/or contact their partner and children. Contacts to parents or partner are often closely related o the fact that the women plan to live at the parents' house or to stay with the partner. This is related to the fact that, with entering prison, the women often loose 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 still be in need of professional support, they were asked whether they have concrete plans to undergo any treatment after prison release. More than half of the women from Vienna and Hamburg stated that they want to start with a treatment programme immediately after release. In Poland, the same was confirmed by 45% of the women, in Glasgow and Barcelona by more than 30%. Of those women who participated in

drug or psychological treatment during their imprisonment, many confirmed that they would continue this treatment outside prison. About 80% of the women from Barcelona and Vienna confirmed that they would continue their drug or psychological treatment. In both cities, drug treatment often consists in maintenance treatment. In Warsaw-Poland, 68% of the women were going to continue 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 treatment programmes after prison release. Moreover, only about on third of the Glasgow women want to seek professional support after release while at all other sites most of the female drug users stated that they want to utilise professional support when leaving prison. This is the case for more than 70% in Hamburg, Barcelona and Warsaw-Poland. Obviously, many of the female drug users are not only aware of their need for further support or treatment but are willing to continue or start treatment programmes offering other kinds of professional support. A high motivation for utilising professional support and/or treatment is especially found among the women from Vienna and Barcelona and, to a lower extend, in Poland and Hamburg. Only in Glasgow, the majority of the women state that they are not in need of professional support after prison release.
To different extents, some responders 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 stated 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 probation officer, while in Barcelona, only few women seem to be released on parole combined with supervision.

With respect to their plans after prison release, the women have been asked in addition which kinds of problems they expected to face 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 figure 5-36 refer to 184 responders.


Barcelona (n=39)
Legal problems
Problems with traumatic experiences
12.8%
Medical, physical problems
35.9%
Emotional / mental health problems
43.6%
Social / family / childcare problems
15.4%
Occupational problems
48.7%
Drug problems
48.7%
Financial problems, debts
35.9%
Problems with housing / homelessness
30.8%


Glasgow (n=36)
Legal problems
27.8%
Problems with traumatic experiences
11.1%
Medical, physical problems
25.0%
Emotional / mental health problems
33.3%
Social / family / childcare problems
16.7%
Occupational problems
41.7%
Drug problems
47.2%
Financial problems, debts
36.1%
Problems with housing / homelessness
22.2%

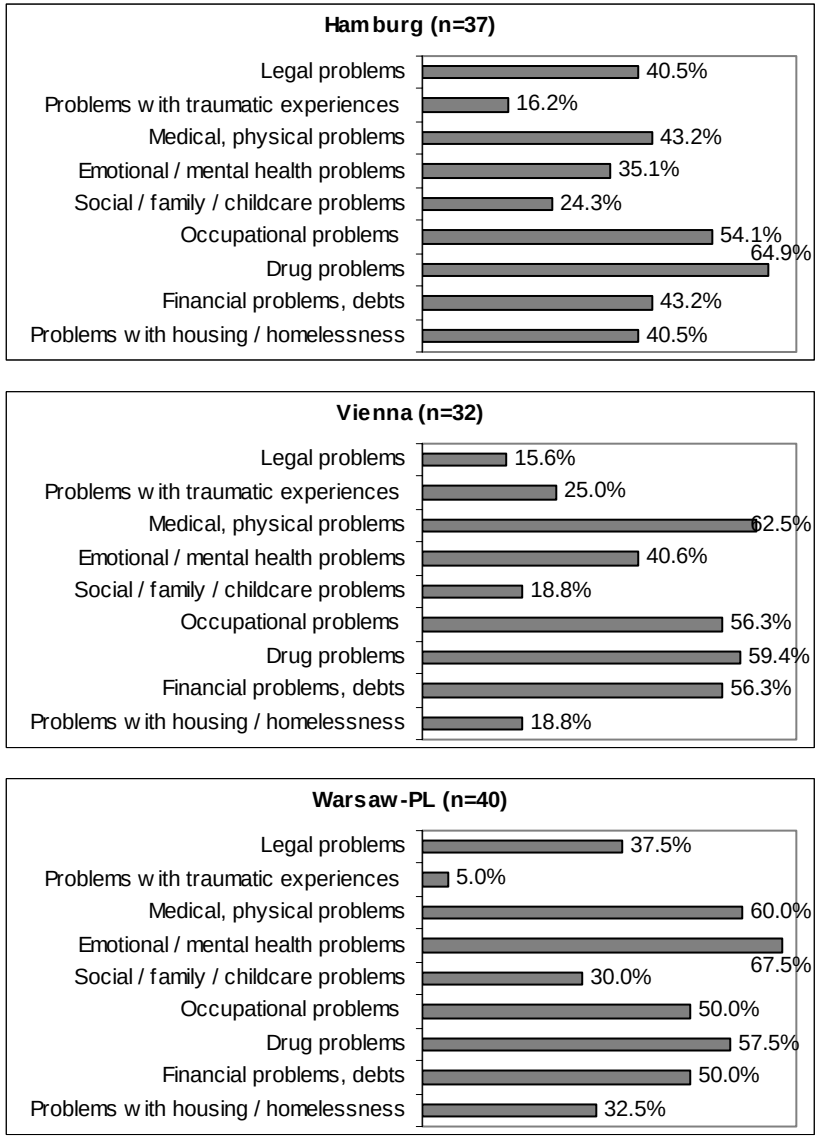


Figure 5-36: Support needs to deal with problems faced after prison release – multiple nominations

At all five study sites, most responders reported to perceive the need for support as concerns drug and occupational problems. Need of support to deal with drug problems that occur after prison release is significantly highest among the women from Hamburg (65%) and lowest among the women from Glasgow (47%) and Barcelona (48%). In Glasgow and Barcelona, the number of women reporting occupational problems, which require professional support, was nearly the same. Half of the responders from Poland reported to be in need for support concerning occupational problems, 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 of support in order to deal with emotional and mental health problems they will face after prison release. About one third stated to be 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 requiring professional support.

Apart from drug and occupational problems, about one third of the women in Glasgow expected to have emotional and mental health problems and/or financial problems. More than a quarter of the women expected to have legal problems requiring professional support. All other support needs play a less important role among the women from Glasgow.

In addition to the high support need for drug and occupational problems, more than 40% of the women in Hamburg reported 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 corresponded to the proportion of women who did not know where to live and how to finance their living after prison release. The results reveal the female drug users from Hamburg will suffer from severe strains and a lack of resources after prison release so that there is a multitude of support needs.

In Vienna, more than 60% of the women confirmed to be in need of support for physical problems and 56% thought to need support in dealing with financial problems. 41% stated support needs related to emotional and mental health problems. Different to all other responders, a quarter of the women in Vienna admitted that they are in need of 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 cannot handle on their own.

In Warsaw-Poland, a majority of 68% of the women stated to need support to deal with emotional and mental health problems and 60% due to physical problems. Half of the women confirmed that they would face financial problems requiring professional support after prison release. 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 of support to solve these problems. Similar to Hamburg, the Polish women show a high level of support needs in several problem areas.

In **conclusion,** the findings reveal that the female drug users often expected to face multiple problems after prison release. The highest burden is found among the women from Hamburg and Warsaw-Poland who stated several support needs. The women from Glasgow and Barcelona are less in need of support and have therefore a better start at prison release in terms of fewer strains and more resources, which are helpful for the rehabilitation.

5.6.3 The women's confidence to realise future plans

To conclude the study, we evaluated the female drug using prisoners' confidence to realise individual aims in life in the near future. Out of 12 specified objectives the women could chose those 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 table 5-26 refer to those women who confirmed to be "confident" to realise the specified aims in life.

Surprisingly, the data reveal that the majority of the responders are 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, settling 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 confirmed 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 their own skills to establish a normal and socially integrated life after prison release. Similarly in Vienna, where at least 60% of the women are confident to realise their future plans. A slight exception is the aim to avoid drug problems and drug use; here about half of the women are not confident or not sure to succeed in avoiding drug problems.

	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, who do not 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%)

Table 5-26: Self-reported confidence to realise future plans

Any doubts to realise own future plans are mostly related to the women's perception not to be able to avoid drug problems and drug use. This is especially the case in Hamburg, where 70% admitted not to be confident to prevent drug problems. The second topic of doubt is related to the objective to find a good job. In particular the women from Poland, but also 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 currently prevailing societal problem of unemployment, which will hit female drug using prisoners even harder than other persons due to their lack of professional skills and the discrimination against convicts.

The unexpected and at the same time unequivocal confidence of the women to be able to realise future plans raises some questions. For instance, the

extremely optimistic assessments of the female drug users from Barcelona as regards realisation of future plans may reflect cultural differences in their attitude towards life. On the other hand, it can be assumed that many of the women tend to overestimate their competence to change their life in all the areas they have stated. In consideration of the high need of support for the multiple problems the women expect to face after release, all findings on the confidence to achieve future aims in life have to be handle with care. However, these findings can hardly be verified without a follow-up of the women after prison release in order to investigate their concrete living conditions after returning into community.

5.6.4 Summary

The results concerning the preparation for prison release and the women's needs of professional support after release are summarised as follows:

- Only for a minority of the responders, a treatment plan has been established in order to assess their needs for support and to initiate required referrals to drug and treatment services in prison and after prison release. Transitional care plans as part of the preparation for prison release were even scarcer. Merely in the Barcelona prisons, treatment and/or transitional care plans for women prisoners seem to be usual practice.
- At the time of the interview, only little more than half of responders attended any release service. In Glasgow, no more than six women participated in any preparation for release. The low number of responders who received professional support to prepare them for prison release indicates that many of the female drug users will leave prison without any systematic preparation for their transition to community.
- A great many of the women from Glasgow, Hamburg and Vienna are somewhat or very dissatisfied with their preparation for release. Only in Warsaw-Poland and Barcelona, a majority of the female drug users stated to be satisfied or even very satisfied 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 majority of the women from Barcelona and Vienna had already concrete plans for the time after prison release. They know where to live, how to finance their living and they intend either to start or to continue with drug and/or psychological treatment. This is similar for the women from Hamburg and Poland, although fewer women had concrete plans for the near future. The women in Glasgow mostly know where to live but less

often know how to finance their living. Only a minority of them plan to utilise any kind of treatment or support. A vast majority of all responders 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 stay 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 and confirmed to be in need of professional support in order to deal with these problems. At all five study sites, the women stated to be in need of support for drug problems and occupational problems. Many women mentioned to be in need of support for financial and legal problems. In Vienna and Warsaw-Poland, a great many of the women is as well in need of support for physical and/or mental health problems.
- The highest need for professional support due to multiple problems is found among the women from Hamburg and Warsaw-Poland. The women from Glasgow and Barcelona are less in need of support and have therefore a better start upon prison release in terms of greater resources to establish a socially integrated life when returning into community.

6 Recommendations

A. General[1]

- 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.
- 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 make 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.

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1 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 (12-14th March 1998)

- 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:

- A wide range of drug services should be available to prisoners, based on local and individual need.
- Health services for prisoners should be equivalent to those provided outside prisons.
- There should be continuity of treatment for prisoners entering and leaving prison, involving cooperation between prisons and external agencies.
- There should be training for prison staff and prisoners on drugs and related health problems.
- 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 imprisoned women are not mentioned specifically. This is due to the fact that fewer 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. There is no consideration of the fact that the complexity and severity of the problems of drug using female prisoners is far greater than those of male prisoners. Studies indicate that 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 comorbidity of other diseases and additional 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 as a minimum requirement of care for women[2].
- These services should be comprehensive to meet multiple needs.
- There should be a continuum of care from prison back to the community.
- Clear measurable goals should be set up.

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2 See also Jan Palmer: "The need to treat women separately in substitution treatment" in: Stöver, Hennebel et al. 2004, p.433ff

- 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, following recommendations can be presented:

- Health care in prison should reflect gender specific health care needs. According to manifold stresses and strains of female drug addicted prisoners, health care in prison should be comprehensively directed to women's specific needs.
- As women's prisons are often smaller units or simply attached to male institutions and as women often serve very short sentences, health care services are often undeveloped and/or do not meet specific needs of female prisoners. Health care services available and accessible for women in the community should be offered to women in custody in the same way. Links to community services should be established in order to guarantee a smooth transition.
- Thorough screening and assessment at entering prison should be adapted to 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; therefore, specific attention should be equally given to mental health programmes.
- The growing need for support services among female offenders should lead to a major increase 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, skill building programmes should receive particular attention. This includes a wide variety of services, which enable women 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) in 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 criminal activities and drug abuse in the phase immediately after release.

C. Specific recommendations

General approaches

Women often suffer from more problems in term of social functioning than men. In order to achieve 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 transitional or permanent housing. Furthermore, work and qualification programmes should be started within the prison and continued 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 opportunity 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[3]. For instance, as many women prefer access to female physicians, 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 derive from a life on the drug scene.

Maintenance programmes (either continued from the community or initiated in prison) for opioid dependent prisoners are considered to be successful interventions 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,

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3 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.

and a reduction of the post-release mortality. These results are best achieved by a considerably high dosage and prescription during the whole sentence. Complementary and/or alternative therapies like auricular acupuncture to ease pain and better cope with drug craving 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. They can best be offered through 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:

General principles[4]:

- Each disorder should be treated as equally important and be treated simultaneously rather than one after the other.
- Problems causing the greatest functional disturbance should be addressed first.
- Extensive baseline assessment is required.
- Flexibility in sequence, focus and intensity of treatment should be ensured.

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.

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4 Based on the recommendations in Peters, R. H., A. L. Strozier, et al. (1997). "Treatment of Substance-Abusing Jail Inmates: Examination of Gender Differences." Journal of Substance Abuse Treatment **14**(4): 339-349.

Joining of community-based support services:

- Develop a community support network
- Promote strategies to develop peer-support groups within the community
- Most inmates return to high-risk drug neighbourhoods, which are hostile to 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 handle smaller caseloads recognising their extensive monitoring, support and supervision and the high risk for relapse

Women-specific substance abuse treatment programmes in prison

Drug dependency is a major threat to the health of many female prisoners. Prison based services should include the same range and quality of drug services offered in the community.

This includes:

a) Prevention education[5]*:*

- 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 availability and variety of support services – including both group and individual counselling
- Services must meet needs

5 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.

- 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-orientated interventions:
- Prison based therapeutic communities (TC) with referral to post-release treatment in TCs
- Case management, individual counselling, addressing the specific after-care needs for transition to the community.

Maintenance treatment:
- Expansion of treatment slots for women
- Using the whole range of substitution medications available in the community (methadone, buprenorphine, codeine, ret. morphine)
- Maintenance treatment, which includes 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 of 1993[6], the provision of clean syringes should be considered in those countries where they are available in the community. Projects should act towards the introduction of needle exchange programmes and access to sterile syringes in prison.

D. Parenting

Women are, more often than men, the primary carers of children. This has implications for health and social care needs of both the women and their children.[7] Drug use periods often lead to children being placed separately in institutions. Basic parenting programmes have to be developed in order to teach childcare or discuss parenting issues when needed.

6 WHO: HIV/AIDS in prisons, Geneva 1993
7 See also WHO and Council of Europe (2001). Prison, Drugs and Society. Bern**:** 26.

Transition, release, aftercare:

Many studies have shown that the success achieved during prison-based drug treatment programmes can only be sustained if it is followed by treatment offers in the community. This inevitably requires close cooperation and transferral from and to community-based services.
Community-based drug and other social services should be integrated at an early stage of prison-based programmes (TCs, methadone clinics, housing projects etc.).
During the first six months after release, drug users have an extremely high risk of relapse and overdose. Service providers should focus on substance use behaviours immediately after release. Coping skills should be directed to develop skills to resist the temptation of using drugs and to identify high-risk situations. Harm reduction measures should be applied to avoid risks of acquiring infectious diseases in the community.

Institution specific recommendations

Institutions for female prisoners have to be aware of women specific treatment needs. This requires structural requirements like cross gender staffing, female physicians and nurses, probably childcare etc. The awareness has to be achieved in vocational training for prison staff in close cooperation with community based gender sensitive programmes.
The development of guidelines and detailed protocols seem to be important strategies to raise the awareness of prison staff for women specific issues and to set up gender specific approaches. Evaluation should be carried out in order to prove the 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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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

Adminstration 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

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

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 Justitiei – Directia Generala 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

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_Infopage_general.asp?id=2313

Switzerland

Bundesamt für Justiz, Federal Office of Justice

http://www.ofj.admin.ch

Turkey

T.C. Adalet Bakanligi, Turkish Ministry of Justice – General Directorate of Prisons and Detention Houses

http://www.adalet.gov.tr/cte/index.htm

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