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

**EXCECUTIVE SUMMARY**

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# EXECUTIVE SUMMARY

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

The participating study centres were

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

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

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

## **I. Literature review**

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

prevalence is about 0 to 2% with considerable exceptions for instance in the UK, where the HIV prevalence is up to 23%.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

#### b) Delinquency and prior imprisonment

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

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

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

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

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

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

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

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

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

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

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

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