

Medical Problems Deriving from Drug Addiction in Prison Environment

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Introduction

Given the extremely diverse nature of the possible situations that penitentiary medicine may be in as it is performed, it is difficult to treat the proposed topic of this report comprehensively. It is also difficult to generalize about the subject, since all cases and all patients represent sui generis situations, requiring a tailor-made diagnostic and therapeutic approach that is difficult to fit into defined patterns. All too easily, medical, social science, and psychological circles, and more generally those in charge of running our institutions, tend to evaluate the problems and propose solutions through investigations, statistical studies, or the hurried deductions made there from, without gaining in-depth knowledge of the actual reality of the individual cases, in all their variety and complexity.

Drug addiction-related prison medicine problems require a pragmatic approach tailored to each patient, and not strategies set by general programmes that are often difficult to apply.

In the short amount of time I have, I will try to outline the main problems related to this issue, and to express the thoughts of physicians who are daily called upon to respond to calls for help from many people who at the moment of their greatest desperation see the physician as the only figure that can lend assistance.

These physicians who so often come up against the dramatic realities are in turn required to urgently deal with serious problems with little support available to them. Each patient's problem is his or her own, and that's that. And it is this problem, and not that of society as a whole, that is to be resolved in a general context.

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Table 1:

Primary medical problems	Physical abstinence Hygiene Depression Psychosis
Secondary medical problems	Wasting away Organic disease Infectious disease Psychological abstinence Psychological addiction
Psycho-social problems	Emotional relationships Family relationships Work Economic problems Integration into society
Medical/psychiatric problems	Behavioural disorders Psychosis Character disorders Manic-depressive disorders

The Prison Facility

The type of sentence, its length, the prison facility, and the features of the prison population are all factors with preponderant influence over the drug addiction problem, the possibilities for controlling it, and the therapeutic approach taken.

We must consider the great diversity of these facilities, each with its own problems in managing drug addicted inmates.

- Police holding cells (brief arrests, first impact),
- Judicial holding facilities (incarceration for a relatively limited period of time),
- Prisons for serving medium-long term sentences,
- Penitentiaries,
- Halfway houses and similar semi-prison facilities,
- Institutions for applying alternative measures.

Features of Drug Addiction-Related Medical Problems in Prisons

An outline of this kind (table 1) may represent the variety of drug addiction-related problems in prisons. These problems have their own characteristics, but are all intimately related to one another, and it is often difficult to sort them out and to implement tools and decisions suitable for solving them.

As may easily be imagined, this requires a strong collaboration between all operators, and an interdisciplinary approach that is not always easy to effect.

Prison Facility-Based Evaluation

In consideration of this breakdown into primary and secondary medical problems, psycho-social problems, and problems more closely connected to psychiatric medicine, it appeared to me important to place these problems in the context of the various kinds of prison facilities that we have examined, and to take into account above all the difficulties involved and the commitment required to handle these difficulties properly. Table 2 is perhaps a somewhat simplified outline, derived more from our penitentiary medicine experience than from statistical surveys and sociological studies, that presents the impact that the aforementioned problems may have for the various types of prison facility that we have examined.

We may deduce that, by order of importance, the psycho-social and purely psychiatric problems prevail over the purely medical problems. Due consideration should be made of this in setting priorities for combating the consequences of drug addiction.

A mere glance at these figures clearly shows that to handle the problems created by the presence of drug addiction in a prison environment, particular effort must be made with regard to the psycho-social elements, and I would like to stress the importance of the problems in the area of emotions, family relationships, the development of ideals and of a reason for existing, and improving integration into society.

Facing deviation and addictions solely from the point of view of the physician's tools may perhaps be more simple at times, but it is reductive, and may often be considered a kind of alibi.

Table 2: Frequency and manageability of problems^a

Type of facility	Primary medical	Secondary medical	Psycho-social	Medical-psychiatric
Police holding cells	XXX	XXX	XXXX	XXXX
Judicial holding facilities	XXX	XX	XXXX	XX
Prisons for serving medium-long term sentences	XX	XX	XX	XX
Penitentiaries	X	X	XXXX	XXX
Halfway houses and similar semi-prison facilities	X	X	XXX	X
Institutions for applying alternative measures	X	XX	XXX	XXX
Total	11	11	20	15

- a. XXXX: Frequent and hard to manage
 XXX: Moderately frequent and hard to manage
 XX: Moderately frequent and manageable
 X: Infrequent and manageable

The Presence of Drug Addiction Among the Prison Population

At this point, it would appear worthwhile to relate the problems that have been referred to, their importance, and their impact on prison institutions and on the actual situation, that is, the actual presence of drug addicts in our penal institutions.

There is often the tendency, in overviewing the situation, to simplify and draw conclusions from data culled from the number of places per institution and the average frequency of drug addicts. In my view, we need a more careful approach, deriving considerations mainly from data based on the number of days of incarceration, type of crime committed, and actual therapeutic needs. Table 3 is a highly simplified attempt in this direction.

In the absence of complete data as to the number of days of incarceration in Swiss penal institutions with reference to the types of facility

Table 3: Data refer to the movement of Penitenziario Cantonale Ticinese La Stampa (Switzerland), 1990-1996

Year	Total days ^a	Narcotics use and possession		Drug addicts ^b		Substitution treatment ^c	
		days	%	days	%	days	%
1990	73,082	1,863	2.5	11,581	15.8		
1991	66,791	2,746	4.0	10,987	16.0		
1992	68,671	3,363	4.9	10,903	15.9	3,363	30.8
1993	68,901	5,875	8.5	10,949	15.9	4,940	45.0
1994	62,013	3,573	5.7	9,912	16.0	4,956	50.0
1995	61,642	3,671	5.9	9,818	15.9	5,976	50.8
1996	59,846	1,335	2.2	9,589	16.0	8,376	87.3
Total	462,915	22,426	4.8	73,739	15.9		

a. of incarceration

b. at the time of incarceration

c. with methadone or other

we considered, and especially as we are without data as to the actual amount of drug addiction among the prison population as a whole, I considered the data for Switzerland's Penitenziario Cantonale Ticinese *La Stampa* in Lugano, as they are rather representative since they deal with a penitentiary that we may consider mixed, with pre-trial detention, sentence serving, and semi-incarceration conditions.

Clearly, data are lacking as to holding facilities which, as seen, also present special problems.

Although these data are only indicative, some considerations may be made: Incarceration for narcotics use and possession is considerably less than the total number of incarceration days of drug addicts who are still addicted at the time of arrest. This means that the drug addict is incarcerated not so much for using and possessing drugs, but mainly for other crimes: crimes against property, violence, etc. – crimes that although certainly linked to the need to obtain drugs, have other features as well.

In recent years, drug addicts have accounted for around 15-20 percent of prison population. These patients need more and more



Damiano Castelli and Alessandro Caponi (left)

substitution treatment, and this is mainly for reasons not related to the incarceration itself. The drug addicted inmate usually is in on a short sentence, and is quite often already in substitution therapy before the arrest, thereby making it difficult for the prison doctor to discontinue substitution during incarceration.

The drug addicted inmate brings with him, for his generally brief stay in prison, his experiences, his emotional, family, and social situation, and the attempts that have been made to get him off drugs. The physician and other healthcare workers in the prison must take these elements into account to establish a possible therapeutic intervention which, however, will be conditioned by the very state of incarceration and its generally brief duration.