

**UNAD** LA RED DE ATENCIÓN  
A LAS ADICCIONES

# SITUATION OF PERSONS WITH ADDICTIONS IN SPANISH PRISONS

## A VISION WITH A GENDER PERSPECTIVE.

In collaboration with:

eman ta zabal zazu



Universidad  
del País Vasco

Euskal Herriko  
Unibertsitatea

Funded by:



GOBIERNO  
DE ESPAÑA

MINISTERIO  
DE DERECHOS SOCIALES  
Y AGENDA 2030



APOYO AL TERCER SECTOR DE ACCIÓN SOCIAL  
CON CARGO AL 0,7 DEL IMPUESTO DE SOCIEDADES





LA RED DE ATENCIÓN  
A LAS ADICCIONES

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**UNAD STUDIES AND RESEARCHES**

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**SITUATION OF PERSONS WITH ADDICTIONS IN SPANISH PRISONS.  
A VISION WITH A GENDER PERSPECTIVE.**

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# FOREWORD

UNAD is an organisation that has been condemning gender inequalities in Spain for years. Logically, our denunciation is centred on the addiction care basis because this is our operative field of action, but from there, we are able to transform logics that until recently nobody questioned.

It is well known that one of the main commitments of UNAD, the Addiction Care Network, is to accompany; to be at people's side. This task is conducted with special diligence in the Spanish prison environment, and for this reason, UNAD is aware of the real situation of people with addiction problems in prison. Once again, we must remember that prison sentences should be guided towards the re-education and social reintegration of the person, but unfortunately this basic principle is not always observed. This is often due to a lack of personal resources, given the minimal presence of treatment professionals in Spanish prisons, but, above all, it is mainly because prison is not the right context to tackle the problem of addictions, nor is it the right context to offer adequate care to people with mental health problems, nor to address the serious situations of social exclusion from where they depart. But this situation is far more complicated, even fatal, if the female condition is brought to the formula.

Since our labour started, early in the 1990s, UNAD and its entities have been close to the Spanish prisons as the vast majority of those deprived of their liberty were in this situation because of their addiction. Diagnosing and studying the situation of people with addictions in prison is of utmost importance for UNAD, and a tool to ensure better interventions, as well as to put forward proposals for improvement adapted to reality. For this reason, one of our central activities in this field has always been and continues to be carrying out researches that brings us closer to those who remain in prison and also present this substance-related socio-health problem.

This is why this paper was originated, a key research since at UNAD we understand that it is essential to provide rigorous information, complementary but non-governmental and therefore impartial, with a gender perspective to shed light and make the situation of female prisoners with addiction problems more visible.

In 2008 we published an important report on the same subject that is available free of charge on our website. Nevertheless, this an improved update which also includes: addictions without substance, a gender perspective approach from beginning to end, mental health and disability indicators, an extended geographical scope, and the analysis of what happened in prisons due to the pandemic situation caused by the COVID-19.

Nowadays, the addiction care field is jointly working to bring machismo to the fore, work towards equality, and evidence some discriminations suffered by women in all spheres of public life and, consequently, in Spanish prisons.

At UNAD, we are committed to applying the gender perspective to all our projects, programmes, actions, and activities because drug policies cannot be made for just for people while ignoring women, their real needs and especially supporting those immense silences that hover over them and prevent us from correcting inequality.

To achieve these objectives, this text has examined the profiles of the prison population with addictions and has attempted to establish a portrait that takes into account the circumstances and social context of both men and women. It was essential to take into account many of the variables that intersect human life, such as the socioeconomic situation, place of origin, sexual orientation, state of physical and mental health, ability or disability and, of course, the relationship with their family environment. From this perspective, the research has been able to focus and provide really useful information on issues that were previously unobserved.

Undoubtedly, this an innovative study which, in our opinion, takes the right direction and approaches issues that will arouse public interest in a wide range of audiences. But, above all, this report's main intention is to provoke social change. Changes, such as the one we have been calling for, so that alternatives to prison are considered and the dignity of people deprived of their liberty is prioritised. Changes that offer a therapeutic response to those who need support in this regard, who by the way are a great majority. Changes that admit an obvious reality: prison is not the place or the answer for people with addiction problems. And hopefully this work will bring about profound changes that will reduce gender inequalities in the Spanish prison environment.

We trust that the public authorities will pay attention to the data collected, as well as to our conclusions and proposals for improvement, without failing to recognise the many efforts that the Central and Catalan Prison Administrations have been making to improve the care of the people in their custody on a daily basis and to facilitate studies like this one, with all the guidance, assistance and management provided. Our deepest thanks to them on behalf of the UNAD Network.

Finally, we would like to publicly thank the different public administrations whose support made this report possible: the Secretary of State for Social Rights of the Ministry of Social Rights and Agenda 2030 for funding the research and the Government Delegation for the National Drugs Plan for trusting in our work.

**Luciano Poyato Roca**  
Presidency of UNAD

**Carmen Martínez Perza**  
Vice presidency of UNAD

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# INTRODUCTION

This research work has been carried out by the Addiction Care Network (UNAD) with the collaboration of the University of the Basque Country (UPV-EHU). It aims to explain the reality of addictions among people deprived of liberty in Spain and its relationship with socioeconomic, family, work, health, violence and consumption trajectories, all from a gender perspective and considering the extraordinary situation of the social and health crisis produced by the COVID-19.

This research is based on the previous study published by UNAD in 2008, under the title *Drogodependencias y Prisión: Estudio sobre la situación de las personas con problemas de drogas en prisión* (Drug addiction and Prison: Study on the situation of persons with drug problems in prison), which provided information on the drug addiction profiles and problems of prisoners in Spain with the idea of detecting possible areas for improvement. Given that more than a decade and a half has passed by since then, UNAD have considered carrying out a new investigation to update and contrast the data collected at that time, while introducing important innovations, both in scope and focus, to respond to the new challenges in the field. Namely:

1. Introduction of a **gender perspective**, taking into account the situation of women and the patterns of gender inequality that operate for men and women in the processes of incarceration and addictions.
2. **Update on the situation of persons with drug addictions in prison.**
3. Extension of the scope to other **addictions**, including not only substance use but addictions without substance and especially pathological gambling.
4. Inclusion of indicators on **general health, mental health and disability.**
5. Expansion of the **geographical scope** of the research, not only taking into account the prisons managed by the General Secretariat of Penitentiary Institutions of the Ministry of the Interior of the Spanish Government and by Penitentiary Service of the Generalitat of Catalunya.
6. Measuring the **impact of COVID-19** on the health situation of imprisoned persons with addictions.

Given that addiction behaviour forms part of a broader reality that goes beyond the individual person and is located within a complex system, it is essential knowing the structure that encompasses the family, care, work, economic and relationship environments, as well as health and psychological aspects.

The innovative element of the research is the gender perspective present throughout the study by disaggregating data between men and women and introducing variables that account for unequal realities among men and women, as is the case of caring responsibilities, motherhood and fatherhood or the suffering of violence. This has allowed the analysis of the specificities of men on the one hand and women on the other and, in turn, the differences in the relationship between addictions and the environment of the person with addiction problems in order to gain a more specific knowledge of the difference and the reality of women.

Likewise, contemplating situations of violence throughout their lifetime, gave us clues to relate drug dependence and situations of psychological, physical or sexual violence present in their lives. In this way, we have now broadened the biopsychosocial focus of this study, which is centred on persons with drug addiction problems in prison.

Finally, several variables on the impact of the social and health crisis by the COVID-19 have been introduced, to get a closer perspective of the reality of the prisons and know the changes and consequences that have arisen from it, being aware that the pandemic and its consequences have affected in some way all social spheres.

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# OBJECTIVES OF THE RESEARCH

## **General objective:**

Update information on the situation of people with substance addictions and addiction without substance in the Spanish Prison System.

## **Specific objectives:**

1. Measure the extent of drug dependence and other addictions in Spanish State prisons.
2. Learn about the profiles of the prison population with addictions in terms of their socio-demographic characteristics, family situation and family of origin, socio-occupational and prison history, pattern of drug use, addiction treatment and state of health, including mental health and disability.
3. Analyse the differences between the gender profiles of the prison population with addictions.
4. Find out how the social and health emergency of the coronavirus has influenced their situation.



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# METHODOLOGY OF THE RESEARCH

The Addiction Care Network (UNAD), in collaboration with the University of the Basque Country (UPV-EHU), carried out this research study to find out the different aspects of addictions and how they are related to socioeconomic, family and work trajectories, health, etc. of people deprived of liberty in Spain, who present or have presented habitual drug use and/or some kind of addiction without substance, fundamentally pathological gambling.

The study was conducted in 2021 in 18 penitentiary centres managed by the General Secretariat of Penitentiary Institutions, of the Ministry of the Interior, and by the Penitentiary Service of the Generalitat de Catalunya, including four Halfway Houses (see table 1). The sample covers a total of 1,086 prison population, 839 men and 247 women, in different penal and penitentiary situations, being a statistically representative sample on three levels. First, regarding the whole Spanish prison population (85% confidence level, +/-5% margin of error). Second, regarding the female prison population (85% confidence level, 5% margin of error). And third, regarding the prison population under the Catalan Prison Administration (85% confidence level, 5% margin of error).

The proportion of women in the sample is greater than in the general prison population sample. Their presence has been over dimensioned in order to obtain a statistically representative sample that would allow extrapolating the results to the general population of women with addictions in Spanish prisons. In addition, the proportionality of surveys per prison has been maintained according to the population of each prison. This results in a random sample stratified into men and women and by clusters.

The research follows a quantitative methodology through the survey technique, which allows us to collect information from a larger sample, obtain

concise answers and generate specific data. However, the survey also includes open questions giving the opportunity to collect the opinions and expressions of the respondents and, in this way, to deepen the knowledge of their experiences with a greater qualitative analysis.

UNAD was responsible for contacting Prison Institutions to obtain the relevant permits, as well as for organising the fieldwork and arranging the appointments at the centres.

The study sample includes people deprived of liberty in Spain (General Secretariat of Penitentiary Institutions of the Ministry of the Interior and Penitentiary Services of the Generalitat de Catalunya), in different degrees of classification - both pre-trial prisoners and first, second and third degree of imprisonment, according to the Spanish Penitentiary System, that will correspond to maximum, medium and low level security prisoners in English penitentiary models - who claim to be or have been drug users at some point of their lives. Besides, addictions without substance, especially pathological gambling, are also considered. The inmate participation in this study was completely voluntary and their random selection was carried out by the above mentioned prison administrations. The randomly selected persons were informed that the aim was to survey only those who had been habitually using or addicted to any substance or pathological gambling. Depending on their criteria, they chose whether to take the survey.

Participation in this study took into account the legal requirements of personal data protection, as well as the ethical requirements of confidentiality, voluntariness and anonymity. It has been guaranteed that participants used their own free will, receiving the necessary information on the objectives and circumstances of the research.



At no time have the entities involved in the study known the affiliation of the participants, so that, if at the time of the survey the person has provided some identifying data, they will never be related to them. The data have been processed jointly with the rest of the sample studied and this information has been made known to the person surveyed through the informed consent form and has also been explained orally.

The surveys have been tabulated and exploited by the University of the Basque Country (UPV-EHU), which is responsible for the descriptive and analytical work of both qualitative and quantitative information. A specific analysis has been carried out, where the data take on an explanatory form and meaning, from a sociological, scientific and gender perspective.

Below, we present the penitentiary centres participating in the sample and the number of people in each centre that make it up:

**TABLE 1**

**Population surveyed by prison and by Autonomous Community.**

| <b>CCAA</b>                | <b>Penitentiary Centre</b>                            | <b>Total population surveyed</b> | <b>Men</b> | <b>Women</b> |
|----------------------------|---|----------------------------------|------------|--------------|
| Andalucía                  | Sevilla II  | 66                               | 66         | 0            |
| Andalucía                  | CIS Luis Jiménez de Asúa (Sevilla)                    | 27                               | 24         | 3            |
| Andalucía                  | Huelva  | 111                              | 69         | 42           |
| Castilla La Mancha         | Ocaña I (Toledo)                                      | 20                               | 20         | 0            |
| Castilla y León            | Topas (Salamanca)                                     | 47                               | 33         | 14           |
| Galicia                    | A Lama (Pontevedra)                                   | 106                              | 79         | 27           |
| Comunidad de Madrid        | Madrid IV (Navalcarnero)                              | 69                               | 69         | 0            |
| Comunidad de Madrid        | Madrid VII (Estremera)                                | 103                              | 74         | 29           |
| Comunidad de Madrid        | Halfway House Victoria Kent (Madrid)                  | 15                               | 13         | 2            |
| Comunidad de Madrid        | Halfway House Navalcarnero                            | 35                               | 28         | 7            |
| Comunidad de Madrid        | Halfway House Alcalá                                  | 5                                | 0          | 5            |
| Comunidad Foral de Navarra | Pamplona  | 32                               | 20         | 12           |
| Comunitat Valencia         | Antoni Asunción Hernández (Picassent)                 | 187                              | 111        | 76           |
| Comunitat Valencia         | Alicante I  | 55                               | 41         | 14           |
| Cataluña                   | Brians I (Barcelona)                                  | 106                              | 99         | 7            |
| Cataluña                   | WAD RAS Dones (Barcelona)                             | 7                                | 0          | 7            |
| Cataluña                   | WAD RAS Centre Penitenciari Obert Hombres (Barcelona) | 13                               | 13         | 0            |
| Cataluña                   | Puig de les Basses (Figueres, Girona)                 | 82                               | 80         | 2            |
| <b>TOTAL</b>               |   | <b>1086</b>                      | <b>839</b> | <b>247</b>   |



## DIFFERENTIAL VALUE OF THE RESEARCH

Situation of Persons with Addictions  
in Spanish Prisons.

A Vision with a Gender Perspective.

The Spanish Observatory on Drugs and Addictions carries out the Spanish survey on health and drug use among prisoners (ESDIP, by its initials in Spanish) every five years. In this regard, it is important to highlight the differences between both reports, which are complementary approaches to the reality of addictions in prison.

In general terms, it is worth underlining the high level of depth that ESDIP carries out in terms of drug use, differentiating between the last twelve months in freedom, the last 30 days in freedom and the last 30 days in prison. All of this refers to consumption, frequency and route of administration. Similarly, ESDIP goes into detail on risk practices and health issues such as infectious diseases, something to which the UNAD 2021 survey devotes quick attention.

On the contrary, the most defining feature of UNAD 2021 is that it **aims to contrast drug use with the social contexts and backgrounds of users**. To this end, the UNAD 2021 survey aims to provide detailed information on the social, employment, family, and housing backgrounds of the prison population with addictions and compare them the prison population without addictions. Variables that may provide relevant information, such as ethnicity-racialisation, are also included. Here lies one of the elements that differentiate it from ESDIP.

Another issue that differentiates both survey studies is the inclusion of **addictions without substance** by UNAD in its 2021 report. The UNAD network has been working on this phenomenon for the last few years and is particularly interested in knowing its incidence and characteristics in prison.

Both reports are based on a **gender perspective** in their approach to the drug-using prison population. Although, UNAD 2021 shows the most important variables disaggregated between men and women beyond the different patterns of addiction, i.e. socio-demographic, employment, housing and family characteristics, which are of great interest to the Network in order to establish differences in profiles and trajectories. In addition, some specific indicators are included for gender-based violence, intimate partner relationships or caring responsibilities, also taken into account by ESDIP 2016 but with certain differences. For example, UNAD 2021 goes deeper into violence in general and gender-based violence in particular and includes the care dimension while asks women whether they have filed a complaint for gender-based violence and if, as victims, they received protection measures.

A space in both surveys is devoted to the **health situation** of the prison population, with a similar approach but differing questions. Thus, the UNAD 2021 survey analyses not only issues related to diseases that may be associated with drug use and their treatment but other relevant aspects linked to mental health and intellectual disability that are of special interest to the same.

Both surveys are also dedicated to **legal-criminal and penitentiary data**, being the way how UNAD 2021 delves into legal assistance and alternatives to serving prison sentences the most outstanding difference between them.

It is yet unknown whether ESDIP 2021 considers including information on the **impact of COVID-19** on the health situation of the prison population with addictions. UNAD 2021 does take into account the situation in which the sample has found itself during confinement and de-escalation, whether this has affected their prison situation and whether it has had an impact on their addiction and state of health.



# ANALYSIS OF THE RESEARCH RESULTS



This chapter analyses the responses of the 1,086 persons deprived of liberty surveyed, of whom 839 are male (77.26%) and 247 are female (22.74%). Of these male respondents, 836 identify themselves as male, 2 as non-binary and 1 DK/NA. Of these female respondents, 244 identify as female, 2 as non-binary and 1 has gender dysphoria<sup>1</sup>.

ANext, data on the personal, family, economic-occupational, care, housing, drug use and other addictions, health, impact of COVID-19 and legal-criminal and penitentiary situation of the surveyed population will be processed. This information will be described with respect to the general population, the prison population with addictions in Spain, including Catalonia, and will be disaggregated between men and women. In addition, a results section will be added for the specific case of Catalonia.

1. Dysphoria - gender dysphoria is the sense of unease that a person may have because of a mismatch between their biological sex and their gender identity.

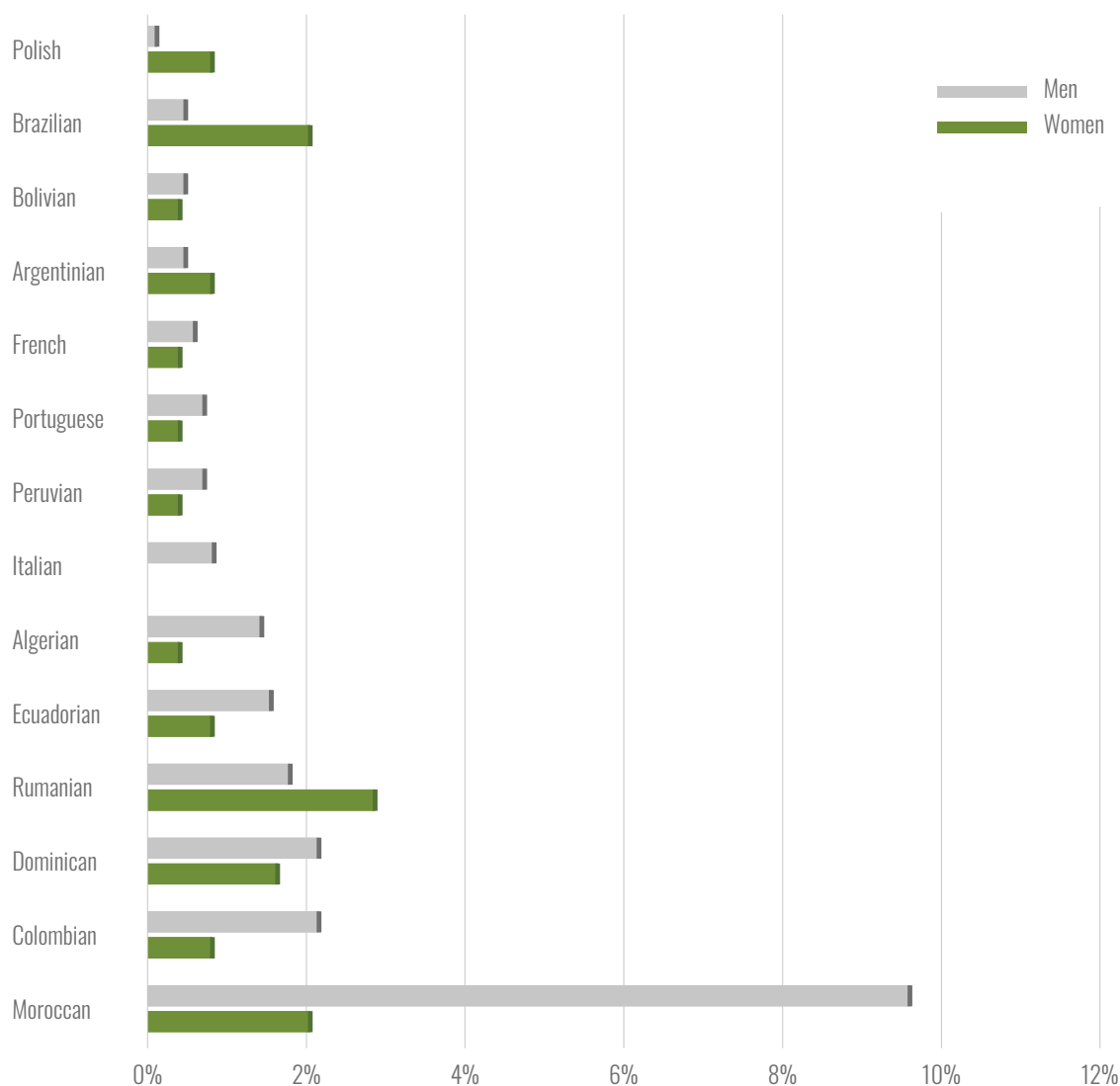
# PERSONAL DATA



## GRAPHIC 1

## Foreign Nationalities of the Persons with Addictions in Prison.

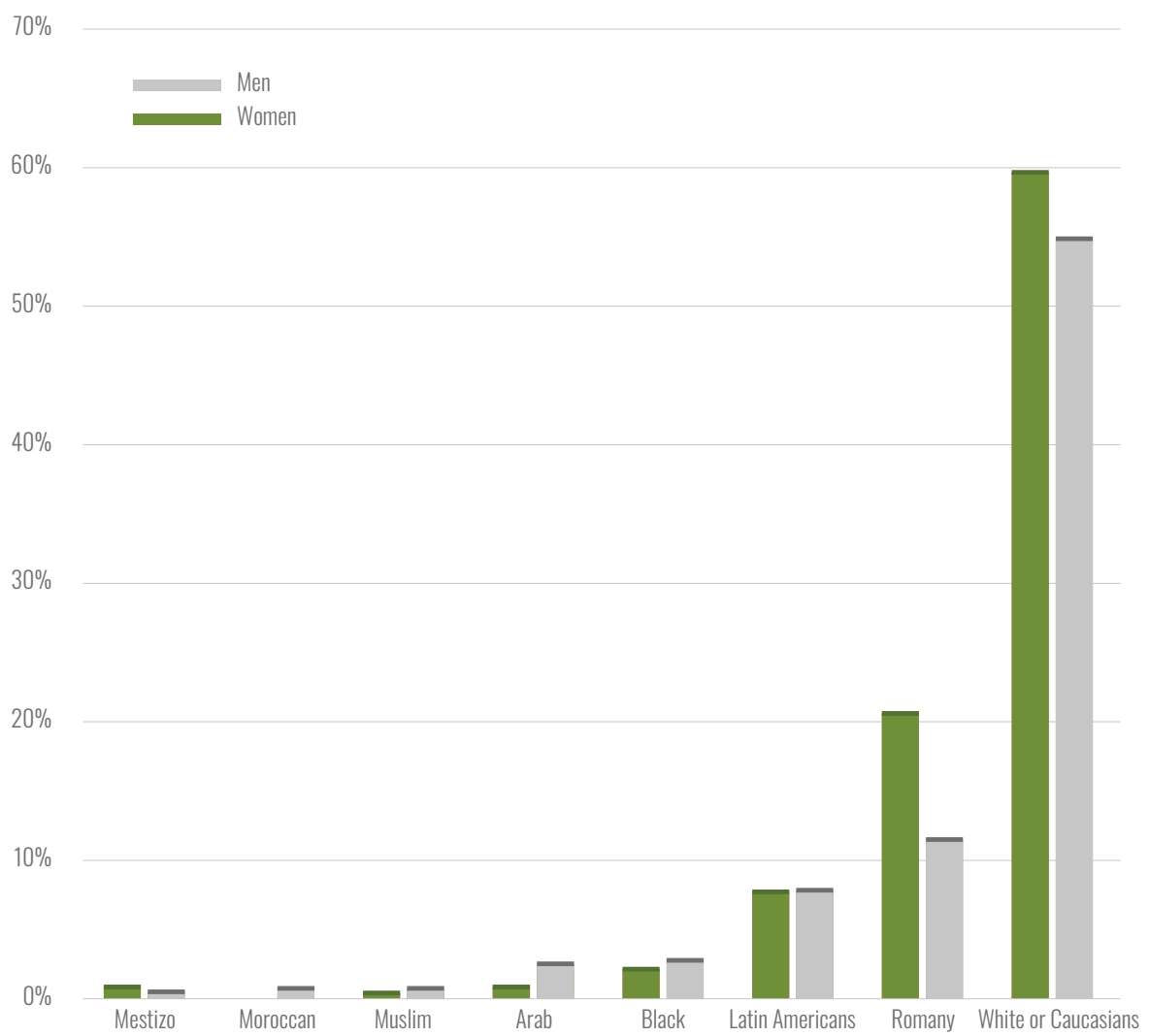
72.9% of the persons with addictions surveyed have Spanish **nationality** (69.87% of men and 83.20% of women<sup>2</sup>), while 27.1% have another nationality. The nationalities of the sample are multiple, with Moroccan nationality standing out in the case of men (9.6%) and, to a lesser extent, in the case of women (2.1%); whereas Romanian nationality outstands for women (2.9%) as opposed to men (1.8%). Other nationalities of interest are Dominican (2.2% for men and 1.6% for women) and Colombian (2.2% for men and 1% for women).



2. The calculation of percentages is of the column total for each gender, i.e., as the data are disaggregated by gender, all percentages for women and men correspond respectively to the total for women on the one hand and to the total for men on the other.

The **ethnic group** with which more than half (55.9%) of the people surveyed identify themselves is White or Caucasian (54.87% of men and 59.7% of women), followed by the Romany ethnic group, representing the 13% of the people surveyed. Considering Romany and Merchant categories together they sum 11.5% of men and 20.6% of women: there is a greater presence of the Romany ethnic group, together with the Merchant, greater among women than among men. The next most important category is Latin Americans, with 7.86% of the total. There are also other ethnic groups, such as Black, Berber, Arab, Mixed or Mestizo.

**GRAPHIC 2**  
**Ethnic Group of Persons with Addictions in Prison.**





## GRAPHIC 3

**Level of Education of  
Persons with Addictions  
in Prison.**

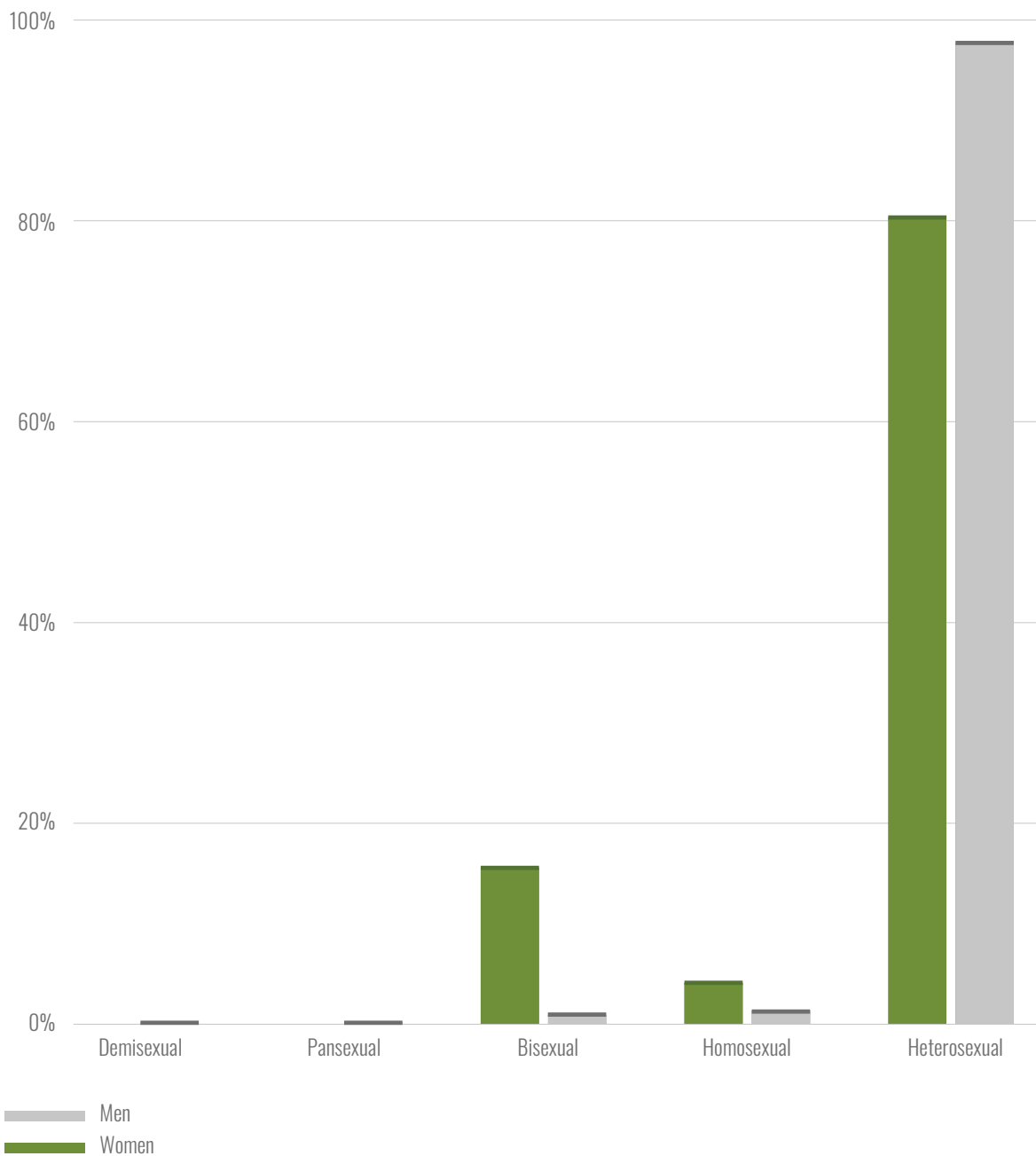
As far as the **level of education** is concerned, 34.1% of the surveyed population has primary education, followed by secondary education, with a total of 29.6% of people in the first stage of secondary education. In this respect, the differences between male and female population are not significant. The next category of study is equally divided between those with less than primary education and those with secondary education.



In terms of **sexual orientation**: 93.17% are heterosexual, 4.2% are bisexual, and 2% are homosexual. Here we find notable differences between men and women. Heterosexuality is present in 97.71% of men and 80.3% of women, and bisexuality is practically non-existent in men (0.96%) while it appears in 15.6% of women. In addition, there are two men who identify their sexual orientation as different from the above, one as pansexual and the other as demisexual.

GRAPHIC 4

**Sexual Orientation of Persons with Addictions in Prison.**







# FAMILIAR DATA

People with addictions in prison come from large families, both men and women, with an average of just over three siblings (excluding the respondent). They belong to families with low levels of education, with less than primary education, both fathers (33.2%) and mothers (41.2%), followed by those with primary education (19.1% and 21.5% respectively).

**GRAPHIC 5**

**Level of Education of the Fathers of Persons with Addictions in Prison.**

61.8% have sons or daughters, of whom there are more women (76.6%) than men (57.7%). The percentage of those who have custody of their sons and daughters is very similar in both cases: 54.6% of men and 53.5% of women.



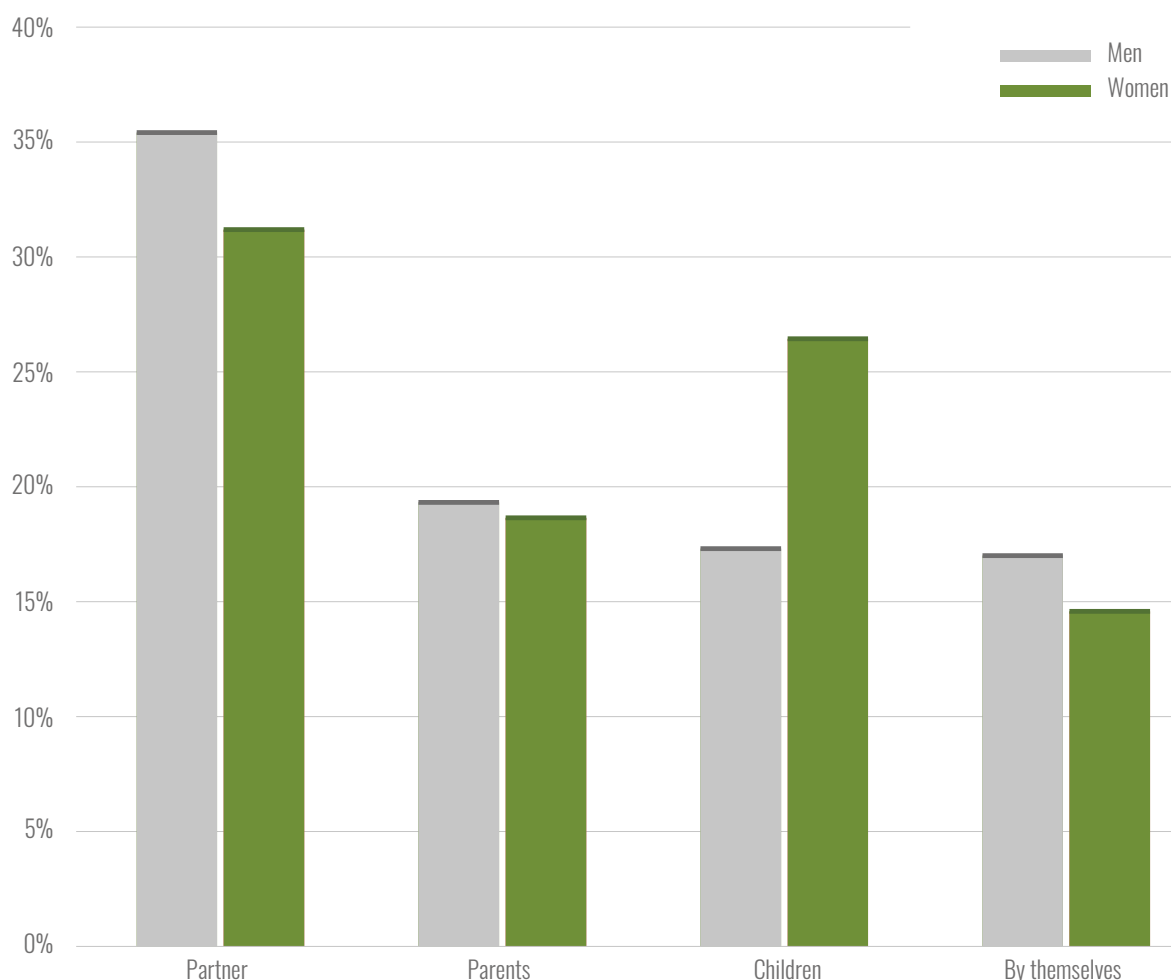
**GRAPHIC 6**

**Level of Education of the Mothers of Persons with Addictions in Prison.**

Before entering prison, one in three people lived with their partner, both men (35.4%) and women (31.2%). The next most frequent situation is that of those who lived with their mothers and/or fathers, or their ascendants (19%) and, finally, the third category is that of those who lived by themselves (17% of men and 14.6% of women). Other less frequent options, in the case of men, are with siblings (3.7%), friends (2.7%), homeless (2%), grandparents (0.9%), cousins (0.8%), shared flat (0.6%), aunt (0.2%). And for women, other situations are with siblings (2%), friends (2.4%), homeless (3.4%), grandparents (0.3%) and in a shared flat (1%).

GRAPHIC 7

Coexistence of Persons with Addictions before Entering to Prison.



With regard to the **partner** status, 48% have a partner compared to 51.4% who do not, and more than a quarter of such partners are also in prison (27.3%). 55.7% of men do not have a partner. Of the 43.7% who have a partner, the vast majority (90.9%) are not in prison. In contrast to these data, 61.9% of women with addictions in prison do have a partner and, in their case, a majority of the partners (70.9%) are also in prison. This is another of the greater gender differences between men and women deprived of liberty.





# ECONOMIC, EMPLOYMENT AND CARE SITUATION



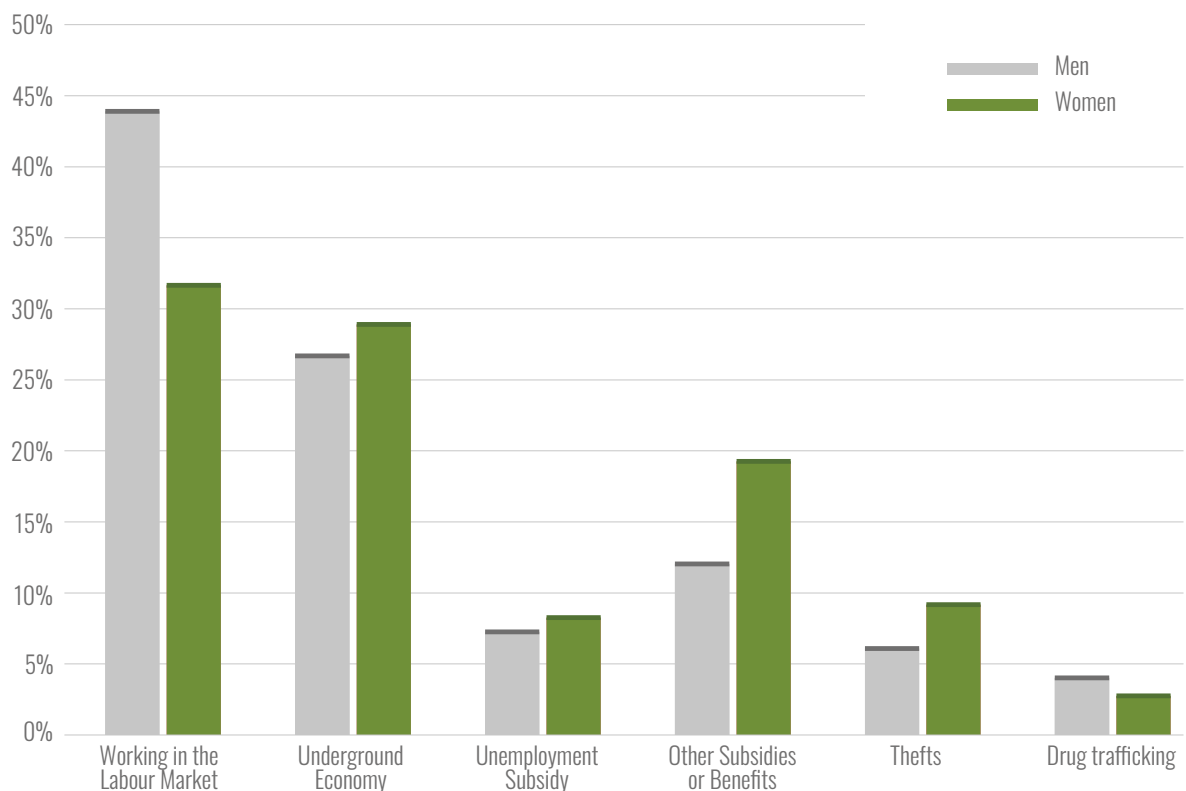
Regarding some aspects of their economic, employment and care situation, and specifically their source of income twelve months prior to entering prison, most of their income came, both for men and women, from working in the labour market and from the underground economy. However, the presence of women in the labour market is lower (31.7%) than that of men (43.9%), opposed to the data on the underground economy, where the presence of women (28.9%) is higher than that of men (26.7%). Differences are also found in the case of other benefits and unemployment (12% of men and 19% of women) or in the case of theft (6% of men and 9% of women).

In short, men, in general, tend to be more included in labour market circuits while women have to look for a living by alternative means (underground economy, theft or subsidies).

### GRAPHIC 8

#### Source of Income of Persons with Addictions 12 months prior to Entering into Prison.

As for the origin of the income twelve months prior to entering prison, the money was earned by the person deprived of liberty (73%) - women (66%), somewhat less pronounced than men (75.1%) -, followed in the case of men by the parents (10.5%) and then by the partner (7.6%) and, in the case of women, by the partner first (15.7%) and then by the parents (12%).<sup>3</sup>

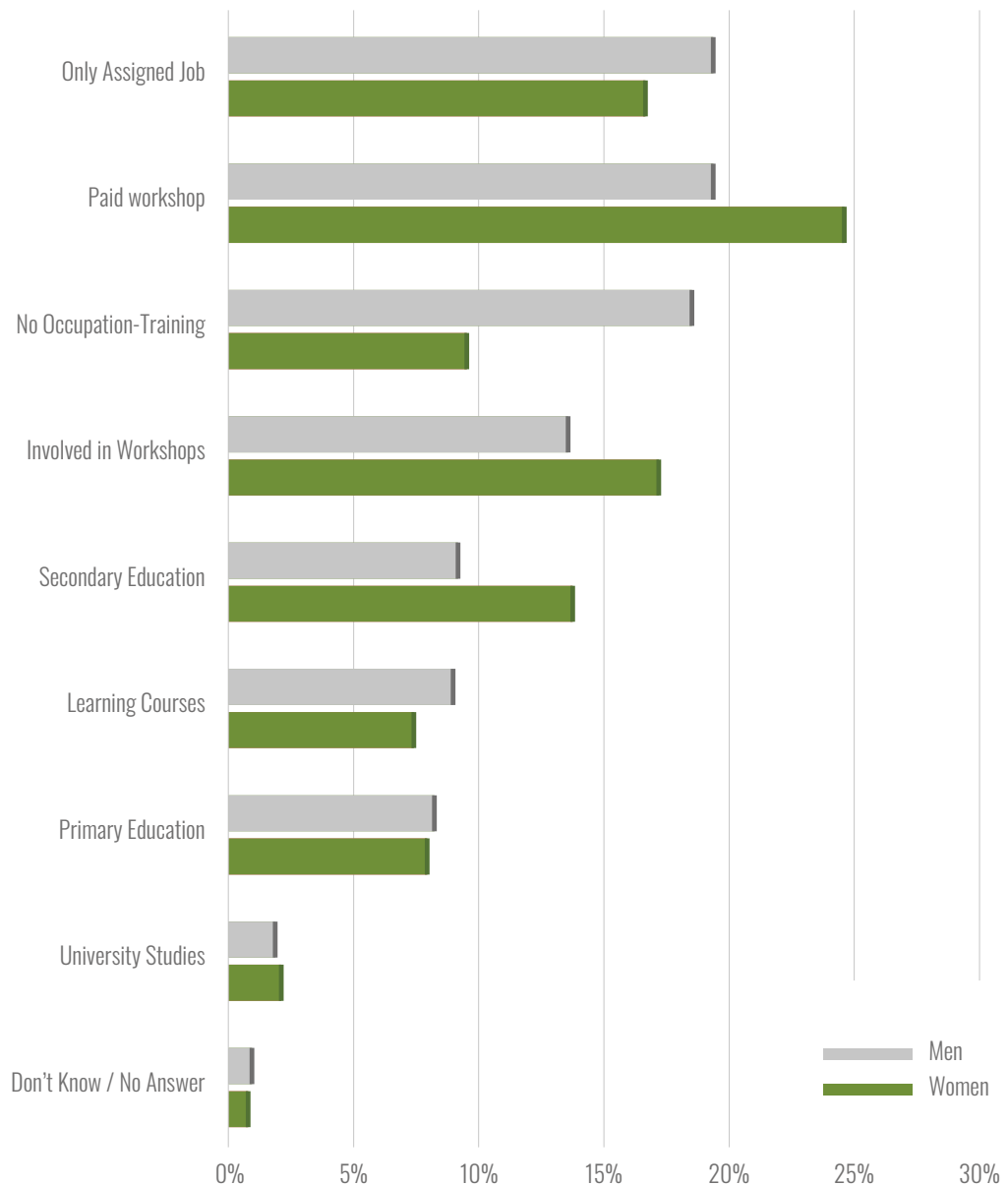


3. For both men and women, the percentages do not sum 100 because there are residual percentages, i.e. several responses that have not been marked by many respondents. The remaining 6.3% of women and 6.8% of men answered other options such as friends, siblings, homelessness, nobody, in-laws, other relatives or simply did not answer.

The **work-occupational situation in prison** can be multiple. In the case of men, working on the assigned job<sup>4</sup> (19.4%) and in paid workshops (19.4%) stand out similarly. In the case of women, their presence in paid workshops (24.6%) is higher than in the case of men, while working in unpaid workshops is also usual (17.2%). In terms of education, 28.3% of men and 31.2% of women have some kind of education (primary, secondary, occupational training or university).

GRAPHIC 9

**Work-Occupational Situation of Persons with Addictions in Prison.**



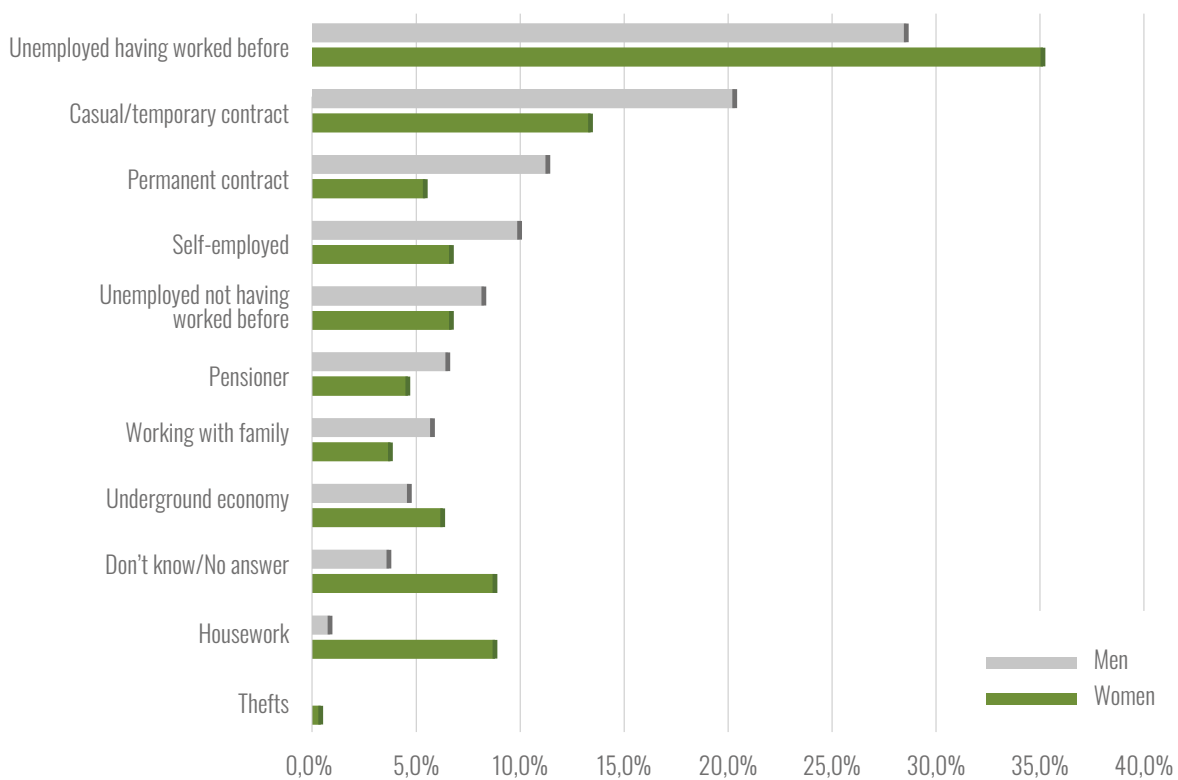
4. The assigned job refers to the obligatory personal services that inmates have to carry out for the good order and cleanliness of the establishments, traditionally free of charge, and expressly excluded from the scope of application of RD 782/2001, of 6 July, which regulates the special employment relationship of inmates who work in paid workshops. In recent years, some of the activities in this category are progressively becoming paid in Spain, e.g. canteen delivery, nursing assistant, cleaning, waste management, librarian...; The paid workshop consists of generating goods and services to be marketed inside or outside the penitentiary centre and is regulated in RD 782/2001, of 6 July.

Twelve months prior to their admission to prison, the most frequent working situation for the prison population with addiction problems was as follows: 30.1% - were 'unemployed having worked before' (35.1% of women compared to 28.6% of men). Followed by those who had a casual/temporary contract (18.7%), which represented a higher percentage for men (20.3%) than for women (13.4%). In third place were those who received income through the underground economy (11%), a situation more present among women (6.3%) than among men (4.7%).

If we take into account those who received some kind of income, men outnumber women (58.6% and 40.6% respectively), either as self-employed, with a permanent contract, with a casual/temporary contract, working with their family without a contract, or earning a pension or subsidy. In the case of the population who do not receive job income: such as unemployed people who have never worked before, unemployed people who have worked before, and those who work at the household, women's presence is significantly higher than men's, 50.6% compared to 37.7%.<sup>5</sup> Although both men and women are in a very precarious situation, women are in a far more delicate situation.

## GRAPHIC 10

### Previous Work-Occupational Situation of Persons with Addictions in Prison.



On the other hand, 47.1% of the people surveyed **had dependents** (minors, sick, disabled or elderly people) 12 months prior to this last imprisonment, with no notable differences between men and women. It should be considered that they account for almost half of a significant population of 497 people in total, who have caring responsibilities, whether financial or emotional.

5. The remaining 3.7% of men and 8.8% of women did not answer the question.



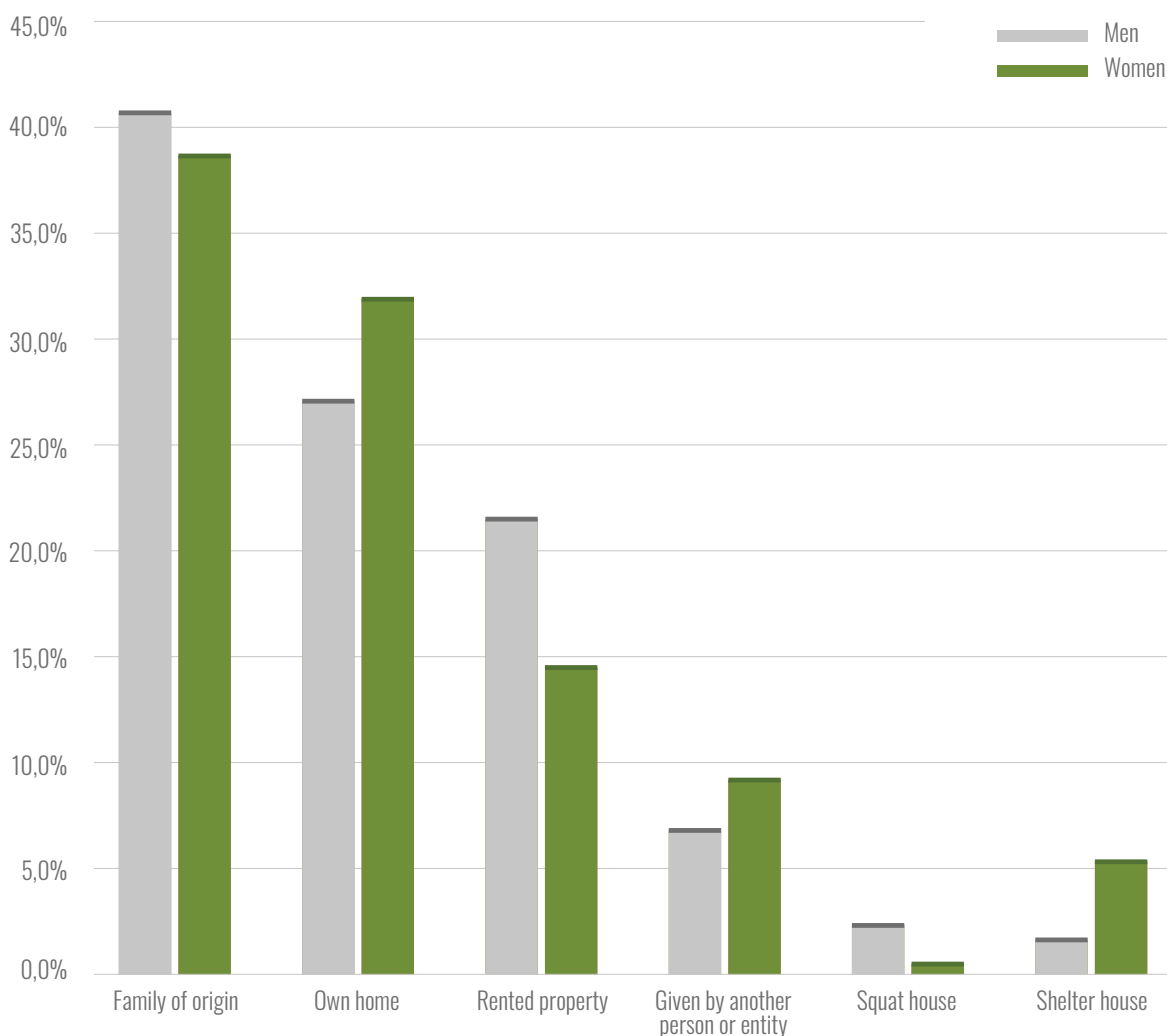
# HOUSING

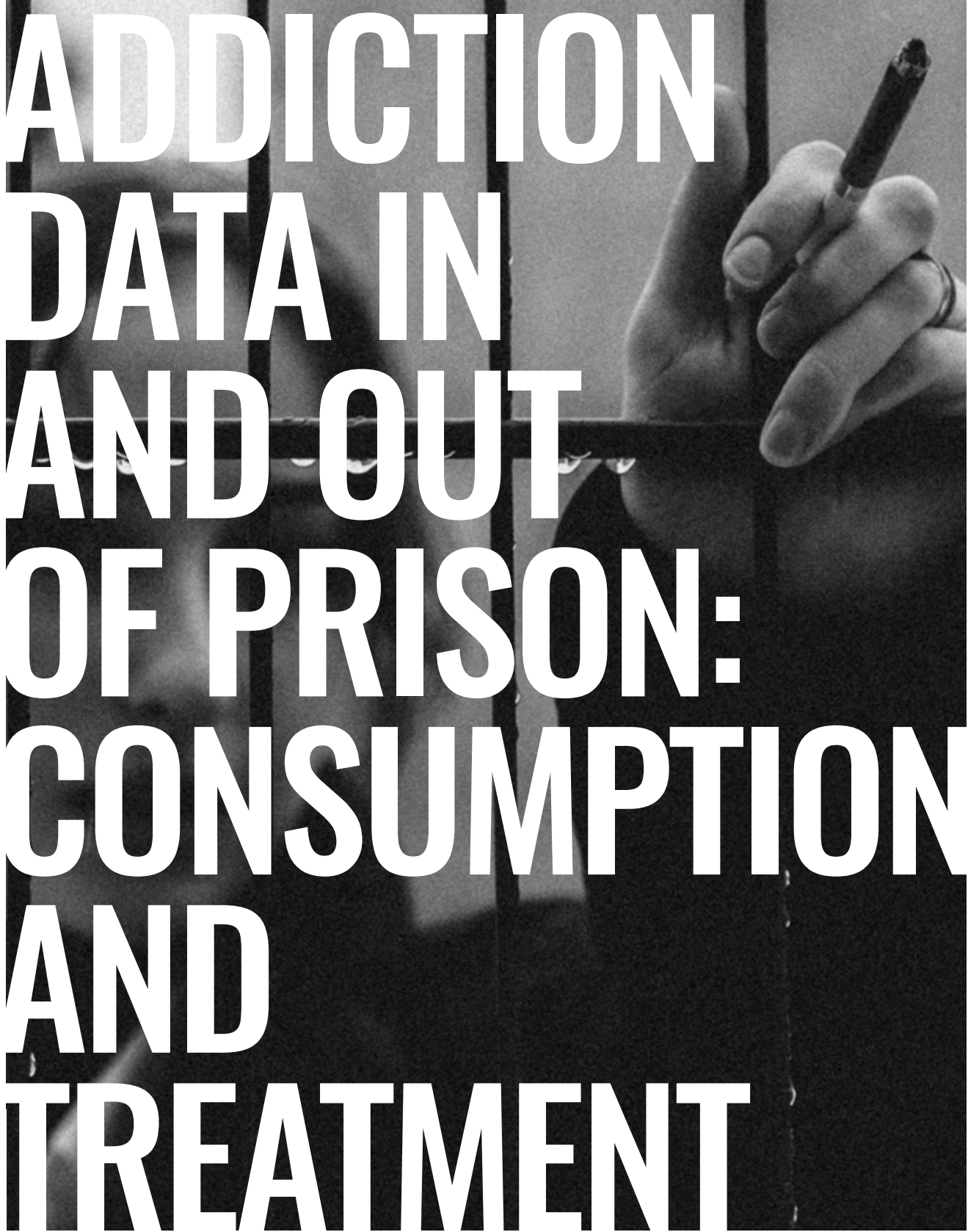
While 9 out of 10 people (88.1%) say they have a place to **live when they are released from prison** (89.2% of men and 84% of women), the remaining **11% of the sample population have no prospect** of having a housing resource, which means a total of 117 people (out of a total sample of 1,086 respondents) with the possibility of finding themselves homeless.

Around 40% of the population will count on their family of origin to live with upon release from prison. The second most frequent option is that of those who have their own home. According to the answers provided in this section, the place where they can live when released from prison is not presented as the main problem for the imprisoned population with addictions, although the precariousness in which those who do not have a home will find themselves on release cannot be ignored.

### GRAPHIC 11

#### Housing Situation of Persons with Addictions in Prison





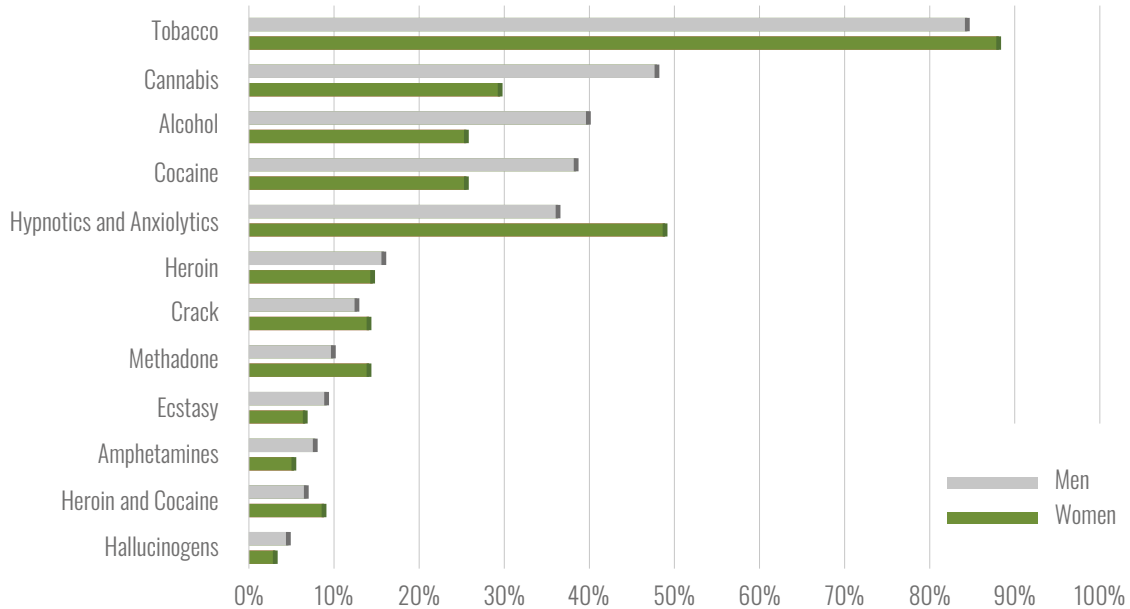
**ADDICTION  
DATA IN  
AND OUT  
OF PRISON:  
CONSUMPTION  
AND  
TREATMENT**

**GRAPHIC 12**

**Substances Consumed in the Last 12 Months by Persons with Addictions in Prison**

In this chapter, an analysis of the relationship of persons with addictions (drugs and pathological gambling) in prison and the treatment received will be provided.

92% of the respondents stated that they have or have had a problem with drugs in the past.

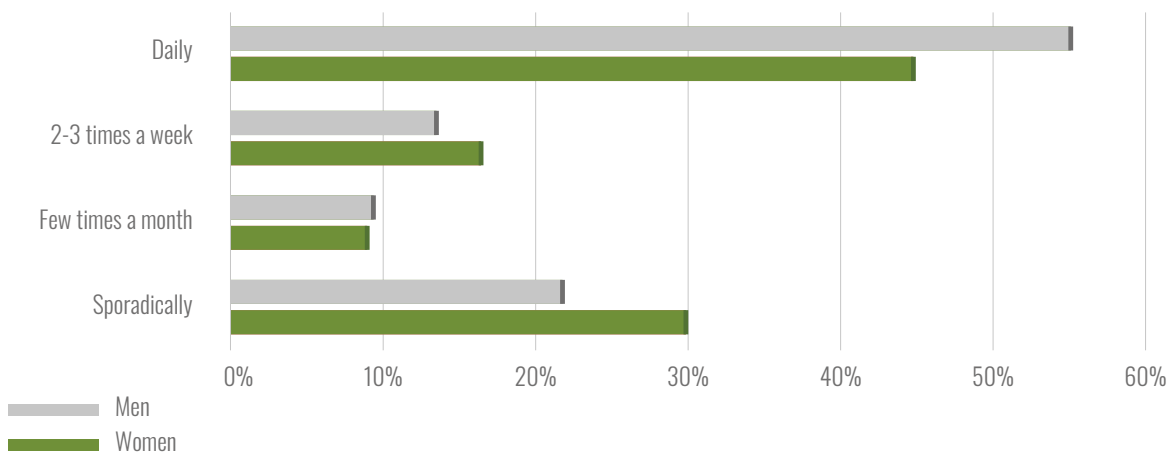


The most used drug is tobacco among both men (84.4%) and women (88.1%), followed by cannabis among men (47.95%) and hypnotics and anxiolytics (barbiturates, benzodiazepines, tranxilium, etc.) among women (48.9%). The next most used substance among men is alcohol (39.89%), and among women cannabis (29.5%).

**GRAPHIC 13**

**Cannabis Use by Persons with Addictions in Prison.**

Cocaine is in fourth place among men (38.4%), while among women (25.6%) it shares this position with alcohol (25.6%). The differences in the use of alcohol and cocaine among men and the use of hypnotics and anxiolytics among women thus stand out.

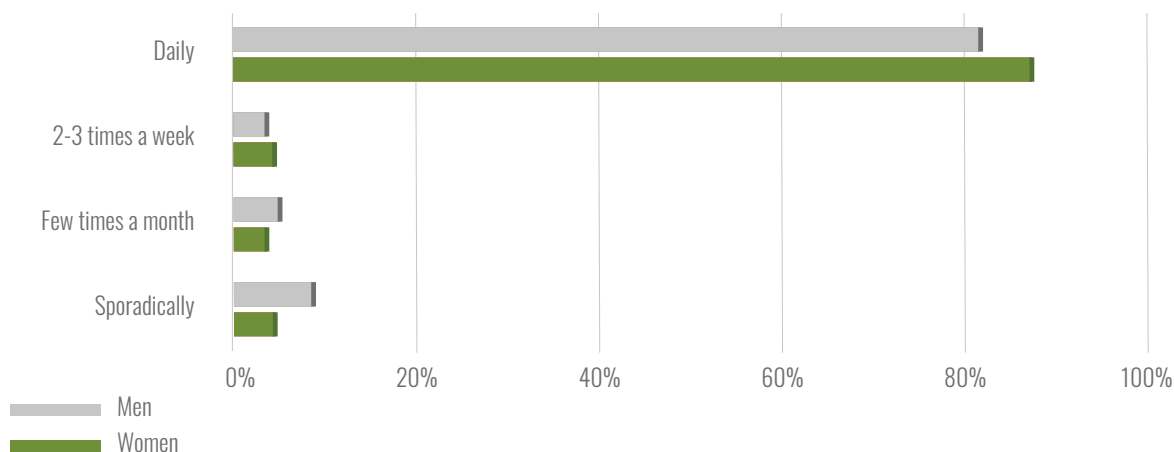


**Tobacco and cannabis** are smoked by almost 100% of the surveyed population, both men and women.

**Hypnotics and anxiolytics** such as barbiturates, benzodiazepines or tranxilium are consumed by 36.33% of men and 48.90% of women. In terms of frequency of use, 83.4% use them on a daily basis, being ingestion the main route of consumption at 95.6% of the cases. The remaining 4.4% by snorting, with a greater presence in women (6%) than in men (2.8%).

GRAPHIC 14

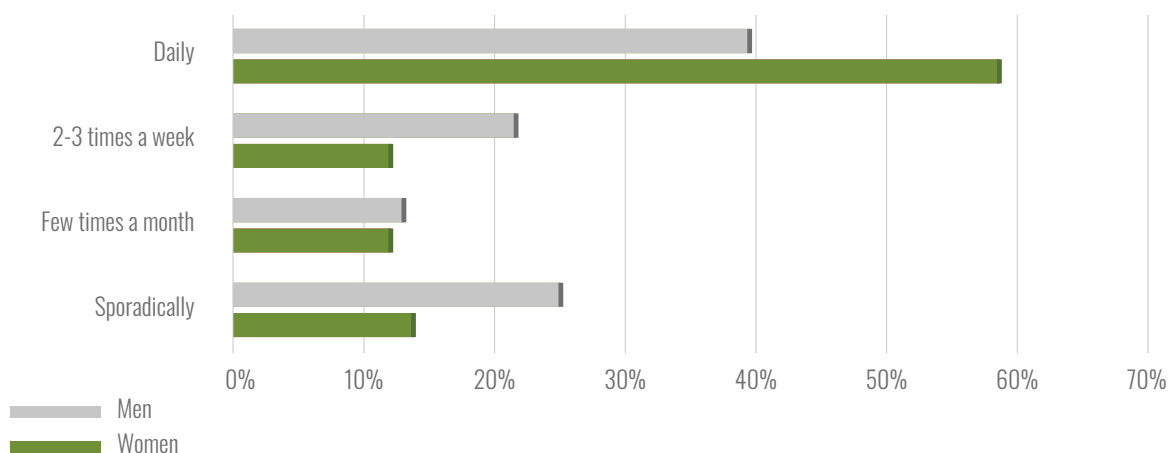
**Hypnotics and Anxiolytics Use by Persons with Addictions in Prison.**



**Cocaine** is used by 38.44% of men and 25.55% of women, and it is most used on a daily basis, although this frequency is higher in women (58.6%) than in men (39.5%). Uses of 2 or 3 times a week or more sporadically outstand in men (21.6% and 25.1% respectively) compared to women (12.1% and 13.8%). The most common route is snorted (69.3% of men and 47.8% of women), followed by smoked (38% of men and 45.7% of women).

GRAPHIC 15

**Cocaine Use by Persons with Addictions in Prison.**

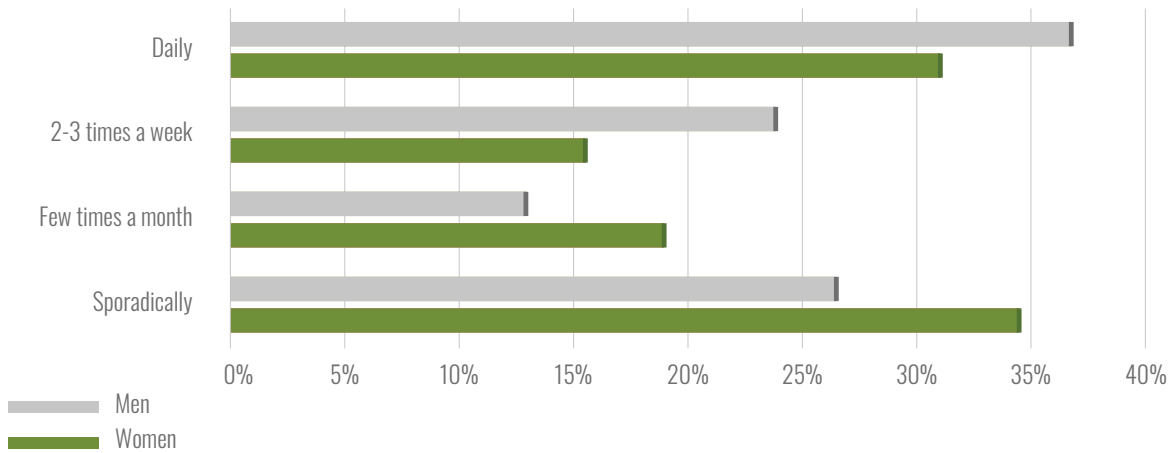




**GRAPHIC 16**

**Alcohol Use by Persons with Addictions in Prison.**

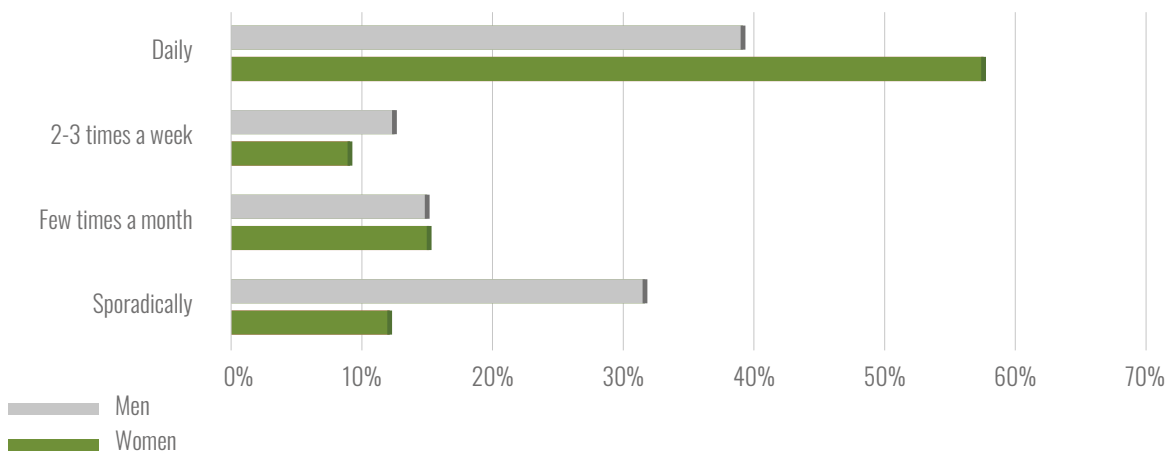
**Alcohol** is consumed by 39.89% of men and 25.6% of women. It is ingested and among men daily consumption predominates (36.8%) followed by sporadic consumption (26.5%), whereas women's trend is reversed: 34.5% of women consume alcohol sporadically and 31% consume it daily.



**GRAPHIC 17**

**Heroin Use by Persons with Addictions in Prison.**

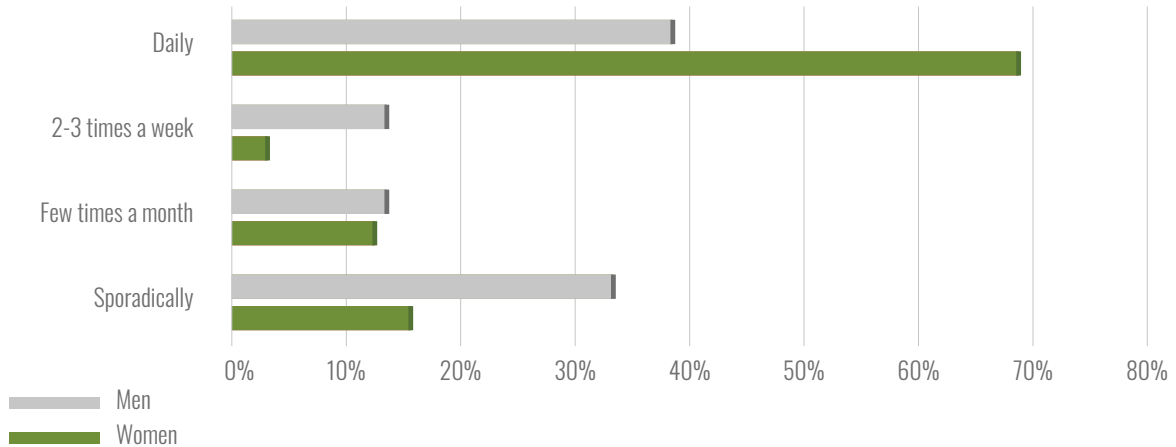
**Heroin** is used by 15.9% of men and 14.5% of women. Of this sample of users, 39.2% of men use heroin on a daily basis, while this percentage rises to 58% in the case of women. There are no differences between the sexes when it comes to few times a month use (15%), but there is a notable difference between women (12.1%) and men (31.7%) when it comes to occasional use. As with cocaine, women consume much more frequently or are more dependent on heroin than men. The route of consumption is mainly smoked in men (72.2%) and women (45.5%), followed by pipe/foil smoked, which is more prevalent in women than in men (32% and 15% respectively).



**Crack** is used by 12.7% of men and 14.1% of women. Both men and women mainly use crack on a daily basis, 38.5% of men and 68.8% of women. As with cocaine and heroin, sporadic use of crack is more common among men than women (33.3% and 15.6% respectively). Again, women use crack more frequently than men. The most common route is smoked, with a higher percentage in men (84.8%) than in women (65.5%); the second most common route is pipe/foil smoked both in men (7.6%) and women (13.8%).

GRAPHIC 18

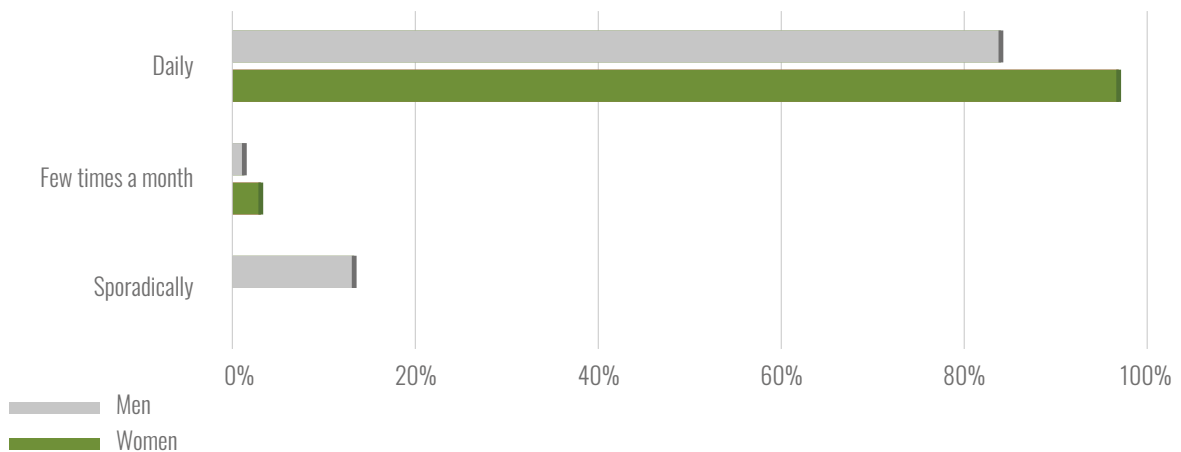
**Crack Use by Persons with Addictions in Prison.**



**Methadone** is used by 9.9% of men and 14.1% of women. Of this sample, the vast majority consumed it on a daily basis (84% of men and 96.9% of women) and by the ingested route practically in all cases, with the exception of 4% of men who snorts it, and another 4% who use the pipe/foil smoked route.

GRAPHIC 19

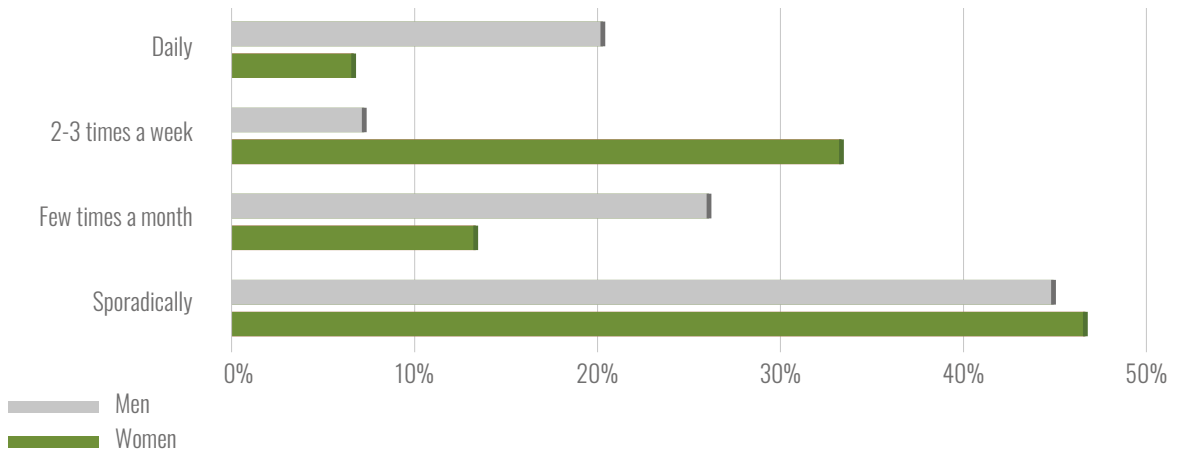
**Methadone Use by Persons with Addictions in Prison.**



**GRAPHIC 20**

**Ecstasy Use by Persons with Addictions in Prison.**

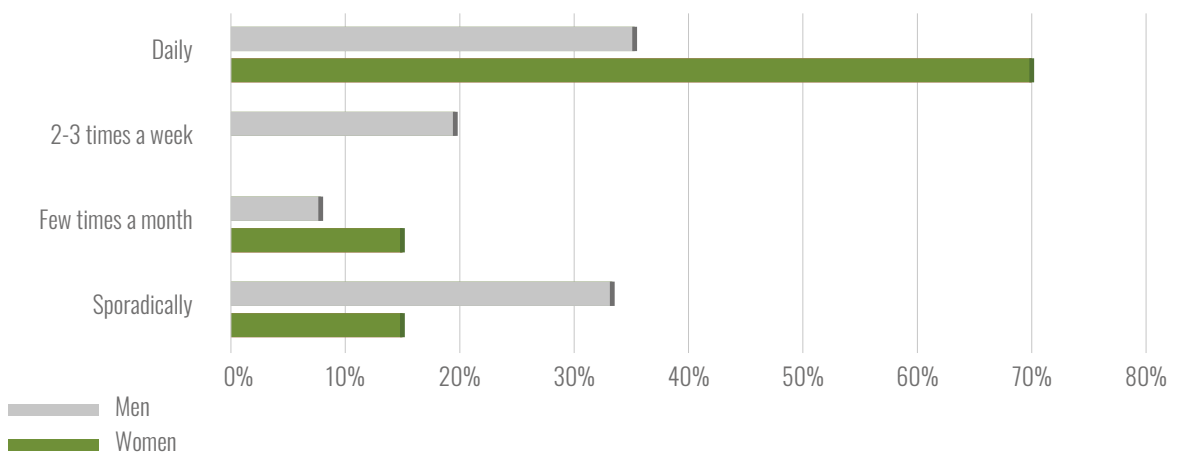
**Ecstasy** is used more sporadically (45%) and by 9.1% of men and 6.6% of women. Women use it more frequently, 2 or 3 times a week (33.3%), while men use it a few times a month (26.1%). 85% of both men and women ingest it, while the remaining 15% snort it.



**GRAPHIC 21**

**Heroin and Cocaine Mixed Use by Persons with Addictions in Prison.**

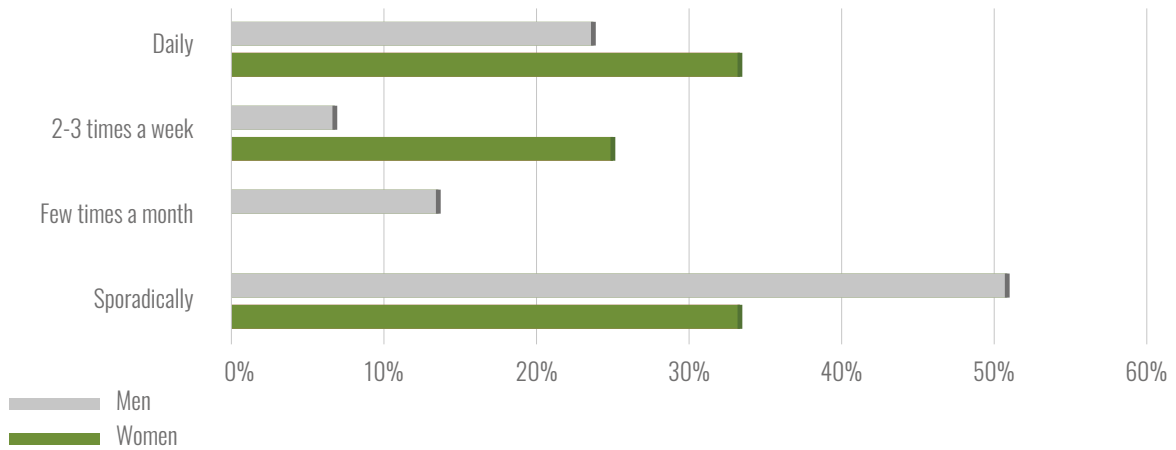
**Heroin and cocaine mixed** together are used by 6.7% of men and 8.8% of women. Use in men is mainly daily (35.6%), a frequency much more prevalent in women (70%). Again, as with cocaine, heroin and crack, the pattern of higher daily frequency of consumption in women and sporadic frequency in men is repeated. The route of administration is smoked in men (57.8%) and more evenly distributed in women, mainly between smoked (32%) and pipe/foil smoked (26.3%).



**Amphetamines** are used by 7.8% of men and 5.3% of women. The frequency of consumption is generally greater among women than among men. Most men use amphetamines sporadically (51%) and women use them daily (33.3%). The main route for women is ingested (50%) and snorted (50%) while men ingest (52%), snort (26%) and smoke (13%) them.

GRAPHIC 22

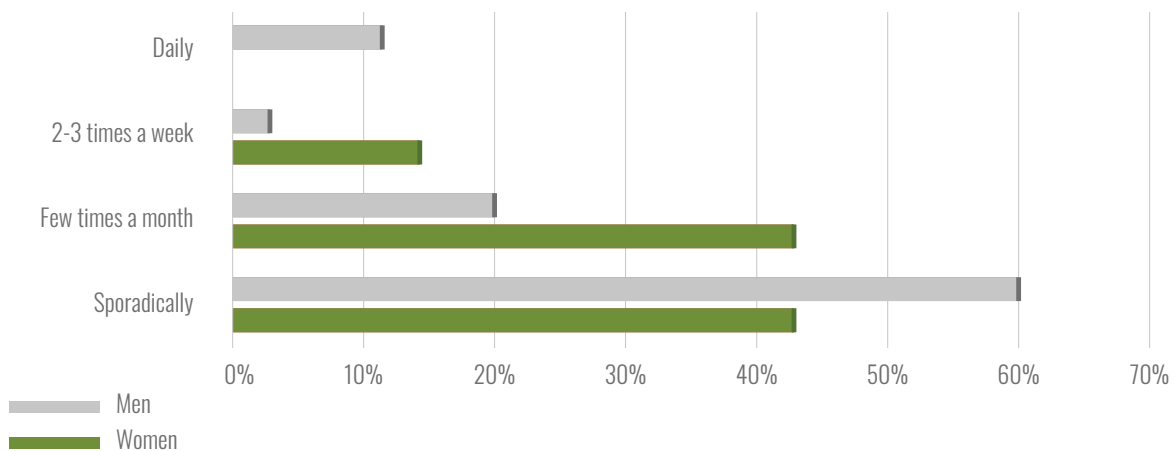
**Amphetamines Use by Persons with Addictions in Prison.**



**Hallucinogens** (LSD, trippy, mescaline, etc.) are used by 4.6% of men and 3.1% of women. These drugs are also used sporadically (60% of men and 43% of women). Women also consume these drugs 'a few times a month' to a greater extent than men do (43% and 20% respectively). The route of administration is mainly ingested by 80%, while the remaining 20% is snorted in the case of women, opposite than that men, who use the smoked (12%), snorted (4%) and injected (4%) routes.

GRAPHIC 23

**Hallucinogens Use by Persons with Addictions in Prison.**

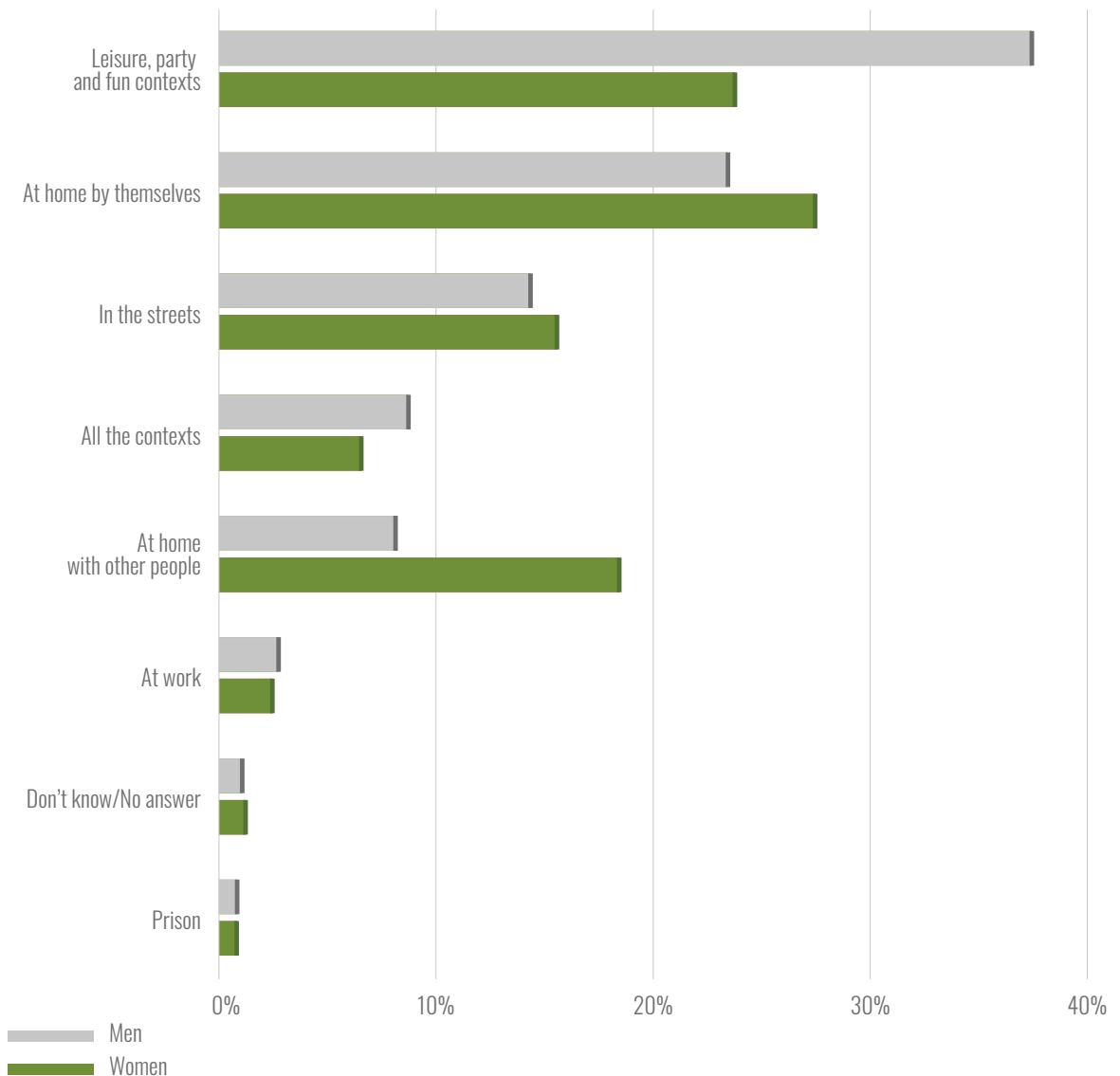


Throughout their lives, a third of the sample population (34.5%) have consumed more drugs in leisure, party, and fun **contexts**, which is evidence of a recreational and playful nature of consumption. In contrast, a quarter of the sample population mainly consumed drugs at home by themselves and, to a lesser extent (14.5%), they consumed drugs in the street. Men are more likely to use drugs in leisure, party and recreational environments (37.4%) than women (23.8%). Women consume a higher proportion of drugs by themselves (27.5% compared to 23.4%), and at home with other people (18.4% of women compared to 8.1% of men). Data show a greater tendency for women to consume in private contexts.

GRAPHIC 24

Use Contexts of Persons with Addictions in Prison.

In addition, the category 'prison' have been introduced because several respondents have named it as the place where they consume the most, although it is not a numerically relevant response, as it accounts for 0.8% in women and 0.8% in men.



Both men and women have made an average of 2.3 detoxifications attempts. Currently, 65% of the entire sample (694 persons) are not receiving treatment for drug use.

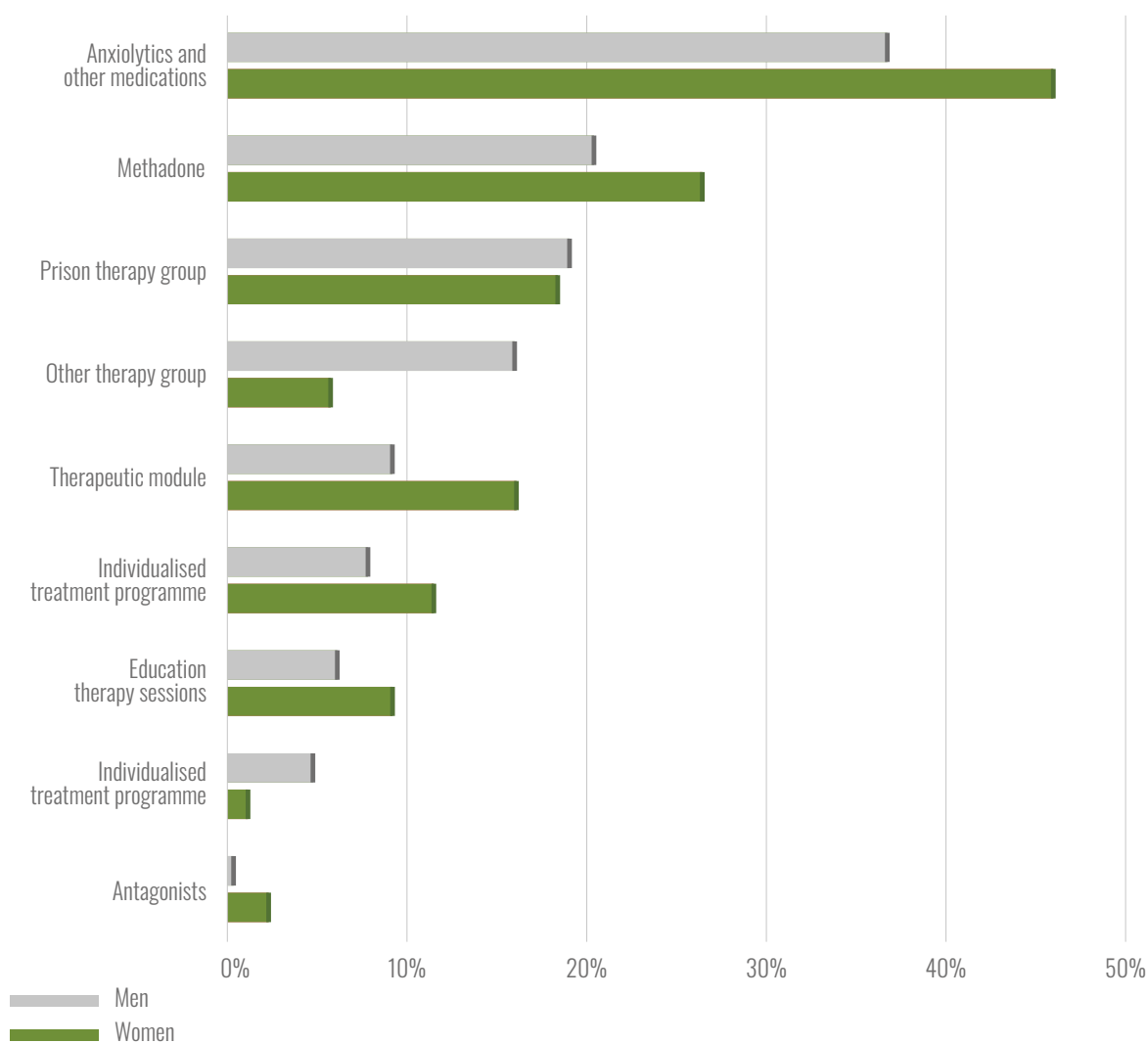
The remaining 365 do receive treatment: methadone, antagonists, anxiolytics and other medications are the most common ongoing treatments, mostly received by women (74.7%) rather than by men (57.5%). Secondly, more women (16%) have therapeutic module as part of their treatment compared to men (9%).

Therapy groups, both in and out of prison, are more often a source of addiction treatment for men (35%) than for women (24%).

Outside prison, 51.7% of the surveyed population have undergone treatment for drug use at some point of their lives, which implies 50.4% of men and 56.6% of women.

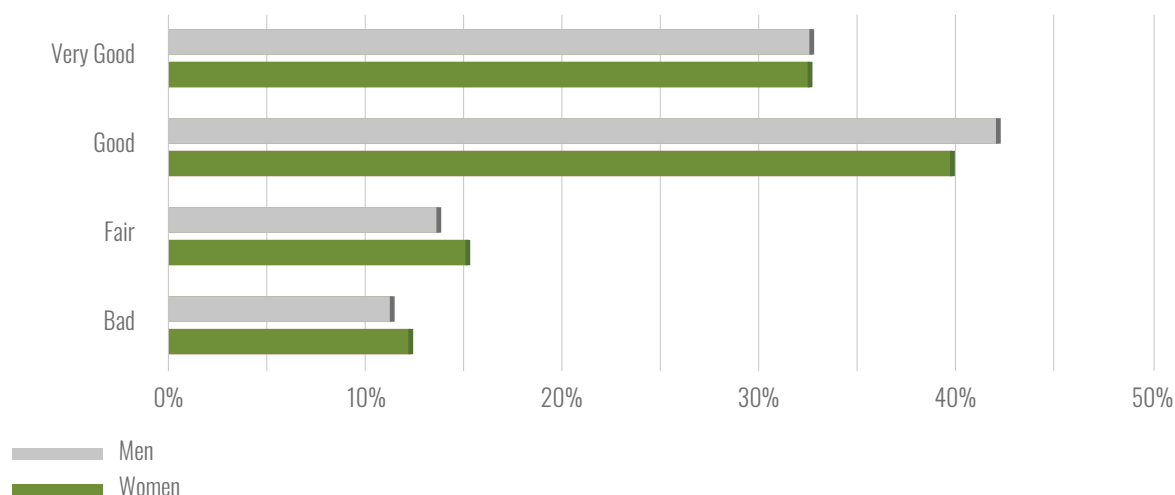
GRAPHIC 25

Drug Treatment to Persons with Addictions in Prison.



## GRAPHIC 26

**Assessments of  
Treatment Received by  
Persons with Addictions  
in Prison Outside Prison.**



According to the words expressed by the people surveyed in the open question to assess the treatment received outside prison, two realities can be observed among the 135 responses collected (81 men, 54 women). On the one hand, those treatments that offer group therapy are positively valued, indicating that it was not only a treatment process, but that it has served for personal growth and learning of values. According to what 3 women expressed in the open questions, it can be seen that sharing thoughts with people who are going through the same situation, having space to talk openly and honestly, and support are positively valued. With regard to opinions on pharmacological treatments, 7 women shared the opinion that it had created dependency.

*'It was not only detox but a process of growth and return to one's values, a process of ascension and catharsis.'*

*'Understanding what substance dependence really entails.'*

*'You become aware of your shortcomings, and want to fill them up with substances'*

*'They gave him rivotril and got him high. He ended up hooked on it'*

*'We jump out of the frying pan into the fire, methadone creates dependency.'*

*'Because I had support pals.'*

*'It's really nice to talk honestly and unashamedly with people who have lived similar things.'*

*'Being able to open up, to empathise with other people that are affected by alcohol.'*

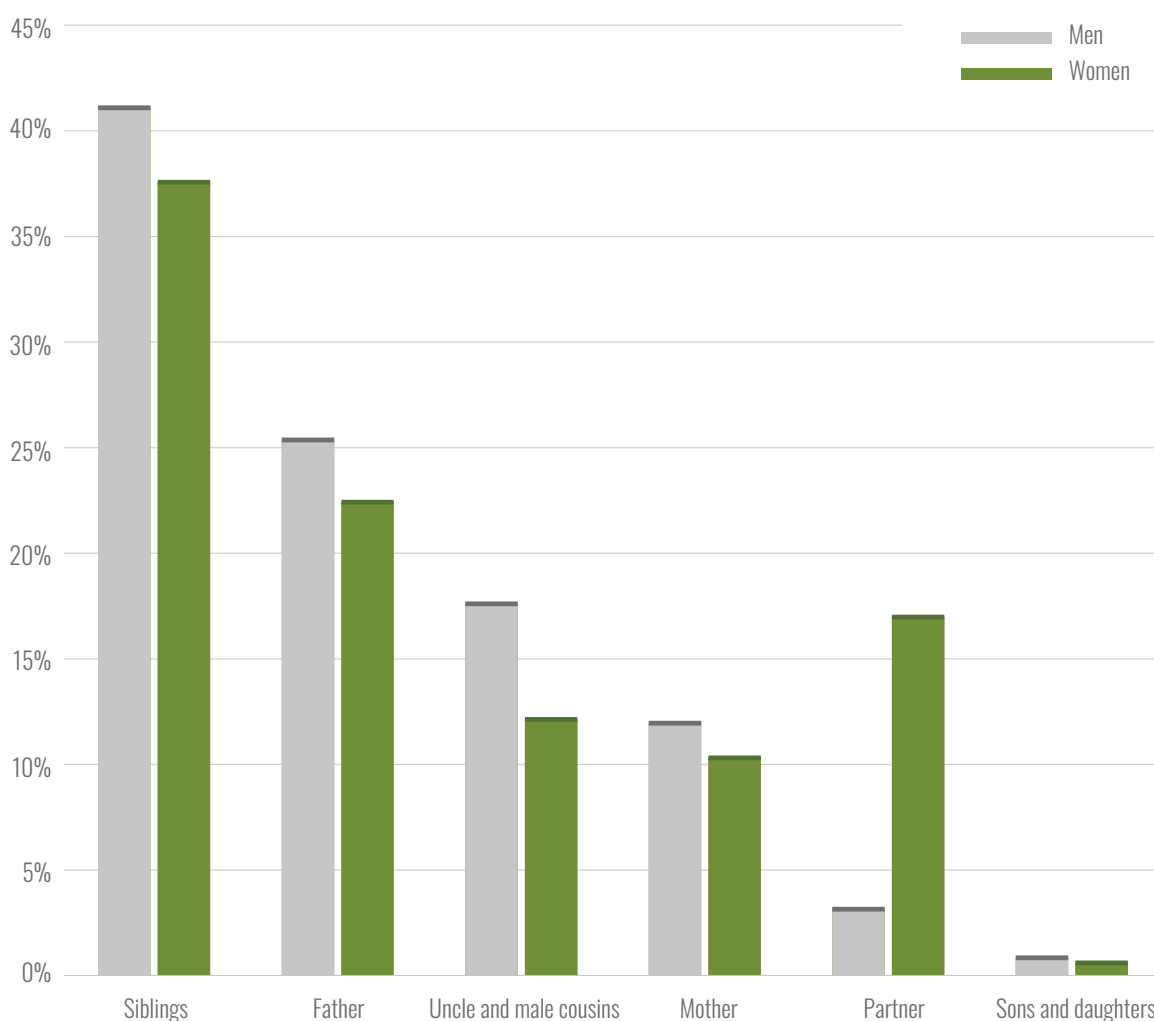
*'Neglected, there was no follow up control, I only went for the methadone dose.'*

*'Because she was still taking drugs when she gave up heroin, with methadone and cocaine.'*

The presence of **drug use in the family** is a reality in half of the cases (50.1%), a slightly lower percentage for men (49.8%) than for women (57.4%). Those who have used drugs most problematically in the family of the person deprived of liberty are siblings (41%), the father (in 25.4% of cases for men and 22.4% for women) and then uncles and male cousins. The difference in drug use between the partners of persons in prison stands out, so that the partners of female prisoners with addiction problems (17%) use drugs to a greater extent than those of male prisoners with addiction problems (3%).

GRAPHIC 27

**Drug Use in the Family of Persons with Addictions in Prison.**



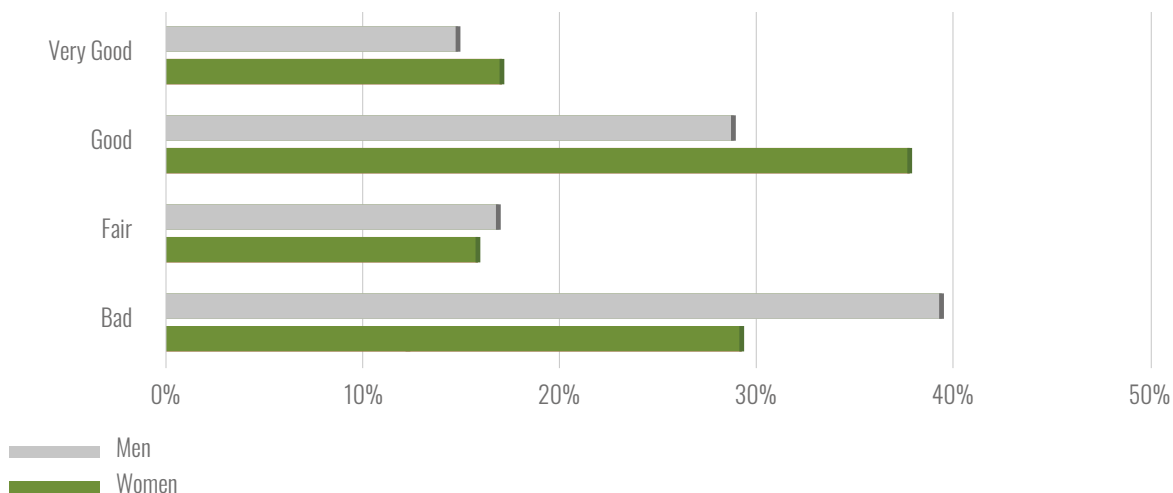


GRAPHIC 28

**Assessment of the Prison Care for Drug Addiction and Pathological Gambling by Persons with Addictions in Prison.**

With regard to **gambling problems**, **16,8%** reported having or having had problems, a distributed percentage among men (20.3%) and women (4.2%). 88% (88.2% of men and 85.7% of women) have never received treatment for their pathological gambling, either inside or outside prison.

As for their **assessment of the prison care for drug addiction or pathological gambling**, 37.3% rated it as 'bad' and 30.6% as 'good'.



The open questions collected from 244 people (181 men, 63 women) state the lack of psychological care and personalised attention, pointing out at lack of available staff (105 responses) as a possible cause. As an example of their responses:

*'Because the solution is (the) medication. Because there is drug in prison and because treatment is not personalised.'*

*'There is no reintegration of any kind, there is just methadone. All the time times I've been in prison, there was no assistance at all.'*

*'The psychologist doesn't know us, there is a lack of professionals.'*

*'Lack of psychological care because there are few psychologists for too many inmates.'*

*'They don't follow up with you, they just don't follow each person's progress.'*

Closely related to the above, a shared view among men and women, 23 responses, is the lack of qualified personnel relying on overmedication as the only or main treatment:

*'When I arrived they prescribed me daily pills No one has ever checked such diagnosis again. I have dropped myself the medication.'*

*'There is just anxiolytics, I don't receive any psychological treatment where I can talk to somebody or tackle it in any other way.'*

*'There is no assistance here, there is just medications, we lack personalised programmes.'*



**HEALTH  
DATA**

This chapter analyses health-related data, both physical and mental.

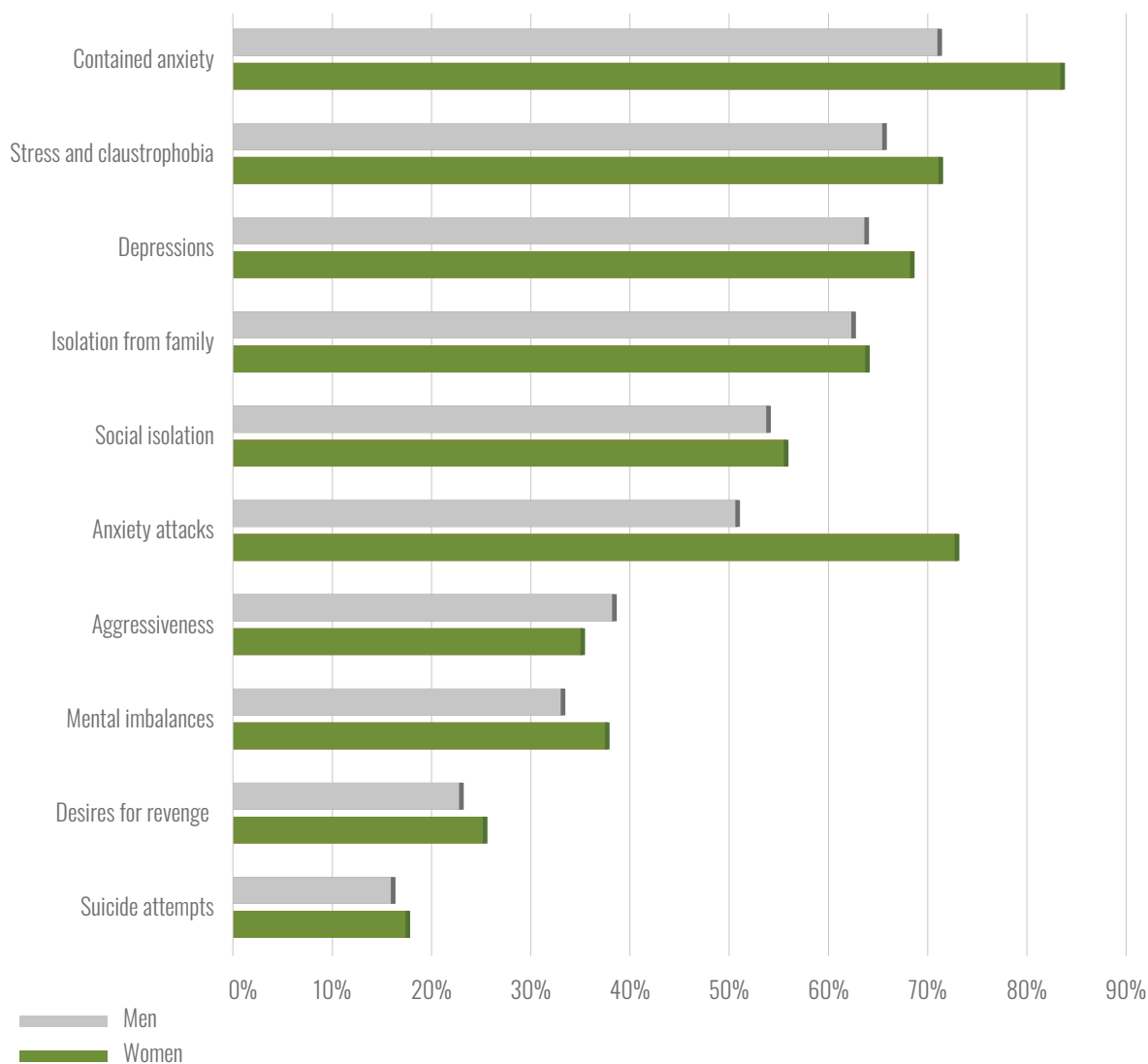
Those who were surveyed consider that prison has brought the following **psychological problems** into their lives, listed from highest to lowest percentage of incidence: contained anxiety, stress and claustrophobia, depressions, isolation from family, social isolation, anxiety attacks, aggressiveness, mental imbalances, desires for revenge and suicide attempts.

Anxiety is what most differentiates between both sexes. Anxiety attacks are suffered by 73% of women compared to 50.8% of men and contained anxiety by 83.6% of women compared to 71.4% of men.

Women stand out in all psychological problems, except for aggressiveness, which is reported by 38.4% of men compared to 35.2% of women.

## GRAPHIC 29

### Psychological Problems Caused by Prisons to Persons with Addictions.

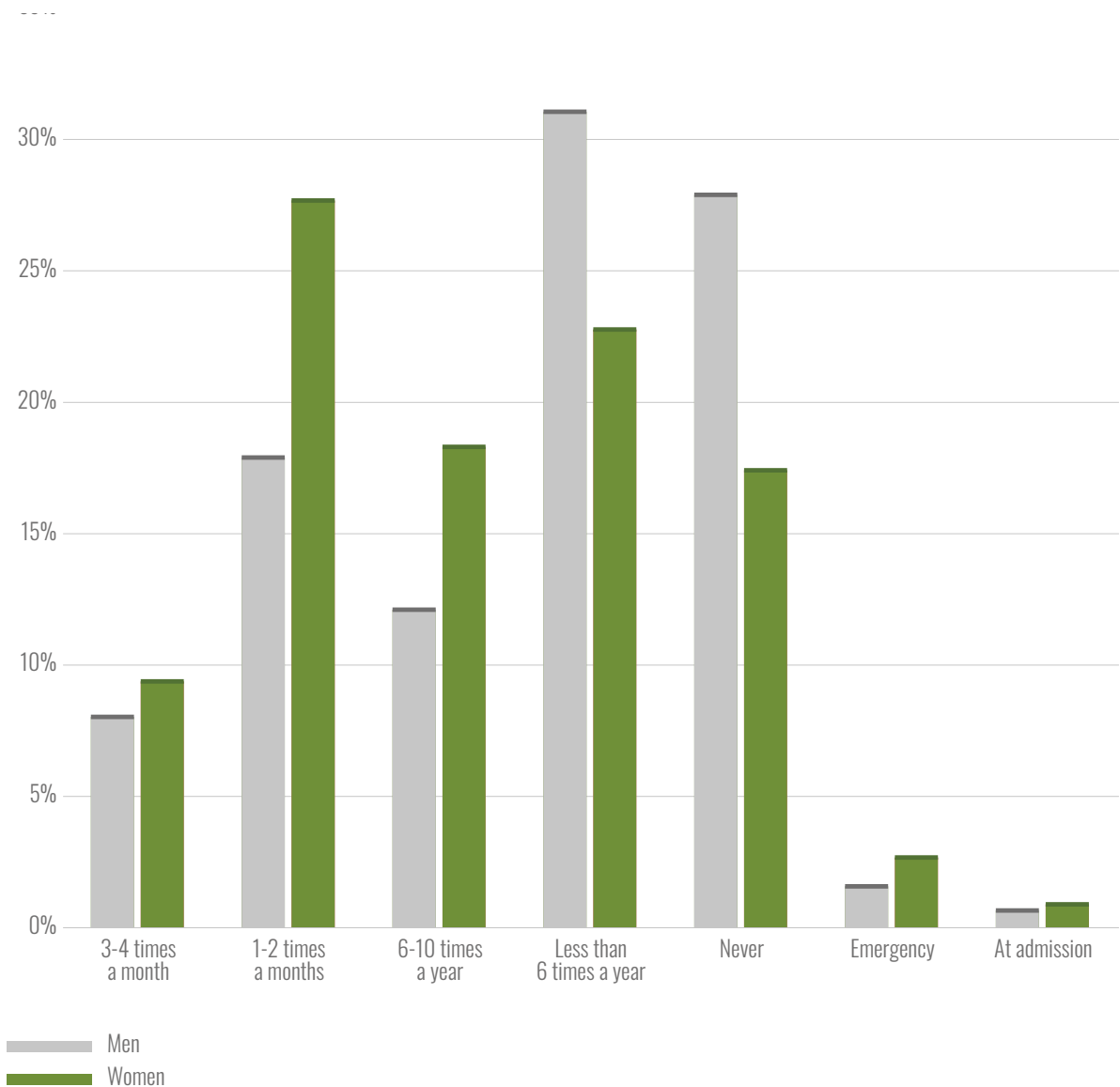


During the two weeks prior to the survey, 60% of the population sample had taken **prescribed medication for general health**, with hardly any differences between men (59.4%) and women (55.8%).

31.1% of men and 22.8% of women have visited a specialist doctor less than six times a year. Secondly, there are those men who have never seen a doctor (27.9% compared to 17.4% of women), while women are those who have had medical appointments once or twice a month (27.7% compared to 17.9% of men). In short, data indicates that women visit specialised medical care services more often.

**GRAPHIC 30**

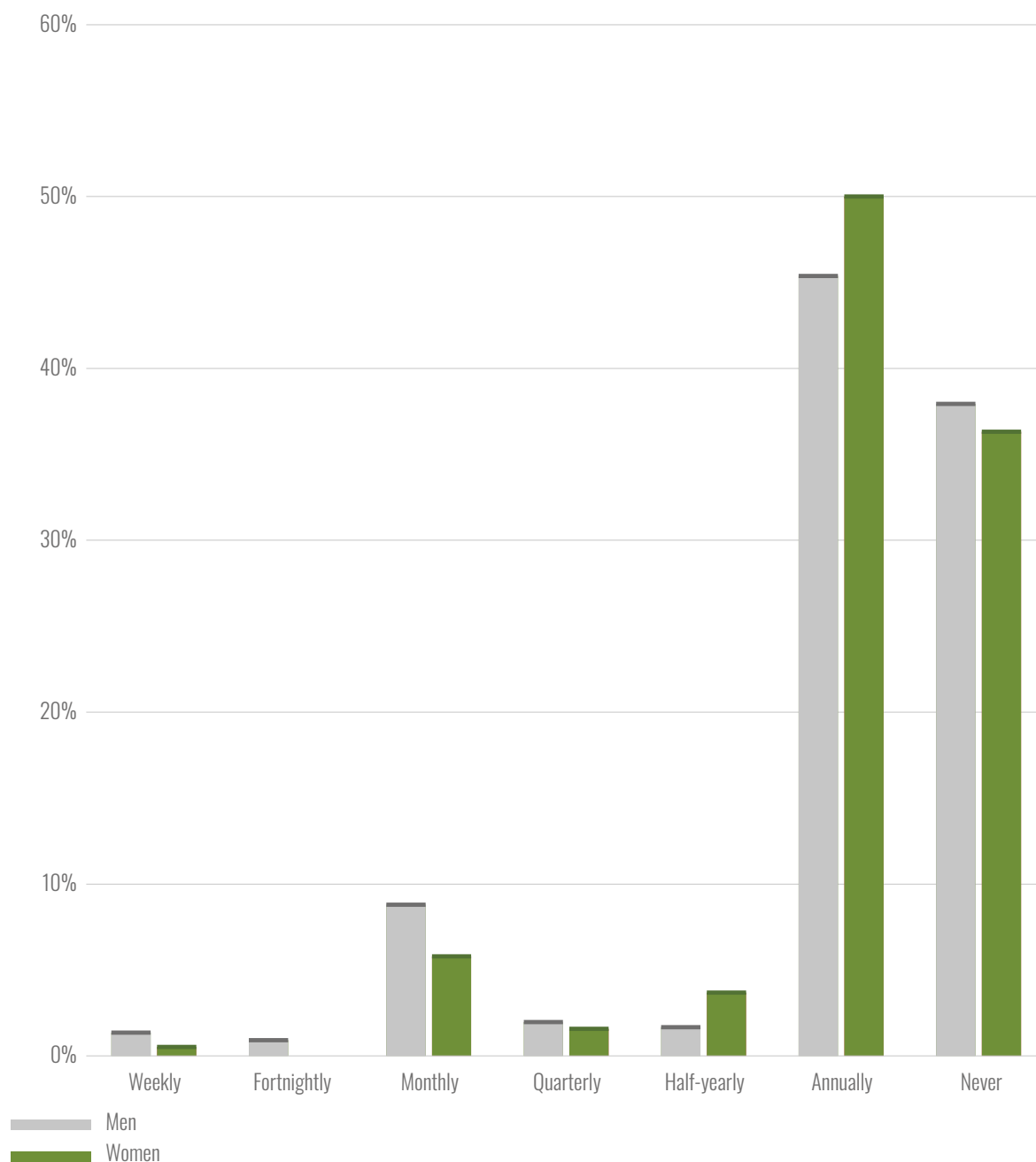
**Frequency of Visits to a Medical Specialist by People with Addictions in Prison.**



## GRAPHIC 31

**Frequency of Medical Test among People with Addictions in Prison.**

**Medical tests** are carried out infrequently, mostly annually (47% compared to the 37% that have never had them carried out). There are no notable differences between men and women in this respect.

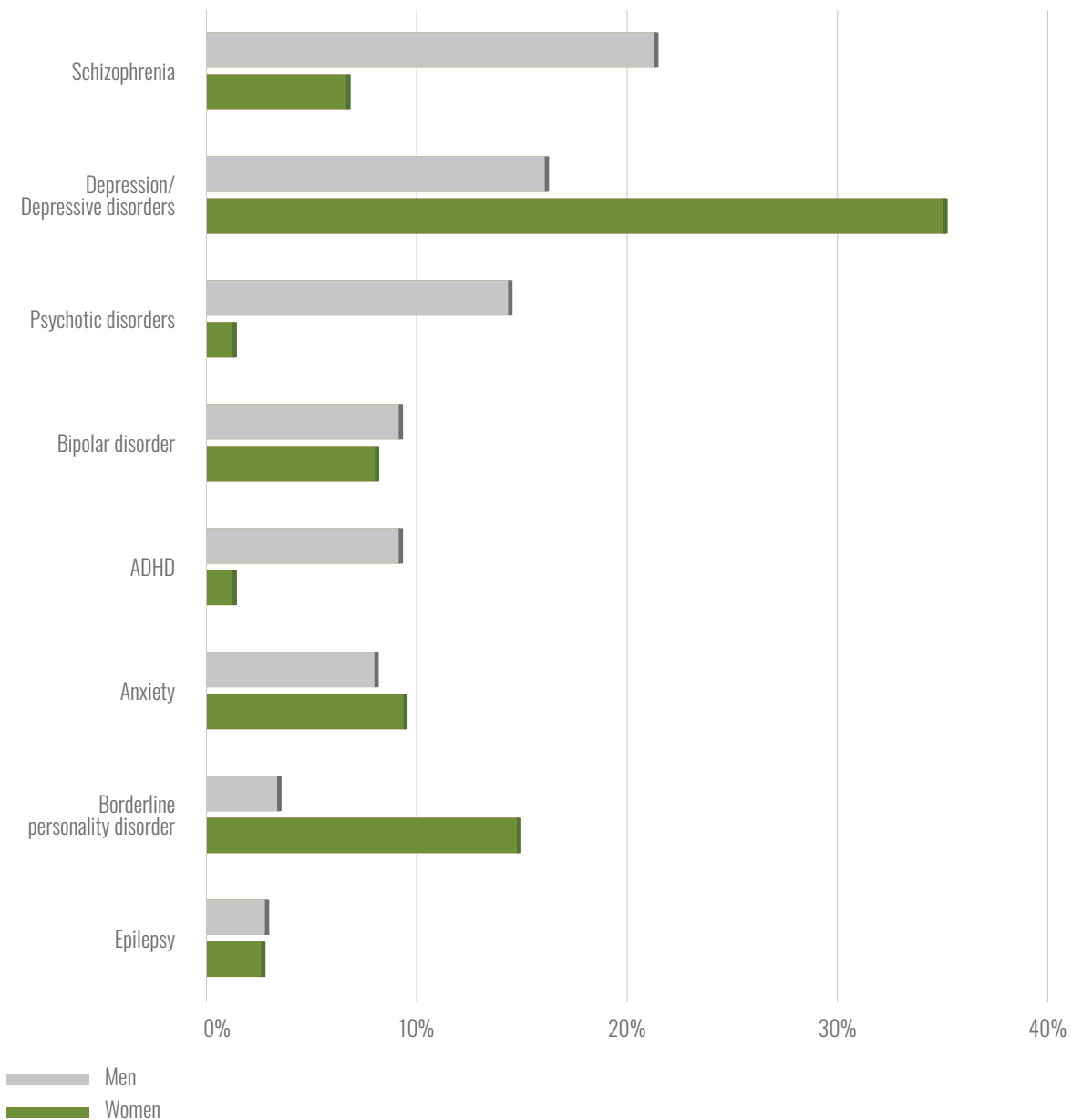


Regarding **mental health** issues, one out of four people (25.1%) report having a diagnosed mental illness, a circumstance that is more common among women (32%) than among men (23.25%).

Men are mostly diagnosed with schizophrenia in one out of five cases (21.4%), followed by depression or depressive disorders (16.2%) and psychotic disorders (14.5%). More than a third of women are diagnosed with depressive disorders or depression (35.1%), followed by borderline personality (14.9%) and anxiety disorders (9.5%).

**GRAPHIC 32**

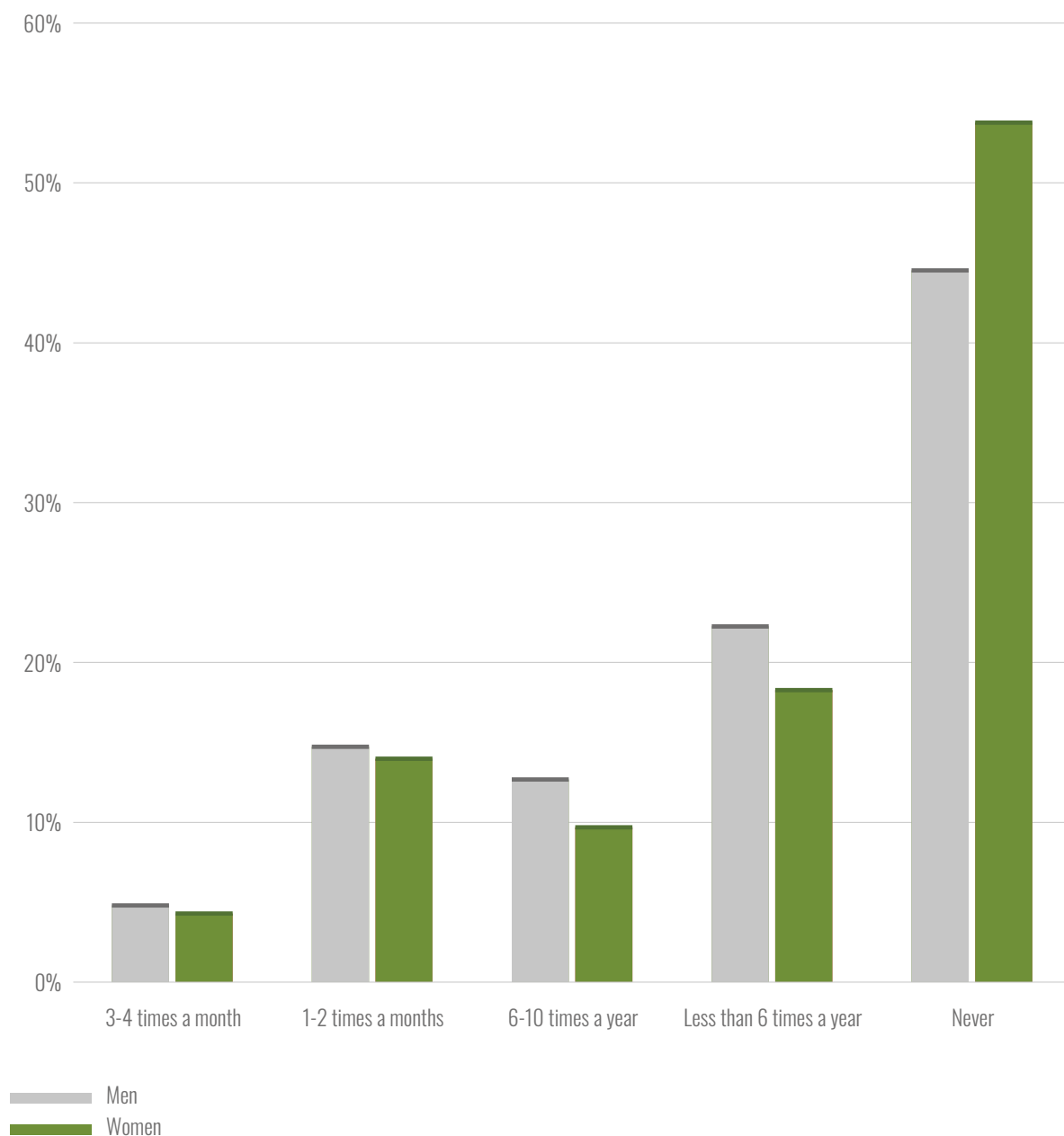
**Diagnosed Mental Health Illnesses of People with Addictions in Prison.**



### GRAPHIC 33

#### Frequency of Visits to a Psychologist or Psychiatrist by People with Addictions in Prison.

Of the diagnosed population, 60% are not in treatment and 47% report that they have never seen a psychiatrist or psychologist, especially in the case of women (53.8%) compared to men (44.5%). A frequency of 3 or 4 times a month is a minority (4.5%) in both cases.



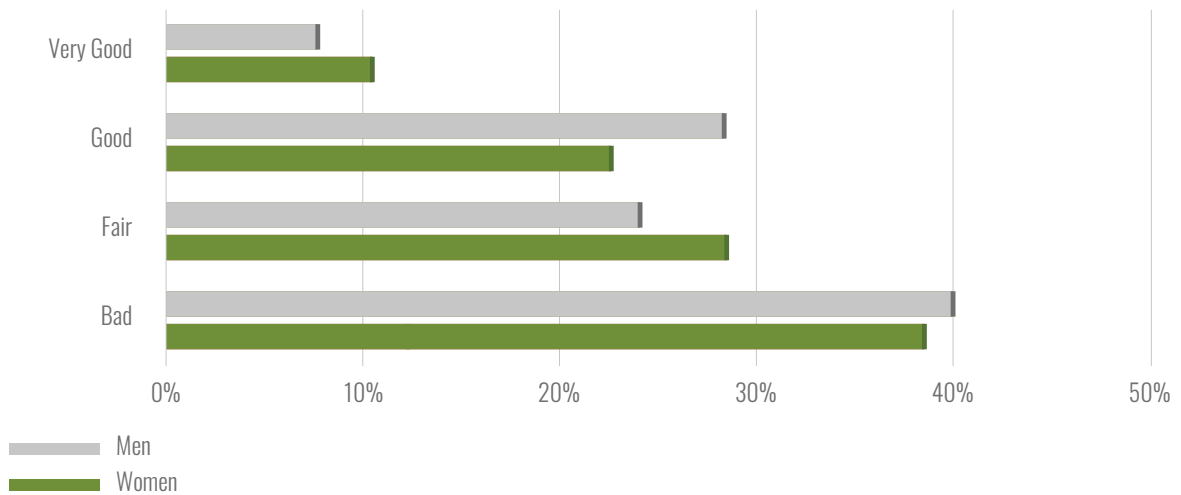
In prison, there are also people with physical impairment or intellectual disability. As far as **physical impairment** is concerned, there are no differences between men and women, 12.3% of the inmates have a recognised impairment, with an average percentage of disability of 50%.

5% of the population, both men and women, have a recognised intellectual disability. Among these which are recognised we find: mental retardation, epilepsy, amnesia, attention deficit and reading comprehension disorder. The average percentage of disability is 50%.

Finally, the **health care** received in prison is rated as 'bad' by 40% of the population, both men and women, followed by 28.3% of men and 22.6% of women who qualify it as 'good'.

GRAPHIC 34

**Assessment of the Health Care Received in Prison by People with Addictions.**



The open responses of 274 men refer to not feeling well treated, overmedication and poor personalisation of treatment, with more than 190 people.

*'The only solution is medication, to make you feel calm and groggy.'*

*'It doesn't matter why are you feeling unwell, it's always the same treatment.'*

*'They only prescribe pills with no interest on how you are feeling.'*

Another recurrent idea in men's discourse is the **lack of credibility towards their ailments**. According to 2 opinions of male prisoners, their health professionals sometimes do not prescribe pills because they believe that the ailment is an excuse to get medicated.

*'Many times doctors don't want to attend when requested, they don't pay attention to the pain suffered, because they believe it is untrue or they just think of you as a tiresome.'*

*'I needed medication for anxiety and they wouldn't give them to me because they thought we were dealing.'*



Finally, the lack of medical resources and staff makes it very difficult for prisoners to access the prison health service.

*'You need to mess it up to get a visit to the doctor, I've become aggressive here.'*

*'Seeing the doctor is like seeing God.'*

4 out of 105 responses from women also point to the lack of medical resources. According to them, the insufficient number of medical personnel results in quick, impersonal and scarce assistance.

*'My sister died because they didn't not assist her.'*

*'Here the doctor never sees you. You are diagnosed without being checked-up.' Sometimes you feel anormal just because you are in prison.'*

*'We are stranded, here we are just a number.'*





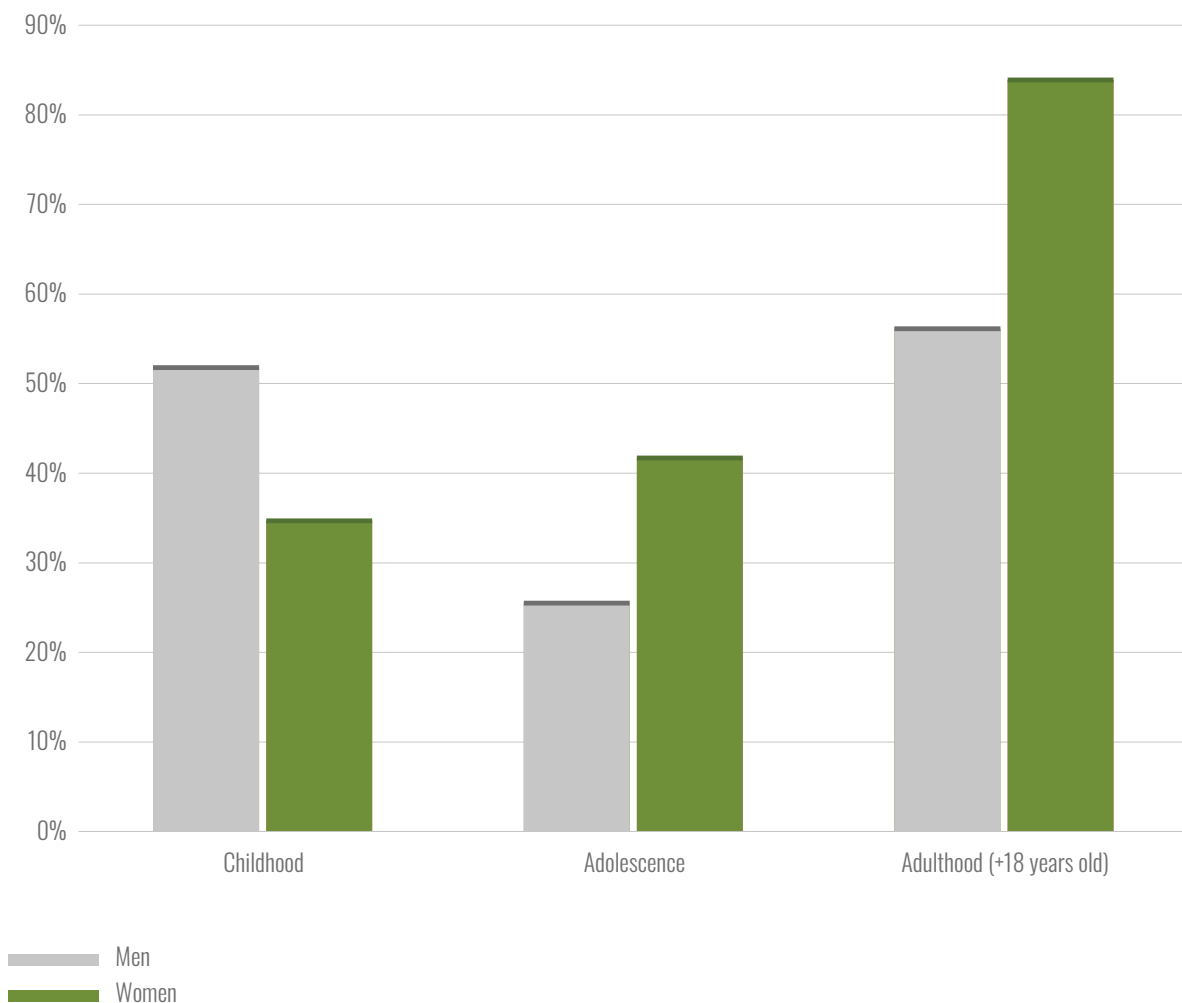
**VIOLENCE AND  
AGGRESSIONS/  
SEXUAL ABUSE**

This section delves into the experience of violence, whether physical, psychological or sexual (assault or abuse), throughout the lives of persons deprived of liberty with addiction problems. Thus, almost half (45.4%) say that they have suffered **physical abuse** at some time, it has happened to a greater extent to women (74.8%) than to men (36.6%). Psychological abuse was reported by 53.8% of the sample, 45.8% of men and 80.6% of women. As far as **sexual abuse or assault is concerned, 15.7% recognise it**: 6.6% of men and 45.3% of women have suffered it at one or more times in their lives. It is worth pointing out the intrinsic difficulty in expressing such experiences, usually involving a great deal of pain and guilt for the victim. Added to this is the context of the survey, which is not usually the most appropriate to open up and share these types of issues. Therefore, it is reasonable to think that the proportion of people who have suffered these violent experience is greater, especially in the case of sexual violence.

### GRAPHIC 35

#### Time when People with Addictions in Prison Suffered from Psychological Violence.

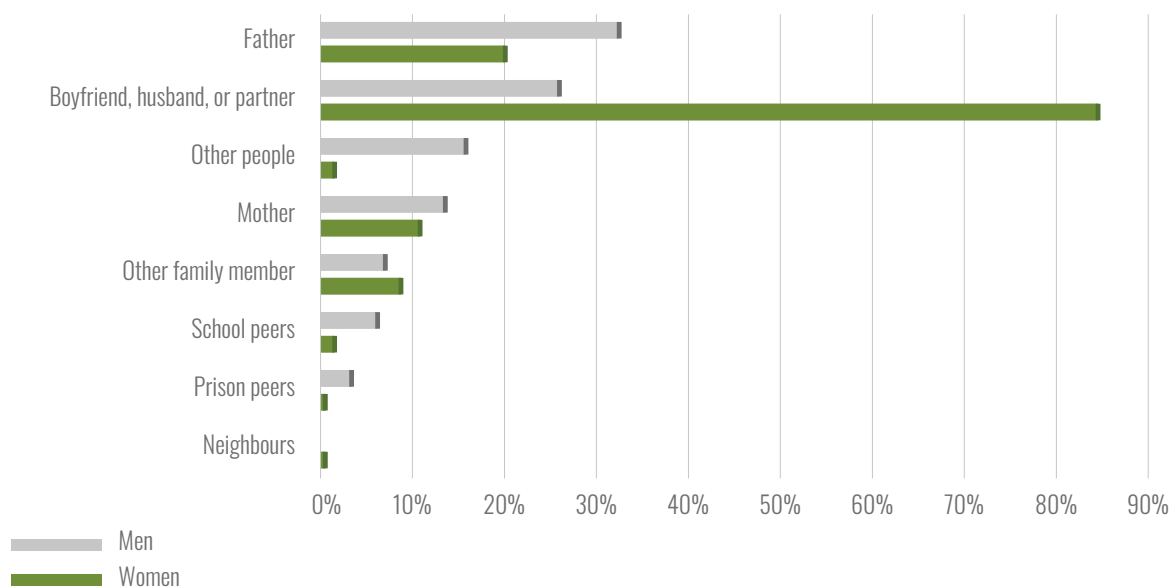
In terms of the time in life when such violence was suffered, among those who have suffered psychological violence, 56% of men and 83.9% of women suffered it as adults, 52% of men and 35% of women as children, and 25.5% of men and 41.7% of women as adolescents.



In the case of women, the abuser was the partner or ex-partner in the great majority of cases (84.5%), followed by the father (20.1%), the mother (10.8%) and other family members (8.8%). In the case of men, the abuse was received from the father (32.5%), the partner or ex-partner (26%) and, to a lesser extent, others (15.8%).

GRAPHIC 36

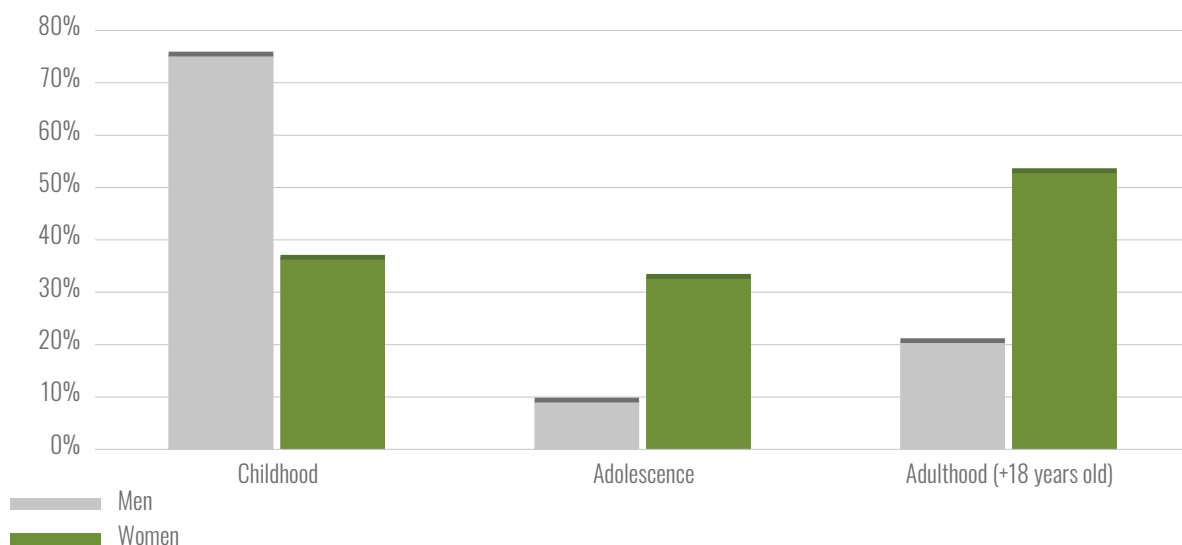
(Psychological Violence) Abuser of Persons with Addictions in Prison.



On the other hand, 15.7% (6.6% of men and 45.3% of women) have suffered **sexual abuse or assault**, 38.5% of the cases having occurred in childhood and 31.3% in adulthood. It is worth noting that, with regard to men, childhood accounts for three quarters of the cases (75.47%) while in women this episode is distributed as 36.7% of the cases occurring in childhood, 33% in adolescence, and 53.21% in adulthood. These figures show that sexual abuse or assault to women is frequently repeated at various stages of life.

GRÁFICO 37

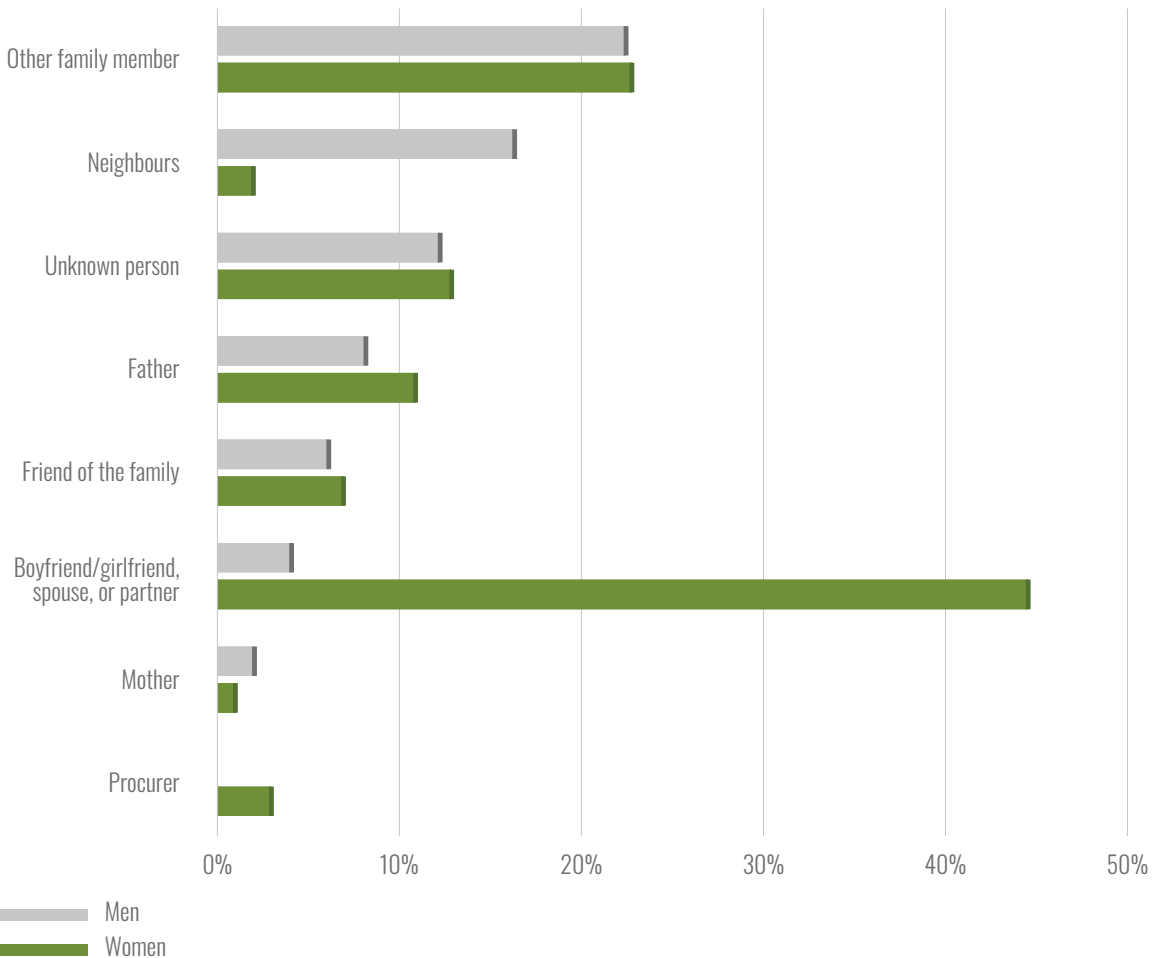
Time when People with Addictions in Prison Suffered from Sexual Violence.



**GRAPHIC 38**

**(Sexual Violence) Abuser of Persons with Addictions in Prison.**

In the case of men, the person who perpetrates sexual violence is a family member (other than the father or mother) at 22.4% of the cases, a male neighbour at 16.3%, or an unknown person at 12.2% of the records. In the case of women, 44.6% of the time it was their partner or ex-partner, a family member (22.8%) or an unknown person (12.9%).



In summary, psychological, physical and, to a greater extent, sexual violence occurs mainly against women, at various stages of their life and in most cases by their partner or ex-partner. Among men, psychological violence is more frequent, and among those who have suffered sexual violence, it was mainly during their childhood and by a member of the family or a neighbour

The question only asked to women about gender-based violence indicates that 45% of them have filed a complaint for this type of violence. However, 34.8% of those who filed a complaint had not received

any official protection measure for being a victim of gender-based violence, such as a restraining order. The low use of the complaint is striking despite the fact that 74.8% of the women have suffered physical violence and 80.6% psychological violence, being the partner or ex-partner the aggressor at 84.5% of the cases, and that 45.3% of the women have suffered sexual violence, being the partner or ex-partner also the aggressor at 44.6% of the cases.

A black and white photograph showing a person's hand holding a white surgical mask by its top edge. The mask is partially unfolded and hangs down. The background is dark and out of focus. The text 'IMPACT OF THE COVID-19 CRISIS' is overlaid in large, bold, white letters on the lower half of the image.

# IMPACT OF THE COVID-19 CRISIS

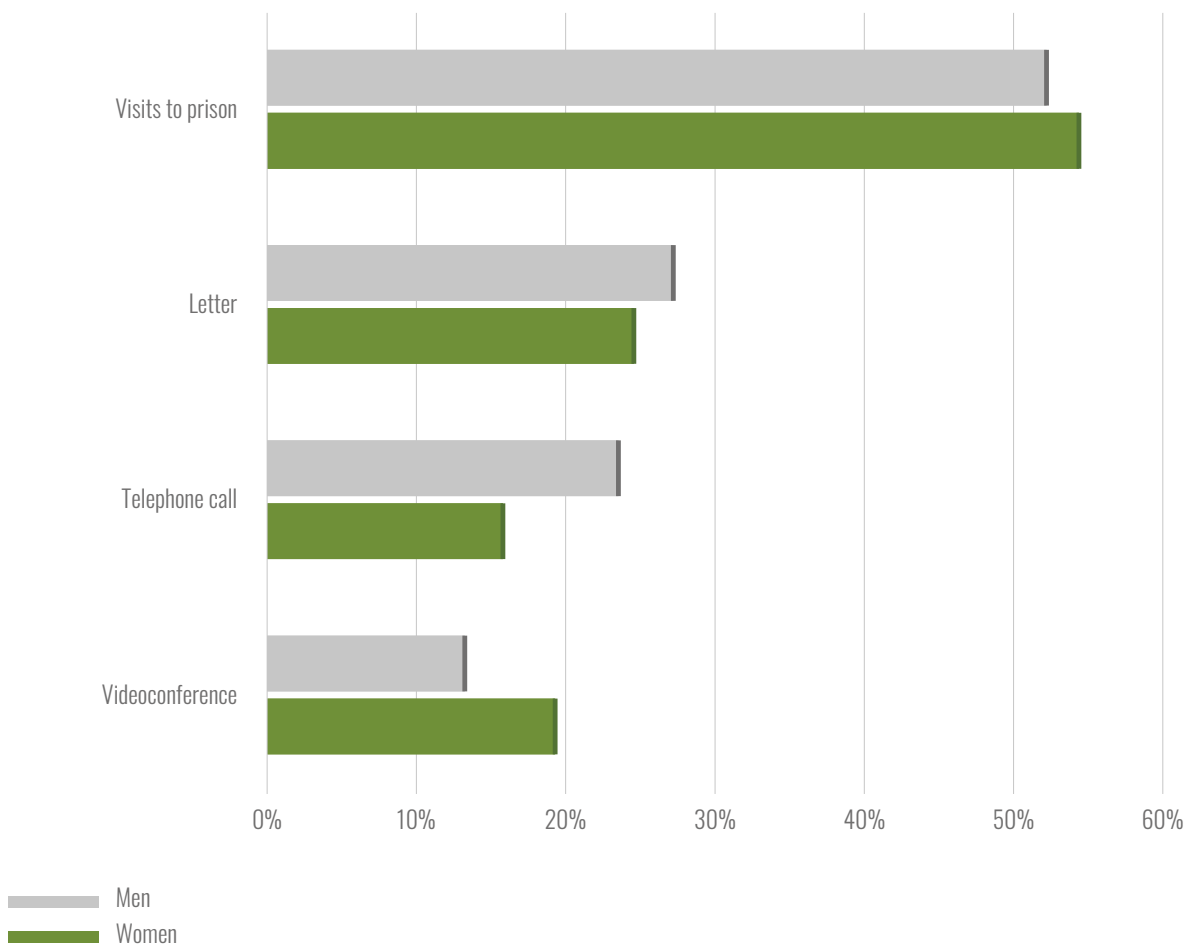
**GRAPHIC 39**

**Means of Communications with Associations and Social Entities Used by Persons with Addictions in Prison.**

The following questions deal with the consequences of the health and social crisis provoked by the coronavirus and how it has affected the incarceration situation of the respondents.

Only 4% of the sample reported having been released from prison as a result of the health and social crisis, which translates into 3.8% of men and 4.5% of women. 12.3% say that they use more drugs or medication than before the COVID-19 crisis, a figure that refers to 14% of men and 9.4% of women.

18.7% were able to maintain contact with associations or social organisations during the coronavirus pandemic situation (17.4% of men and 23.6% of women). Of those who were able to maintain this contact, 53% said that they had done so through visits to the prison (54.4% of women and 52.2% of men), followed by means of letter (27.2% of men and 24.6% of women).



A black and white photograph of a hand reaching up and touching a window pane. The hand is positioned in the center-right of the frame, with fingers slightly curled as if gripping the glass. The window has a grid pattern, and the light coming through creates a soft, diffused glow. The overall mood is contemplative and somewhat somber.

**CRIMINAL  
AND  
PENITENTIARY  
DATA**



With regard to their legal, criminal and prison situation, practically all of the persons surveyed (98.3%) were in a situation of final conviction and the rest were in a preventive situation (awaiting trial).

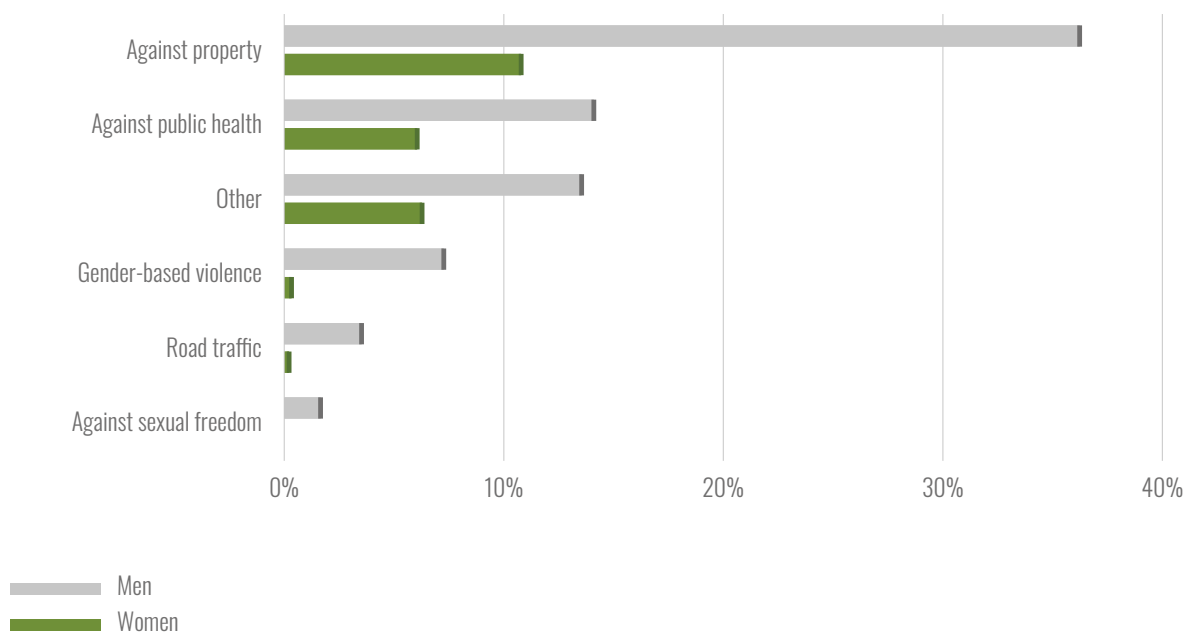
The crimes for which inmates with drug addiction and/or pathological gambling problems are serving prison sentences are mainly crimes against property (47% being the first offence for which they are serving a sentence), both men and women. The second offence for which they are serving their sentence, as well as the third, are mostly crimes against property.

The next type of infraction for which people with addiction problems are in prison is the offence against public health, both for those who mention having only one offence and for those who mention having a second and a third offence.

The differences between men and women are to be found in the third type of offence, where, in the case of men, gender-based violence stands out. In the case of women, it is a variety of other types of offences, with no category outstanding. Moreover, women hardly commit road traffic offences and even less sexual offences, which are the fourth and fifth categories for men. It is important to note that although women cannot be convicted of gender-based violence offences, some of the respondents claimed to have been convicted. These are likely to be women who came forward as victims of gender-based violence at the hands of their partners or ex-partners and ended up being convicted for injuries by the pertinent court itself. This is a re-victimisation issue at the hands of the protection system, counter-denunciations and convictions of victims, which needs to be investigated and analysed in more detail, but it is striking and indicative of the lack of a gender perspective in the prosecution of these crimes.

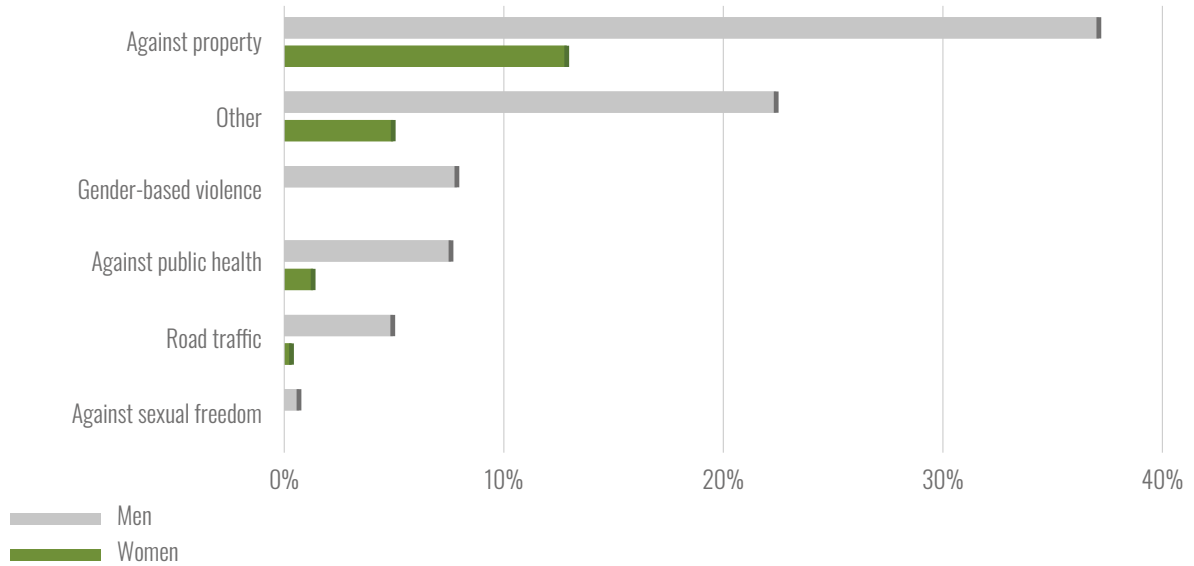
**GRAPHIC 40**

**First Offence of Persons with Addictions in Prison.**



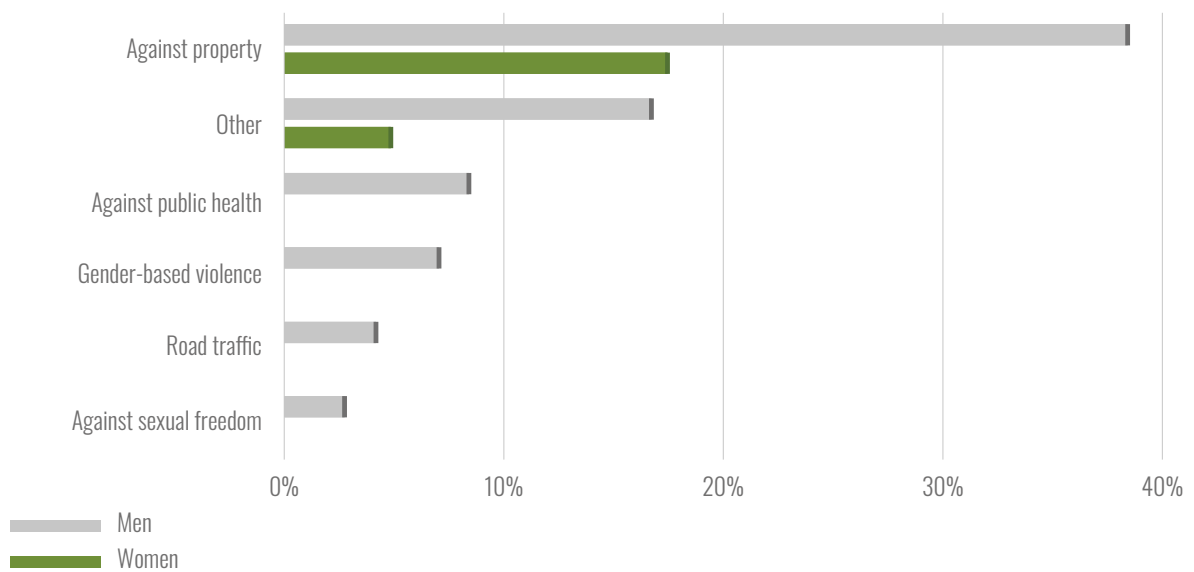
GRAPHIC 41

**Second Offence of Persons with Addictions in Prison.**



GRAPHIC 42

**Third Offence of Persons with Addictions in Prison.**



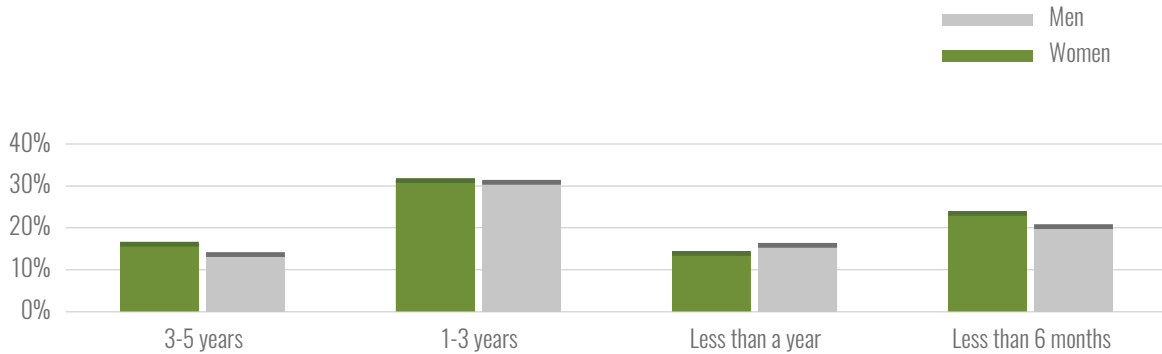
The **length of sentence** for the first offence against property for men is mostly more than 6 years and for women from 13 months to 3 years.

**GRAPHIC 43**

**Time in Prison for the Present Admission of the Persons with Addictions.**

The second offence, also against property, has a sentence duration ranging from 13 months to 3 years, both for men and women.

70% of the convicted persons stated that they had not requested an alternative to prison, both for the first and the remaining sentences.



30.9% of men and 31.3% of women have been in prison for between one and three years, while 20.3% of men and 23.5% of women have been in prison for less than six months, and 18.5% of the total (19% of men and 15% of women) have been in prison for more than five years. It is therefore significant that 33% of men and 31% of women have been in prison for more than three years.

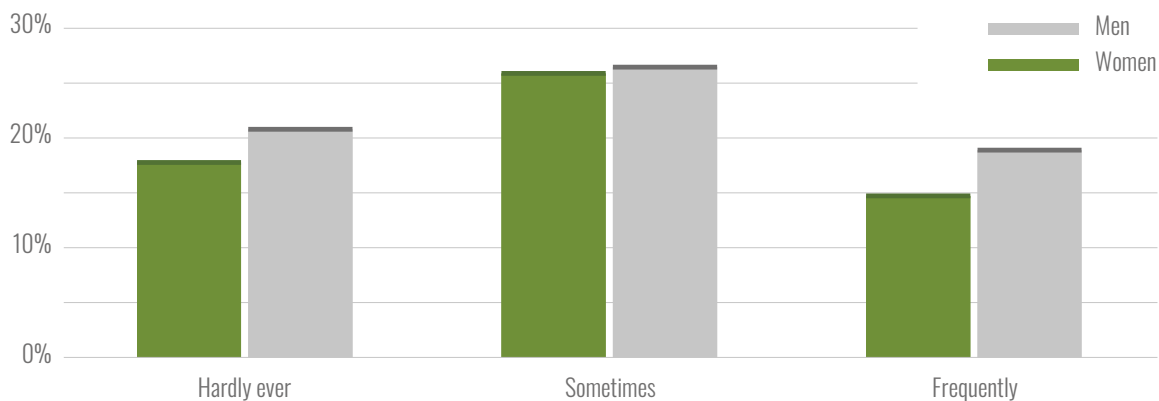
Half of them (49.9%) have criminal records (51.9% of men and 43.7% of women) and three quarters of both men and women (76%) have no other pending cases.

18.6% have ever been in **youth custody centres**, which represents 20.9% of men and 11.3% of women.

**GRAPHIC 44**

**Frequency of Visits by their Defender to Persons with Addictions in Prisons.**

80% of the persons surveyed had access to **legal aid**, in case of men a private defender (57%) and women a public defender (54.7%). Both groups report satisfaction with the work carried out (60%) by such defender, although 35.4% say that they were only visited on the day of the trial (33.9% men, 41.62% women and 25% non-binary).

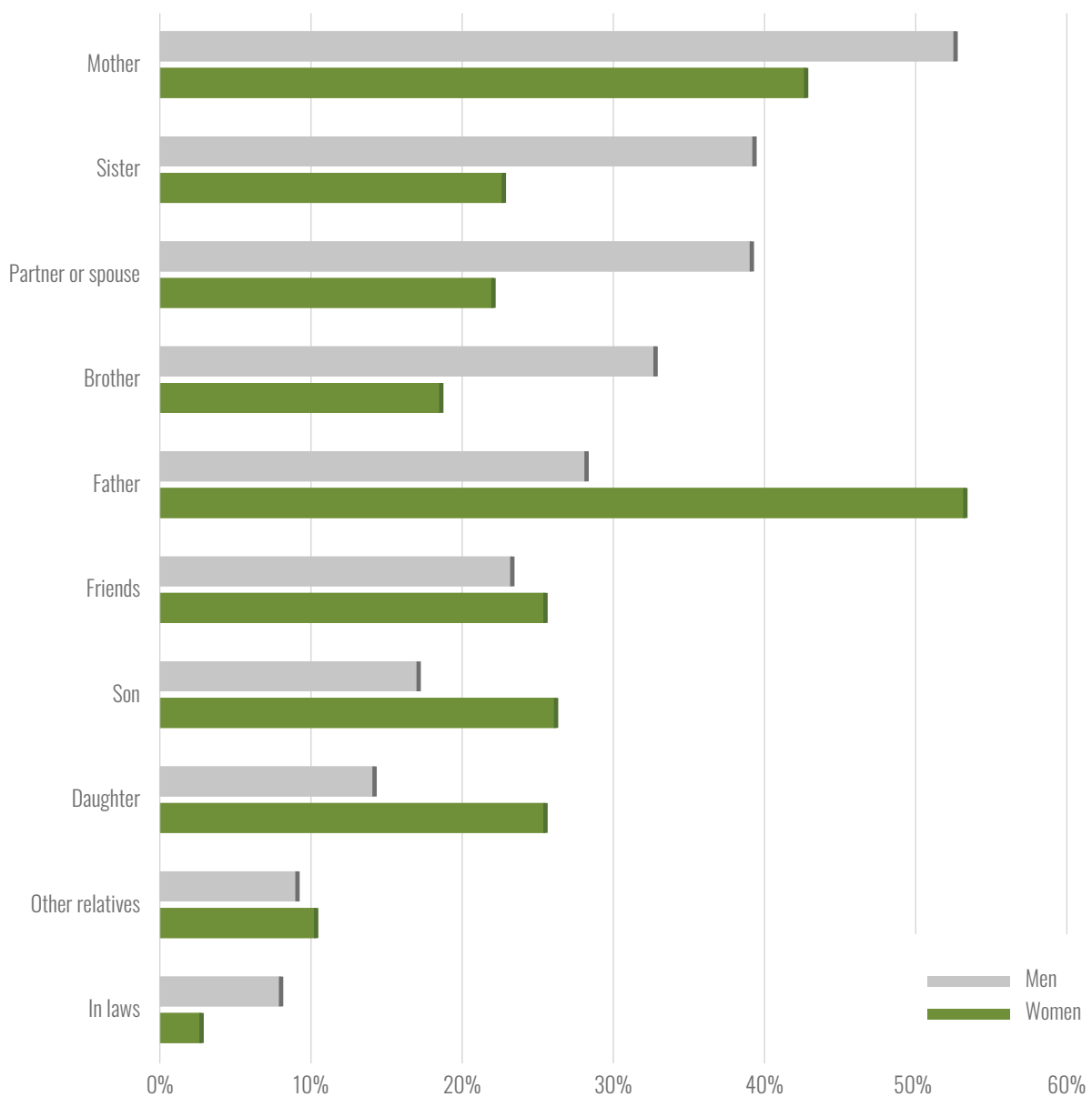


The vast majority of respondents (82.3%) have not been entitled to any alternative to serving prison within the penitentiary system. 58% of the surveyed population has been in more prisons. The average number of prisons outside the province in which they have been ascends to 3.

75.3% of the persons surveyed are not enjoying prison releases and 65% receive visits from relatives or people close to them. In the case of men, the person who visits them the most is the mother (52.6%), followed by the sister (39.3%) and the partner (39.2%). In the case of women, the person who visits them the most is the father (53.3%), followed by the mother (42.8%), and then the son (26.21%).

GRAPHIC 45

**Close People or Relatives who Visit Persons with Addictions in Prison.**



21.5% (18.4% of men and 32% of women) have the support of an external association.

A quarter (24%) have or have ever had intimate communications with another person deprived of liberty, be it a spouse, stable partner or sporadic partner. Here the gender differences are noteworthy, since while one out of six men (16.7%) has intimate communications with another prisoner, in the case of women this proportion rises to almost half of them (48.8%).

Finally, persons with addictions in prison were able to add some open comments at the end of the survey, 133 responses were collected from men and 45 from women. In many cases, they highlight the need to feel listened to and to be visible both inside and outside prisons. Many feel the weight of stigmatisation as inmates, which generates a sense of emotional, psychological, institutional, and social abandonment.

*'I feel completely abandoned. In all the sense of the word. We are not all the same. They don't help unless they are required to take official action.'*

*'This time with you has helped me to let off steam. In prison I only want to be by myself, I only want peace and be quiet.'*

*'To be able to use my sentence to attend an addiction care centre, because I have never been taken into consideration.'*

*'Therapeutic modules are good, but there is a need to continue working when you are in open regime and in freedom. To have support and continuity in the treatment.'*

4 people say that the lack of financial, training and educational support is seen as a lack of the prison system.

*'Prison society is a true reflection of how ordinary society works. There are many things that should change, prison should not be isolation for people but an opportunity to rebuild their lives. There is a lack of resources. It should be an opportunity for personal growth, not a punishment. A perfect society would not need prisons.'*

*'Delay in receiving the release benefit. Need for a bridging employment pathway to avoid having to commit crime as soon as you are released from prison. Social stigmatisation. Occupations with job opportunities.'*

*'Cemetery of living men.'*

In relation to drug use and drug treatment, there are different opinions. In one hand, there are those who have found it helpful to be outside the drug-using environment.

*'I'm in prison but I feel free.'*

*'I feel good because I feel protected.'*

*'I feel good. I don't regret it because they have helped me a lot. I was an impressionable person and they have opened my eyes.'*

On the other hand, there are 4 people who report having relatively easy contact with drug use in prison.

*'I don't think it's right to give medication to inmates, it's just another addiction. Here I have seen fights over a pill.'*

*'Everything comes in here to get them high, there is a lot of addiction to medication. More criminals go out than come in.'*

*'Prison is the biggest supplier of legal drugs.'*

*'Drugs have hurt me, but I have learned that you can't heal a wound with a knife.'*

Finally, although to a lesser extent, the lack of attention to pathological gambling appears in the discourse of 1 prisoner.

*'There should be more help for addictions, and without substance too, there is a lot of gambling here.'*

Women prisoners underline that the prison experience is like a struggle for survival.

*'The need to convey to the medical service the need of treating inmates as per their human condition, as well as the need to recognise their efforts in trying to live day to day in prison.'*

*'Always positive, never negative. The power of the mind is unlimited. Believe is create.'*

*'Prison is stealing my soul. I just want to get out of here.'*

Part of this feeling arises from the gender discrimination that many identify in prison. Among the keys to this inequality is the lack of access to resources, the absence of activities, and specific spaces for women.

*'Prison and women are at odds to each other. Women are the last ones to be able to access courses. We hear macho comments from some officials and they don't let us approach men, they treat us as if we were prostitutes and above all we are humans.'*

*'More jobs for women because most of them are held by men. I would also like more activities, yoga, sports, dance, getting off drugs.'*

Finally, like the men, two women denounced the failure of the prison reintegration process.

*'There is a need for more reintegration, more attention to sick women and more women's modules'*

*'I want to make clear that prison is no solution to any human being. It brings out the worst part of you, you become distrustful. It should be a place where young people like me are treated differently. They think that by keeping us 4.5 years we are going to come out of here as a full-fledged woman. But I'm going to come out worse, with all the hard feelings, with all the things you keep quiet about.'*



# ANALYSIS IN CATALONIA

6

Below data collected from Catalan prisons is broken down. Although the legal framework is the same as for the rest of the country (i.e. Constitution and General Penitentiary Organic Law 1/1979), the Generalitat of Catalonia has the power to manage its penitentiary centres, by virtue of Royal Decree 3482/1983 on the transfer of services from the State to the Generalitat of Catalonia in the area of penitentiary administration. Thus, it is the Catalan prison administration which, in compliance with the basic prison regulations mentioned above, manages all activity in this area in its territory, including the construction and maintenance of penitentiary centres, the provision and distribution of prison workers, the organisation of the functioning of the centres, assistance to prisoners and treatment programmes. Therefore, in Catalonia, the prison population is assisted by the community-public health services, namely the Catalan Health Service (Servei Català de Salut).

It should be noted that, while this research was being carried out, Royal Decree 474/2021 was passed (and the corresponding Basque Decree), which determined the recent transfer of the functions and services of the State Administration on the execution of State legislation on penitentiary matters to the Autonomous Community of the Basque Country. Notwithstanding the above, the research team decided not to break down the information for this territory at this time, since there has not been time for the Basque Government to design and implement its own penitentiary policy, let alone extract data from it.

Before describing the profile of prisoners in Catalan penitentiary centres, it is necessary to make an observation. Although the total sample on which we have worked (men and women) represents the total prison population in Catalonia and, therefore, its data is generalisable, the sample of women in this territory is not representative of the total number of women prisoners in this Autonomous Community. For this reason, the data shown for the female population in this case is only an approximation. In spite of this, the research team considered it advisable to carry out a gender breakdown of the results as it could guide future research or inspire improvements in prison policy towards women prisoners in this territory.

The difficulty in obtaining the complete sample of women according to the technical forecast from which we started out is related to the timing required by the funding organisation, as the process of surveying women is slower given their low number and the dispersion of centres. In this respect, we would like to thank the Catalan Administration for its availability and collaboration.

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6. The survey sample for the Catalan Prison Administration is made up of 208 prisoners, 192 men and 16 women, of whom 190 identify as male, 16 identify as female and 2 non-binary persons, thus keeping a similar proportion to that of men and women in the state prison population. The sample is statistically representative for the prison population of Catalonia, so that the general results can be extrapolated with an 85% confidence level and a 5% margin of error. Not so in the case of women deprived of liberty, therefore, the results disaggregated by gender in this section must be taken with caution as they are not statistically representative of the situation of women with addictions in Catalonia.



## PERSONAL DATA

46.2% of the people with addictions surveyed in Catalan prisons are of Spanish nationality, and the other 53.8% of them being of foreign origin. If we break down this data by gender, we observe that there is a greater presence of Spanish nationality among women (68.8%) than among men (44.7%). Following the Spanish nationality, we find the Moroccan representing the 21.6% of population, but here again the gender differences are notable, since while for men it ascends to 23.2%, only 6.3% of women are Moroccan. Among them, the second most numerous nationality is Romanian, accounting for 12.5%.

The ethnic group with which the people surveyed most identify themselves is White/Caucasian at 36.1% (35.8% of men and 43.8% of women), followed by those who identify themselves as Latinos, at 10.6%, in which only men are to be found. Significant differences are also observed in regards to Romany population: 12.5% of women recognise themselves as Roma, while Roma men represent 6.3%.

## FAMILIAR DATA

People in prison with addiction problems generally come from families with less than primary education, accounting for 36.1% of mothers and 26.9% of fathers. In second place are parents with primary education, at 18.8% of fathers and 20.7% of mothers.

More than half (55.8%) of the people surveyed say that they have children. Among women, 81.3% have children compared to 53.7% of men. More than a half (53.9%) state that they do not have custody of their children: 54.9% of men and 46.2% of women.

Regarding cohabitation before entering prison, the most numerous responses were equally divided between those who lived with a partner and those who lived by themselves (24.5% in each case), while 13% lived with their parents and/or mothers. There were differences between men and women: men lived mostly on their own (26.3%) before entering prison, compared to 6.3% of women, while the largest

In terms of sexual orientation, 93.8% of the population is heterosexual and 2.9% is homosexual. In addition, 2.9% identify themselves as bisexual and one person (0.5%) as pansexual. In this respect, the differences between men and women are relevant, as 18.8% of women consider themselves bisexual compared to 1.1% of men.

The level of education attained is mainly secondary education, including vocational training (35.1%). It is worth noting that only 2.4% of the people interviewed have higher education, either a university degree or higher. These data show the low level of education of the prison population. Among women, primary education has more weight (50%), while only 23.7% of men have reached this academic level.

percentage of women, 31.3%, lived with a partner, compared to 23.7% of men.

With regard to their relationship status, 41.8% of those surveyed said that they had a partner, 42.1% of men and 37.5% of women. Among the remaining 56.7% who do not have a partner, women outstand (62.5%) compared to men (56.3%). As for the situation of the partner, the differences are notable, since while nine out of ten men (90%) have a partner at liberty, in the case of women, the majority are in prison, specifically two out of three (66.6%).

## ECONOMIC, EMPLOYMENT AND CARE SITUATION

Regarding their economic, employment and care situation, specifically the section on income prior to their entry into prison, 38.5% were working in the regulated labour market, 28.4% were working in the underground economy and 16.8% were receiving some kind of pension or subsidy. 31.3% of women had a pension or subsidy as their main income source, compared to the 15.8% of men.

The main breadwinner in eight out of ten cases (79.3%) was the person in prison, more so for men (81.1%) than women (62.5%). On the other hand, only 6.7% of the respondents stated that it was their partner who provided the higher income to the household, although in the case of women this was twice as high (12.5%) as for men (6.3%).

27.9% of the persons with addictions surveyed in Catalonia are not in training or employed, followed by those who are working in their assigned job<sup>7</sup> (9.6%) and those who are working in a paid workshop (9.1%).

It is worth noting that 18.8% of women work in their assigned job compared to 9.5% of men.

12 months prior to their admission to prison, 15.4% of the persons surveyed were unemployed, 14.4% had a temporary/casual contract, while 13% had a permanent contract. Of those who were unemployed, 37.5% were women and 13.7% were men.

In the twelve months prior to entering any of the prisons in Catalonia, 47.1% had dependents with caring responsibilities, this figure being higher in the case of men, at 48.4%, than in women, at 31.3%.

## HOUSING

In relation to housing, almost nine out of ten (87%) of the sample population have a place to live when they are released from prison, while 12% have not. Men are more likely (87.9%) to have somewhere to go to, compared to women (75%). Therefore, more women (25%) than men (11.1%) have no housing solution.

For those who stated they have a home outside prison, at 31.3% of cases it belongs to their family of origin, at 26% it is a rented accommodation and at 13.9% of cases it is an owned property. 26.8% of men will rent a house, while for women the percentage is lower (12.5%). For women, the most prevalent housing option is the family of origin; 43.8% for women and 30% for men.

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7. See footnote 4

## ADDICTION DATA IN AND OUT OF PRISON: CONSUMPTION AND TREATMENT

Next, we analyse the relationship with addictions (substances and pathological gambling) and present the substances from a greater to a lesser degree of consumption by persons with addictions in Catalan prisons.

Tobacco is consumed daily by 66.8% of the surveyed population. Daily consumption is higher in women (87.5%) than in men (64.7%).

Cannabis is consumed by 58.2% of the population with addictions in Catalan prisons. 36.1% use it on a daily basis and 9.1% use it sporadically. Men (38.9%) mainly consume it on a daily basis, while women consume it sporadically (37.5%). The main route of administration is smoked and to a lesser extent pipe/foil smoked.

Cocaine is used by 52.4% of the population, on a daily basis by 28.4% of people and sporadically by another 7.7%. It is used every day by 28.4% of men and 25% of women. Being firstly snorted following by smoked the main routes of consumption.

Alcohol is consumed by a 51.4%: 24.5% on a daily basis, 6.7% sporadically and 15.4% 2 or 3 times a week. Daily alcohol consumption is similar in men (24.7%) and women (25%), while occasional drinking is higher in women (12.5%) than in men (6.3%).

Crack is consumed by 16.3% of the population: 10.6% on a daily basis and 2.4% use it occasionally a few times a month. Whereas 10% of all men with addictions use crack on a daily basis, for women this figure arises at 18.8%. The main route is smoked, pipe or foil smoked, and to a much lesser extent snorted.

Hypnotics and anxiolytics (barbiturates, benzodiazepines, tranquilizers, etc.) are consumed by 12.5% of the people surveyed on a daily basis, whereas other consumptions are less frequent (3%). The figure triples for women (37.5%) compared to men (10.5%). The route of administration is ingested and, to a lesser extent, snorted.

Amphetamines are used by 12% of the population, 6.3% using them on a daily basis and 2.9% sporadically. Women mainly use amphetamines on a daily basis (12.5%), while men use them less frequently (5.8%). The main routes of consumption are ingested,

snorted, and to a lesser extent smoked and pipe or pipe smoked. In men the main route is ingested (2.6%) and in women it is snorted (6.3%).

Methadone is used by 9.1% of the surveyed population on a daily basis. Consumption is primarily by ingestion. Women use methadone in a higher proportion (25%) than men (8.9%).

Heroin is used by 13.5% of the population. In 6.7% of cases it is consumed on a daily basis and 2.9% consume it a few times a month, mainly by smoking it. Nowadays, there are no women in Catalan prisons who claim to use heroin on a daily basis, compared to 7.4% of men who claim to do so.

A mixture of cocaine and heroin is used by 4.3% of people. Consumption is mostly sporadic (2.4%), compared to daily use (1%). The main routes of consumption are diverse; smoked, snorted, ingested and injected, almost equally among men. For women, smoked and injected are the most common routes.

The use of hallucinogens (LSD, trippy, mescaline, etc.) is mainly used sporadically by 2.9% of the surveyed population. This sporadic use is more than twice as high among women (6.3%) as among men (2.6%). The main route of consumption is ingestion.

The main context of drug use is in leisure, party, or fun environments (32.2%), then at home by themselves (26.4%) and finally at home with other people (15.9%). In this respect, there are notable differences between men and women. While for men the main context of consumption is during leisure time (32.6%), for women it is at home privately (37.5%).

If we talk about treatment and rehabilitation, there is a 54.3% of respondents who are currently receiving treatment for drug use, oppose to the 43.3% are not receiving any treatment at all. Three quarters of women receive treatment (75%) compared to just over half of men (52.1%).

Of those who do receive some kind of treatment, 20.4% participate in the centre's own therapy group and 18.8% receive pharmacological treatment. Men receive help from therapy groups (12.1%) while women receive more pharmacological treatment (18.8%).

Outside prison, four out of every ten (39.9%) people surveyed with addictions in Catalonia have received treatment for addiction at some point in their lives. The difference between men and women stands out: while three out of four (75%) of women have received treatment outside prison, less than four out of ten (37.4%) of men have done so. Among those who have received treatment, 12% rate it as very good. If we take into account the positive evaluations (12% good and 15.9% very good), the results show that 7 out of 10 (70.7%) value the addiction care received outside the prison positively, compared to the 29.3% who assess it negatively.

In almost half of the cases (45.2%) there is or has been problematic drug use in some member of their family, which is accentuated in the case of women (62.5%) compared to men (43.7%). Siblings (14.9%) are the main family members who are drug users, followed by the father (7.2%).

Regarding former pathological gambling, 22.6% of the surveyed population have had problems and only 2% of the cases have received some kind of treatment for their addiction. Gambling addiction is more of a problem for men (23.2%) than for women (12.5%).

Finally, with regard to how the people surveyed rate the care received for drug addiction or pathological gambling in prison, 28.4% rate it positively, as good, while 19.2% rate it negatively, as bad. If we take into account the non-positive opinions (fair 17.8% and bad 19.2%), we conclude that four out of ten (37%) has a negative opinion of the care received for addictions in prison. If we break down this, we find that 43.8% of women rate the care as good compared to 27.4% of men; and on contrast, there are 12.5% of women who rate it as bad compared to 20% of men who rate it negatively.

## HEALTH DATA

The people with addiction problems surveyed in Catalan prisons consider that prison has brought them the following psychological problems: stress and claustrophobia (70.2%), contained anxiety (68.8%), depression (65.4%), isolation from family (62.5%), social isolation (53.9%), anxiety attacks (51.4%), mental imbalances (37.1%), aggressiveness (34.6%), desire for revenge (23.1%), and suicide attempts (17.3%).

Significant differences between men and women are found in depression which is suffered more by women (87.5%) than by men (63%), as well as stress and claustrophobia (93.8% and 68.4% respectively), social isolation (94% vs. 60.5%), and contained anxiety (94% vs. 66.3%), anxiety attacks (81.3% vs. 48%) and mental imbalances (81.2% vs. 33.1%). Thus, the trend is that women show more mental health problems associated with their imprisonment.

A quarter (25%) of the people surveyed have a diagnosed mental illness, with a higher incidence among women (37.5%) than among men (24.2%). 10.6% see mental health professionals (psychiatrist and/or psychologist) between once and twice a month, while 4.3% of those diagnosed with mental illness have never seen any of these professionals. The difference between genders considering those who see mental health professionals 1-2 a month is 9.5% and 25% respectively.

61.5% of the respondents have taken some kind of prescribed medication during the last two weeks, clearly outstanding women here (75% compared to 60% of men).

Nearly one third (32.3%) of the surveyed population has visited medical staff less than 6 times a year or never. Men are the ones who see medical staff the least, 34.7% see medical staff less than 6 times a year or never. 23.1% of the population visits medical staff 1-2 times a month. If we look at these data, 31.3% of women visit medical staff 1-2 times a month, while 22.1% of men do so.

Medical tests are carried out with a main frequency of once a year (46.6%), differentiating between men and women 45.3% and 56.3% respectively. 14.4% have never had a blood test in prison.

9.1% of the surveyed population has a recognised physical disability and 4.8% has an intellectual disability. In women there is a greater presence of physical impairment (25%), compared to men (7.9%), as well as for intellectual disability: 12.5% of women, 4.2% of men.

Finally, the health care received in prison is rated as negative in more than half of the cases (49.5%), if we take into account that 24.5% rate it as bad and another 25% as fair. The rest, 45.7%, rated the health care received in prison positively: 32.2% good and 13.5% very good. Disaggregating the data by gender, 37.5% of women considered the health care to be good, compared to 32.1% of men. Women rate health care as fair to the same extent (37.5%), while 23.7% of men rate it as fair.

## VIOLENCE AND AGGRESSIONS / SEXUAL ABUSE

41.8% of the people surveyed had suffered some kind of physical abuse, 100% of the women and 36.3% of the men. In terms of psychological abuse, 48.6% of respondents reported having suffered psychological abuse, 43.7% of men and 100% of women.

5.3% of the men surveyed had suffered sexual violence, compared to 75% of the women. In the case of women, the aggressor is, at 25% of cases, the partner and, at 18.8%, another family member.

## IMPACT OF THE COVID-19 CRISIS

The vast majority (89.9%) have not had access to any release measures due to the COVID-19 health and social crisis.

16.8% use more drugs or medication than before the coronavirus crisis, and this is more pronounced among men (17.4%) than among women (6.3%).

## CRIMINAL AND PENITENTIARY DATA

The prison situation is divided between those who are convicted (49.5%) and those who are in pre-trial detention (48.1%). Most of them are medium level security (40.4%), open-regime or low level security (5.8%), and finally maximum level security prisoners (1%).

If we break down this data, we can see that 62.5% of women are convicted compared to 48.9% of men, while 31.3% of women are in pre-trial detention and so are 48.9% of men.

The first offence is against property and then against public health. Regarding the first offence, 32.2% of respondents have not requested an alternative to prison, whereas 11.1% of respondents having done so.

54.3% of the surveyed population has criminal records. Most men have at least one criminal record (13.2%), in contrast to women, who in general have at least four

On the other hand, with regard to gender-based violence, almost seven out of ten (68.8%) of the women surveyed had filed a complaint for gender-based violence at some point in their lives, of which 63.6% received some measure of protection as victims of gender-based violence.

Finally, 8.7% of respondents were able to maintain contact with associations or social organisations during the pandemic (6.3% of women compared to 8.9% of men).

criminal records (12.5%). The majority of people have no pending cases (66.4%), 75% of women and 65.3% of men. In addition, 23.1% of the persons surveyed had previously been in youth custody centres; 23.7% of the men and 18.8% of the women.

82.2% of the surveyed population have legal aid, 51% by means of a private defender and 35.6% a public one. 49.5% of people are satisfied with the work of such professionals, while 35.6% are not. While 85.8% of men have legal aid, only 37.5% of women do. In addition, legal aid for men is private (53.7%) and for women it is mainly public (37.5%). 23.7% of men receive visits from their defender with a relative frequency (sometimes), so as for 6.3% of women. It should be noted that 26.8% of men and 31.3% of women say that they are only visited by their defender on the day of the trial.

85.1% of people have not benefited from any alternative formula to serving prison.

When asked whether they had been in more prisons than the present one, where the survey was carried out, 48.6% answered yes, i.e. they had been in more prisons, being this figure higher for women (68.8%) than for men (47.4%).

The majority of cases (85.6%) are not enjoying releases from prison: 13.2% of men, but any woman. 63.5% of the surveyed population receive visits in the penitentiary centre. By gender, 34.2% of men and 43.8% of women do not receive visits.

Of the population surveyed, only 8.2% have the support of any external social entity: 6.8% of men and 18.8% of women.

Finally, 13.9% have had intimate communications with an inmate at some point. Women (31.3%) outnumber men (12.6%).

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# MAIN RESEARCH RESULTS

## PROFILE OF THE PERSON WITH ADDICTIONS IN SPANISH PRISONS

In this chapter of conclusions, we will first describe the profile of the person with drug addiction and addictions without substance problems in prison, based on the data obtained from the statistical analysis. Followed by a comparison of the profile resulting from this study, and that drawn up by UNAD in 2008, Drug Dependency and Prison: Study on the situation of people with drug problems in prison. This comparative analysis will allow us to know if there have been differences in the profile over time.

It is worth mentioning that the gender variable is key in the elaboration of the profiles to better approximate the reality of imprisoned persons with addictions problems, thus resulting in the profiles below. It should be also noted that, when asked about gender identification, apart from male and female, there were six cases of people who identified themselves otherwise: four as non-binary, one who indicated having gender dysphoria and one who answered don't know/no answer.



## PROFILE OF MEN WITH ADDICTIONS IN PRISON

Starting with profile of men with addictions in prison, 839 participants, the 77.26% of the sample population in the study. Of these male respondents, 836 identify themselves as male, 2 as non-binary and 1 DK/NA.

This profile has an average age of 39 years old, is of Spanish nationality (69.87%), was a Spanish resident (93%) before entering to prison, identifies himself with the white ethnic group (54.9%) although 11.5% is of Roma ethnicity, and of heterosexual orientation (97.48%). Besides, they have a primary education level.

In relation to their family situation, they come from a large family, with between 3 and 4 siblings on average (excluding the interviewed), whose parents education is 'below primary education' (33.6% of mothers and 40.2% of fathers). Nearly six out of ten have children (57.7%), exactly 2.2 on average, and 54.6% have their custody while 45.4% do not. Finally, before entering prison, they lived with their partner (this is the outstanding category representing 35.4% of responses). However, they currently do not have a partner (55.7%).

Regarding their economic and care situation, their income 12 months prior to their entry into prison came from the regulated labour market (43.9), the underground economy (26.7%) and from a pension or subsidy (19.3%). If we add these last two concepts together, we can see that 46% of those surveyed did not take part in the labour market. In the previous period, they were the main breadwinners themselves (at 75.1% of the cases).

Regarding the occupational situation in prison, working in the assigned job<sup>8</sup> (19.4%) and paid workshops (19.4%) stand out equally, followed by those with 'no training/labour occupation' (18.5%) and unpaid workshops (13.6%). 28.3% of men are enrolled in an education programme in prison, which at 9.2% is secondary school.

12 months prior their entry to prison, they were unemployed, having worked before (28.6%), without dependents with caring responsibilities such as children, sick, impaired or elderly people (52.9%).

Once they are released from prison they have a place to live (89.2%) owned by their family of origin (40.7%). Despite these data, the fact that 10.8% of men do not have a place to live when they are released from prison should be highlighted, which indicates a serious situation of social exclusion.

And now, we will review data related to consumption, either in and out of prison, for the profile of the male with addictions. He smokes tobacco (84.4%) on a daily basis (96.1%); is a cannabis user (47.95%) usually smoking it (98%) daily (55.1%<sup>9</sup>); he also consumes alcohol (39.89%) daily (36.8%); snorts (69.3%) cocaine (38.4%) on a daily basis (39.5%); and ingests (95.9%) hypnotics and anxiolytics such as barbiturates, benzodiazepines or tranxilium (36.3%) everyday (81.8%). Their next most frequent drug consumed is heroin (15.9%) usually smoked (72.2%) on a daily basis (39.2%).

The context in which they have consumed the most during their lifetime has been at leisure, parties or fun contexts (37.4%). On average, they have made two attempts to stop consuming and are not currently receiving treatment for their addiction (65.5%), although of those who do receive treatment, 57.1% are receiving pharmacological treatment.

At some point of their lives they have received addiction treatment (50.4%) outside the prison and they rate it as good (42.2%). In almost half of the cases (49.8%), there has been previous problematic drug use in their family. It is worth mentioning that two out of ten (20.3%) men report a problematic relationship with gambling. 88.2% of the men have never received treatment for their pathological gambling, either in or out of prison.

8. See footnote 4.

9. Frequency and route of administration figures are based on the total number of persons who consume such substance.

56.3% of the men rated the in prison drug addiction care as 'bad' or 'fair', compared to 43.7% who rated it as 'good' or 'very good'.

Assessing the health data, they consider that prison has brought some of the following psychological problems into their life: contained anxiety (71.4%), stress and claustrophobia (65.7%), depressions (63.9%), isolation from family (62.5%), social isolation (54%), and anxiety attacks (50.8%).

During the two weeks prior to the survey, they have taken some kind of medication that was prescribed by medical staff (59.4%). However, they see specialist medical staff less than six times a year (31.1%). 27.9% of men have never seen a doctor and less than half of them (45.4%) have medical tests carried out annually.

23.25% of men have a diagnosed mental illness, being schizophrenia the one that stands out (21.4%), followed by depression or depressive disorders (16.2%) and psychotic disorders (14.5%). 58.7% of men diagnosed with psychopathological disorder do not receive any treatment in prison. 44.5% of men never see the prison psychologist or psychiatrist.

Regarding disability, 12.3% have a recognised physical impairment with an average degree of disability of 50% and 5% have a certified intellectual disability, with an average degree of disability of 50%.

The health care received in the prison is rated as bad or fair (64%). The 7% of men who answered the open questions rated the medical care negatively. They denounced the lack of individualised care and overmedication of the persons treated. Another recurrent idea in men's discourse is the lack of credibility towards their ailments. According to two male inmates, doctors sometimes do not prescribe medication because they believe that the ailment is an excuse to get medication. Finally, they consider that the lack or insufficiency of medical resources and professionals make the access to prison medical services very difficult.

In terms of violence and sexual abuse, the percentage of men (36.6%) who have suffered physical violence throughout their lives is remarkable, compared to 63.4% who have not suffered it. It is worth mentioning the high percentage who say they have suffered

psychological violence (45.8%) and that 6.6% reported having sexually assaulted or abused at some point of their lives. 56% of men have suffered psychological violence as adults, 52% also suffered it in their childhood and 25.5% in their adolescence. Sexual abuse or assault, in the case of men, has mainly occurred during their childhood, at 75.47% of cases.

If we consider the impact of the COVID-19 social and health crisis, the male prisoner has not been released from prison (95%) due to the coronavirus situation, does not consume more drugs or medication than before the health crisis (84.9%) compared to the 14% that does consume more; and has not been able to maintain contact with associations or social entities (79.7%) during the pandemic situation. Of those who have maintained such contact, it has mainly been by means of visits to the prison (52.2%) and, to a lesser extent, through letters (27.2%).

Their current in prison situation is convicted (98.5%), medium level security prisoners (85.3%), convicted of a crime against property (47.47%) or against public health (18.47%), with a sentence of more than 6 years. 29.31% of the men reported having a second offence, being 46.12% of them crimes against property and 9.39% against public health, serving a sentence of between 13 months and 3 years. Finally, 13.28% of the men reported having a third offence, 49.55% were crimes against property and 10.81% were crimes against public health, with sentences of between 13 months and 3 years.

Crimes against property and public health (functional crimes related to drug addiction) account 65.94% for the first offence, 55.51% for the second, and 60.36% for the third. Due to its relevance, it is important to point out that the third type of crime for which the men surveyed are convicted is gender-based violence, both in the case of the first (9.52%), the second (9.39%) and the third (9.01%) offence.

They have been in prison for between one and three years (30.9%), have other criminal records (51.9%), an average of 7.5 offences, have no other pending cases (74.5%) and have never previously been in a youth custody centre (79.1%), although it is worth mentioning that 20.9% have been deprived of their liberty by the juvenile justice system (from the age of

14 to 18). They have legal aid (82.4%), mostly private (57%), with which they are satisfied (60.1%), although some have only received visits on the day of the trial (33.9%). This last figure is very worrying as it is a very high percentage of men who stated that their only direct contact with their defender was the day of the trial, what undoubtedly affects the quality of their defence.

He has not been provided with any alternative to serving prison within the penitentiary system (83.7%) and has been in more prisons than the current one (59.9%), of which 2.8 on average were outside his province.

They are not currently enjoying releases from prison (76.1%) and they do receive visits from relatives or people close to them (66.5%), mainly their mother (52.6%), their sister (39.3%) and their partner or spouse (39.2%).

The male profile does not have the support of any external association (81.6%) and does not maintain or has maintained intimate relations with another inmate (82.9%).

74.9% of men rate treatment outside prison as good or very good. As expressed by men in open questions, they assess positively those treatments that offer group therapy, indicating that it was not only a treatment process, but that it has served for personal growth, learning values and understanding what substance dependence really means. Regarding pharmacological treatments, some expressed that they have been counterproductive on a personal level, creating dependence on them.

## COMPARISON OF PROFILES: 2008 AND 2021

From a temporal perspective, if we consider the latest profile carried out in the study *Drug Addiction and Prison: Situation in Spanish prisons* (UNAD, 2008), we can consider some significant differences and also some characteristics maintained over time:

- The average age was 34 years and now it is 39, which means that it has increased by 5 years, a fact that corroborates the trends of recent years that point to the progressive ageing of the prison population.
- Academic and professional training at the time was very low and today continues to be primarily primary education.
- They still belong to a large family today, which maintains a very low level of education.
- The socioeconomic situation was medium-low and continues to be the same. Their employment situation prior to entering prison was employee or underground economy, and now there are those who obtain income from the labour market and those who obtain it from the underground economy or from subsidies and pensions.
- Siblings continue to be the main drug users in the family, above of other family members.
- They continue to consume some type of substance at present or during the last twelve months and have made two attempts to quit. However, in that study, the majority said they were receiving pharmacological treatment, whereas in this study, 65% said they were not receiving any treatment, although of those who were receiving treatment, at 57.1% was pharmacological treatment.
- This continues to be a medium level security prisoner, who is in prison for crimes against property and has reoffended. In relation to the length of the sentence, in that study they had an average sentence of about four years, whereas now the majority of those who form the profile have a sentence that exceeds six years, although the average figure does not vary.



## PROFILE OF WOMEN WITH ADDICTIONS IN PRISON

A total of 247 women participated in the study, representing 22.74% of the total sample. Of these, 244 identified themselves as women, 2 as non-binary and 1 reported dysphoria.

The profile is that of a 41-year-old woman, with Spanish nationality (83.2%), identified as white (59.7% followed by the 20.6% of Roma ethnicity) and with primary level of education (31.9%). Despite the fact that the most common orientation is heterosexual (80.3%), the presence of women who declare themselves to be homosexual (4.1%) and bisexual (15.6%) is relevant.

They belong to a large family with three siblings, their father's level of education is below primary education (32.1%) and so is their mother's (44.6%). Moreover, they have children (76.6%), 53.5% have their custody and 43.8% do not. Before entering prison, they lived with their partner or spouse (31.2%) and they currently have a partner (61.9%), who is also in prison (70.9%).

Regarding the economic and care situation, their income 12 months prior to entering prison mainly

came from the labour market (31.7%), the underground economy (28.9%), subsidies and other pensions (27.6%) and she was the one who earned the money (66%).

Looking at their occupational situation in prison, working in paid workshops stands out (24.6%), compared to unpaid workshops (17.2%) and the assigned job<sup>10</sup> (16.7%). It is worth mentioning that 31.2% of women is enrolled in an education programme, of which 13.8% is secondary education.

12 months prior their entry to prison, they were unemployed, having worked before (35.1%), and had no dependents with caring responsibilities (51.7%).

They have a place to live when they are released from prison (84%), specifically their family of origin (38.6%), although it is very worrying that 16% of the women surveyed have no housing possibilities when they are released from prison, which indicates a very serious situation of social exclusion.

10. See footnote 4.

The profile of women in prison with substance addiction in the last 12 months smokes tobacco (88.1%) everyday (97%<sup>11</sup>); ingests (95%) hypnotics and anxiolytics such as barbiturates, benzodiazepines or tranxilium (48.9%) on a daily basis (87.4%); smokes cannabis (29.5%) everyday (44.8%); snorts (48%) cocaine (25.6%) with a daily frequency (58.6%); cocaine user (25.6%) by snorting (48%) with a daily frequency (58.6%); she smokes cannabis (29.5%) everyday (44.8%); and consumes alcohol (25.6%) on a daily basis (31%). Heroin consumption follows (14.5%), being it smoked (45.5%) on a daily basis (58%).

Throughout their lives, they have consumed substances mainly at home by themselves (27.5%) and they have made an average of 2.2 attempts to quit. They do not currently receive drug addiction treatment (65%) although, of those who do, it is mostly (72.4%) pharmacological treatments. In addition, outside of prison, they have received drug addiction treatments at some point of their lives (56.6%), which is rated as good or very good (72.5%).

There is or has been some problematic drug use in some member of their family (57.4%), specifically coming from their siblings (46.4%). 4.2% say that they have or have had a problem with gambling in the past. 85.7% of the women who have had gambling problems have never received treatment, either inside or outside prison.

To conclude the section on addictions, 54.9% rated the drug addiction care received in prison as good or very good, although it is worth mentioning the 45.1% of those who rated it as bad or fair.

Assessing the health data, they consider that prison has brought them the following health problems: contained anxiety (83.6%), anxiety attacks (73%), stress and claustrophobia (71.3%), depressions (68.7%), isolation from the family (63.9%) and social isolation (55.7%).

During the two weeks prior to the survey they have taken some kind of general health medication prescribed by medical staff (55.8%) and the frequency with which they see the specialist doctor is once or

twice a month (27.7%). The frequency of medical tests for them is annual (50%).

32% of women have been diagnosed with a mental illness, standing out depressive disorders or depression (35.1%), followed by borderline personality disorders (14.9%) and anxiety (9.5%). 54% of the women diagnosed with mental illnesses do not receive any treatment in prison. 53.8% of women do not see a psychologist or psychiatrist in prison.

Regarding disability, 12.3% have a recognised physical impairment with an average degree of disability of 50% and 5% have a certified intellectual disability, with an average degree of disability of 50%.

Finally, they rated the health care received in the centre as 'bad' or 'fair' (66.9%). In the open questions, four female inmates referred to the lack of medical resources in their comments. The insufficient number of medical staff, according to them, leads to quick, impersonal and scarce attention.

Next, we refer to the experience of violence and sexual aggression/abuse of women deprived of liberty with addictions. They have suffered physical violence at some time of their lives (74.8%), and also psychological abuse (80.6%), which has mainly taken place in adulthood (83.9%) and by their boyfriend, partner or spouse (84.5%). 45% of them have filed a complaint for gender-based violence and, of these, 34.8% have not received official protection. It is worth noting that 45.3% of women say that they have suffered a sexual aggression at one or more times of their lives.

Regarding the impact of the COVID-19 social and health crisis, they have not been released from prison due to the crisis (94.3%), they do not consume more drugs or medication than before the crisis (90.6% compared to 9.4% who do consume more) and they have not been able to maintain contact with associations or social entities during the pandemic situation of the coronavirus (75.2%). Of the women who did keep in touch with external entities, this took place through visits to the prison in 54.4% of cases and by means of letters in 24.6%.

11. Frequency and route of administration figures are based on the total number of persons who consume such substance

They are currently serving a sentence (98.1%) as a medium level security prisoners (90.3%), convicted of a crime against property (45.58%) or against public health (25.58%), with a sentence length of between 13 months and 3 years. 24.18% of the women reported having a second offence, 66.1% of them for crimes against property and 6.78% for crimes against public health, serving a sentence of between 13 months and 3 years. Finally, 13.11% of the women reported having a third offence, which at 78.13% of the cases were crimes against property.

In the case of women, crimes against property and public health (functional crime related to drug addiction) account for over than 70% of both the first and second offences, whereas regarding the third offence, crimes against property themselves represent almost the 80% of cases.

They have been in prison for this offence between 1 and 3 years (31.3%), have no previous convictions (55.5%), have no other pending cases (80.8%) and have never been in a youth custody centre (88.7%). Despite this last figure, it is striking that 11.3% of the women surveyed had been deprived of their liberty by the juvenile justice system. They have legal aid (74.1%) by means of a public defender (54.7%), and are satisfied with their work (58%) and from whom they have received visits only on the day of the trial (41.62%). Being this high percentage worrisome, as it undoubtedly affects the quality of their defence.

She has not been sentenced to any alternative to serving prison within the penitentiary system (77.5%), has been in more prisons (51.7%) and is enjoying releases from prison (72.7%). However, she does receive family visits (59.7%), mainly from his father (53.3%), followed by his mother (42.8%), with a much lower number of visits from his partner or spouse (22.1%).

They do not have support of any association from outside (68%) and do not have or have ever had intimate communications with an inmate (50.8%), whether it be their spouse, stable or sporadic partner.

72.5% of women rate treatment outside prison as good or very good. With regard to what women had to say in the open questions, they value positively the fact of sharing thoughts with people who are going through the same situation, having a space to talk openly and honestly, as well as the support, accompaniment and care received from professionals. They emphasise the importance of active participation in treatment.



## COMPARISON OF PROFILES: MEN AND WOMEN

The most significant differences between the two profiles are outlined below:

- Currently, men in prison, in general, do not have a partner (55.7%), while women do (61.9%). Besides, in the case of men who do have a partner, this partner is at liberty (90.9%), while women's partners are in prison (70.9%).
- More women have no housing resources to live in after their release from prison: 16% of women compared to 10.8% of men. Both cases are extremely worrying.
- 12 months prior to entering prison, men's income came from the labour market to a greater extent than women's, 43.9% compared to 31.7% respectively. In terms of income from the underground economy, women (28.9%) outnumbered men (26.7%).
- In prison, women more commonly work in paid workshops: 24.6% of women compared to 19.4% of men. On the other hand, more men work only at assigned jobs<sup>12</sup>, 19.4% compared to 16.7% of women.
- 13.8% of women is enrolled to secondary education compared to 9.2% of men.
- The most commonly used substance is tobacco among both men (84.4%) and women (88.1%), followed by cannabis among men (47.95%) and hypnotics and anxiolytics such as barbiturates, benzodiazepines or tranxilium among women (48.9%). The next most commonly used substance among men is alcohol (39.89%), and among women cannabis (29.5%).
- Regarding pathological gambling, 20.3% of men and 4.2% of women stated that they have or have had suffered from it. Of these respondents, the vast majority of both men (88.2%) and women (85.7%) have never received treatment for this addiction, either inside or outside prison.
- Throughout their lives, the context in which they have consumed substances is different; while in the case of men, consumption takes place in leisure, parties, and fun environments (37.4%), in the case of women, it takes place in private spaces and by themselves (27.5%). On average, women have made 2.2 attempts to quit, while men have made 2 attempts. 65% of men and women do not receive treatment, although if we focus on those who do receive the number of cases in which this treatment is pharmacological is much higher in women (72.4%) than in men (57.1%).
- The assessment of the care received in prison for their drug addiction and/or pathological gambling problem is different, while men mainly rated it as "bad" (39.4%), most women consider it as "good" (37.8%). If we group "bad" and "fair" ratings together, men reach 56.3% and women 45.1%; if the same is done to "good" and "very good" ratings, men reach 43.7% and women 54.9%.

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12. See footnote 4.

- The frequency with which men see a specialist doctor is less than 6 times a year (31.1%), while for women it is 1-2 times a month (27.7%). This figure is striking and should be investigated further in subsequent research, as it could be linked to the greater use of pharmacological treatments by women.
- In the case of having diagnosed mental illnesses, among women stand out depression (35.1%) while among men schizophrenia (21.4%).
- Regarding violence and sexual aggression/abuse, the profile of men is that of who have not suffered physical abuse (63.4%), whereas women do have suffered physical abuse (74.8%), and psychological abuse (45.8% of men and 80.6% of women). 45.3% of the women surveyed had been sexually abused or assaulted at one or more times in their lives, compared to 6.6% of the men surveyed.
- Men's current prison situation is that of a convicted (98.5%) medium level security prisoner (85.3%), condemned for a crime against property (47.5%) or against public health (18.47%), with a sentence of than six years. On the other hand, woman's current prison status is that of a convicted (98.1%) medium level security prisoner (90.3%), condemned for a crime against property (45.58%) or against public health (25.58%), with a sentence of between 13 months and 3 years of imprisonment. Men have other criminal records (51.9%), an average of 7.5 offences, no other pending cases (74.5%) and have never been in a youth custody centre (79.1%). Woman has been in prison for between one and three years (31.3%), has no other criminal records (55.5%), neither pending cases (80.8%) and has never been in a youth custody centre (88.7%). However, it is very significant that 18.63% of those surveyed had been deprived of their liberty by the juvenile justice system when they were minors, being significantly higher for men (1 out of 5) than for women (1 out of 10).
- Men have private (57%) legal aid (82.4%) with which they are satisfied (60.1%) and from which they have been visited only on the day of the trial (33.9%). Women, however, have public (54.7%) legal aid (74.1%), with which they are satisfied (58%) and from which they have received visits only on the day of the trial (41.62%).
- Men are not currently enjoying releases from prison (76.1%) and receive visits from relatives or close persons (66.5%), mainly from his mother (52.6%), his sister (39.3%) and his partner or spouse (39.2%). On the other hand, women are neither enjoying releases (72.7%), but they do receive family visits (59.7%), mainly from the father (53.3%), followed by the mother (42.8%), and to a lesser extend from the partner (22.1%).



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## GENERAL CONCLUSIONS

After analysing the male profile, we found that there have been significant changes over time. The average age has increased by 5 years, from 34 to 39 years old, although they still belong to a large family, lower-middle class, with low education, despite the number of those with primary education has increased, and so has the number of those who were unemployed prior entering to prison. Regarding the female profile, similar personal, family, and economic circumstances are found. There is a significant percentage of inmates who state that they have housing problems outside prison, which confirms their risk of social exclusion.

Secondly, during the last year and in general throughout their lives, inmates are more addicted to substances than to pathological gambling, although it is worth mentioning that the percentage of men who report having gambling problems is higher than that of women. Men mainly use tobacco, cannabis, alcohol and cocaine. Women mainly consume tobacco, hypnotics and anxiolytics, cannabis and alcohol,

and cocaine. They do not currently receive addiction treatment in prison. However, outside prison they have received treatment and they rate it as good.

Thirdly, prison has caused them serious mental health problems and personal discomfort, such as depression, stress and claustrophobia, social and family isolation, contained anxiety and anxiety attacks. The persons deprived of liberty consider the care received for their addiction problem in prisons to be poor, highlighting as negative aspects the abuse of medication, the scarce personalised care by psychology professionals, the approach to their problem in therapy groups and the shortage of staff specialised in addictions.

Finally, the majority of people with addictions in prison have several convictions against property of between one to three years for women and more than six years for men and no other form of serving to such sentence has been applied to them.

- Among the prison population with drug addiction and pathological gambling problems there is a disproportion of migrants, in the case of men especially of Moroccan nationality, while in the case of women the Romanian nationality stands out. The ethnic group where there is more disproportion in the case of women is the Romany ethnic group.
- As far as sexual orientation is concerned, the personal data highlight a greater presence of bisexuality in women which, together with the percentage of homosexuality, tells us of a more pronounced break from the heterosexual norm, compared to men.
- The family and personal context is one of large families, where brothers are the main drug users, with low levels of education and low levels of cohabitation with a partner before entering prison. Men generally do not have a partner, and among those who do have a partner, the partner is at liberty. However, the majority of women have partners who also are in prison.
- There is a significant percentage of men and women (10.8% and 16% respectively) who will not have a housing resource to live in once they are released from prison, which indicates a situation of extreme vulnerability and social exclusion, being this even more pronounced in the case of women.
- The employment and economic situation is very precarious, and even worse for women. Income comes from the labour market in the case of men, while women also get it from the underground economy. However, most of men and women are unemployed, followed by casual/temporary contract situations. In addition, almost half of the surveyed population has caring, financial, and/or affective responsibilities outside prison.
- Once in prison, men work in assigned jobs<sup>13</sup> and paid workshops. Women are more involved in paid workshops and to a lesser extent in assigned jobs, extent in study programmes if compared to men.
- Apart from tobacco, which is the most commonly used substance by both men and women in prison, men use cannabis (48%), alcohol (39.9%), and cocaine (38.4%) to a greater extent than women, whose most commonly used drugs are hypnotics-anxiolytics (49% compared to 36.36% for men), cannabis (29.5%), cocaine (25.6%), and alcohol (25.6%). Heroin use is substantial for both men and women and shows little variation (around 15%). The main substances are used on a daily basis, followed by sporadic consumption. In addition, crack, methadone, and mixed heroin and cocaine are used on a daily basis, although by a smaller population. Finally, ecstasy, amphetamines and hallucinogens are the most sporadically used substances.
- Women are more likely to use hypnotics and anxiolytics and cannabis and, finally, cocaine and alcohol are used in similar proportions by men and women. Hypnotics and anxiolytics are ingested, although some snort them to a lesser extent. Cocaine is snorted and smoked in almost equal proportions. Heroin is smoked using foil or a pipe. Crack, heroin, and cocaine mixed together are substances consumed to a lesser extent, but also used on a daily basis, foil/pipe smoked. Finally, like men, ecstasy, amphetamines and hallucinogens are drugs less common.
- In general, women consume drugs much more frequently than men and use a greater variety of administration routes (snorted, smoked, ingested, etc.).
- The context where men consume drugs is mostly in leisure, party or fun environments whereas women do it in private spaces by themselves or at home with other people. There are several attempts to quit over the course of a lifetime, but the majority do not receive treatment at the time of the survey. The overall common treatment is methadone, outstanding for women as therapy groups do for men.

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13. See footnote 4.

- Persons deprived of liberty and with drug addiction and pathological gambling problems have received treatment outside prison, and such assistance is well rated. Specifically, group treatments stand out positively and pharmacological treatments negatively.
- Pathological gambling problems are mainly experienced by men, who have never received treatment. And those who have, rate it poorly. The approach to both drug addiction and pathological gambling problems are rated negatively and point to insufficient resources beyond medication.
- Psychological problems caused by imprisonment itself for the respondents are many, especially anxiety, stress, depression, isolation, anxiety attacks, and aggressiveness. On the one hand, women report more of these ailments, especially those related to contained anxiety, anxiety attacks, and depression. On the other hand, men highlight aggressiveness. The most frequently diagnosed mental illness in women is depression, outnumbering men, and in the case of men it is schizophrenia, figure that is also highly differing from women.
- Most of them take medication prescribed by medical staff. Women visit the doctor between once and twice a month, i.e. more frequently than men, who generally visit the consultation less than six times a year.
- Health care is poorly rated. Persons deprived of their liberty, women, and men alike, do not feel they are treated with the respect they deserve. They insistently point out that there is an abuse of overmedication and, on the contrary, little personal and individualised attention is offered, which is generally missed.
- Psychological, physical and sexual violence have been, and continue to be, part of their lives, especially for women. Men have suffered psychological violence in childhood and adulthood from their fathers, while women have suffered much more violence than men in their adulthood, and from their partners. Almost half of the women surveyed, 45.3%, were sexually assaulted or abused at one or more points of their lives, compared to 6.6% of men surveyed.
- Almost half of the women have filed a complaint for gender-based violence. However, 34.8% have not obtained any official protection measures as a victim, such as a restraining order against the aggressor.
- The impact of the health and social crisis provoked by coronavirus has led to an increase in the use of drugs and medication among a considerable group of persons with addiction problems in prison: 14% of men and 9.4% of women.
- The main crimes for which men are convicted are, by far, crimes against property, repeated in the first, second and sometimes also in the third offence. Focusing on the first offence, 65.47% of men are serving sentences for crimes against property or against public health (47.5% and 18.47% respectively). In the case of women, this percentage is even higher, reaching more than 70% of convictions for crimes against property (45.58%) and against public health (25.58%). The length of time spent in prison at the last admission ranges from 1 to 3 years for women and more than 6 years for men. More than half of men have other criminal records and 74.5% have no pending cases. However, more than half of the women do not have criminal records and more of them neither have pending cases (80.8%). The legal defender usually visit them only on the day of the trial. This defender is usually contracted privately in the case of men, and provided by public services in the case of women, being both of them equally satisfactory for the inmate.
- Most of them receive visits. The mother, sister, and partner are the main visitors to the male prisoner and the father, mother, and children are the main visitors to the female prisoner. They are generally not entitled to temporary releases or open regime.
- The support of associations for prisoners is scarce, with only 18.38% of men and 31.95% of women having the support of an external association at the time of the survey. However, both women (72.5%) and men (74.9%) rate as good or very good the substance addiction care received outside prison at some point of their lives.

- Intimate communications with other persons deprived of liberty appear in a higher percentage in the case of women, whether being them their spouse, stable partner, or a sporadic partner.
- Finally, it is worth highlighting the need that respondents expressed to be visible and heard, to improve health resources in prison, to avoid overmedication, the lack of economic and training support to rebuild their lives outside, and eminent presence of drugs in prisons. In addition, female inmates report widespread discrimination against them and demand equality between men and women in access to resources, activities, and shared and individual spaces.

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# CONCLUDING REFLECTIONS AND PROPOSALS

As shown in the preceding chapters, the profile of the person deprived of liberty in prisons has slightly changed from our 2008 study to present, in terms of average age and level of education. However, they are the same people, with the same underlying situations, which make them, same as they were in 2008, extremely vulnerable. This picture obtained is not far from the results of other researches, including that of the General Secretariat of Penitentiary Institutions and the Government Delegation for the National Drugs Plan, the responsible bodies for the penitentiary system and for tackling addictions at the national level, respectively.

In Spanish prisons, whether addressing men or women, we find that poverty, educational deficiencies, disadvantaged social and familial contexts, violence suffered throughout their lives - especially for women, mental health problems, and drug addictions are over-represented.

If we focus our attention on the most relevant aspects of their trajectories and life circumstances, it is easy to visualise who these people with addiction problems in prison really are and, at the same time, it allows us to assess whether the actions of public authorities are suitable for them.

That 1 out of every 6 women and 1 out of every 9 men do not have a housing resource to live in once at liberty; that more than 1 out of every 3 people, prior to their imprisonment, were unemployed having worked before; that most of them present important educational deficiencies inherited from previous generations; that almost 1 out of every 3 women and 1 out of every 4 men have a diagnosed mental health problem; that 1 out of every 20 men and women have a certified intellectual disability; and that the incidence of physical violence against women and men is very high; and that the incidence of physical, psychological, and sexual violence suffered is so high, especially scandalous in women (3 out of 4 have suffered physical violence, 4 out of 5 psychological violence, and 4.5 out of 10 sexual aggression), should make us, as a society, think on what are we doing for the most disadvantaged social environment and should lead us to rethink our penal system and take steps to improve our penitentiary system.



## REFLECTING: WHAT DO WE DO AS A SOCIETY FOR THE MOST DISADVANTAGED CLASSES?

Firstly, we need to contextualise the model of the State that is enshrined in the Spanish Constitution and which must inform the actions of all public authorities and the policies that are carried out. Thus, Article 1.1 of the Constitution clearly defines the Spanish State<sup>14</sup> as a Social State, also known as the Welfare State, which is that which pursues social justice and the well-being of all citizens and, therefore, the eradication of poverty, with direct interventions by the State itself to guarantee it. Thus, its Article 9.2, which forms part of the block devoted to the essence of the State, its fundamental principles and higher values, establishes the obligation of the public authorities to promote effective equality between individuals and groups with positive actions of intervention wherever necessary<sup>15</sup>. And to conclude this constitutional contextualisation, articles 39 to 52 break down the guiding principles of social and economic policy, committing public authorities to protect families, promote an equitable distribution of income and protect people with disabilities, and also recognises, among other, the rights to protect health, access to culture and to decent housing.

This study, which delves into the profile of persons with addictions in prison (almost 80% of them), shows that the public authorities are failing to comply with these constitutional mandates. It is necessary to focus on social policies that truly pursue equality for all, and it is urgent to stop neoliberal tendencies that are leading to the hollowing out of the Welfare State. Precisely, social policies aligned with constitutional mandates are the main instrument for preventing common crimes, which are nowadays filling Spanish prisons and the only way to also prevent recidivism by affecting the cause of the crime or, at least, the factors that influenced the commission of the criminal offence. We are referring to policies on housing, education/culture, employment, support for families with fewer resources, protection of children, adolescents and women victims of gender-based violence, mental health, addictions...

14. Article 1.1. of the Spanish Constitution: 'Spain is hereby established as a social and democratic State, subject to the rule of law, which advocates as the highest values of its legal order, liberty, justice, equality and political pluralism.'

15. Article 9.2 of the Spanish Constitution: 'It is incumbent upon the public authorities to promote conditions which ensure that the freedom and equality of individuals and of the groups to which they belong may be real and effective, to remove the obstacles which prevent or hinder their full enjoyment, and to facilitate the participation of all citizens in political, economic, cultural and social life.'

## RETHINKING CRIMINAL LAW: ENDING THE PRIMACY OF IMPRISONMENT. PROBATION/COMMUNITY SENTENCES AND RESTORATIVE JUSTICE

Regarding the second issue, there is a need to rethink criminal law, according to data from the Prison Administration itself in its 2020 General Report, 76.7% of inmates are drug users and almost 60% are poly-drug users. The crimes that have led them to be deprived of their liberty, as confirmed by this research, are crimes against property and against public health, the so-called 'functional crime' associated with addictions. They have several short sentences, especially men, and have been imprisoned several times.

On one hand, we can state that addictions are related to certain crimes and that by addressing this social and health problem from the community in a comprehensive and integrative manner, we obtain results that are consistent with less recidivation into crime.

Prisons are not the right environment for successful treatment because they are an environment of harshness, submission, punishment, non-voluntariness and pain. This has been confirmed by various sociological and psychological studies<sup>16</sup>, which show that deprivation of liberty in a total institution, such as a prison, causes serious damage to prisoners and all those who live in this environment on a daily basis, including those who just work there. In this project we have had the opportunity to see to what extent do persons incarcerated suffer and feel deterioration, which in many cases is difficult to reverse. This is expressed by men and women when asked about the health problems that deprivation of

liberty has caused them, highlighting: anxiety (71.4% men and 83.6% women), anxiety attacks (50.8% men and 73% women), depression (63.9% men and 68.7% women), isolation from the family (62.5% men and 63.9% women), among others.

A large number of people with addiction problems who are currently in Spanish prisons, given the profile they present, could be being treated outside by community services with the corresponding monitoring of the penal system. We are referring to a social and health treatment that addresses the entire personal, social, familial, and community universe, that is comprehensive and integrative, that is aimed at affecting all those aspects of their lives that are related to or have a greater impact on the crime and those others whose improvement can lead to a change in their lives: addictions, mental health problems, training, housing, employment or family.

This approach is not only possible, but also fits in with the provisions of Article 25.2 of the Spanish Constitution<sup>17</sup> when it sanctions the penalty re-socialising principle and the security measures and limits of prison sentences.

Our legal system gives the prison sentence the ultimate penalty status, with criminal law acting in the collective imagination in a 'pedagogical' or anti-pedagogical manner, so that society is unable to visualise any other type of valid response to crime but imprisonment, closing the door to exploring other ways of dealing with it. The penal response must be

16. VALVERDE MOLINA, J.: *La cárcel y sus consecuencias: la intervención sobre la conducta desadaptada*, Madrid, Second edition. Popular Editorial, Al Margen collection, 1997.

GOFFMAN, E.: *Internados. Ensayo sobre la situación social de los enfermos mentales*. Madrid, Second edition. Amorrortu Editorial, 2013.

ZIMBARDO, P.: *El efecto Lucifer. El porqué de la maldad*. Barcelona, First Edition. Paidós Editorial, 2011.

17. 'Custodial sentences and security measures shall be aimed at re-education and social reintegration and may not consist of forced labour. A person serving a sentence of imprisonment shall enjoy the fundamental rights of this Chapter, except for those which are expressly limited by the content of the sentence, the meaning of the sentence and the penitentiary law. In any case, they shall have the right to a paid job and the corresponding social security benefits, as well as access to culture and to the integral development of their personality.'

modernised and brought up to the level of the systems in the countries of our sociocultural environment. If we really want the penal system to prevent crime and achieve the highest levels of security and social peace, moving away from the antiquated tendency to seek punishment for no other purpose than retribution, encouraged by the current trend of punitive populism, then we must take clear steps in this direction.

It is not enough that, once a prison sentence has been imposed, the penitentiary system should orientate the serving of this sentence towards the objective of reintegration and try to alleviate the basic deficiencies of the penal system itself, which abuses the prison sentence and criminalises poverty.

One of the basic pillars of modern Western criminal law is the principle of minimum intervention, the content of which includes both the need to punish criminally only the most serious attacks on protected legal interests for which other solutions are not sufficient, and to impose the strictly necessary sanctions for each type of offence and each specific case.

Trends are dangerously moving in a different direction. In the culture of 'fear of the other' fostered by the media and often exploited by the public authorities. The collective imagination is incapable of seeing beyond the desire to safeguard its own small personal space, combining the desire for revenge with the tendency to blame scapegoats for the most pressing problems of today's society. The state must set itself up as an agent of justice far removed from private vengeance, with rational procedures based on the absence of emotion and fundamental rights, avoiding being used in today's society to criminalise vulnerable people on the margins of society.

To move forward, society needs to be truthfully informed. It needs to know what the prison sentence really means and who are the people deprived of their liberty there. It must understand that there is life beyond the prison sentence. It must know that in the countries around us in Europe there are other responses that are more useful and, above all, more effective, from the point of view of crime prevention, than imprisonment, and at the same time more in line with keeping with the essence of the social state, based on the idea of social justice. Responses which,

in addition to punishing a criminal offence, address the factors which influence crime and its causes, favouring the non-repetition of the same.

Spanish criminal law under democracy has become outdated, reiterative and ineffective.

Firstly, from a strictly criminal policy point of view, we must reconsider why, in a social state such as ours, we continue to imprison the poor, the most vulnerable and disadvantaged in society, despite the fact that crime does not understand social classes. We are much more tolerant of crimes committed by the most favoured classes and attack the problems of social inequality with imprisonment instead of with social policies that put an end to - or reduce - the growing precariousness of millions of people and families, with an emphasis on guaranteeing food, housing, education and health for all. We need to rethink our criminal law and halt the trend towards a continuous punishment of offences committed by the most disadvantaged people.

Secondly, we must update the system of crime legal consequences so that imprisonment ceases to be the reference penalty - the only one in most cases - to establish a system based on a penal response that takes place in the community environment, reserving the deprivation of liberty for the most serious cases. To achieve this, UNAD proposes two complementary ways. On the one hand, to extend the catalogue of penalties with the introduction of Probation and, on the other hand, to fully incorporate Penal Mediation and Restorative Justice in all phases of the process, before the trial, in the trial phase and when serving the sentence. Both Probation and Restorative Justice have been amply tested and, to this day, they work in numerous countries around us.

Thus, we propose a dual concept of probation, as an autonomous penalty in the same way as imprisonment or a fine, and as a trial period that suspends the proceedings. In both cases, it is a community response to crime that dispenses with imprisonment and basically consists of individualised programmes whose basic elements are the obligation not to commit a crime and compliance with rules of conduct adapted to the needs of each case, with close supervision by a technical team, beyond police surveillance.

As far as Restorative Justice is concerned, we propose that it should be present in all phases of the criminal process as a form of conflict resolution that seeks to make the offender responsible and the reparation of the specific victim or the community itself by means of restorative agreements. Its pacifying, pedagogical, re-educational and crime prevention potential has been demonstrated in numerous countries, as well as in the experiences that have been developed in Spain in recent decades. In some cases, the peaceful resolution of conflicts could imply the unnecessary use of criminal punishment, in many others, the application of non-custodial sentences and, in the case of the most serious crimes, the reduction of prison sentences.

Furthermore, linking Probation (also the suspension of prison sentences already present in our system) and Restorative Justice can be extremely useful from that multi-prism in which the interest of repairing the victim of the crime, the social interest in preventing the offender from repeating his anti-social behaviour, the great pedagogical potential, the search for social peace and the construction of a mature, dialoguing society capable of resolving conflicts peacefully converge.

In order to turn our system around, it is inevitable to invest in resources, especially personal resources. However, it is necessary to understand that the community is available with a multitude of services and programmes in operation and that, in the medium and long term, it would ultimately be a question of transferring the resources currently allocated to the serving of prison sentences in closed and ordinary regimes, towards the supervision of the serving of these community sentences and the deployment of restorative justice.

Alternative resources to imprisonment should be strengthened. Their effectiveness depends on their proper execution. There is currently an unacceptable delay in referring people to therapeutic communities and other programmes or outpatient treatment. It is important to take into account the stigmas that inmates have to bear when entering community facilities and the deterioration of these people who finally end up in prison.

## PROPOSING NECESSARY IMPROVEMENTS IN THE PENITENTIARY SYSTEM

It is now appropriate to dedicate this section of this paper to the reality of the prison system and the proposals for improvement under our consideration.

### 1.- Prioritising the open regime and extra-penitentiary sentences over the ordinary and closed regimes.

Beyond the socioeconomic, family and health conditioning factors we have referred to above, the overall profile of low or medium level security prisoners with addictions, more accentuated in women, allows the application of less severe living regimes, more in line with the reintegration objective set out in Article 25.2 of the Spanish Constitution, within the framework of the individualised treatment programme and under the supervision of the penitentiary institution. The massive and extraordinary expansion of semi-liberty living arrangements during the COVID-19 pandemic made it clear that, in many cases, the ordinary closed regime, which has been widely applied since the General Penitentiary Organic Law of 1979 came into force, was not necessary. On the contrary, the community approach to the causes or conditioning factors of crime in these people is more effective.

Focusing on people with addictions, who are the object of our study and intervention, addiction treatment must be carried out outside the prison environment in order to be truly effective, which is why we at UNAD call on the prison administration to prioritise the serving of prison sentences in extra-penitentiary institutions, and on the autonomous communities to provide sufficient resources to make this possible.

### 2.- It is urgent to provide personal health and psychosocial resources to offer in prison health and addiction care on equal terms with that offered in free society, thus guaranteeing the right to health of persons deprived of their liberty as long as they can be referred to external resources:

- Guarantee that persons deprived of liberty can access the same addiction treatment as people in freedom, establishing the necessary agreements with the ACs and local entities for the provision of resources, as well as the corresponding channels of collaboration with NGOs.
  - Offer a comprehensive intervention, including psychosocial therapeutic treatments as well as therapy groups and not exclusively pharmacological treatments..
  - Implement specific programmes to treat pathological gambling together with substance addiction, especially in men, as one in five suffer from both.
  - Take advantage of the time spent in prison to prepare the referral of these people to extra-penitentiary therapeutic resources, increasing the number of treatment professionals.
- Guarantee the right to health of persons deprived of their liberty under the same conditions as free persons, and that their care should be provided by the Public Health System).
- Guarantee psychiatric care for people suffering from mental health problems, for which each prison should have psychiatrists who can treat them, avoiding overmedication and promoting a community approach to mental health.
- Increase the ratio of treatment professionals per prisoner so that priority is given to actions aimed at the social incorporation of people into the community and the prevention of recidivism, above and beyond

the security actions of the centres. Furthermore, this approach contributes to decongesting prisons and facilitating peace within them

### **3.- A change of culture is needed in prison life: towards a culture of dialogue and non-violence.**

Apart from the situation of imprisonment itself, drugs are often behind the problems of coexistence that occur in prisons. In the prison environment, the prison regime deals with conflicts and non-compliance with rules by means of disciplinary proceedings and the imposition of sanctions. However, there are other ways of dealing with these situations that can be effective and highly transformative:

- We believe that restorative justice is also extremely useful in the resolution of conflicts that arise in the day-to-day running of prisons, both between inmates themselves and between inmates and prison workers, as well as, in general, in the field of disciplinary proceedings.
- In a complementary manner, activities such as non-violent communication workshops, with mixed participation, can contribute to the pacification of prisons and improve the quality of life of the people who live in them, whether they are prisoners, treatment and surveillance professionals or those who in any way intervene in prisons.

### **4.- Community involvement in prison life and activity.**

Prisons should be open to the community and the community should be present in prison life. Only in this way, together with the provision of sufficient public resources to enable the development of treatment and health care activities, we will be able to say that the prison system is truly aimed at the objective of reintegration. Interventions by external institutions are highly valued by people with drug dependence problems in prison, although most of them do not have this support. Therefore, there is a need to:

- Facilitate and expand the intervention of non-profit organisations that have an impact on all aspects of the lives of persons deprived of liberty and collaborate in the development of prison treatment, with professionals and volunteers, providing them with sufficient financial resources to fund services and programmes.
- Encourage prisoners to take part in external activities, programmes and resources.
- Involve local administrations in prison activities and in the reception of persons under open regime or ex-prisoner.
- Bring culture closer to prisons by designing specific strategies in each centre that are not limited to one-off activities.

### **5.- Prison and gender.**

In the results of this research, we have been able to see how women present psychosocial and health variables that differ from men, including addictions, and how they feel discriminated against in the prison environment. Their profile is more vulnerable than that of men and they have suffered more violence throughout their lives because they are women. On the other hand, their profile is less dangerous. Taking all this into account, the prison administration must implement specific plans that apply, finally, the gender perspective in its regimental and treatment interventions, including addictions and mental health, and put an end to the discrimination they suffer because of their gender in a prison system designed for men. To this end, it is urgent to:

- Apply the open regime as a general rule to the female prison population, focusing on the serious initial situations that most of them present, with support from community resources.
- Guarantee the existence of women's penitentiary centres in all provinces, which carry out their function with a non-paternalistic approach.
- Promote training and culture as a method of empowering women in prison.

- Work with each woman in her labour integration itinerary.
- Guarantee the maintenance of women's family and community bonds, especially with their children.
- Implement addiction treatment programmes from a gender perspective, taking into account the specific circumstances of women (different substances of addiction, different contexts of consumption, etc.).
- In the actions aimed at preparing them for life in freedom and from the prism of protection, address the situations of violence they have suffered, establishing protocols for detecting cases of gender-based violence, and coordination with the institutions specialised in it.

## THE NECESSARY COMMITMENT OF THE OTHER PUBLIC ADMINISTRATIONS

To promote the open regime and encourage external treatment and intervention programmes, it is essential that the competent administrations, especially the regional and local ones, allocate sufficient resources to facilitate referrals from the penitentiary system to the community:

**1.-** Provide sufficient community resources for the treatment of addictions and mental health problems, both in outpatient and in-patient settings, increasing the number of places provided for people coming from the prison system, preventing referrals from being paralysed by waiting lists.

To this end, it is necessary that all regional administrations take responsibility for these people, assuming responsibility for prison health and addictions or, at least, signing specific agreements with the prison administration that provide sufficient places and are not derisory, bearing in mind the high number of people deprived of their liberty who present these problems.

**2.-** In the specific case of Catalonia, being the same autonomous administration that holds both competences, it would be a matter of increasing the number of places available in the Catalan health system and avoiding waiting lists and waiting times. At the time of finalising this research, the Basque Country is in the same administrative situation as Catalonia, and the considerations set out here are therefore applicable. The legal instruments to make the transfer of penitentiary competences effective were, on the side of the central State Administration, Royal Decree 474/2021, of 29 June, on the transfer of functions and services from the State Administration to the Autonomous Community of the Basque Country on the execution of State legislation on penitentiary matters and, on the side of the Autonomous Community of the Basque Country, Decree 169/2021 of 6 July, approving the Agreement of the Mixed Commission for State-Basque Country Transfers, on the transfer to

the Autonomous Community of the Basque Country of functions and services on the implementation of State legislation on penitentiary matters.

Similarly, albeit partially, the State transferred competence in Penitentiary Health to the Autonomous Community of Navarre by Royal Decree 494/2021, of 6 July, and these proposals can therefore also be extended to this Autonomous Community.

**3.-** In addition to the provision of sufficient resources, it is important to establish flexible procedures for referral from the penitentiary system to extra-penitentiary resources, with the existence of efficient protocols being recommended, as well as joint monitoring commissions in which the penitentiary administration and the health and addictions administration participate.





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# ANNEX 1

## SURVEY ON THE SITUATION OF PERSONS WITH ADDICTIONS IN SPANISH PRISONS.

### Questionnaire for persons deprived of liberty UNAD 2021

Good morning/afternoon.

The questions below aim to find out the situation of the prison population that has or has had a relationship with toxic substances, i.e., drugs and alcohol, and gambling. The study is being carried out by UNAD (Union of Associations for Drug Dependent Care), an autonomous body independent of the prison organisation. The questionnaire is completely anonymous, and participation in it is voluntary. No answer is right or wrong, but you are asked to choose the one that best fits your reality. We thank you very much for your cooperation and for answering honestly.

Before getting into the central theme of the research, we would like to know some information about your personal, social, family, work situation, etc., which we consider essential to provide context. Firstly, you will find some questions about your personal characteristics, such as gender, age or nationality.

## I.- PERSONAL DATA

How old are you? (Two digits) \_\_

What is your nationality?

- Spanish
- Other (please specify): .....
- Don't know / No answer

Which was your country of residence before you entered prison?

- Spain
- Other (please specify): .....
- Don't know / No answer

In case of Spanish residence, what was your province of residence before entering prison?

.....

Which ethnic group do you identify with?

- White or Caucasian
- Romany
- Black
- Latin
- Other (please specify): .....
- Don't know / No answer

What is your level of education?:

- Less than Primary Education
- Primary Education
- 1st stage of Secondary Education
- 2nd stage of Secondary Education
- Higher Education (Bachelor's degree)
- Higher Education (Master's degree, Doctorate)
- Other (please specify): .....
- Don't know / No answer

For some time now, there has been a greater social focus on issues relating to people who do not identify with their sex assigned at birth, so I am going to ask you a seemingly simple question.

What gender do you identify with?

- Male
- Female
- Non-binary
- Other (please specify): .....
- Don't know / No answer

Another thing that is increasingly considered important to know is people's sexual orientation. Can you tell us...

What is your sexual orientation?

- Heterosexual
- Homosexual
- Bisexual
- Other (please specify): .....
- Don't know / No answer

Let's move on to the next section, which deals with some aspects of the family environment.

## II. FAMILY DATA

How many brothers/sisters do you currently have? (Two digits) \_\_

What is your father's level of education?:

- Less than Primary Education
- Primary Education
- 1st stage of Secondary Education
- 2nd stage of Secondary Education
- Higher Education (Bachelor's degree)
- Higher Education (Master's degree, Doctorate)
- Other (please specify): .....
- Don't know / No answer

What is your mother's level of education?:

- Less than Primary Education
- Primary Education
- 1st stage of Secondary Education
- 2nd stage of Secondary Education
- Higher Education (Bachelor's degree)
- Higher Education (Master's degree, Doctorate)
- Other (please specify): .....
- Don't know / No answer

Do you have children?

- Yes
- No
- Don't know / No answer

If yes, how many? (Two digits) \_\_

If yes, do you have custody of all your children?

- Yes
- No
- Don't know / No answer

Who were you living with before entering prison? (Mark all that apply).

- Partner
- Children
- Parents
- By your own
- In-laws
- No fixed residence
- Other (please specify): .....
- Don't know / No answer

Do you have a partner?

- Yes
- No
- Don't know / No answer

If yes, is your partner free or in prison?

- Free
- In prison
- Don't know / No answer

The following section deals with your economic, employment and care situation.

### III.- ECONOMIC, EMPLOYMENT AND CARE SITUATION

Concerning your financial situation, it is not about how much you earned prior entering prison, but we do need to know some aspects of your economic situation:

Where did your income come from during 12 months prior to entering prison?:

- Labour market
- Underground economy
- Unemployment benefit
- Other subsidies and pensions (please, specify) .....
- Other (please specify): .....
- Don't know / No answer

Who was the main source of income at that time? (if there is more than one source of income, who was the main breadwinner?)

- You
- Your partner
- Your parents
- Your children
- Your in-laws
- Other relatives
- Friends
- Other (please specify): .....
- No answer

What is your current employment or occupational situation in prison: (Tick all that apply):

- I am attending occupational training courses
- I am attending formal education (please, specify):
  - Primary Education
  - Secondary Education
  - University Studies
  - Workshops
  - Assigned job
  - Paid workshop
  - No training or work occupation
  - Don't know / No answer

12 months prior entering prison, what was your employment situation?

- Self-employed/freelance
- Permanent contract
- Casual/temporary contract
- Other contract (social collaboration...), specify .....
- Family business without contract
- Unemployed (never worked before)
- Unemployed (having worked before)
- Pension/subsidy
- Student
- Housekeeper
- Don't know / No answer

12 months prior to entering to prison, did you have any dependants with caring responsibilities (children, sick, impaired or elderly people)?

- Yes
- No
- Don't know / No answer

#### IV.- HOUSING

Do you have a place to live when you are released from prison?

- Yes
- No
- Don't know / No answer

If so, what type of housing resource is it?

- Your own home
- Rent property
- Family of origin
- Given by another person or entity
- Shelter house
- Squatting house
- Other (please specify): .....
- Don't know / No answer

After reviewing some dimensions of your life, we will now turn to the questions of substance use. Again, I would like to remind you that this questionnaire is confidential, that your identity will not be known and that the prison authorities will not know what you have answered.

#### V.- ADDICTIONS INSIDE AND OUTSIDE PRISON: CONSUMPTION AND TREATMENT

Would you say that you have, or have had in the past, problems with drug use?

- Yes
- No
- Don't know / No answer

Please indicate below which substances you have used in the last 12 months, how often and by what route:

##### **Heroin**

Frequency:

- Daily
- 2-3 times a week
- A few times a months
- Sporadically
- Don't know / No answer

Route of consumption (tick the number that applies): 1. Injected, 2. Smoked, 3. Snorted, 4. Ingested, 5. Smoked on pipe or foil, 6. Inhaled, 7. Other

##### **Methadone**

Frequency:

- Daily
- 2-3 times a week
- A few times a months
- Sporadically
- Don't know / No answer

Route of consumption (tick the number that applies): 1. Injected, 2. Smoked, 3. Snorted, 4. Ingested, 5. Smoked on pipe or foil, 6. Inhaled, 7. Other

**Cocaïne:**

Frequency:

- Daily
- 2-3 times a week
- A few times a months
- Sporadically
- Don't know / No answer

Route of consumption (tick the number that applies): 1. Injected, 2. Smoked, 3. Snorted, 4. Ingested, 5. Smoked on pipe or foil, 6. Inhaled, 7. Other

**Crack:**

Frequency:

- Daily
- 2-3 times a week
- A few times a months
- Sporadically
- Don't know / No answer

Route of consumption (tick the number that applies): 1. Injected, 2. Smoked, 3. Snorted, 4. Ingested, 5. Smoked on pipe or foil, 6. Inhaled, 7. Other

**Mixed heroin and cocaine**

Frequency:

- Daily
- 2-3 times a week
- A few times a months
- Sporadically
- Don't know / No answer

Route of consumption (tick the number that applies): 1. Injected, 2. Smoked, 3. Snorted, 4. Ingested, 5. Smoked on pipe or foil, 6. Inhaled, 7. Other

**Amphetamines**

Frequency:

- Daily
- 2-3 times a week
- A few times a months
- Sporadically
- Don't know / No answer

Route of consumption (tick the number that applies): 1. Injected, 2. Smoked, 3. Snorted, 4. Ingested, 5. Smoked on pipe or foil, 6. Inhaled, 7. Other



**Hallucinogens (LSD, trippy, mescaline...):**

Frequency:

- Daily
- 2-3 times a week
- A few times a months
- Sporadically
- Don't know / No answer

Route of consumption (tick the number that applies): 1. Injected, 2. Smoked, 3. Snorted, 4. Ingested, 5. Smoked on pipe or foil, 6. Inhaled, 7. Other

**Ecstasy or other designer drugs:**

Frequency:

- Daily
- 2-3 times a week
- A few times a months
- Sporadically
- Don't know / No answer

Route of consumption (tick the number that applies): 1. Injected, 2. Smoked, 3. Snorted, 4. Ingested, 5. Smoked on pipe or foil, 6. Inhaled, 7. Other

**Hypnotics and anxiolytics (barbiturates, benzodiazepines, tranxilium...):**

Frequency:

- Daily
- 2-3 times a week
- A few times a months
- Sporadically
- Don't know / No answer

Route of consumption (tick the number that applies): 1. Injected, 2. Smoked, 3. Snorted, 4. Ingested, 5. Smoked on pipe or foil, 6. Inhaled, 7. Other

**Cannabis:**

Frequency:

- Daily
- 2-3 times a week
- A few times a months
- Sporadically
- Don't know / No answer

Route of consumption (tick the number that applies): 1. Injected, 2. Smoked, 3. Snorted, 4. Ingested, 5. Smoked on pipe or foil, 6. Inhaled, 7. Other

**Alcohol:**

Frequency:

- Daily
- 2-3 times a week
- A few times a months
- Sporadically
- Don't know / No answer

**Tobacco:**

Frequency:

- Daily
- 2-3 times a week
- A few times a months
- Sporadically
- Don't know / No answer

**Other (please specify):**

Frequency:

- Daily
- 2-3 times a week
- A few times a months
- Sporadically
- Don't know / No answer

Route of consumption (tick the number that applies): 1. Injected, 2. Smoked, 3. Snorted, 4. Ingested, 5. Smoked on pipe or foil, 6. Inhaled, 7. Other

Throughout your life, what has been the context in which you have used drugs?

(Choose only one option, the main or most common context)

- In leisure, party, or fun environments
- At work
- At home by yourself
- At home with other people
- In the streets
- Other (please specify): .....
- Don't know / No answer

How many detox and rehab attempts have you been through? \_\_

Are you currently receiving treatment for drug use?

- Yes
- No
- Don't know / No answer

If yes, please specify the treatment(s) you are currently undergoing:

- Pharmacological
- Methadone
- Antagonists
- Anxiolytics and other drugs
- Don't know/no answer

Other treatments:

- Prison therapy group
- External therapy group (please specify):.....
- Therapy module
- Individualised in prison monitoring programme
- Individualised monitoring programme by an external entity (please specify):.....
- Education therapy sessions
- Don't know/no answer

Have you ever been treated for drug addiction at any time in your life outside prison?

- Yes
- No
- Don't know / No answer

If yes, how would you rate it?

- Very good
- Good
- Fair
- Bad

Justify your answer (open question)

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Is there or has there been any problematic drug use in any member of your family?

- Yes
- No
- Don't know / No answer

If yes, who uses or has used drugs problematically in your family? (Tick all that apply)

- Father
- Mother
- Siblings
- Partner
- Children
- Other (please specify): .....

Do you have or have had problems with gambling?

- Yes
- No
- Don't know / No answer

If yes, have you received treatment for pathological gambling at any time in your life?

- Yes
- No
- Don't know / No answer

How do you rate the care received in prison for your drug addiction and/or pathological gambling problem?

- Very good
- Good
- Fair
- Bad

Justify your answer (open question)

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This section has now concluded. Now it is time to move to the health section.

## VI.- HEALTH DATA

Do you consider that prison has brought you any of the following psychological problems?

a. Depression

- Yes
- No
- Don't know / No answer

b. Stress and claustrophobia

- Yes
- No
- Don't know / No answer

c. Isolation from family

- Yes
- No
- Don't know / No answer

d. Social isolation

- Yes
- No
- Don't know / No answer

e. Contained anxiety

- Yes
- No
- Don't know / No answer

f. Aggressiveness

- Yes
- No
- Don't know / No answer

g. Desire for revenge

- Yes
- No
- Don't know / No answer

h. Anxiety attacks

- Yes
- No
- Don't know / No answer

i. Mental breakdowns

- Yes
- No
- Don't know / No answer

j. Suicide attempts

- Yes
- No
- Don't know / No answer

During the last 2 weeks, have you taken any medication prescribed by a doctor?

- Yes
- No
- Don't know / No answer

How often do you see a specialist doctor?

- 3-4 times a year
- 1-2 times a year
- Between 6 and 10 times a year
- Less than 6 times a year
- Never.
- Other (please specify): .....

How often do you have medical tests?

- Weekly
- Fortnightly
- Monthly
- Yearly
- Never
- Other

Now, we will focus on your mental health:

Have you been diagnosed with a mental illness?

- Yes
- No
- Don't know / No answer

If yes, which one(s) (psychopathological disorder(s)) (please specify .....

Are you in treatment (for the psychopathological disorder)?

- Yes
- No
- Don't know / No answer

How often do you see a psychiatrist or a psychologist?

- 3 - 4 times a month
- 1 - 2 times a month
- 6 - 10 times a year
- Less than 6 times a year
- Never
- Other (please specify): .....

Questions on disability or functional diversity:

Do you have a recognised physical impairment?

- Yes
- No
- Don't know / No answer

If yes, to what extend? (percentage) \_\_

Do you have a recognised intellectual disability?

- Yes
- No
- Don't know / No answer

If yes, what type of disability? .....

If yes, to what extend? (percentage) \_\_

Finally,

Please rate the health care received in prison:

- Very good
- Good
- Fair
- Bad

Justify your answer (open question)

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The next two sections are devoted to issues of violence and abuse and the impact of COVID-19 in prison:

Nowadays, society is increasingly aware of violence in different contexts and of diverse types. In this research, we would like to know about your experience. We are aware that these are sensitive issues, so we would very much value your cooperation. Again, you can choose not to respond if it would cause you harm.

## VII.- VIOLENCE AND SEXUAL ABUSE

Have you ever been physically abused?

- Yes
- No
- Don't know / No answer

Have you ever been psychologically abused?

- Yes
- No
- Don't know / No answer

If yes, when did it happen? (Tick all that apply)

- As a child
- As an adolescent
- As an adult

If yes, who abused you? (Tick all that apply)

- Father
- Mother
- Other family member
- Boyfriend/girlfriend, spouse, or partner
- Another person (Specify)

Have you ever in your life been sexually abused or assaulted?

- Yes
- No
- Don't know / No answer

When did it happen? (Tick all that apply)

- As a child
- As an adolescent
- As an adult
- Don't know / No answer



By who? (Tick all that apply)

- Father
- Mother
- Other family member
- Boyfriend/girlfriend, spouse, or partner
- Another person (Specify)
- Don't know / No answer

WOMEN only, have you ever filed a complaint for gender-based violence?

- Yes
- No
- Don't know / No answer

If yes, have you received any protection measure as a victim of gender violence (restraining order)?

- Yes
- No
- Don't know / No answer

Thank you very much for your responses, especially in this section below. Now, we will focus on the impact of coronavirus:

#### VIII.- IMPACT OF THE COVID-19 HEALTH AND SOCIAL CRISIS

Have you enjoyed any release measure as a result of the COVID-19 social and health crisis?

- Yes
- No
- Don't know / No answer

Do you consume more drugs or medication than before the COVID-19 health crisis?

- Yes
- No
- Don't know / No answer

Have you been able to maintain contact with associations or social entities during the coronavirus pandemic situation?

- Yes
- No
- Don't know / No answer

If yes, by what means have you kept in touch with associations or social entities? (Tick all that apply)

- Letters (postal mail)
- Phone calls
- Videoconferences
- Visits to prison
- Other (please specify) .....
- Don't know / No answer

Finally, I would like to ask you about some legal, criminal and penitentiary data:

### IX.- LEGAL, CRIMINAL AND PENITENTIARY DATA

What is your current prison situation?

- Preventive
- Convicted
- Don't know / No answer

If you are convicted, what is your prisoner security level?

- High level security
- Medium level security
- Low level security.

If you are convicted, please specify the offences of your sentence, its length and if any alternative to prison has been requested.

#### **FIRST OFFENCE** (State the offence and the length of the sentence)

Offence of conviction.

- Against property
- Against public health
- Road traffic offences
- Gender-based violence
- Against sexual freedom
- Other (please specify) .....
- Don't know / No answer

Length of sentence.

- 0-6 months
- 7-12 months
- 13 months to 3 years
- 3 years and a month to 6 years
- More than 6 years
- Don't know / No answer

Have you applied for an alternative to imprisonment?

- Yes
- No
- Don't know / No answer

**SECOND OFFENCE** (State the offence and the length of the sentence)

Offence of conviction.

- Against property
- Against public health
- Road traffic offences
- Gender-based violence
- Against sexual freedom
- Other (please specify) .....
- Don't know / No answer

Length of sentence.

- 0-6 months
- 7-12 months
- 13 months to 3 years
- 3 years and a month to 6 years
- More than 6 years
- Don't know / No answer

Have you applied for an alternative to imprisonment?

- Yes
- No
- Don't know / No answer

**THIRD OFFENCE** (State the offence and the length of the sentence)

Offence of conviction.

- Against property
- Against public health
- Road traffic offences
- Gender-based violence
- Against sexual freedom
- Other (please specify) .....
- Don't know / No answer

Length of sentence.

- 0-6 months
- 7-12 months
- 13 months to 3 years
- 3 years and a month to 6 years
- More than 6 years
- Don't know / No answer

Have you applied for an alternative to imprisonment?

- Yes
- No
- Don't know / No answer

**FOURTH OFFENCE** (State the offence and the length of the sentence)

Offence of conviction.

- Against property
- Against public health
- Road traffic offences
- Gender-based violence
- Against sexual freedom
- Other (please specify) .....
- Don't know / No answer

Length of sentence.

- 0-6 months
- 7-12 months
- 13 months to 3 years
- 3 years and a month to 6 years
- More than 6 years
- Don't know / No answer

Have you applied for an alternative to imprisonment?

- Yes
- No
- Don't know / No answer

How long have you been in prison on this admission?

- Less than 6 months
- Less than a year
- Between 1 and 3 years
- Between 3 and 5 years
- More than five years

Do you have any other criminal records?

- Yes
- No
- Don't know / No answer

If yes, how many? \_\_

Do you have any other pending cases?

- Yes
- No
- Don't know / No answer

How many? \_\_

Have you ever been in a youth custody centre?

- Yes
- No
- Don't know / No answer

Do you have legal assistance?

- Yes
- No
- Don't know / No answer

About your legal defender?

- Private
- Public
- Don't know / No answer

Are you satisfied with your legal assistance?

- Yes
- No
- Don't know / No answer

How often do you see your legal defender?

- Regularly
- Sometimes
- Hardly ever
- Only on the day of trial

Have you been offered any alternative to serving prison?

- Yes
- No
- Don't know / No answer

If yes, which one? (tick all that apply)

- Therapeutic centre in open regime
- Halfway house or open prison
- Other dependent activities outside prison
- Mixed unit
- Youth unit (21-25 years old)
- Mother and baby unit
- Psychiatric unit

Have you been in more prisons?

- Yes
- No
- Don't know / No answer

If yes, Is it/Are them outside your province? .....

Are you enjoying releases from prison??

- Yes
- No
- Don't know / No answer

Do you receive visits from relatives or close persons?

- Yes
- No
- Don't know / No answer

If yes, from whom?

- Mother
- Father
- Sister
- Brother
- Partner or spouse
- Son
- Daughter
- In-laws
- Friends
- Other (please specify) .....
- Don't know / No answer

Do you have the support of any external association?

- Yes, please specify which association:.....
- No

Do you have or have you ever had intimate communications with any imprisoned person, whether a spouse, stable partner or sporadic partner?

- Yes
- No
- Don't know / No answer

We have now finished. Thank you very much for your cooperation.

Is there anything you would like to add? (Open question)

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And the very last thing,

Please rate how interesting you found the topics and questions in this survey:

- Not interesting at all
- Not very interesting
- Quite interesting
- Very interesting





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