

PENAL MEASURES AND DRUG ADDICTIONS

NEWSLETTER DISSEMINATION OF RESEARCH

Research 1

The effectiveness of suspending a sentence with the obligation to undergo a substance abuse treatment. The factors that may influence recidivism

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Introduction

The suspension of sentences as laid out in article 80 et seq in the Spanish Penal Code (PC) is a legal concept that permits flexibility in prison sentencing, thereby diminish the desocialising effect of sentences and their potential for leading to further crime. Implicit in suspended sentencing is the wish to have an impact on the causes of crime and to prevent repeat offending, be it by offering the offender a new opportunity in the case of a first offence or by demanding therapeutic monitoring of the person's need for rehabilitation once it has been ascertained they have a substance abuse problem, bearing in mind the level of awareness and commitment this requires on the part of the offender.

In Catalonia, the number of suspended sentences with obligatory conditions rose between 2002 and 2008, the year in which there were more than 2,000 such measures. This increase shows that the community is the appropriate environment for tackling the factors associated with criminal activity, as proposed by the rehabilitation penal model.

The purpose of this research is to analyse the effectiveness of sentences suspended on condition that the offender concerned goes into rehab. In order to assess the value of suspended sentences, the team of researchers focused on the levels of recidivism and the factors that may be the best predictors to commit further criminal acts.

The will for greater knowledge concerning these kinds of sentences, in particular suspended sentences, is the main reason for providing this food for thought that may contribute to the increased implementation of such measures in a more socialising punitive context than a custodial sentence.

Aims

The main goal of the study is to evaluate the effectiveness of sentences suspended on condition that the offender undergoes substance abuse treatment and to analyse those factors that may influence whether that person does or does not reoffend. The specific aims are:

1. To analyse the types of crime and their characteristics in cases in which a suspended sentence is handed down.
2. To analyse which personal and social factors are associated with the levels of recidivism in the sample studied.

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3. To analyse whether people's history of consumption, type of substance and mental health problems have an impact on the rate of repeat offending in the sample.
4. To ascertain whether full compliance with the rehabilitation treatment has an impact on the rate of repeat offending.
5. To compare the recidivism rate among those given suspended sentences in accordance with articles 80 to 84 of the PC (handed down to those who are not repeat offenders) and those given extraordinary suspended sentences in accordance with article 87 of the PC (handed down in certain cases of substance abuse and/or repeat offending).

Methodology

Sample: The total sample consisted of 237 subjects, all of them individuals released from a Community Sanctions and Measures programme during 2007 as a result of a suspended sentence given on condition that the person concerned undergo day care or residential substance abuse treatment, as established in article 80 et seq in the PC.

The selection of the sample for this research was limited to programmes decided by the courts in the province of Barcelona in the suspended sentences. The last date for collecting data was 31 July 2012, as a result of which the monitoring period ranged from a minimum of four years and seven months to a maximum of five years and seven months.

Design: The team of researchers designed a specific database for collecting information that was then analysed using the SPSS Statistics software. The statistical methods used were frequency and contingency tables, as well as percentage comparisons. The results obtained show first and foremost the significance of the different variables in relation to the repeat offending rate.

Sources of information: The researchers analysed the judicial files (sentences, advisory reports, judicial monitoring reports and other attached documentation) and the computer files held by the Department of Justice in the Juvenile Justice Computer System and the Catalan Penitentiary Computer System.

Results

The subject profile is: Spanish male with an average age of 34.7 at the time the crime was committed. 64.10% came from a stable family background. 35.40% had completed their basic regulated education. Of the total sample, 36.70% had a previous criminal record and 23.20% had already been on a Community Sanctions and Measures programme.

The average period of compliance with the suspended sentence is two years and seven months per a community sanction programme. 64.13% completed the programme correctly. 26.16% finished before the end date imposed by the sentence for reasons such as early release, death, change of address outside Catalonia or other administrative cause. Only 9.71% of the measures were revoked due to non-compliance with the conditions of the sentence or because the individual concerned committed a further offence.

Of the total sample, 75.11% (178 subjects) did not reoffend, whereas 59 subjects did, committing a new crime for which they were sentenced to prison or an alternative sanction. The recidivism rate obtained is **24.89%**.

With regard to the types of offence concerned, the most frequent are crimes against public safety (35%). Next come crimes against property (29.20%). The third type of crime for which suspended sentences are most commonly given is bodily harm (13.90%). The other types of crime account for less than 10%.

With regard to socio-demographic factors, there is no significant connection between educational level and the recidivism rate. However, it is apparent that those people who have family support have a notably lower reoffending percentage than those who have no family. This difference can also be seen in relation to subjects' employment status, as those individuals who have never worked reoffend more often than those who remain in work, be it ongoing or intermittent employment.

An analysis of the substances consumed and mental health factors shows that: firstly, people who complete their rehab treatment reoffend less than those who do not; secondly, alcohol is the type of substance most consumed by the highest percentage, but heroin is the primary substance of abuse among those who reoffend most; and thirdly, there is a significant correlation between multiple substance abuse and reoffending. We did not find a significant correlation between the years of substance abuse and reoffending.

Lastly, we did not find a statistically significant difference between recidivism percentages among those given suspended sentences in accordance with article 80 et seq in the PC and among those given suspended sentences on the basis of article 87.

The following table shows those factors that are important indicators of recidivism according to the data of the sample analysed.

Summary of the factors that are significantly correlated with the recidivism rate

Factor	Category	Reoffending %
Family status	No family	46.20%
	Own family	15.90%
	Family of origin	14.30%
	Other	25.60%
Employment status	Has never worked	36.40%
	Worked during the alternative sanction	15.20%
	Did not work during the alternative sanction	20.50%
Main substance of abuse	Alcohol	14.20%
	Heroin	36.40%
	Cocaine	9.80%
	Other	25.00%
Multiple substance abuse	Yes	28.57%
	No	12.72%
Treatment outcome	Completed	12.67%
	Not completed: gave up	40.90%
	Not completed: other reasons	34.61%
Recidivism rate	Subjects that reoffend	24.91%

Conclusions

Leaving aside the information provided by the recidivism rate found during this research, we observed that there are socio-personal characteristics and health-related aspects that are connected with these offenders’ social inclusion or exclusion. The probability that offenders might reoffend is linked to numerous factors, but if we were to identify those that may be ameliorated by implementing educational and social and health programmes in the judicial and penitentiary context, this would lead to an improvement in the offender and would succeed in having an impact on their criminal behaviour.

This research sought to identify those elements that might be connected with an improvement in an offender’s progress to see if these factors have an impact on the probability of reoffending and, moreover, whether the characteristics of such a penal model facilitate its educational effectiveness and the offender’s reintegration into society.

Suspended sentences can help to raise offenders’ awareness of their substance abuse problem and the importance of their involvement in order to ensure adequate compliance. In addition, such sentences can prevent the negative effects of imprisonment (labelling, difficulties in family relationships and in keeping up personal responsibilities, loss of employment, etc.).

In response to a more punitive penal code, we need to promote approaches other than prison that will enable increasingly flexible penal sentences in the community to be implemented as a sanction and that will make it possible to maintain the offender's degree of social integration. We are, however, still at an early stage. There are a number of aspects that have to be consolidated – the multidisciplinary networks involved in these penal models, and improvements to programmes and models – and there is a need for further research to study in greater depth the factors that play a part in reoffending. Last but not least, there is a need to continue the work to publicise the usefulness of alternative penal measures and to make people in every government body and in every organisation involved, as well as the general public, conscious of their effectiveness.

Research 2

PRISON, DRUGS AND HIDDEN POPULATIONS. Drug use and high-risk behaviours that are damaging to health among the prison population

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1. Introduction

The consumption of psychoactive substances and the practices that are potentially damaging to health, as well as the consequences arising from them, in Catalan penitentiary centres remain largely unknown. The data in the scientific literature on the subject are unrepresentative, in large measure due to inmates' reluctance to talk openly about issues that will leave them or others stigmatised.

The prison population may be doubly hidden. At a macro level, they constitute a group of people isolated from the rest of society and outside social participation. At a micro level, there are subjects who frequently engage in high-risk behaviours in prison and are averse to the institution's measures to promote health and treatment.

The *Health Agents Programme*, run by the drug-dependency CAS (Care and Monitoring Centre) in Penitentiary Centre Brians 1 to promote good health among peers, provided the ideal mechanism for collecting information and the experiences of this hidden population.

2. Aims

The overall objective of this study is to explore and analyse drug use and risk behaviours for health in Penitentiary Centre Brians 1.

This overall objective is broken down into four specific aims:

1. To devise a useful tool for studying these issues in a prison population.
2. To produce data concerning the prevalence and other descriptive characteristics of psychoactive drug consumption, the associated problems and their treatment, risk behaviours and the impact on the health of the defined population, while studying participants' discourses in depth.
3. To establish connections between the health variables collected while achieving aim 2 and other factors that may potentially predict and explain users' positions.
4. To recommend intervention responses based on the results obtained.

3. Methodology

We proposed to investigate these issues in a comprehensive manner by complementing the objective information with participants' subjective experiences by means of an observational, exploratory, wide-ranging study of a quantitative and a qualitative nature. The quantitative part of the study includes a survey adapted specifically to gather information concerning socio-demographic and socio-economic variables, drug use and treatment for drug-related problems, physical and mental health and risk behaviours that are damaging to health, as well as criminal behaviour and prison history.

This survey, with privileged-access snowball sampling, was administered in the format of interviews by participants in the CAS Health Agents training programme. The sample consisted of 178 participants – 110 men (61.8%) and 68 women (38.2%) – all of them potential psychoactive drug users, who gave their informed consent. Using the data obtained, four types of statistical analyses were done: lost

values, descriptive values, bivariate comparisons and multivariate comparisons. The qualitative part included four discussion groups – three mixed and one men-only – with 29 participants, designed on the basis of the degree of compliance with the programmes and interventions of the CAS. These were interpreted by analysing the discourse and projection of the various results divided into themed points. The quantitative and qualitative data were combined to arrive at a joint body of conclusions and recommendations for action.

4. Results

The study of the lost values revealed blank answers to almost all the items in the survey which, despite being within reasonable limits, reveals reluctance on the part of the inmates to talk about certain compromising subjects.

At the descriptive level, the average age of the participants was 36.75 and most of them were male (61.8% men as opposed to 38.2% women) and Spanish (89.5% as opposed to 10.5% foreigners). With regard to the consumption of addictive drugs in prison and the treatment of associated problems, the answers show that 69.7% of the participants admit they use drugs excessively. The substances referred to as the main problem for these participants were heroin (49.6%) and cocaine (33.1%). 75.4% of those who answered said they had taken in the previous six months, notably cannabis (66.1%), heroin (51.1%) and psychotropic drugs (41.5%) – without a prescription in 58.5% of these cases – cocaine (27.2%) and alcohol (8.8%). Of those surveyed, 59.6% had undergone substance abuse treatment in prison and of the heroin users – those who had taken it in the past and in the previous six months – 72.3% had undergone methadone treatment at some time in their lives.

With regard to health and risk behaviours leading to potentially infectious diseases, 90.4% said they had been tested for HIV and 75.7% for hepatitis C (HCV), with 74.2% undergoing tests for both diseases. Of those surveyed, 39.5% said they had been infected by a virus for one or more of the blood-borne infections (BBIs) and sexually-transmitted diseases (STDs) studied: 39% with HCV, 24.3% with HIV and 20.2% with both.

With regard to risk behaviours potentially leading to the diseases studied, 19.9% of those who answered admitted they had injected drugs in prison in the previous six months. Of these, 58.1% shared the venepuncture equipment with others and only 40% had participated in the PIX (needle-exchange programme) run by the centre. In addition, 47.1% confessed that they had had tattoos done in prison and of these only 52.4% believed it had been done in sterile conditions, suggesting that 47.6% had not done it appropriately. With regard to sexual intercourse, 71.3% of the participants admitted they had engaged in unprotected sex.

At the explanatory level, the bivariate and particularly the multivariate analyses revealed a series of variables closely related to the practices studied and which form four empirical arguments that underpin our interpretation of the results:

- A. The drug treatment variables are positively associated with various health risks such as overdosing (which has been linked with having received drug treatment in prison: Adj OR [CI]: 7.51 [2.90-19.44]; $P < 0.001$); injecting in prison (linked to having received methadone treatment at some time: Adj OR [CI]: 5.50 [1.31-23.1]; $P = 0.020$); and contracting a BBI or STD (associated with having received drug treatment out of prison: Adj OR [CI]: 3.05 [1.24-7.53]; $P = 0.016$).
- B. The measures related to some extent with the seriousness of criminal behaviour are associated with a worsening of drug use and of risk behaviours in prison, as well as of negative health indicators. More specifically, recidivism is a predictor of psychoactive drug use in prison (Adj OR [CI]: 9.03 [1.78-45.49]; $P = 0.008$); a refusal to take tests for detecting BBIs and STDs (Adj OR [CI]: 0.33 [0.11-0.95]; $P = 0.040$); the number of years of the prison sentence served (Adj OR [CI]: 1.09 [1.00-1.20]; $P = 0.059$); and serious disciplinary offences are a predictor of injecting in gaol (Adj OR [CI]: 17.19 [1.60-185.5]; $P = 0.019$).
- C. The existence of a family tie is a protective variable against health risks taken by the individual, as indicated by its link with overdosing (Adj OR [CI]: 0.25 [0.07-0.89]; $P = 0.032$) and infection with BBIs and STDs (Adj OR [CI]: 0.14 [0.03-0.60]; $P = 0.008$).
- D. Women accord greater importance to treatment for their health problems than men do ($\chi^2 = 13.07$; $P < 0.001$) and even though they use injected drugs as much as men ($\chi^2 = 0.13$; $P = 0.722$), they use the PIX more ($\chi^2 = 7.75$; $P = 0.005$). With regard to sex, men and women engage in similar risk behaviours ($\chi^2 = 2.38$; $P = 0.123$).

The qualitative analyses enabled us to modulate and add to the data obtained based on the contributions of the interviewees. It should be noted that the behaviour described in the study is structured into three social positions in relation to risk: 'foolhardy', 'adventurous' and 'prudent'. Those who fall into the first category tend to engage in practices that represent a risk to their health with hardly any consideration of the potential harm or of the measures to prevent that harm. Those who are adventurous consider the risks of the action they are about to take but this does not prevent them from embarking on it, so they continue to enjoy the benefits of the action while attempting to some extent to mitigate the negative consequences by means of a range of safety measures. Those who fall into the cautious category minimise the risks as far as possible by attempting to reduce or avoid them, even though they must therefore renounce the potential benefits this action would bring them. It should be noted that none of these discourses exclusively governs an individual's conscious narrative but rather that in general they alternate at different times depending on the circumstances, with some predominating over the others.

5. Conclusions

With regard to the methodology employed, we wish to highlight the value of the contributions made by the people deprived of their liberty. The use of peers as interviewers proved to be a good way to obtain information regarding drug use and practices that are a health risk for the prison population.

The descriptors obtained enable us to state that the population that took part in the research presents behaviours that are higher risk than those of other samples studied in research carried out among prison inmates.

The discourses reproduced reveal three patterns of drug use in prison: people who try to give up drugs during their time in prison; people who continue to take drugs; and lastly, people who begin to take drugs while in prison.

Sexual intercourse in the penitentiary system is a risk due to the very low levels of protection in terms of contraceptive methods, in particular barrier methods. Even though women show themselves to be more concerned about their health, they still continue this kind of high-risk sexual behaviour due to their subordinate position in their relationship with their partner.

Tattooing is a common practice in the prison environment and is often carried out with few precautions. Persecuting and penalising tattooing has not eliminated it but has had the effect of exacerbating the health risks.

Imprisonment causes deep emotional unease in the person deprived of their liberty, which requires an ongoing effort on their part in their quest for their sense of wellbeing. Inmates develop their own self-healing strategies.

The results of the research offer insights into the main factors associated with managing the health of the prison population.

The data obtained confirms the division between Type A and Type B addicts. Type B addicts are people with a chronic addiction who suffer from more physical and psychological health problems, social maladjustment and criminal behaviour than Type A. The three risk positions inferred from participants' narratives – prudent, adventurous and foolhardy – represent different social constructs concerning health, risk and wellbeing, which influence their attitudes reflected in the types of behaviour described. The concepts of risk, health and wellbeing described by people working with drug users do not tally with those of the prison population with drug problems. This discrepancy perpetuates opposing positions, thereby hindering any chance of people changing.

The results of the research suggest that treatment on its own will not necessarily be effective and that its results will improve to the extent that a bond is formed between professionals and users, respect for each person's individuality is ensured, their abilities are valued, they are given responsibility and their care continues once they leave prison.

The social network and family bonds are factors that protect against drug use and risk behaviours and also minimise the effects of imprisonment.

Lastly, the study makes a number of recommendations for action that revolve around the requirement to foster a model of pragmatic and compassionate intervention, such as minimising harm by encouraging inmates to tackle the profound processes of imprisonment that have a considerable impact on prisoners.

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