A STUDY OF IRISH FEMALE PRISONERS

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Chapter 1

Introduction

Women prisoners have been shown to have higher levels of substance abuse, psychosis, mental handicap, personality disorders and neurosis compared to male prisoners (Maden et al 1994).

Women with major mental illness are five times more likely than the general population to be registered for an offence compared to 2.5 times in men, and 27 times more likely to have a violent offence compared to 4 times in men (Hodzess 1992).

Prisoners are more likely to be from deprived social backgrounds (Martin et al 1991).

The prison population is more likely to be addicted to drugs. Substance abuse has become a major problem in prisons with a quarter of female prisoners and 12% of male prisoners dependent on drugs in the UK (Maden et al 1994). In Ireland 25% of male offenders admitted to drug dependency (O'Mahony 1990). From 1979 to 1988 the number of sentenced women in British prisons rose by 32%, yet the number of women sentenced for a drug offence increased by 400% (Home Office 1988).

Female drug addicts report more medical, psychological and family problems compared to male addicts who are more likely to have legal and alcohol related problems (Brown 1993).

Very little is known about Irish female prisoners. The aim of our study was to gain more knowledge about their background, their health, their psychiatric history and drug and alcohol use. In doing so we hope that, in order to design and build a new female prison, these factors will be taken into account. The female prison needs to be able to provide the necessary facilities and resources so that women can be treated in a positive way for their psychiatric or addictive problems.

Chapter 2

Method

The data for the study was collected by two female prison general practitioners using a semi-structured interview with female inmates. The questionnaire was divided into five sections.

(1) **Demographic background;** This section collected information about the women's general background - their age, marital status, children, where they are living, where they were brought up and previous experience of prison.

(2) **Drug** Use; The section looked at whether they had ever used drugs and if so, what their drug use was immediately prior to entering the prison system. It examines the type of drugs used, when they first began using drugs, their current usage and use of services for drug users.

(3) **Alcohol Use;** This section examined their use of alcohol, whether they had ever had a problem with drinking and their use of the services for alcohol misusers.

(4) **Health Status;** This section examined their current health status, if they suffer from any specific illness - particularly, HIV or Hepatitis.

(5) **Psychiatric History;** This section looks at their psychiatric history - if they have ever suffered from depression, attempted suicide or cut themselves.

The study was carried out in the only designated female prison in Ireland, at Mountjoy, Dublin which caters for remand and sentenced prisoners 17 years of age or over. During 1994 there were a total of 571 women committed to the prison (there are also a small number of women in Limerick prison which were not included in this, study). Between February and early March 1994, over a period of six weeks, one hundred consecutive female inmates were interviewed on their initial medical assessment. Two refused to be interviewed and five left the same day following committal, before they could be seen, so one hundred and seven were committed in that six weeks. This shows a high turnover of prisoners, as the female prison in Mountjoy can only hold a maximum of 40 prisoners at any one time. Each inmate was interviewed by one of the two female general practitioners and the interview lasted twenty to forty minutes. Confidentiality was assured as it was an anonymous survey.

Chapter 3

Summary

The overall picture emerging from this analysis suggests that the women entering prison in Ireland are predominantly in their mid twenties. The majority live in the Dublin Inner City and were brought up there. They tend to have children but are not in a relationship at the time of entry to prison. They appear to have a good family network as most of the children were being cared for at the time of the interview by family or partners of the women. They are more likely to have a previous history of imprisonment. The prison has a very high turnover of prisoners suggesting that there are insufficient cells to accommodate the number of prisoners being committed. More than half are made up of remand prisoners awaiting trial. The crimes committed, in the majority of cases, are theft and drug related offences with few prisoners committed for violence against a person.

The women are more likely to be abusing drugs or alcohol than the general population. Heroin is the commonest drug used and the most used method is by injection, with sharing of needles a major problem. They tend to misuse drugs at a young age with the majority having had their first drug experience by the age of 20 years. The majority are from Inner City Dublin. Half had received drug substitute maintenance at some time before committal and the majority had experienced at least one detoxification indicating that this group of drug addicts are resistant to treatment.

One in four of the women were thought to have an alcohol problem by the interviewing doctor which differed greatly from the woman's own perception of her drinking habits.

A significant proportion (13) of women were HIV positive. Since only slightly over half were ever tested for the virus this figure could well be much higher. A similar number (12) had tested positive for Hepatitis B. A remarkable number (22) tested positive for Hepatitis C, despite the fact that only one third of all the women were tested, so the prevalence is probably much higher.

Almost one in two women had psychiatric treatment in the past with one in four requiring psychiatric hospital admission. One third of the women had attempted suicide, often on a number of occasions and admitted to feeling depressed beforehand. A surprising number (9) regretted that the attempt did not succeed. As many as 20 women cut themselves in the past with a substantial number doing so in prison.

Chapter 4

A Description of the Respondents

DEMOGRAPHIC CHARACTERISTICS

The age limit for committal to the prison is 17 years or over. Twenty-six of the women in this study were 20 years of age or under. The average age of women admitted to the prison during the period of the study was 27.6 years.

Table 1: Age of women

	N
20 years or less	26
21-30 years	41
31 - 40 years	23
over 40 years	10
	100

Most were living in the inner city of Dublin (71) and were also brought up there suggesting very little geographic movement in this group as seen in Table 2. This is in contrast to the UK which showed that 19% of female prisoners are from outside the country (Maden et al 1994).

Table 2:

	% At present	% Brought up
North Inner City	42	43
South Inner City	29	25
Dublin County	11	5
Other Irish County	13	18
U.K.	1	4
Europe	0	1
Travellers	4	4
	100	100

The marital status of the women, as seen in Table 3, shows that in the main they are not in a relationship. Sixty-nine were single, while a further ten were divorced, separated or widowed.

Table 3: Marital Status of Respondents

	N
Single	69
Married	12
Co-habiting	9
Separated	3
Divorced	2
Widowed	5
	100

Sixty-two of the women had children. Coupled with the fact that many were not in a relationship it seems that a high proportion are therefore single parents. On average the women had 2.7 children. Most of the children seem to be cared for by family members or the partner of the woman while she is in prison which seem to suggest that there was a good family support system in operation. However, eleven of the women did have at least one child in community service care, as seen in Table 4.

Table 4: Who is caring for children?

	N=62[1]	% of 62
Partner	20	32.1
Relative	37	58.1
Community Service Care	11	16.1
Children grown	2	3.2

1 Some of the women had different people caring for different children. For example 5 of the women had children in community service care while some of their other children were with a relative. Therefore the total is greater than 100%.

CURRENT CHARGES AGAINST THE WOMEN

Thirty-five of the women were imprisoned on more than one charge. Most of the women were charged with theft or drug related offences. Over half (56) were imprisoned for theft, while a further 38 were charged with drug related crimes. Ten were charged with violence against another person. The rest were imprisoned on a variety of charges, ranging from fraud, to non-payment of fines to not possessing a television licence. The majority (56) were on remand at the time of the interview. Only one woman was serving a sentence above 3 years (Table 5).

Table 5: Length of Current Sentence

	N
On remand	56
3 months or less	10
>3-6 months	12
>6 months to 1 year	7
>1-3 years	13
>3-5 years	1
No answer	1
	100

THE WOMEN'S PREVIOUS EXPERIENCE OF PRISON

The majority of the women (75) had been in prison before (Table 6). Most of the women who were using drugs had a history of imprisonment (92% n= 57).

Table 6: Number of times in prison before.

	N=75	%
On remand only	26	**34.7**
First sentence	7	**9.4**
Second sentence	15	**20**
Third to fifth sentence	11	14.6
More than 5 sentences	16	**21.3**

Chapter 5

DRUG USE BY WOMEN PRISONERS

PREVIOUS DRUG HISTORY

Sixty of the 100 women interviewed had taken drugs at some stage in their lives. Of these, 22 (36.7%) had their first experience of a drug under the age of sixteen. The average age of first drug taking experience was 16.8 years.

Opiates are the drugs most likely to have been used by the 60 drug takers in the sample. Heroin was used at some point in the drug taking career of 57 (95%) of the women, while Methadone (Physeptone) was used by 50 (83%), MST by 44 (73%) and other opiate pain-killers by 3 (5%). Fifty (83%) of the women drug takers had used Benzodiazepines and 21 (35%) had tried Amphetamines. Cocaine had been used at some point in the drug taking history of 38 (63%) of the women. Methadone is a synthetically produced heroin substitute, commonly known as Physeptone and used to treat opiate addicts.

Table 7: When Drugs were First Abused

	N=60	%
Under 16 years	22	36.7
16-20 years	33	54.9
21-30 years	5	8.4
	60	100

Mean age = 16.8 years

DRUG USE AT THE TIME OF IMPRISONMENT

Fifty-nine of the 60 women were still taking drugs on their committal to prison, showing positive urine tests for opiates and/or methadone (physeptone) on committal (Table 8). As many as 17 (29%) named more than one drug when asked what drug was their primary drug.

Table 8: Primary Drug Used by the Women immediately prior to prison

	N	%
Heroin	25	42.3
Methadone (Physeptone)	14	23.7
Heroin and Methadone	9	15.3
Benzodiazepines	1	1.7
MST (Opiate painkiller)	2	3.4
Cocaine and Methadone	1	1.7
Heroin and Ecstasy	1	1.7
Heroin and Benzodiazepines	1	1.7
Heroin, Methadone and Benzodiazepines	1	1.7
Solvents, Methadone and Benzodiazepines	1	1.7
Heroin and MST	3	5.1
	59	100

The majority (92%; n= 56) of the drug addicts were chronic users i.e. use drugs more than or equal to once a day. Twenty-six of the 60 drug taking women described methadone (physeptone) as one of their drugs of first choice. Of these, 21 (84%) had been on maintenance treatment at some stage in their drug taking career.

Most of the drug taking women were from the inner city of Dublin, where other studies have found that a disproportionately large number of Irish drug users come from (Bury et al, 1989). Forty-five (86%) of the women used injection as their method of taking their drug. Twenty-eight (47%) ingested by mouth and 11 (18.4%) smoked. The proportion who inject is larger than that found in the drug treated population in Dublin , two thirds of whom injected their primary drug (O'Higgins and O'Brien, 1994). Almost half of those who injected had shared a needle in the last month. This is despite the fact that the majority were aware of the drug services in Dublin with 43 (71.7%) who stated they used needle exchange facilities in the past.

HISTORY OF DETOXIFICATION FOR DRUG USE

Of the 60 women who had used drugs, 49 (81.7%) had been detoxified for their drug use. As many as 28 (57.1%) had been detoxified three or more times.

Table 9: Number of detoxifications

	N	%
1	16	32.7
2	4	8.2
3	7	14.3
4	1	2
5	3	6.1
More than 5	17	34.7
No answer	J	2
	49	100

As well as having numerous detoxifications, many of the women had been detoxified in a variety of places with over half (n= 26; 53.1%) being detoxified in prison (Table 10).

Table 10: Where detoxification treatment was received

	N*	%
Short Residential	21	42.8
Community based	27	55.3
Prison	26	53.1
No answer	1	2

* Women may have had more than one in-patient detoxification

HISTORY OF METHADONE MAINTENANCE

Thirty-one (51.7%) of the drug users had received maintenance treatment. Of those 31, 26 (43.3% of all the drug users) were currently being maintained.

The 34 women who were not using maintenance treatment were asked why they were not in treatment. Only 18 of these women answered the question. Five of the 34 women were on a waiting list for die treatment and 6 had never requested the treatment.

Fourteen (53.5%) were receiving their maintenance treatment from a Drug Treatment Centre and 12 (46.5%) were receiving maintenance from a private doctor.

Most of the women (n=18; 70%) were on a low dose of Methadone (less than or equal to 35mg/day). Eight (30%) were on a high dose (greater than 35mg/day). Despite receiving high doses of Methadone, 6 of the 8 women had opiates in their urine on committal. Only 4 of the women had been receiving maintenance treatment for less than three months, 4 had been receiving treatment for 4 to 6 months. Most had been on maintenance treatment (n=18; 69.3%) for 7 months or longer.

USE OF DRUG SERVICES

There are a variety of services available to drug users in Dublin. The women were aware of these services. The Drug Treatment Centre at Trinity Court is the most likely service to be used (n= 43 71.7%) which is a very similar proportion to that found by McKeown (1993) in a study of the clients of a Dublin inner city project for drug users which found 88% had used the centre. Forty-three (71.7%) had also used a needle exchange, 26 (43.3%) had used the Anna Liffey Project and 12 (20%) had used Coolmine community and Coolmine House. The Merchants Quay Project had been used by 33 (55%) of the women.

Chapter 6

Alcohol Use by Women Prisoners

Fifty-six of the 100 women currently drank alcohol, 41 had never drank and 3 were recovered alcoholics. The 56 women who drank alcohol were asked how much they consumed in a typical week. Over 50% (n=29) of the women were drinking more than what would be considered safe amounts of alcohol[2].

Table 11: Average Number of Units of Alcohol Drank per week

	N	%
-10[3]	23	**41.1**
10.5- 15	4	**7.1**
15.5-20	4	**7.1**
20.5 - 35	3	**5.4**
More than 35 units	21	**37.5**
Heavy Drinker	1	**1.8**
	56	**100**

2 It is recommended that women drink no more than 14 units of alcohol a week and men drink no more than 21.

3 A unit of alcohol is equal to one pub measure of spirits, one glass of wine or a half pint of beer or lager

In order to gain an insight into the women's perception of their own drinking habits they were asked to describe their alcohol consumption. The interviewer (a general practitioner) also described what she believed to be the woman's alcohol status based on their self-reported average weekly consumption. As we have said above, 42.9% were drinking more than 20 units a week on average . However, in 70% of cases the women described their drinking as normal and 16% claimed to be alcoholic. The interviewer in contrast described only 55.4% as normal drinkers (Table 12).

Table 12: Interviewer Assessment

25% do not concur with patients assessment

	Patient		Doctor	(N = 56)
Normal	40	(71.4%)	31	(55.4%)
Alcohol Problem	9	(16%)	21	(37.5%)
Heavy drinker	4	(7.2%)	3	(5.4%)
Binge drinker	3	(5.4%)	1	(1.8%)

Unlike the situation with the drug services where the women appear to be highly aware of and make use of the available services, very few women were aware of the alcohol services available in Dublin. Nine of the drinking women had been detoxified for their drinking at some stage.

Chapter 7

Health Status

When asked if they suffered from a specific illness 37 of the 100 women answered yes. The women who claimed to have specific illnesses named a variety of different health problems. Respiratory complaints appear to be the main ailments named. Asthma, chest problems and bronchitis were named by 25 (67.6%) of the women. Nineteen of these 25 women were drug users. These types of complaints are not unusual among drug users, particularly those using heroin (McKeown 1993). The remaining 12 women all named various illness ranging from gallstones to epilepsy.

mv STATUS
Fifty-five of the 100 women had been tested for HIV. Twenty-three (41.8%) had only been tested once. However the average number of tests taken by these women was 3.

Table 13: Number of HIV tests

	N	%
1	23	41.8
2	8	14.5
3	6	10.9
4	3	5.5
5	2	3.6
6	11	20
No answer	2	3J3
	55	100

The majority of the women (n=40 72.2%) had tested negative. Thirteen (23.6%) tested positive. Since only 55 women were tested in the sample group the prevalence of HIV disease could be much higher.

Table 14: Result of HIV test

	N	%
Positive	13	23.6%
Negative	40	72.2%
No answer	2	3.2%
	55	100

Of those who tested positive 8 were at stage three or four of the HIV virus (CDC Classification). All of the women who tested positive were drug users. Only 5 of those who had taken a HIV test were not drug users.

HEPATITIS STATUS

Forty-two of the 100 women have been tested for Hepatitis B, of which 12 (28.6%) had tested positive. Seven women had the test done but never returned for the result.

Table 15: Results of Hepatitis B tests

	N	%
Positive	12	28.6%
Negative	23	54.8%
Result not known	7	16.7%
	42	100

In comparison, slightly less, 36 of the 100 women were tested for Hepatitis C, of which 22 (61.1%) tested positive and 4 women never returned for their result. Again all of those who had tested positive for Hepatitis B or C were drug users.

Table 16: Results of Hepatitis C tests

	N	%
Positive	22	61.1%
Negative	10	27.8%
Result not known	4	11.1%
	36	100

Chapter 8

Psychiatric History

HISTORY OF PSYCHIATRIC TREATMENT

Almost half (49) of the women had received psychiatric treatment at some time. Twenty-eight (57.1%) of these women had received more than one type of treatment - mainly their own general practitioner in conjunction with another type of treatment. Of the 49 women who had been treated for psychiatric illness 30 were drug users. Half of the women perceived by the general practitioners to be alcoholics had a psychiatric history despite the fact that only 6 (24%) had sought help for their alcohol problem. This suggests that some women who present with psychiatric problems have underlying often undiagnosed alcohol problems.

Table 17: Source of treatment

	N=49[4]	%
G.P.	29	59.1
Psychiatrist	26	53.1
In-patient	22	44.9
C.M.H.*	9	20.4

4 Some of the women were treated in more than one location.

*C.M.H. - Central Mental Hospital, a secure psychiatric hospital run by the Eastern Health Board which accepts transfers from the prisons.

Twenty-six women interviewed had been an in-patient in a psychiatric hospital or the Central Mental Hospital. Those who were admitted for in-patient treatment had an average of three admissions.

Table 18: How many in-patient admissions to Psychiatric Hospital

	N	%
1	9	34.6
2	6	23.1
3	1	3.8
4	1	3.8
5	2	7.7
More than 5	7	2(^9
	26	100

Thirteen (50%) of these admissions were for less than a month. Of the 36 who had attended out-patients for treatment only 5 (13.9%) were attending at the time of the interview. Therefore although the number of women who had been admitted to a psychiatric hospital was high, a small number were attending follow-up at the time of the interview.

HISTORY OF SUICIDE ATTEMPTS

Thirty-four of the women claimed to have attempted suicide with four women who could not remember how many attempts they had made on their life (Table 19).

Table 19: How many times suicide attempted

	N	%
1	12	35.3
2 - 5	14	**41.2**
6 - 10	4	**11.8**
Multiple times	4	**11.8**
	34	**100**

The women's attempted suicides tended to be in their own home (n= 20; 58.8%), or in a friend's or relative's home (n=6; 17.6%). It would appear that they chose places where they were likely to be found. Five (14.7%) said their last attempt had happened in prison. Of the 34 women who had attempted suicide 28 were drug users. In comparison, only 9 of the women who were described as alcoholic by the interviewing GP had a history of suicide attempts. As many as 15 women (44.1%) had attempted suicide in the year prior to committal.

Table 20: Last time suicide was attempted

	N	%
Less than 6 months	10	29.4
6-12 months	5	14.7
13-18 months	4	11.8
19 months - 2 years	3	8.8
> 2-5 years	5	14.7
More than 5 years	7	20.6
	34	100

Many of the women described feeling depressed (n=15) or wanting to die (n=5) prior to their suicide attempt. Three women felt their attempt was a reaction to a previous rape. Overdosing was the most used method (Table 21).

Table 21: How suicide was attempted

	N	%
Overdose	27	79.4
Strangulation	4	11.8
Drowning	3	8.8
	34	100

After the attempt the women again described a variety of emotions - shame (14.7%), relief (11.8%), unhappiness at lack of success (26.5%) and depression (8.8%).

HISTORY OF SELF MUTILATION

The interviewing doctors observed that some women cut themselves in prison as a form of emotional release rather than due to suicidal intent .This finding was based on clinical assessment. In this study 20 of the 100 women had cut themselves. For many of the women (45%) this had happened only *once* (Table 22).

Table:22 How many times self mutilation occurred

	N	%
1	9	45
2 - 5	4	20
Multiple times	7	35
	20	100

For half of the women it had been over five years since they had cut themselves and in 25% of cases it had been less than six months. The average age of the women at the time of last self harm episode was 22.1 years. Forty-five percent of the women were less than 20 years when they harmed themselves. The majority claim to have been in prison when they last cut themselves (Table 23). Sixteen of the 20 women who inflicted physical harm on themselves were drug users and half the women had been in prison 3 more times prior to the current sentence.

Table 23: Where self mutilation occurred

	N	**%**
Prison	11	**55**
Home	7	**35**
Psychiatric Hospital	1	**5**
Public Park	1	**5**
	20	**100**

The women described a variety of feelings prior to their last episode of self-harm. As many as 60% described feeling depressed or upset. Two said they felt they needed relief and one was suffering from the withdrawal effects of drugs.

Seven of the women described feeling better (calmer, back to normal) after inflicting harm on themselves. The remainder described feeling stupid, upset or the same as prior to the incident.

All but two of the women were in prison before (90%) with theft and drug related crimes being the main offences in 65% (13) of cases.

Chapter 9

Discussion

DEMOGRAPHICS

In this study, the women entering prison in Ireland are predominantly in their mid twenties, are living in Inner City Dublin and were born in Dublin.

The majority of women are single parents. They, have, on average, 2 to 3 children and a relative is minding them in the majority of cases.

As many of the women in the study are heroin addicts (60%), the profile of the women resemble other Inner city studies on drug addicts (Bury & O'Kelly 1989). Over half (54%) of female drug abusers in the greater Dublin area are in their twenties with 24% under the age of twenty (O'Higgins & O'Brien 1994). In the UK comparison of inmates with the general population showed that significandy more inmates were from social class 4 and 5 (Martin etal 1991).

The majority of crimes committed by the women were theft and drug related offences. This is similar to UK figures (Maden et al 1994). Only 10 women were committed for violence against a person even though the majority of the women in the study were drug addicts. This is in keeping with research evidence suggesting that violent crime is more likely to be associated with drug distribution rather than with drug abuse (Home Office 1994).

The majority of women have been in prison before with 16 of them having multiple committals. It has been shown that the predictors of re-incarceration among inmates are increased number of previous sentences, a history of substance abuse and young age (Draine 1994).

UK figures showed, on average, 4 previous admissions among drug addicts (Jeanmore et al 1991). A study in Scotland found that 62% of drug addicts in Edinburgh had more than 5 previous prison sentences prior to their current sentence (Bird et al 1992). An Irish study showed that the mean number of prison terms for male HIV prisoners was 3 with the majority of crimes being drug related (Murphy et al 1992).

These studies suggest that there are a group of offenders, mainly drug addicts, who continue to offend despite jail sentences and further studies are needed as to ascertain the best way to deal with them so as to prevent them from returning to crime.

FEMALE PRISONERS DRUG USE

Drug abuse has become a major problem in female prisons. This reflects an increase in drug misuse in Ireland mainly in the greater Dublin area which showed a 27% rise in the number of first female contacts treated for a drug problem in one year (O'Higgins & O'Brien 1994). From 1979 to 1988 the number of sentenced women in British prisons rose from 32%, yet the number of women sentenced for drug offences increased by 400% (Home Office 1988).

In this study 60% of the women were drug addicts with positive urine tests for opiates and/or methadone on committal. Over 90% of them were chronic addicts (using drugs at least once per day) and 86% injected opiates.

As many as two in three (65.3%) of female abusers inject in the community and are more likely to do so than males (O'Higgins & O'Brien 1994). In contrast a UK study of heroin addicts showed that 54% inject and females were shown to be less likely to move to injection than males (Griffiths & Gossip 1994)

The incidence of drug misuse among female prisoners in this study is similar to other female prison studies, 50% in New York (Smith et al 1991), and 54% in an Australian study (Hurley & Dunne 1991) but higher than a UK study of 26% (Maden et al 1990).

Male prison studies show a lower percentage of the total prison population with a history of drug abuse, 12% in U.K. (Maden et al 1994), 20% in Sweden (Kail et al 1990) and 18% in Scotland (Bird et al 1991).

In this study the drug abuse started young where the average age of first drug taking experience was 16 years of age. This is similar to Dublin figures where 68% of all clients on treatment in 1993 started misusing drugs before their 20th birthday (O'Higgins and O'Brien 1994).

The pattern of drug use has changed over the years. Heroin was the main drug used with 50% on a combination of drugs, mainly heroin and methadone, which is similar to the pattern of use in the community (O'Higgins & O'Brien 1994). This trend to poly-drug dependency has been shown to increase conflict with the law, intravenous route, HIV transmission and psycho pathological personality (Soplena,1992).

In England opiates and cocaine are the major drugs of addiction. In the past three years opiate abuse notified in the UK has increased by 30% and cocaine addicts by 130% (Home Office 1994). Cocaine seems to be on the increase in other studies but in our study only one woman claimed to be on it at the time of interview although 65% of the addicts had tried it at some stage in the past.

In the Dublin community 25.5% of female drug addicts are currently sharing needles showing an increase of 17% from the previous year and are more likely to do so than men (O'Higgins & O'Brien 1994). Our figures are higher with almost 50% of the intravenous drug users sharing needles in the month before admission. This is despite the fact that 71% of all the drug abusers in the study had said they used Needle Exchange. They seemed aware of the variety of services for drug users on offer in Dublin.

Therefore it is difficult to explain why the figure is so high. Our figures are similar to an Australian study which showed that 60% had shared needles (Gaughan & Douglas 1991).

In Saughton Prison, Edinburgh, 90% of the drug misusers Had admitted to sharing needles outside prison (Dye & Isaacs 1991). These figures may reflect the difference in availability of services and lack of education in certain groups.

The drug abuser population in prison is a particularly difficult group to help achieve a drug-free state. The majority (81%) had been detoxified at some stage in the past with over half having been detoxified at least 3 times.

Less than half in this study were on a maintenance programme at the time of admission (43%). Two thirds of these were on a harm reducing low dose maintenance which allowed them to use heroin along with the methadone. Those on high maintenance were obliged to be opiate free, yet 6 of the 8 women on high dose maintenance in our study were opiate positive on admission indicating that they were still using Heroin along with the methadone. The figures are low and a further larger study of drug addicts who are on high dose maintenance is needed on their committal to prison.

Although these figures are on a small scale, it does show that despite supervision from drug centres within the Dublin area, a certain group of female drug addicts continue to abuse heroin whilst on methadone maintenance. The aim in the UK for 1995-1998 is to assist drug misusers to achieve and maintain a drug free state (Home Office 1994) and it will be interesting to see the outcome of this policy which differs from the Irish policy of maintenance programmes.

In the Irish female prison, women are more likely to be drug abusers. They tend to be chronic intravenous opiate abusers who are more likely to share needles, are resistant to detoxification programmes and abuse their maintenance programmes.

FEMALE PRISONERS ALCOHOL USE

There are very few studies done on alcohol problems in female prisons. Gibbens (1971) found that 7% of women in Holloway prison had an alcohol problem.

In this study, 56 of the women drank alcohol. Over half of these drank above 15 units per week. There was a significant difference between the woman's perception of her drinking status and the interviewing doctors assessment of the women's drinking. Only 16% of the women felt they had a drink problem whilst the doctor diagnosed 25% as having a problem. In comparison to the drug users, very few of the women were in contact with the alcohol treatment services.

Therefore the prison may help women with alcohol problems to come to terms with their illness and to inform them of the services available.

HIV STATUS

The incidence of HIV disease in prisons varies depending on the numbers of drug addicts present and whether the HIV testing was done voluntarily or blindly.

Thirteen percent of the all the women in this study and 22% of the drug addicts were known to have the HIV virus with the over half at stage 3 or 4. Since only half of all the women had the test done at some stage the incidence of HIV disease could be higher.

Voluntary testing of HIV in 2,842 inmates in a US prison showed 15.3% of women and 7.9% of men were HIV positive (Behrendt et al 1994). Of 2,038 prisoners in Sweden voluntary testing revealed 10% as HIV positive (Kail & Olin 1992). In Spain 1,579 male inmates were tested blindly and 40.6% were HIV positive mainly drug abusers (Bayas 1992).

Therefore the prevalence of HIV disease in the present study is similar to other studies done on a voluntary basis. Voluntary testing is only moderately successful in identifying HIV positive inmates but mandatory testing, which will detect a higher amount of HIV disease, is unethical and discriminatory since it is not imposed on the population at large (Behrendt 1994).

HEPATITIS STATUS

The incidence of Hepatitis C was shown to be higher than Hepatitis B in this study. Hepatitis C is mainly a disease of drug abusers and is likely to have serious health consequences in the longer term.

Twelve percent of the women in this study tested positive for Hepatitis B. This is higher than UK figures of 8%. Among drug abusers the figures are higher with 29% having the virus compared to 18% in the UK (Connor 1995).

Hepatitis C is more prevalent in this study with 22% of the women and 61% of the drug abusers claiming they are positive for the virus. In a Maryland prison, the prevalence of Hepatitis C was 38% (Ulahov 1993). In the Netherlands a study showed 30% of prisoners to be positive with 60% of drug abusers with the Hepatitis C virus (Nicholson 1991). At least 25% of injecting drug users will catch the Hepatitis C virus during their first year of use with almost 100% after 5 years (Crofts et al 1993).

Only one third of the women in this study had ever been tested for Hepatitis B and C, so it is possible that the prevalence is much higher. As these women are still abusing drugs by the intravenous route, treatment for the viruses is a major problem.

PSYCHIATRIC HISTORY

One in two of the women in the study had been treated for psychiatric illness with half of these being admitted to a psychiatric hospital for treatment at some stage in their life. No information was taken on their present psychiatric state at the time of the interview.

It has been shown in many studies world-wide that psychiatric illness is higher in prison inmates and drug addicts than in the general population. In female prisoners, in an Australian prison, the prevalence of psychiatric disorder was in the order of 53% with the most frequent diagnosis being adjustment and depressed mood personality disorders. Distress was connected with recent stressful life events and worse in women awaiting trial (Hurley & Dunne 1991). Over half of the women in this study were on remand. Male prisoners in the US are twice as likely than the general population to have a lifetime psychiatric disorder (Bland & Newman 1990).

A recent study on female prisoners was done by Maden et al in 1994 in Holloway prison where 57% of women were given at least one psychiatric diagnosis compared to 38% of male prisoners. There was also a high incidence of mental handicap in women (6%) compared to men (2%). Intellectually handicapped females are 4 times more likely to

offend and 25 times more likely to have a violent offence than the general population. (Hodzess 1992). In this study women with mental handicap were not assessed but it would be interesting to do in the future.

Drug addicts also have higher psychiatric morbidity than the general population with high levels of depression, anxiety and antisocial personality disorders (Drake et al 1994). With polysubstance abuse, the probability of having more than one of the other psychiatric diagnosis is over 50% (Neighbours et al 1992).

One in four of the women in this study had at least one psychiatric admission before committal. This is higher than UK figures which showed that 12% of women in Holloway prison had a previous psychiatric admission (Maden et al 1994).

It is obvious from the above that the female prison population is a very vulnerable group, requiring intense psychiatric and psychological care whilst in prison.

SUICIDE ATTEMPTS

One in three of the women in the present study had attempted suicide at some stage in their life with 44% attempting suicide in the last year. The majority were drug users and attempted suicide in their own homes with 15% doing so in prison. Overdosing was the most used method.

Lifetime suicidal attempts in a population who have been in prison at some stage in their life is 7 times more frequent than in the general population (Bland & Newman 1990). Deliberate self harm, on at least one occasion, was reported by 32% of the female prisoners in Holloway prison with 12% who harmed themselves more than once. These percentages of the total female prison population, who have a history of self harm, are almost double those for male prison populations (Maden et al 1994).

A study done on all prisoners who committed suicide in the UK between 1972 and 1987 showed a rise in prison suicides. The average number of committals to prison were shown to have increased by over one fifth in that period, yet the suicide rate increased by 80%, with particularly high rates of suicide in remand prisoners (Dooley 1990).

SELF MUTILATION

The interviewing doctors, from their experience in prison, had noticed that a certain number of women cut their bodies as a form of emotional release rather than a genuine suicidal attempt. This was based on clinical assessment at that time.

Predictors of self mutilation have been found to be youth, mental retardation, personality disorder and aggressive outward behaviour (Hillbrand 1994). Substance abuse and behavioural disturbance also increases the chances of self cutting (Wilkins & Coid 1991). Most of these factors are present to a greater or lesser extent in our sample of inmates. Twenty percent of the women in the present study had a history of self mutilation, with 7 women who claimed to have hurt themselves multiple times. The majority were under 30 years of age and were abusing drugs. All but two were in prison before.

The main offences were non violent crimes contrary to the belief that prisoners who self mutilate are more likely to have a record of violent offending (Wilkins and Coid 1991). In over half the cases the women claimed to be in prison at the time of the self harm. These figures are remarkably high.

In a recent study in Holloway prison, 15% of the jwomen prisoners had a history of self mutilation with only a small proportion occurring in custody (Maden et al 1994).
The reason for self mutilation among the women in this study was mainly a method of releasing their feelings of depression and frustration. The episodes occurred mainly in prison due to the restrictions associated with prison and other stresses (separation from children, lack of social support, psychiatric history, etc) particularly for those on remand.

Although self cutting itself is a very unlikely way of committing suicide, comprising 3% of total prison suicides in the UK (Dooley 1990), it does indicate how vulnerable the women are and the difficulties they have in expressing their emotions. As a certain proportion (14%) of those who committed suicide in prison in the UK had a history of self cutting (Dooley 1990), these women need intensive psychological support in prison.

Chapter 10

Conclusions

Irish women in prison are a very specific group of people. They are more likely to be from poor social backgrounds, have an average of 2 or 3 children, are less likely to be in a relationship and tend to have had prior psychiatric treatment. They are more likely to have abused drugs from a young age and are resistant to drug treatment. From the knowledge gained in this study certain recommendations are proposed when considering building a new female prison.

Female prisoners are more likely to have children and a family network in their home. Whilst in prison they spend 14 hours on their own, every day of the week, in a small poorly ventilated cell with no dining room facilities and little in the way of recreation. Privacy within the cell is impossible due to constant supervision. These factors no doubt contribute to the women's distress and tendency to self mutilation.

Less time should be spent in the cells. More time needs to be spent in recreational facilities, education and exercise.

The majority of the women were in prison before, indicating that they had not changed their criminal behaviour from their time in prison. This pattern of re-offending may be partly due to the occurrence of early releases. Due to lack of space, women are released early on temporary release, often before they have finished their detoxification from drugs and so abuse again. Methadone detoxification in the Female prison varies from 12 to 49 days depending on the severity of the drug abuse and other relevant factors (e.g pregnancy).

If a woman knows, from past experience, that she will be released from prison before her sentence is completed, she will be more likely to offend again. More space is needed to accommodate all the women prisoners. The prisoners could then settle into prison, finish their sentences, become involved in the educational, medical and psychiatric facilities. Completed drug treatment programmes during imprisonment, and ideally followed by community based programmes, may hopefully reduce the likelihood of re-offending. This can only be possible with future planning and prior knowledge of the time of release of the prisoner.

The medical facilities need to be expanded to cater for the higher number of AIDS patients and drug abusers. At present only one cell is the designated surgery, treatment room and counselling room. Designated rooms which are private and confidential

should be made available for HIV counselling, sexual abuse counselling, medical and psychiatric care. If the prisoner is suicidal, special association cells which are comfortable, yet have adequate supervision, are needed.

It is obvious from the above discussion that women prisoners are a very vulnerable group in our community with very special needs.

The removal of liberty is in itself a punishment. Hopefully within the prison system, prisoners may have the support and the proper environment to begin the difficult task of dealing with their problems and helping themselves.

Glossary

Bayas (1994): "Infection of HIV type 1 in population of prisoners of Catalonia", Med Clin (Spain), 102(6) p. 209-12

Behrendt (1994): "Voluntary testing of HIV in prison pop" Am. J. Epidemiol. 139 (9) p. 918-26

Bird, Gore, Jolliffe, Buens (1992): "Anonymous HIV surveillance in prison", AIDS, 6(7) p. 725-33

Bland, Newman, Dyke, Orn (1990): "Prevalence of Psychiatric disorder and suicide attempts in a prison population" Canadian J Psychiatry, vol 35 (5) p.407-413

Brown, LS.jnr (1993): "Addiction Severity Index" Journal of Substance Abuse, 5(3) p269-79.

Bury, O'Kelly (1989): "Human immunodeficiency virus infection in a Dublin general practice", The journal of RCGP, Vol 39 p. 101-103

Connor(1995),"Prison policies put inmates at risk" BMJ vol 310 p. 278 4 Feb 1995

Crofts N, Hopper JL, Bowden DS, Breschkin AM, Milner R, Locarnini SA (1993), "Hepatitis C virus infection among a cohort of Victorian injecting drug users. Med J. Aust.;159: p. 237-241

Dooley (1990): "Prison suicide in England and Wales 1972-87" British Journal of Psychiatry; 156, p. 40-45

Draine (1994): Hosp Comm Psychiat US, 45(2) pg 163-7

Drake, Surftw, Hall (1994): "Prevalence, severity and correlates of Psychological morbidity among methadone maintenance" Addiction; 89 2 p. 211-7

Dye SJsaacs C (1991).-"Intravenous drug misuse among prison inmates:implications for spread of HIV" BMJ vol 302 p. 1506

Gaughan, Douglas (1991): AIDS, 5(7) pg845-51

Griffiths, Gossip (1994): 'Transitions in patterns of Heroin administration" Addiction, 89(3) p301-9

Gibbens (1971): "Female offenders" BJ Hosp Med, Sept p. 279-86

Hillbrand (1994): "Clinical predictors of self mutilation in hospitalised forensic patients", J. Nerv. Ment Dis, 182 (1) p. 9-13

Home Office (1994): 'Tackling drugs together" UK

Home Office (1989): "Prison statistics England and Wales 1988 London HMSO

Hurley, Dunne (1991): "Psychological distress and Psychiatric morbidity in female prisoners", Aust J Psych 25(4) p. 461-70

Hodzess (1992): Mental disorder, intellectual deficiency and crime", Arch. Gen. Psych., 49(6) p. 476-83
Jeanmore, Harding, Stauf (1991): "Treatment of opiate withdrawal on entry to prison" Br J Addict, 86(4) p. 457-63
Kail, Olin, Sweden (1992): "Constant Annual Incidence of HIV Infection among IVDU", Lakartidningen (Sweden), 90(36) p. 2837-40
McKeown (1993): 'The Merchants Quay Project, a drugs HIV service in the inner city of Dublin", Franciscan Friars, Dublin."
Maden, Swinton, Gunn (1990): "Women in prison and use of illicit drugs before arrest." BMJ 301 p. 1133
Maden, Swinton, Gunn (1994): "Psychiatric disorder in women serving a prison sentence" Br. J. Psychiatry, 164 p. 44-54
Martin, Russell, Goodwin (1991): "Patients views of the consultation, comparison of a prison and general practice population", BJ GP 41 p. 207-209
Murphy, Gaffney, Carey, Dooley, Mulcahy (1992) "The impact of HIV disease on an Irish prison population" Int. J of STD and AIDS; 3; p. 426-429
Neighbours, Kempton, Fenehande (1992): "Co-occurences of substance abuse with conduct anxiety and depression disorders in Juvenile detention centres", Addict Behaviour 17(4) p. 379-86
Nicholson (1991): Hep C antibody tests, J Virol Methods (Netherlands) 3(33) p. 311-7
O'Higgins & O'Brien (1994): "Treated Drug Misuse in the Greater Dublin Area 1992-1993 The Health Research Board, Dublin
O'Mahony (1990):"Abstinence in treated and untreated opiate abusers in a prison population ", Ir. J. Psychological Medicine 7 p. 121-3
Peters, Kearns (1992): "Drug abuse history and treatment needs of jail inmates", Am. J. Drug Alcohol Abuse 18(3) p. 355-66
Smith, Mikl, Truman (1991): "HIV infection among women entering New York State correctional system", Am. J. Public Health 81 p. 35-40
Soplena (1992): "Profile of Drug addicts admitted to hospital detoxification units over 4 1/2 years. Actas luso esp newer psychiatry cieni a fines - Spain 20(2) p81-91
Turner *8c* Toiler (1986): "Indicators of psychiatric disorder among women admitted to prison" BMJ 292, 651-653
Quark (1990): "Drug dependence and HIV infection, Epidemologic study of jail population", Riv Eur Sci Med FarmacolJ (Italy) 12(2) p. 119-25
Ulahov (1993): "Prevalence of Hepatitis C in male inmates in Maryland", Eur J Epidemiology (Italy) 9(5) p. 566-9
Wilkins & Coid (1991): "Self mutilation in female remanded prisoners", Criminal Behaviour and Mental Health; (1) p. 247-67