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DISSERTATION

„The Effectiveness of Alcohol and Drug Treatment among the Incarcerated Population“

A United States and European Union Perspective with a Special Emphasis on Mississippi and Austria

verfasst von

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Zusammenfassung

Viele unserer geltenden Gesetze fordern rasche Bestrafung von drogen- oder alkoholabhängigen Rechtsbrechern. Während Konsequenzen gegen jene, welche Gesetzte brechen, erfolgen sollten, muss die Frage gestellt werden, ob simple Gefängnisstrafen die richtige Wahl bei Alkohol- und Drogenmissbrauchenden Personen sind. Ein kriminell Gewordener muss verantwortlich gemacht werden; aber heißt dies notwendiger Weise als einzige Möglichkeit Inhaftierung? Eine Behandlungs-Infrastruktur ist im Justizsystem weitgehend und in unterschiedlichen Formen vorhanden. Viele Inhaftierte haben die Möglichkeit an Behandlungsprogrammen teilnehmen zu können. Aus Sicht der Autorin ist die Schlüsselfrage weniger die nach der Verfügbarkeit als jene nach der Qualität. Wie *effektiv* sind die zur Verfügung gestellten Behandlungen?

Von Oktober 2011 bis Dezember 2012 hat die Autorin zehn Justizvollzugs-Institutionen in Mississippi und in Österreich aufgesucht. In all diesen Anstalten konnte sie mit Häftlingen sprechen, die in eimem Drogen- oder Alkoholprogramm in Behandlung standen. Die Teilnahme war freiwillig und Fragebögen wurden an alle bereitwilligen Teilnehmer ausgegeben. Im Anschluss an das Ausfüllen dieser Bögen wurden Gruppendiskussionen und persönliche Befragungen veranstaltet. Darüber hinaus wurden Beamte und Sozialarbeiter informell befragt, soweit verfügbar. Das Ziel bestand darin, einen umfassenden Gesamtüberblick über die Drogen- und Alkoholprogramme zu erhalten. Insgesamt 403 Fragebögen wurden gesammelt.

Im Wesentlichen geht es in der Arbeit darum zu ergründen, wie bestimmte Haftumstände interpretiert werden können, und wie daraus gezogene Schlüsse zu besserer Entwicklung und Umsetzung von Alkohol- und Drogenprogrammen führen können. Durch die Analyse der Haft-Systeme und Haftanstaltskulturen, des Alkohol- und Drogenkonsums in

der Gesellschaft sowie in Haftanstalten sowie der Analyse der Behandlungsmöglichkeiten in Haftanstalten, werden die dahinterstehenden Zusammenhänge und Interdependenzen deutlicher. Darüber hinaus erfolgt eine besondere Betrachtung von Insassen mit einer Begleiterkrankung sowie von weiblichen Insassen, da diese beiden Gruppen für die Justizvollzugsanstalten zusätzliche Komponenten enthalten, die Behandlung im Wege stehen können.

Der Autorin geht es bei dieser Forschungsarbeit nicht darum, nachzuweisen, ob Drogen- und Alkoholbehandlungen richtig sind oder nicht. Das Ziel ist nicht, eine spezielle Methode zu hinterfragen oder zu erkunden wie Probleme mit einer spezifischen Droge bewältig werden können. Vielmehr lautet das Ziel dieser Dissertation, den Zugang der Justiz zur Drogen- und Alkoholbehandlung in seiner Gesamtheit zu analysieren. Zusätzlich wird ein Vergleich zwischen den USA und der EU angestellt (mit Schwerpunkt Mississippi und Österreich), um festzustellen wo Übereinstimmungen vorliegen und wo wechselseitiges Lernen möglich ist.

Auf Grundlage der Daten und der Analyse des bisherigen Standes der einschlägigen Literatur zielt die Autorin darauf ab, ganzheitlich-kohärent betrachtet festzustellen zu können, wie effektiv im Justizapparat Behandlung erfolgt; und – noch wichtiger – wie effektiv diese sein *könnte*.

Abstract

Many current laws call for the swift punishment of drug and alcohol offenders. While consequences should follow those that violate the law, the question of whether or not a simple prison term is the best option for an alcohol or drug offender must be raised. While an offender must be held accountable, does this necessarily mean incarceration is the only option? Treatment facilities for drug and alcohol use are widely available in correctional institutions and in various forms of delivery. Many inmates have the opportunity to partake in these programs. The researcher feels that the issue at hand is not merely one of availability, but rather one of quality. How *effective* is the treatment that the correctional system provides?

From October 2011 to December 2012, the researcher traveled to ten correctional institutions throughout the state of Mississippi and the country of Austria. At each institution the researcher was given the opportunity to meet and speak with current participants of drug and alcohol treatment. Participation was voluntary and questionnaires were distributed to all who wished to take part. Following completion of the questionnaires, group discussions were held and personal testimonies were obtained. In addition to the inmates, informal discussions took place with the program administrators and when available, correctional officers, administrative staff and prison wardens. The goal was to obtain a total view of the drug and alcohol treatment. A total of 403 questionnaires were collected.

Broken down into four themes, this study plans to demonstrate how certain various elements of incarceration can be interpreted and how this insight can lead to better development and implementation of alcohol and drug treatment. By examining prison systems and prison cultures, alcohol and drug use in society and in prison and lastly, the treatment options available, the way in which these elements interconnect becomes clear.

Moreover, a special consideration is made for inmates experiencing co-occurring disorders and also female populations, as these two correctional classifications include additional components that can further hamper treatment.

The researcher sets out not to prove or disprove that drug and alcohol treatment is an effective remedy to substance abuse. The goal is not to question one particular method of treatment or to determine how to remedy one specific substance problem. Rather, the goal of this dissertation is to examine drug and alcohol treatment as a whole. Comparison will be made between the United States and the European Union, with a special emphasis on the state of Mississippi and the country of Austria, in order to reveal what aspects of treatment are shared and what each system could learn from the other. Using the gathered data and review of previous literature, the researcher aims to find a decisive and cohesive idea of just how effective alcohol and drug treatment within the correction setting is and more importantly, how effective it *could* be.

To the inmate populations of the Mississippi Department of Corrections and the Austrian Bundesministerium für Justiz. I thank you for your honesty, candidness and contribution. I wish you all the best and may that include a life free of addiction.

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The Mississippi Department of Corrections must be acknowledged for their assistance throughout my research. Special thanks go to Commissioner Christopher Epps for allowing me the opportunity to travel throughout the state and visit the various correctional institutions under his authority. To all of the prison staff, correctional officers, program coordinators and wardens that I met throughout my journey, I sincerely thank you for your help and for your true Southern hospitality.

The Austrian Bundesministerium für Justiz and the Justizanstalt Wien Favoriten must be recognized for their willingness to support my field research. Frau Hofrätin Andrea Moser-Riebniger with the Ministry, along with the staff and program coordinators at Wien Favoriten provided all of the assistance for which one could ask. I consider myself incredibly fortunate to have had the opportunity to visit this facility and conduct research.

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List of Abbreviations

AA	Alcoholics Anonymous
ADTP	Alcohol and Drug Treatment Program
ATS	Amphetamine-type substances
AU	Austria
BCCF	Bolivar County Correctional Facility
BJS	Bureau of Justice Statistics
BMJ	Bundesministerium für Justiz
BOP	Bureau of Prisons
BtMG	Betäbungsmittelgesetz
CA	California
CSAT	Center for Substance Abuse Treatment
CDCR	California Department of Corrections and Rehabilitation
CIA WFB	Central Intelligence Agency, World Factbook
CMCF	Central Mississippi Correctional Facility
CO	Correctional officer
COMPAS	Correctional Offender Management Profiling for Alternative Sanctions
CPT	Convention on the Prevention of Torture
CWC	Community Work Center
DE	Germany
DOJ	Department of Justice
DSM	Diagnostic Statistical Manual of Mental Disorders
DT	Delirium tremens
DUI/DWI	Driving under the influence/driving while intoxicated
EMCDDA	European Monitoring Center on Drugs and Drug Addiction
EPR	European Prison Rules

EU	European Union
FDOC	Florida Department of Corrections
FL	Florida
FSF	Flowood Satellite Facility
GED	General Educational Development
GIP	Groupe d'Information sur les Prisons
HCADC	Harrison County Adult Detention Center
HMIP	Her Majesty's Inspectorate of Prisons
HMPS	Her Majesty's Prison Service
ICCPR	International Covenant on Civil and Political Rights
ICD-10	International Classification of Diseases, tenth edition
ICPS	International Centre for Prison Studies
JAWF	Justizanstalt Wien Favoriten
JAWF-M	Justizanstalt Wien Favoriten – Münchendorf
MDOC	Mississippi Department of Corrections
MET	Meritorious Earned Time
MINT	Mothers and Infants Nursing Together
MS	Mississippi
NA	Narcotics Anonymous
NCASA	National Center on Addiction and Substance Abuse
NL	Netherlands
NY	New York
OHCHR	High Commissioner for Human Rights
ONDCP	Office of the National Drug Control Policy
Parchman	Mississippi State Penitentiary
RID	Regimented Inmate Discipline
SMCI	South Mississippi Correctional Institution

SMG	Suchtmittelgesetz
SQ	Survey question
Stein	Justizanstalt Stein
TC	Therapeutic community
UCSL	Uniformed Controlled Substance Law
UK	United Kingdom
US	United States
WHO	World Health Organization

Part I: Foundations

"There is no one among us who is certain of escaping prison."

--Foucault, 1971

CHAPTER 1

INTRODUCTION

Across the globe, individuals are incarcerated daily for various crimes ranging from simple theft to armed robbery to violent assaults to possession of drugs. The International Centre for Prison Studies (ICPS) reports that more than ten million people are held in penal institutions throughout the world in various capacities (Walmsley, 2011). The United States (US) has by far the highest reported prison population in the world with approximately 713 individuals out of every 100,000 currently held under some form of correctional authority (ICPS, 2012). According to the European Commission Eurostat Database, almost 600,000 people are currently incarcerated in a prison facility within a European Union (EU) member state (Aromaa and Viljanen, 2010). Reports show that higher prisoner rates can be found in newer EU member states, i.e., Latvia, Estonia, Lithuania, Poland, Czech Republic and Slovakia, with an average of 122 individuals out of every 100,000 within the EU population held in a prison administration facility.

While society uses the correctional system as a form of social control, the specific needs of the individual prisoner are no longer ignored (Clear, Cole, Reisig, 2006). The separate burdens that prisoners carry become a communal issue that must be addressed by the

prison staff in order to ensure the protection of fellow inmates. The Progressive Era of the 20th Century paved the way for US prison reform. A shift from simple punishment by incarceration to means of rehabilitation took place and the offender's specific needs became an important factor within the correctional institution (Clear, Cole, Reisig, 2006). Prisoner treatment has become a global issue and many multi-national treaties and conventions reflect this movement by requiring minimum prisoner standards to address individual prisoner needs.

Today, one of the largest problems facing the correctional system in regards to incarcerated individual is alcohol and drug use and addiction, fundamentally influencing the nature of the correctional population (Clear, Cole, Reisig, 2006). The National Center on Addiction and Substance Abuse (NCASA) reports that four out of five US jail and prison inmates were high during the commission of the crime, stole in order to support their habit or their crime was a result of a long history of alcohol or drug use (Clear, Cole, Reisig, 2006). The European Monitoring Centre for Drugs and Drug Addiction (Weigl, et al., 2010) reports that throughout the EU, at least one million people receive some form of treatment for drug problems each year. When these individuals find themselves confined within a correctional facility, not only is their addiction a problem, but the high risk behavior associated with certain drug use also becomes an issue. The spread of Hepatitis and HIV/AIDS as a result of needle sharing or sex in exchange for drugs plagues numerous European prisons (Weigl, et al., 2010).

The US Bureau of Justice Statistics (BJS) reports that approximately two-thirds of inmates were actively abusing alcohol or drugs immediately prior to or at the time of their arrest (Wilson, 2000). The desire to use alcohol or drugs and the physical dependency on such substances does not simply disappear once the cell door has shut. The physical and emotional effects of withdrawal and the desire to obtain and use alcohol or drugs while

incarcerated puts not only the prisoner himself at risk, but also fellow inmates and staff.[1] Article 57 of the Standard Minimum Rules for the Treatment of Prisoners states that prison in its self takes away the self-determination of the individual prisoner and under no circumstances should the State make such circumstances worse. Therefore, using a variety of means and measures throughout diverse correctional systems, alcohol and drug treatment programs have been developed and implemented in order to remedy these issues among the prison population. While taking into account inmates' rights, these programs seek to assist prisoners with their dependency with the eventual aim of eliminating addiction all together.

In the US, therapeutic communities (TCs) or residential type settings are established within the confines of the prison where inmates live in a communal setting and work together on their sobriety (National Criminal Justice Reference Service, 2008). Programs using a twelve-step format such as Alcoholics Anonymous (AA) are also forms of rehabilitation style treatments in which prisoners may participate whether it is of a voluntary nature or by order of the court. The Council of Europe European Prisoner Rules (EPR) states that medical services shall be implemented and should seek to detect and treat physical or mental illness (Article 40.4) and that prisons must deal with and treat a prisoner's withdrawal from drugs or alcohol upon his admittance into a facility (Article 42.3.d). Furthermore, fourteen EU member states currently provide separate drug-free wings, self-help groups and peer-support groups for those incarcerated and suffering from an alcohol or drug addiction (Weigl et al., 2010). These are just a few examples of the programs and policies taking place in today's correctional system.

While laws, rules and regulations exist and certain programs have been put into place, are they being properly implemented and more importantly, do they work? Recidivism among those under correction supervision remains a constant concern. Do these programs

[1] Throughout the remainder of this work, the author will use the word "he" or "his" when referring to inmates unless the text otherwise calls for the specific use of "she" or "hers."

meet the necessary standards required by law and how can they be improved upon? The answers to these questions are the goal of this dissertation. Furthermore, they have guided the author throughout the research and provide legitimacy to the importance of this study.

Comparative Nature of the Study

The overall goal of this research is to assess the use of Alcohol and Drug Treatment Programs (ADTPs) among the incarcerated population and to determine how effective they are or where they are lacking. By studying and comparing different methods used both in the US and the EU, the author was able to gain an understanding of these programs and a deeper knowledge of exactly what these programs strive to do. How do they function, are they successful and what the prisoners themselves think are all items that are examined within this research. By reviewing preceding scholarly works, the researcher was able to develop a foundation for the comparison of US and EU methods, while highlighting the strengths and weaknesses of both systems. In addition to the literature review, the individual research conducted by the author has enhanced this dissertation by offering current and self-obtained statistical data.

What Defines Effective?

When asked how one should determine whether or not an ADTP is effective at preventing future alcohol or drug use, the first task must be to define effective. Merriam-Webster (2011) defines effective as "producing a decided, decisive, or desired effect." Expanding on this further would be to ask what the desired effect of alcohol or drug treatment is. In its simplest form, the desired effect of alcohol and drug treatment would be the same as with any treatment for any other disease: to cure the patient. Whether or not addiction is considered a disease and whether or not one can be cured of addiction will be discussed later in this study. For now, it will suffice to say that the level of effectiveness of an ADTP is judged by the number of people that are successfully treated for their alcohol or drug

addiction. In the realm of criminal justice, this is measured by one basic principle: recidivism.

Recidivism is the basis by which so much in the criminal justice is reliant. When determining whether or not a treatment program in a correctional setting should be continued, those in the upper ranks of the bureaucratic hierarchy request to see data on recidivism. That is, how many program participants that successfully complete a program reoffend following their release? When returned to a free society, are inmates able to move forward in a successful and dependable manner or will they fall back into the trap of addiction? Simply put, does an inmate stay on the straight and narrow or does he relapse into a life of crime? When further evaluating recidivism, does one measure it by how many criminals reoffend upon release or simply by how many criminals get caught? Often times, the correctional system calculates recidivism data based on the number of released offenders that are once again apprehended and deposited back into prison or an institution. Data concerning how many successful substance abuse treatment graduates reuse alcohol or drugs upon release is harder to obtain. This study will look at recidivism from both aspects.

Grounded Theory

Grounded theory will serve as the basis for this research. While normal scientific research begins with a hypothesis that the researcher sets out to prove or disprove, grounded theory takes a different approach. Beginning with an idea or a notion, grounded theory allows the researcher to develop a theory based on the research that has taken place (Glaser and Strauss, 1967). As this paper will be a comparative study between the US and the EU, grounded theory allows for the freedom and flexibility needed for the researcher to sift through data and previous literature in an unbiased manner. Glaser and Strauss ascertain that often times with a hypothesis, one becomes hardened in the notion of finding data or literature that supports what the author has set out to prove or disprove. Grounded theory

leaves the door open to numerous possibilities. As this paper is comparative in nature and is not trying to establish that one drug or alcohol treatment is better than the other, grounded theory will allow for desirable growth and expansion in order to develop a concrete theory that is grounded in the research itself.

Research Goals

The initial idea of the researcher in determining the effectiveness of ADTPs was to observe these treatments first hand at settings within correctional institutions. As this idea evolved, it was determined that the best resource would be the treatment participants (inmates) themselves. A mere observation would not suffice. The participants lay at the core of the treatment program and as they are the ones that experience the programs directly, their knowledge and insight would be, by far, the most desirable.

Two prison systems participated in this study: the Mississippi Department of Corrections (MDOC) and the Austrian Bundesministerium für Justiz (Ministry of Justice, BMJ). Specifics as to why these two systems were chosen will be provided later in this dissertation. Under the authority of Commissioner Christopher Epps with MDOC and Hofrätin Andrea Moser-Riebniger with the BMJ, the author visited numerous correctional facilities within both systems and conducted various forms of field research. Questionnaires were distributed to all voluntary participants and a version was provided in both English and German, where necessary. A total of 403 questionnaires were completed throughout the duration of this field research. In addition to program participants, both formal and informal interviews were conducted with the staff responsible for teaching and administering these programs, the correctional officers that oversee the security within the institutions and when available, prison wardens. Along with these questionnaires and interviews, the researcher observed numerous programs and facilities in their daily operation. As grounded theory points out, the small details and subtleties that one can witness through simple observation can often prove

influential when determining an overall picture. The sample population utilized in this study was obtained from a pool of the current inmate population incarcerated within the MDOC and BMJ. Both males and females participated in the research.

Within the MDOC, seven correctional facilities/institutions provide the background for this study. They include the following:

Three state facilities:

1. MS State Penitentiary (Parchman), Sunflower County
2. Central MS Correctional Facility (CMCF), Pearl
3. South MS Correctional Institution (SMCI), Leakesville (to include one Regimented Inmate Discipline program)

One community work center (CWC):

4. Pike County CWC (PC CWC), Pike County

Two county/regional facilities:

5. Bolivar County Correctional Facility (BCCF), Bolivar County
6. Harrison County Adult Detention Center (HCADC), Gulfport

Two Regimented Inmate Discipline (RID) programs:

7. Flowood Satellite Facility (FSF), Flowood (for the second, see above).

The components of the ADTPs throughout the state of MS consist of various fields designed to assist each inmate in every possible way throughout the entire treatment process. These fields include, but are not limited to: initial screening, counseling, twelve-step programs, relapse prevention, follow-up screenings and volunteers within the inmate's community to assist him upon release. The facilities offer a range of long term and short term treatment programs for males, females, inmates with special needs (i.e., HIV/AIDS) and the medically disabled.

The researcher visited and observed three correctional facilities within the Austrian BMJ. They include the following:

1. Die Justizanstalt Stein (Stein), Krems[2]
2. Die Justizanstalt Wien-Favoritien (JAWF)
3. Die Justizanstalt Wien-Favoriten at Muenchendorf (JAWF-M), an extension of JAWF.

Both serve as treatment facilities for offenders that were convicted of a drug or alcohol related offense. Group therapy, medical treatment and vocational training are a few of the services offered at JAWF and JAWF-M. All facilities with MDOC and BMJ will be covered in more detail later in this study.

The interviews conducted (via questionnaire and open discussion) within the various inmate populations focus primarily on the inmates' overall impression of the treatment program. Inquiries regarding specific programs and how they apply to explicit needs were conducted. Questions such as "Are these needs being met to the inmate's standards and if not, how they might be improved?" served as an underlying basis for the study. A questionnaire was developed and distributed to each inmate participating in this research. Questions concerning previous incarceration rates, previous experiences in an ADTP, whether or not participation in the ADTP is mandatory or voluntary and impressions of the correctional staff were included. The goal of the author is not to focus on the individual inmate's specific alcohol or drug problem, but how the inmate feels about the success of the ADTP.

The overall goal is to compare various ADTPs within both the US and EU and determine just how effective these programs are. In what areas do the programs excel? In what areas do they need improvement? What is the success rate for inmates once they have

[2] The research conducted at JAS was only in the form of distant observations via a guided tour by a correctional officer. This tour was arranged on short notice and therefore the researcher was unable to speak with any inmates directly or distribute any questionnaires. However, as valuable information was obtained, it is necessary to include JAS among the list of the prison facilities serving as the backdrop for this study.

completed the program, regardless of whether or not they are immediately released or must remain incarcerated? Is recidivism a large problem? Do these programs truly work or are they simply a waste of time and tax payer money? All of these questions will be covered throughout the remainder of this study. Lastly, it is clear that there is no simple solution to the problem of substance use, abuse and addiction. Grave problems do exist within the correctional community in regards to the treatment of alcohol and drug addicted offenders. However, it should be recognized that with the proper tools and resources, change can occur; even if for a small few. This research aims at recognizing the areas where treatment has a genuine opportunity for success and the areas that are in dire need for improvement.

CHAPTER II

LITERATURE REVIEW

An extensive literature review has been conducted in order to provide a basic foundation for this research. As grounded theory suggest, the literature review was not completed in its entirety prior to the commencement of the research. Rather, the literature review has expanded as the research has been conducted. Four underlying themes will be discussed throughout this dissertation. A necessary groundwork will be provided in the literature review with each theme presented in further detail in the methodology section of this paper. The four major themes of this dissertation include the following: (1)prison systems and prison culture in general, (2) alcohol and drug use prior to incarceration and within the prison setting, (3) alcohol and drug treatment within the prison setting and (4) specific considerations for special populations to include comorbidity and females offenders.

Prison Systems and Prison Culture

Prisons as a form of punishment have been available for centuries. Barnes (1921) indicates that an exact date of when prisons began being used as a primary resort to punish offenders cannot be exactly determined. Isola di San Michele, constructed by Pope Clement X for the imprisonment of clergy, and Hippolyte Vilain XIII's Belgian prison in Ghent were early predecessors of the European prison system by applying inmate classification and

cellular housing (Barnes, 1921 and Whitman, 2003). The Pennsylvania and Auburn Prison Systems in the US brought about penal reform and molded the American prison system into what it is today. The middle of the nineteenth century gave rise to the penal institution as the most preferred form of punishment in both the US and Europe. Early concepts of strict corporal punishment have given way to incorporate categorization of inmates based on crime, gender, mental capabilities and even sexual orientation. It is this innate recognition that we are not all the same that has paved the way for future classification and the idea of treatment and reform.

Whitman (2003) describes the influence of degradation on the prison system. Removing a person from society is a core aspect of the idea of punishment, yet it is *ipso facto* degrading. Not to be confused with violence or torture, Whitman defines degrading as anything that makes an individual feel "inferior, lessened, or lower" (p. 20). By sentencing someone to prison and confining that person to a specified duration of time behind bars, society is stripping that individual of inherent rights to include freedom of movement and self-autonomy. Therefore, imprisonment in its basic form is degrading. Not only is degradation viewed at the heart of punishment, but Whitman argues it is also highly neglected as a driving force of the prison system. A change occurs in the social dynamic between the prisoner and the individual that is administering the punishment. The relationship of the two becomes one of control and domination versus one of dependency and submission. It is this idea of degradation that Whitman argues is often overlooked when studying prison systems. Perhaps one could deduce that by acknowledging the roles of dominator and the one that is being dominated would indeed suggest something quite sadistic about society in general. Sade – who himself spent a considerable part of his life incarcerated in the Bastille and the Charenton asylum – would assumedly agree that the idea of an

individual taking some form of pleasure in exercising control over another is not too far from a realistic assumption.

This idea of prison culture as a place of control versus domination is further supported in Goffman's theory on prisons as "total institutions" (1961). Among the five groups that Goffman argues can be seen as total institutions is one that is aimed at protecting society from danger by confining those that present that danger and separating them from the masses: prison. As an individual, we are free to move around. We come and go as we please. We conduct our daily routine at a variety of different locations and experience geography in our movement. We have the autonomy to select our schedule and to alter our plans as needed. We are formulated by nature to accept these notions as a part of who we are. Yet incarceration strips a person from all of these things. An inmate may have the opportunity to move about within his unit. An inmate may have the possibility to determine how he will spend his allotted free time. An inmate may even have the liberty to engage in sexual relations with his partner. However, none of these "choices" should be misconstrued to assert that an inmate has any kind of freedom.

Total institutions remove true freedom. An inmate conducts his activities against the backdrop of a never-changing environment. An inmate accomplishes his daily tasks in the presence of others and mostly within a group. While an inmate may be able to choose his daily routine, this is restricted to specific choices preemptively selected by those in charge. Furthermore, this routine can be altered or taken away at any time if deemed necessary for punitive or safety measures. These conditions are set forth for the solitary purpose of perpetuating the goal of those that govern the institution. Goffman speaks of the inmate's "home world" (p. 12). Before incarceration, offenders live and exist in their individual environments. These notions of daily living are immediately shattered upon entering a correctional institution. Self-autonomy is gone and replaced with absolute dependency.

Goffman attempts to clarify the "total institution" further with his description of the relationship between the inmate and the prison staff. As noted above, the inmate is subjected to the same day-to-day routine within the same day-to-day setting. This does not change. However, the supervision and control of inmates is conducted by individuals who lead lives most different from the inmates. The correctional staff (while indeed a part of the prison system) remains socially integrated to the outside or free world. Stereotypes are common with inmates viewed as being dishonest, unruly and criminal while the staff is viewed as being cruel, unforgiving and domineering. The disproportional ratio between the large volume of inmates and the considerably lesser number of staff contributes to an overall separation with an emphasis being placed on the idea that integration of the two beyond a professional manner is strictly *verboten*.[3]

This power struggle is further illustrated by Kanter (1977) in her works depicting the struggle between men and women in the corporate world. Kanter describes power as the "capacity to mobilize resources" (p. 166). The word itself denotes negativity as it is deduced that the power of one inextricably limits the power of the other. Large organizations primarily function using a hierarchical format. A higher level in the vertical structure of power means less quantity. Those at the bottom - the masses - become further constrained and constricted by those at the top - the few. This same notion can be applied to the organizational structure of a prison as well as the prison culture. The disproportionate ratio between inmates and staff illustrates a culture of which the masses – the inmates – are subordinate to a small few – the staff (to include correctional officers, program providers and wardens). It is important to understand the backdrop against which prisoners are living and it begs the question: how conducive is this system and culture in regards to treatment?

[3] While waiting to conduct research at CMCF, the researcher observed a "wall of shame" that included pictures and descriptions of all former CMCF correctional staff that had engaged in inappropriate behavior with inmates, to include the smuggling of contraband in and out of the facility and sexual relationships. This "wall" was designed as a deterrent to prevent other staff from engaging in the same type of prohibited behavior.

Foucault and his *Groupe d'Information sur les Prisons (GIP)*, conducted an in-depth research into the prison system as an avenue for society to see inside "one of the darkest components of our existence," (Eribon, 1991, p. 224). Foucault strived to see how society had progressed from tortuous and inhumane punishments to relocating offenders behind barred walls in isolation and questioned if this could indeed be seen as progression at all. The GIP, along with Foucault's influence, strived to bring awareness to the disconnect that existed between prisoners and staff; not from an angle of reform, but more as an opportunity to provide the disenfranchised with a voice. His *Surveiller et punir, Naissance de la prison* (*Discipline and Punishment,* 1975*)* strived to understand the idea of power within the prison system, yet the primary focus was not strictly on philosophical texts. Rather, Foucault analyzed notes and documents from within the files of local police units, rehabilitative organizations and even gathered information from prisoners' families. The prison system was seen as a way to demonize the minority and enhance the authority of those in charge. By viewing it from the position of the prison itself, it was thought that deeper knowledge of the culture itself could be obtained.

Sociologists such as Goffman and philosophers such as Foucault highlighted numerous issues with the prison systems and prison cultures of their days. While certain aspects of inhumane punishments are no longer present in the Western world, our present day prison system still highlights many of the same concerns that these men endeavored to change. Today, numerous factions of individuals operate interchangeably within a single system. The power struggles still exist. The idea of the "total institution" is still prevalent. With the ever growing popularity of reality television, numerous programs are readily available that provide the outsider a glimpse into the prison world. In a manner in which one might view the sideshow at a traveling circus, television shows such as *Lockup: Raw* and *Locked up Abroad* offer society a chance to see the prison culture as is – the very thing that

Foucault and so many others strived to do. It is what these offenders do inside this system that ultimately affects their immediate future during incarceration or later in the free world.

Alcohol and Drug Use Prior to Incarceration and within the Prison Setting

It would be naïve to think that simply because a person is incarcerated he no longer has access to alcohol or drugs. Nothing could be farther from the truth. Alcohol can be made within the confines of the prison walls and numerous methods are used to smuggle drugs into a correctional facility. Drug and alcohol use embody the most challenging and problematic issues that the correctional department faces when it comes to prison health care (Novick, 1977). Many offenders enter correctional institutions with prior dependencies that are propagated further by the use of alcohol and drugs behind bars. Alcohol and drug contraband is common. Often used as currency, to settle a debt or as a way to execute power, these substances are a significant staple in prison society. It can be easily deducted that the implementation of alcohol or drug treatment is significantly hampered if the participant has and utilizes access to such substances while treatment is taking place.

BJS reports that almost seventy percent of state prisoners reported using drugs regularly or at minimum once a week in the month leading up to their incarceration(Mumola and Karberg, 2004). This translates to almost three quarters of the state prison population using drugs prior to their arrest or incarceration. Federal prisoners registered at sixty-four percent of regular drug users. Among both state and federal inmates, marijuana was the most common substance; however, cocaine, crack, heroin, opiates and stimulants such as methamphetamine were also frequently used. All of these substances, with the addition of alcohol, are readily available within the correctional setting.

Alcohol. Novick (1977) states that alcohol is without question the most frequent and widespread drug that is used within society. Though possibly not as prevalent as drugs, alcohol use is common within the prison system (Lukasiewicz et al., 2007). While studying

health problems in the prison setting, Novick reported of the serious complications associated with alcoholism and the difficulties that it presents to prison health officials. As previously stated, a large proportion of inmates were abusing alcohol prior to their incarceration. Alcoholics can experience some of the most sever forms of withdrawal symptoms. Delirium tremens (DT), hallucinations, chronic body pains and even seizure are some of the reactions associated with alcohol withdrawal. Often referred to as the shakes, tremulousness can peak as early as twenty-four hours after cessation of drinking and is often accompanied by insomnia, nausea and possible disorientation. Novick asserts that as many as one quarter of individuals experiencing withdrawal symptoms will suffer from hallucinations ranging from simple confusion to fully developed hysteria and false manifestations of random objects or occurrences. Seizures are common, with approximately one third of individuals additionally experiencing DT. Branded by extreme confusion, sleeplessness, agitation, fever, etc., DT is the most severe form of alcohol withdrawal. Beginning within three to four days following the onset of abstinence, DT can be fatal if not properly treated.

It is important to note the duration of time that surrounds the alcohol withdrawal process. With the first symptom peaking as early as twenty-four hours following the last drink and continuing well into the following three to four days, it becomes clear that an inmate can undoubtedly experience alcohol withdrawals for at least one week. Upon entry into a correctional facility, inmates are entered into the system and this process can often take days. If an alcoholic enters into a facility and is not properly evaluated or his alcohol dependence is not immediately recognized, this can prove extremely hazardous for all parties involved. Not only does the inmate risk experiencing withdrawal symptoms without adequate care and supervision, but if it is not known from the beginning that the inmate is in fact an alcoholic, treatment opportunities can be lost.

While not generally smuggled in, alcohol can easily be made within the confines of an inmate's cell. Requiring only a short list of ingredients, pruno (also referred to as prison hooch) can be simply concocted utilizing fruit, sugar and ketchup (Gillin, 2003). Inmates acquire these items from the mess hall or daily meals. After a few days process of mixing and fermentation, inmates have a sizeable amount of beverage, with a glass having the alcohol content equivalent to what could be found in a single beer. The Los Angeles Times reported in 2002 that the prevalence of inmates making pruno in their prison cells had become so severe that the California Department of Corrections and Rehabilitation (CDCR) removed fruit from boxed lunches. The maximum-security facility in Lancaster County, California (CA) was no longer able to serve fresh fruit to the prison population. Additionally, the Central Michigan Correctional Facility announced in 2011 that it would be pulling oranges from inmate lunches for the same concerns (The Partnership at Drugfree.org). Fruit had originally been advocated as a necessity in prison lunches as an attempt to combat future health issues. However, the amount of pruno being made and consumed by inmates increased at a staggering rate. Prison officials decided that the health benefits associated with fruit were not sufficient enough to justify providing it to the inmates. Drunk and violent inmates had become such an issue that the only way seen to curb this issue was to eliminate the source altogether.

Such extreme measures are an indication of the immense issue that is presented by the use of alcohol within the prison setting. A 2002 BJS report states that 33% of total jail inmates reported being under the influence of alcohol at the time of their offence and that over fifty percent were classified as meeting the criteria for alcohol abuse or dependence Karberg and James, 2005). This dependency does not simply vanish once the cell door closes.

Drugs. Drug use and abuse is also highly common amongst prisoners with many being incarcerated as a direct result of their addiction. According to BJS, 21% of state and 55% of federal inmates were being held in conjunction with a drug law violation (Mumola and Karberg, 2004). Of the 21% of state offenders, 50% were arrested for a drug related offense while already on probation, parole or as an escapee. Additionally, 62% of the 50% of federal inmates had a prior sentence with a third of these individuals having a minimum of three or more prior convictions. Similar to alcoholism, inmates addicted to drugs must be properly assessed upon entry to aid in the withdrawal process and to determine the proper avenue of treatment.

The withdrawal process for drugs can at times be much more difficult than that of alcohol. The assortment of drugs that an inmate may be using at the time of arrest or addicted to is great in number. Additionally, an inmate may be using or addicted to more than one drug and may even combine his drug use with alcohol. This variance in drugs and poly-drug use proves problematic as addiction characteristics and withdrawal symptoms may be different for each specific substance.

***Marijuana*.** As previously reported, marijuana is the most commonly used or abused substance among the incarcerated population. While it is highly recognized in this regard, cannabis withdrawal is commonly undervalued. The effects of cannabis (for example, smoking a marijuana cigarette) are often displayed in lethargic behavior, tiredness and sometimes hunger. It is a common misconception that there are no major withdrawal symptoms associated with cannabis. This idea, however, is changing. Allsop *et al.* (2012) report that cannabis withdrawal results in the impairment of normal daily activities and general functioning skills. The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) agrees and has added a section concerning cannabis withdrawal to its fifth and most current publication set to be available in 2015.

***Cocaine and amphetamines*.** Physical symptoms are not necessarily exhibited during cocaine withdrawal (Novick, 1977). However, the symptoms that are displayed during the ingestion of cocaine such as extreme joy and elation are experienced in an entirely opposite manner following the initial intake. The highly addictive nature of cocaine is the main concern as there are no means of knowing how far an inmate may go to feed his high. Another highly addictive substance is amphetamines. Commonly known as crystal meth, this drug has seen a sharp increase in the last years (BJS, 2004). Produced and cooked by combining a number of volatile chemicals, crystal meth incites elation and energy with tolerance developing at a fast rate (Novick, 1977). As with cocaine, the need to "chase the high" results in individuals going to extreme lengths to obtain this drug. Fatigue, depression and aggressive behavior are all sensations experienced during withdrawal.

***Heroin and opiates*.** While not as prevalent as marijuana, cocaine or amphetamines, heroin and opiate use is still widely common amongst drug abusers. With 13% of state prisoners and almost 10% of federal prisoners reporting regular use prior to incarceration, the need for sufficient treatment options is imperative. Withdrawal symptoms begin occurring in as little as eight hours following ingestion and include symptoms as simple as pupil dilatation to those as severe as tremors, nausea and vomiting. Detoxification can take place suddenly using a "cold turkey" method or it can last longer using treatment options such as substitution (discussed in subsequent chapters).

Obtaining Substances in Prison. It is important to note that all of the above mentioned substances are readily available and used behind bars. When researching prison systems, one may doubt that inmates have regular access to alcohol and drugs while incarcerated. On the contrary, obtaining and using substances within a correctional facility can often be quite simple with inmates exclaiming that procuring alcohol and drugs on the inside is much

simpler than procuring them on the outside. In addition, inmates have exceedingly turned more and more to selling and trading in medications that are legally prescribed in prison.

In regards to alcohol, making one's own homemade brew has been discussed. Concerning drugs, various methods are employed to bring these substances inside a facility. *Investigation Discovery* (2012) reported on a number of unique means in which drugs are smuggled. Small amounts of drugs can be concealed in plastic bags or capsules and swallowed by a "mule." A large concern with this method is the bursting of the transport device while still inside the individual's body. Parents will use their children by securing packets of drugs to the child's body and then removing the drugs during prison visits. Her Majesty's Prison Service (HMPS) reports that inmates are constantly developing numerous techniques to bring in drugs from the outside (Godfrey, 2011). Elaborate schemes are developed where inmates exercising in the yard create diversions for drugs to be thrown over the prison fences without detection of correctional officers (CO). While the above mentioned tactics may seem clever and inventive, most often the method used to bring drugs into a correctional facility is by simply bribing a CO or staff. Sometimes a CO is offered money from an inmate's family member. While not gendered restricted, often times a female CO or staff member is coerced into procuring drugs for an inmate with whom she has become romantically or sexually involved. Other times a CO or staff member might anticipate an accompanying sense of power by being the one that can secure the drugs. Regardless of the motive, COs and staff members become enticed by the allure of promises by the inmate. After a CO or staff member has smuggled drugs into the facility just once, he or she is then bound to the inmate for fear that the inmate may expose his wrongdoings.

As illustrated above, both alcohol and drug use and dependency pose copious struggles when attempting to implement substance abuse treatment. The initial withdrawal, the following cravings and the multiple ways in which an inmate has access to these

substances gravely influence the treatment process. In addition to the addiction itself, inmates often cope with the countless side effects that are supplementary to their dependences. Overall poor health is an issue and plays an integral role in rehabilitation. When considering substance abuse treatment it is important to remind one's self that both generally sound mental and physical health must be considered when implementing treatment for only when a person is healthy in this regard can he truly fight his addiction.

Alcohol and Drug Treatment within the Prison Setting

The notion of treatment is nothing new within the prison setting. In the US, each state has its own "department of corrections." In Europe, re-socialization and rehabilitation have continued to thrive despite certain political opposition (Whitman, 2003). Rehabilitation as a form of punishment continues to flourish and the idea of trying to fix and correct offenders remains a substantial driving force within the criminal justice community. Substance abuse treatment spans across both the US and EU as a common denominator in prison systems. The motivation behind treatment in the correctional system is sometimes debated. There are those that truly want to provide inmates with the tools needed to live a life free of crime. Then there are those whose conscious insists on providing some kind of opportunity as a consolation to the individual that they have just condemned to confinement. Foucault suggested that the idea of "readapting" criminals stems from either a desire to be proud of one's "helpful" deeds or to avoid feelings of guilt and compunction (Eribon, 1991, p. 231). Placing the intentions aside, alcohol and drug treatment and rehabilitative services are a definitive staple within the prison system. If there were any doubt on this matter, one would need only to reflect on the title that society has given to this discipline. The root of the term corrections directly reflects that we believe there is indeed something to *correct.*

When considering the idea of treatment, many questions arise. A frequent argument concerns whether or not addiction is in fact an illness or disease. This is a concept that is

often debated. Society is torn at times to identify alcohol and drug treatment as a sickness (Field, 2002). Are we trying to "cure" the patient or simply invoke some level of behavioral control? In their observations of treatment outcomes, Samenow and Yochelson (1986) assert that the idea of change itself and the evaluation of said change must be studied. Reichard (1947) contends that a total change must take place in order for treatment to work. If you consider "curing" an alcoholic, one would assume that following treatment, the alcoholic could return to drinking in moderation. As this is not the case, "controlling" the addiction would be the preferred option. Louria (1971) states that when it comes to evaluating the effectiveness of a specific treatment option, those that are administering the program undoubtedly become vested in its success. This desire to succeed thus causes the administrators to become biased and therefore they are unable to provide an effective assessment. When attempting to develop a functional treatment program, all of these issues must be addressed.

Upon entering a prison facility, inmates are processed into the system. Both US and EU prison systems engage in various procedures to adequately evaluate the severity of an inmate's addiction. In his study of mental patients, Goffman (1961) speaks of the relationship between a patient entering treatment for the first time and the concern and distress that this person may experience. If the individual places too much emphasis on the environment and situation that he is leaving, he will have the tendency to feel that those around him are not truly vested in his well-being and that they are not considering his future health. This sentiment can cause a sense of separation between the patient and everyone else, thus hampering the treatment experience before it has even begun. This same concept can be applied to drug offenders entering a prison treatment facility. Trust between the inmate and the staff must be a staple in the foundation of treatment.

Various forms of treatment options are available within the correctional setting. TCs, self-help groups, shock incarceration and substitution are all forms of rehabilitative efforts that are currently employed by prison systems. These assorted treatments use varied and multifaceted approaches when attempting to assist alcohol and drug offenders.

Therapeutic Communities. With its' humble origins stemming from a beachside residential treatment center in California (Deitch, Carleton, Koutsenok and Marsolais, 2002) the main objective of a TC is to use the participant's community to instill change. Group discussion and group education are used to assist in resocialization (Yochelson and Samenow, 1986). Lipton (1998) asserts that upon entry into a TC, the substance being used and the degree of addiction, along with the inmate's sentencing length must be immediately assessed. Those that have a chemical dependency and appear adaptable to treatment should be initially considered. Furthermore, the longer an inmate is able to remain in the program, the greater the chances are that the program will have a lasting and positive effect. One example is the TC at Parchman where a requirement for entry is at least 6 months to 3 years remaining on an inmate's sentence (MDOC, 2011). As the word community suggests, one's surroundings are significant and therefore, TCs recognize the importance of the environment when administering substance abuse treatment. The inmate's surroundings can have a sizeable influence on how he reacts to treatment. Regular rooms as opposed to bars and cells, more liberal free-time options and "home-like" amenities are just a few of the ways in which TCs aim to set the participant at ease (Hippchen, 1975).

At the heart of the TC is the process of using the program participants to assist in the recovery process (Deitch, Carleton, Koutsenok and Marsolais, 2002). It is suggested that a greater sense of community will arise when those that have experienced addiction are attempting to help in the healing of another. This idea is debatable and will be covered in future sections of this work. Safety, security and community resocialization are often touted

as the mission goals of TCs, however, when occurring within a prison setting, safety and security easily become the priority with resocialization becoming secondary. The combination of inmates experienced in substance abuse with practitioners and academics educated in substance abuse can often lead to conflicting approaches to treatment.

Self-help groups: Alcoholics Anonymous and Narcotics Anonymous. Self-help approaches such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) are frequently used in prison settings. Founded in 1935 by members of the Oxford Group, AA employs a twelve-step approach to combating alcoholism (Archives and History, 2012). Now a global organization, AA promotes an alcohol free life through open communication within a group. By sharing openly one's experience with alcohol and being exposed to the similar experiences of peers, AA believes that this solidarity can foster the tools needed to remain alcohol free.

Emulating the twelve-step plan of AA, NA strives to assist individuals who are addicted to drugs (Narcotics Anonymous, 2012). Founded in 1953, NA allows for the participation of all drug addicts, regardless of their drug of choice or combination thereof. The principles of NA focus on providing a safe environment in which drug addicts can aid each other in advocating a drug free lifestyle. NA also operates globally with meetings currently held in 131 countries.

Both AA and NA have specific programs that are housed in correctional settings. AA requires a sponsor from the prison staff and one from an "outside" AA group to facilitate the meetings (AA, 1966). An emphasis is placed on bringing in many outside AA members as this is thought to bridge the gap between incarceration and the free world. Additionally, measures are taken to ensure that that inmate has readily available access to AA meetings and a sponsor upon release. NA's *Behind the Walls* (1990) likens drug addiction to being "imprisoned" as an attempt to relate to the incarcerated. An emphasis is placed on how an

inmate may handle his addiction once he is released. Prisons are highly controlled and regulated environments. Without proper preparation, an inmate may not be ready to handle his addiction once control and regulation are no longer present.

Shock incarcerations: boot camps. Shock incarceration, or more commonly known as "boot camp," is a type of intermediate sanction that employs a military style regime as its approach to substance abuse treatment (Wright and Mays, 1998). While initially targeted at youth-aged males, boot camps have crossed the gender line and are now offered to both male and female offenders. Walker (2006) outlines boot camps as a treatment that encompasses (1) a short period of incarceration (90 – 120 days), (2) in a facility that was separated from the general population, (3) aimed at young, first time offenders with mostly non-violent convictions, (4) consisting of physical training, educational programs, and substance abuse prevention, (5) followed by a period of community supervision (p. 232).

While boot camps are not the first answer to come along regarding the question of what to do with young, non-violent offenders, boot camps have certainly been the most publicized (Stinchcomb, 2008). In order to fully understand the wide acceptance and excitement that originally surrounded the conception of the boot camp model, it is important to understand what motivated the need for such a program. Much debate exists on the foundation of the boot camp model and whether or not this foundation was grounded in empirical evidence or on a political theory. While the boot camp was developed as a new form of sanction for wayward youth, it was easily touted as a solution that could appeal to everyone across the political spectrum. Correctional sanctions have long been the object of political debate and boot camps initially appeared to have an ingredient that would satisfy all agendas. With an intense military-regimen and Spartan lifestyle, conservatives could support boot camps while still appearing to be tough on crime (Cullen, Blevins, Trager and Gendreau, 2005). The rehabilitative effort provided a component that would ease the concern of liberals

who feared the creation of just another form of imprisonment. Judges applauded the idea of having another option as opposed to handing out more sentences of serving hard time, while the public was assured that taxpayer money was better spent on this service as opposed to simple incarceration (Stinchcomb, 2008). It seemed that boot camps truly had something for everyone – except perhaps the offender. As opposed to being grounded in theory, it is argued that boot camps are the result of a policy choice that was guided by emotions, politics and good economics.

Substance abuse treatment is offered in connection with boot camps; however the frequency, quality and types of programs differ. Additionally, boot camps have been accused of "widening the net" by arresting and incarcerating young offenders as a means of ensuring that boot camp programs are filled to capacity (Walker, 2006 and The Center for Juvenile and Criminal Justice, 2001). Lastly, the hyper-masculine approach that is utilized by boot camps raises the question of whether or not such an approach is conducive to the treatment of offenders with a special emphasis placed on females, many of which have already suffered mental and physical abuse at the hands of a male counterpart. The aggressive confrontation techniques (yelling, bossing inmates) used by staff and the subservient nature at which offenders are required to respond to staff supports the roles of dominator versus subordinate (Lutze, 2002). While affirming who is in charge is not in itself a negative idea (especially within a correctional setting) it is the delivery methods that are problematic. Yelling, administration of corporal punishments and requiring permission for simple tasks (eating, passing a staff member in the hallway) all serve to remind an offender of his place within the hierarchy of the prison setting, In regards to females, treatment programs should foster an environment that provides escape from abuse, not one that sponsors it (Lutze, 2002).

Maintenance and substitution treatment. Substitution and maintenance are used to treat opiate addiction. While abstinence is a viable option, substitution and maintenance are two

alternatives that have garnered widespread support among some and considerable criticism among others. These techniques incorporate controlled administration of methadone, heroin or other forms of opiates to assist in either the detoxification period or to wean the patient from opiate use altogether (Yochelson and Samenow, 1986). Substitution maintenance and substitution treatment take place in both the US and the EU, with methadone being the most frequently prescribed drug.

Generated as a synthetic drug, methadone works by seizing the area of the brain affected by heroin or other opiates (Center for Disease Control, 2002). Methadone obstructs the feelings of elation and euphoria that one experiences when taking opiates. Furthermore, it lowers opiate cravings and relieves the pain associated with withdrawal symptoms. When taken properly, methadone itself does not cause intense feelings of euphoria and those undergoing treatment are (theoretically) able to take methadone and continue with their day-to-day routine. Lastly, methadone can be dispensed via an oral tablet. While needle exchange programs do exist, dispensing methadone in tablet form is preferred. In addition to lowering the risks of infections and disease through the use of unclean needles, tablet form assists in removing the "mystique and seduction" that is commonly associated with the "ritual of preparing and administering" opioid substances (Fischer, 2000, p. 205). Yochelson and Samenow (1986) assert that methadone should be considered as an aid in controlling drug use and not as a cure, as opiate addiction is not cured if only replaced by another opiate like substance.

Specific Considerations for Special Populations: Comorbidity and Females

While treatment provisions are continuously expanding, the criminal justice community has witnessed an expansion of specialized treatment for those offenders requiring specific needs (DeLeon, Saks and Wexler, 2002). Classifications such as minorities, violent or sex offenders, clients with disabilities, or gay, lesbian, bisexual and transgendered

offenders all bring with them a particular set of needs that require special attention. It is highly important to note such differences if there are expectations for the successful treatment of substance use. Offenders experiencing co-occurring disorders where drug use and mental problems overlap, as well as female offenders, represent two growing classifications that introduce specific and individualized challenges to the treatment process. These two groups bring with them individual treatment needs that can differ greatly from other substance using inmates as well as the general prison population as a whole. Treatment services, where possible, must be modified to meet the specific needs posed by these groups.

The dual- and multiple diagnosed offenders (comorbidity). Prisoners often enter correctional facilities with a variety of problems. Furthermore, prisoners may have more than one issue that must be addressed when implementing proper treatment. Mental illness and mental health disorders require specialized treatment with some questioning how an individual can receive such treatment in a prison facility. How does one determine the extent to which a mental illness is so severe that it warrants hospitalization as opposed to incarceration? Prins (1986) illustrates that when society encounters an especially heinous crime (such as a mass murder) it is easier to lay blame on a particular mental disorder suffered by the offender. As a possible coping mechanism, it is sometimes easier for society to visualize the offender as some form of a deviant or madman. By separating the offender from normal society and diagnosing him with a mental illness, a sense of comfort ensues in knowing that the offender is not like "the rest of us."

This is indeed evident in the most recent cases of mass shootings in the US. On 20 July 2012, James Holmes gunned down seventy people in a Colorado movie theater, resulting in the death of twelve. On 14 December 2012, almost five months to the day of the Colorado shooting, Adam Lanza murdered twenty children and six adult staff members at an elementary school in Connecticut. Immediately following the aftermath of both of the

massacres, authorities and the public began searching for explanations and in both occurrences, the mental state of the offender has been called into question. The psychiatric state of Holmes has been disputed and Asperger's syndrome (a mild form of autism) has been suggested as a possible catalyst in the Lanza case. If a medical disorder can indeed be given to provide some degree of explanation as to the cause of these crimes, hospitalization may be seen as the best solution. Often times, an offender may even be deemed unfit to stand trial and therefore, unable to be held criminally responsible for his actions. On the other hand, it can also be argued that in these particular cases, there are those in society that would not allow for such an offender to get away with violent crimes to this degree and that incarceration is the only viable option.

As previously noted, the above mentioned crimes are categorized by an acutely monstrous degree of violence. When numerous innocent lives are lost, the argument to incarcerate the mentally ill offender becomes easier. However, what if the offender suffers from a less severe form of mental illness? What if the crime itself did not harm any one person such as public intoxication or public urination? Numerous individuals suffer from less violent mental illnesses such as bipolar disorder or depression. While these illnesses may be seen by some as easier to maintain, it is often overlooked that these afflictions may lie at the root of an individual's problems. Furthermore, these illnesses may form the basis for an individual's substance use or addiction.

A 2006 study by the US Department of Justice (DOJ) reported that a minimum of 455 of federal prisoners, 56% of state inmates and 64% of local jail inmates had a diagnosed mental disorder (Phillips, 2012). Additionally, a large number of these inmates reported that they engage in illegal use of substances. An increasing number of mentally disturbed individuals are being reported in European prisons (Gratz, Held, Pilgram, 2001). Furthermore, the various degrees of mental illness as well as if an offender possesses a

mental illness at all are issues that are present in European prisons (Dressing, Kief and Salize, 2009). Undertrained staff and overcrowded prison populations add to this problem. If a mental health disorder is not accurately diagnosed from the beginning, treatment services will be more difficult. Mental health concerns cover a wide range of issues and these numerous issues must be taken into account when considering alcohol or drug treatment.

Inmates who abuse substances have a higher rate of experiencing anxiety or antisocial personality disorder (CSAT, 2005). Often times, substance abuse and the prevalence of mental disorder can be interconnected. Many inmates have suffered early life experiences such as physical abuse, sexual abuse, violence amongst family or friends, etc. These experiences can lead to antisocial behavior or depression. Individuals may react to such experiences by turning to alcohol or drugs as a means of coping and escape. If such a person is arrested on an alcohol or drug related charge, the underlying mental illness which guided the alcohol or drug use may not be identified. Without proper assessment and identification of such an illness, the following substance abuse treatment may very well be in vain.

The numerous types of mental health related issues can seriously affect the treatment environment. Managing an offender's behavior can be difficult when having to consider the offender's possible bipolar disorder, schizophrenia, post-traumatic stress disorder, depression or anxiety. Conducting treatment in an environment where offenders with mental health related issues are being treated in conjunction with offenders that do not have mental health related issues (or those with mild, manageable ones) can be counterproductive for all.

Female offenders. Female inmates constitute a smaller percentage of the prison population. This should not be interpreted to mean that female needs are any less significant than that of men. On the contrary, the female inmate population comprises a growing classification of inmates that carry distinct and diverse requirements. Unlike their male counterparts, the public perception of women who are incarcerated for using drugs is often one of a broken

person who is unable to fulfill her dutiful role as a woman and a caretaker (Leukfeld, Logan and Staton, 2002). Women offenders are sometimes judged as being deviant for breaking away from societal prescribed gender expectations (Malloch, 2000). Differences in the manner in which women use or abuse substances, why they use or abuse them, obstacles encountered while in treatment and the physical and mental health consequences resulting from use and abuse are all areas that need to be examined.

Female offenders can experience problems before entry into prison, while incarcerated and upon reentry into society. Often times, women who are sent to prison had little to no financial security prior to their imprisonment, either never worked or had low-income employment, no secure housing, little to no education, are foreign women or minorities, or had a history of violent or sexual abuse. Factors such as lack of financial security or unemployment may encourage women to become involved with drugs as a means of economic survival (Reynolds, 2008). These problems follow women into prison and can pose serious threats to the effectiveness of treatment.

The large disparity between male and female prisoners can lead to oversight on the specific needs that come with housing female offenders. Child care, childbirth, family planning and gynecological issues are all female specific health needs that create an added stress when implementing proper treatment for women (Al-Ibrahim, 1977). The EPR states that babies and young children should only remain with their mothers in prison when it is in the best interest of the baby or child. The separation of a mother and child, especially at birth, can be traumatic, but a correctional facility is not necessarily the proper environment to commence with child rearing. While there are numerous arguments for and against residential settings for women and their children inside prison, the best approach is to provide women with the necessary education and skills to adequately care for their children, whether the care is being given within the confines of a correctional facility or in the free world.

Additionally, gynecological concerns must be taken into consideration when implementing proper treatment for women. Many females who are incarcerated for drug offenses engage in high-risk lifestyles and with these lifestyles come the increased chances of contracting sexually transmitted diseases. The World Health Organization (WHO, 2012) states that many female offenders do not have access to adequate health care in the free world and incarceration is often time the best opportunity to provide sufficient medical examinations.

A larger percentage of females have a history of mental, physical or sexual abuse (Bright and Well, 2005). BJS (1999) reports that forty-four percent of women recount being physically and/or sexually abused at some point during their lives. HM Inspectorate of Prisons (HMIP) report comparable figures estimating that over half of the female offenders under their correctional supervision had previously been abused with 40% reporting that the abuse took place when they were under the age of eighteen (Ramsbotham, 1997). Women report that the majority of abuse took place at the hands of a husband, boyfriend or intimate other (Harlow, 1999). This can lead to barriers when implementing treatment as the abuse creates trust issues, particularly with male staff members. This is further perpetuated once incarcerated as many females fall victim to sexual abuse at the hands of correctional officers (Stevens, 2013).

Furthermore, a careful approach must be taken as to not reinforce stereotypical gender roles which occur in the free world. Prison activities are often a means of healing, but are often times less developed than those of male prisoners. The WHO (2009) reports that a major European concern is that many women in prisons do not gain enough access to drug treatment in prison and furthermore, the treatment is not specifically structured for females. It is important to stress out that alcohol or drug treatment by itself is difficult. Finding the proper program to fit the individual inmate can be a grueling task, even for an inmate that does not fall into any specialized category. Inmates bring with them a variety of specialized

and individual needs and requirements and if alcohol and drug treatment is going to be effective, these specific categories of inmates must be taken into consideration when designing and implementing alcohol and drug treatment.

Conclusion

As reflected within this literature review, the overall prison system and prison culture, drug use in society and while incarcerated, drug treatment availability and use while incarcerated and specific populations of offenders are all important features of a functioning prison society. The dynamic between these items can heavily influence the effectiveness of whether or not alcohol and drug treatment programs can prevent the future use and abuse of substances. These elements must be seen as one entity. Alcohol and drug treatment cannot successfully function if viable treatment options are not implemented and specific needs and classification requirements are not recognized. These treatment options cannot be developed without a deeper knowledge of the substances that are being abused, the reasons behind this behavior and a well-defined picture of what exactly the correctional system is up against. Lastly, this knowledge of alcohol and drug use cannot be clearly studied without considering the overall aspects of individual prison systems and prison culture. Until these pieces are viewed as one whole and a clear depiction of the precise situation is grasped, the effectiveness of drug and alcohol treatment remains in limbo.

CHAPTER III

METHODOLOGY

The following chapter outlines the researcher's methodology for this dissertation with a deeper understanding being provided as to why this particular topic was chosen for study. Furthermore, an account of why the state of Mississippi (MS) and the country of Austria (AU) were chosen to provide the backdrop for this research will be added. Additionally, grounded theory was chosen to serve as the foundation for this writing and an explanation concerning this theory is given. When concerning the field research that was conducted, a detailed account will be presented in order to give the reader the necessary visualization of the prison facilities that served as the backdrop for this study. Data was collected primarily via a questionnaire that was distributed by the researcher to each inmate, but also through observations of the facilities and casual conversation with prison staff at various hierarchal levels. Details concerning the sample study and questionnaire used will be included. Lastly, a brief introduction into the four themes covered in the previous literature review will be incorporated as a precursor to the more detailed description of these themes in the following chapters.

Why a Prison Study Concerning Alcohol and Drug Treatment?

Society today is continuously faced with problem drug and alcohol use. This is nothing new and nothing that seems to have an end in the foreseeable future. As a child, the researcher witnessed first-hand the detrimental and debilitating effects that drug and alcohol consumption could have on an individual, thus having a profound influence on the researcher. Having watched numerous acquaintances, classmates, close friends, and family struggle with their addictions, the researcher has undoubtedly also struggled to understand exactly what kind of hold these substances have on a person and more importantly, what can be done to have that hold released? Witnessing this variable group of addicted persons pass in and out of substance abuse treatment, both in the free world and while incarcerated for drug related crimes, is unfortunately something all too familiar for many people. These rehabilitative efforts eventually worked for some, while others were not so fortunate. The author has spent many hours reflecting on how families were affected as a result of substance use by their loved ones. A lawyer watching his child lose custody of her minor children, a narcotics task force agent obtaining bail for his child who has been arrested for possession of crystal meth and a best friend discovering that her brother has been found dead as a result of his third overdose on Oxycontin are all true-life circumstances experienced by the researcher. Perhaps this topic is too personal? Some would suggest that scientific research should be just that: scientific. However, it is the researcher's stance that drawing from one's own personal experience can be the most influential aspect of a study. By fusing passion and curiosity with scientific research, one may be able to truly grasp the nature of an issue. As grounded theory suggest, theories and conclusions drawn from observations and experience can, in fact, be the most binding.

In addition to the above narrative on alcohol and drugs, the world of Criminal Justice with an emphasis being placed on Corrections has also been of long standing interest. When

considering a dissertation topic, merging the two fields of corrections and alcohol and drug treatment was not immediately recognized. Yet, as a student of the correctional field, the author planned to incorporate these subjects in some manner. In February, 2011, a meeting took place with Commissioner Christopher Epps at the MDOC Headquarters, Jackson, MS. After discussing various topics, Commissioner Epps conveyed that MDOC would be interested in having data concerning the ADTPs that were currently active throughout MDOC jurisdiction. It was determined that the approach to be utilized would be that of gauging the ADTPs from an inmate perspective. By providing the inmates with an opportunity to voice their opinions, it was believed that a more realistic assessment of the ADTPs could be deduced. Commissioner Epps selected a list of MDOC facilities, each of which houses assorted treatment programs (TCs, RID, etc.) is of a different classification (state and county) and accommodates various categories of offenders (male, female, violent, non-violent, etc.). Each facility will be discussed in detail below. Following this meeting and after consultation with the researcher's dissertation committee chairman, Dr. Frank Höpfel, it was decided that a comparative approach would be used to discuss ADTP's between the US and EU and to determine the effectiveness of these various programs.

Mississippi versus Austria

When deciding on which regions to use as the focus for the comparisons, geography and access played the initial role. Being a US citizen and a native of MS, it seemed natural to select the researcher's home state and moreover, unrestricted access to MDOC facilities would be available. As a student of an Austrian university, it was believed that obtaining access to Austrian prisons would be less complicated as opposed to another European nation. Additionally, the researcher's knowledge of German supported this choice. While initially these two locations for field research were chosen cosmetically, further review of these two regions revealed deeper justifications for their comparisons.

An overall basic description of each state and its relation to the broader political bodies should be provided. With one of the lowest per capita incomes in the US, MS is considered the poorest state. As the US is a federal constitutional republic, MS, like all other states, separates its government between the judicial, executive and legislative branches. All correctional authority in MS falls under the umbrella the Department of Public Safety which is located within the executive branch of government. While the MDOC is the head of the correctional system, authority trickles down to various regional, county and city authorities. The chain of command typically ends with local county sheriffs who are elected officials and are the first level of power when considering correctional decisions. While a basic structure of correctional operations is put in place by MDOC, the high volume of jails and prisons can lead to numerous methods of conducting day to day activity.

Separated into nine federal states, AU is a federal republic boasting one of the highest per capita incomes in the world. The prison system falls under the authority of the Austrian BMJ. Structuralized with a highly centralized prison administration, the level of freedom in regards to decision making that is exercised by prison officials is often limited (BMJ, 2007). The positive aspect of the centralized structure of the AU prison system is that little room is left for ambiguity or confusion. However, basic decisions, in particular regard to budgetary issues, are often torn between the competing interests of the state and that of the prison in question with the state having the authority to make the final decision.

The US and EU are both Western countries that typically embrace the same general values and ideals. The US was born out of Europe with its melting pot status being a result of numerous European immigrants relocating to the US. With the signing of the Treaty of Maastricht in the early 1990's, the EU solidified itself as one unitary body, earning itself the nickname, "The United States of Europe." While these overlapping qualities are present, differences certainly exist between these two nations. In regards to criminal justice and more

specifically, the field of corrections, the US is often viewed as being extremely tough on crime and criminalizing offenses that many places in the EU do not (Whitman, 2003). On the other hand, the EU is often viewed as being too soft on crime with too much emphasis being placed on the human rights aspects of incarceration and not enough on the true idea of punishment. Additionally, there is long standing debate on the treatment of juveniles in both systems with the US taking a much harsher line than the EU. These similarities and disparities are all reasons to support a comparison between these nations.

Beyond the researcher's geography and access, using MS and AU as the background for the field research is also grounded in the similarities and differences between these two states. Considering basic data, MS has a population of almost three million (ms.gov, 2012), while AU has a population of over eight million (CIA World Factbook [CIAWFB], 2012). However, MS and AU are somewhat comparable in size with each state having a land mass of under fifty thousand square feet (ms.gov, 2012 and CIA CIAWFB, 2012). MS and AU also have striking similarities when it comes to two factors that are often referenced when speaking of rehabilitation and prisons: religion and minority populations.

In 2012, a national Gallup poll reported that MS is the most religious state in the US. Almost 60% of the population is considered religious, with Protestant denominations holding the majority over Catholicism in this "bible-belt" state. AU is comparative in its religious stance with over 80% of its population identifying with Christian faiths (CIAWFB, 2012). Catholicism is the leading denomination with 74% of Austrians practicing the Catholic faith and the AU Government continuing to observe certain Catholic holidays as national holidays. While Protestant and Catholic denominations are in the lead in each respective state, the central theme of the innate importance of religion to these states crosses both boundaries. How religion can effect treatment will be discussed later.

Additionally, both MS and AU are comparable when considering their minority/foreign populations. MS has the highest percentage of black residents in the US (Gallup, 2012). Furthermore, 67% of the current MDOC inmate population is black (MDOC, 2012). The Austrian BMJ (2009) reports that out of approximately twelve thousand inmates in the AU prison system, almost half of them are from foreign countries (both EU and non-EU member states) with Romanians, Nigerians and Serbians representing the highest number of inmates. To clarify this theme it should be understood that black citizens in MS are considered part of the minority population (not foreigners) and in AU, foreigners are not necessarily considered minorities (AU does not use the word "minority" in the same sense as MS. Only Croats, Hungarians and Slovenes are considered true minorities as recognized by the state). The comparable factor that should be stressed is that a large portion of a minor population is overrepresented in both prison systems.

Grounded Theory

Thus far, the author has referred to Grounded Theory as the basis for this research. In their book, *The Discovery of Grounded Theory: strategies for qualitative research,* Glaser and Straus (1967) assert that theory derived from data is a significant scientific approach to analyzing qualitative data. Testing a hypothesis to prove or disprove a theory is not the approach taken. According to Glaser and Straus, this method is biased from the onset as the researcher has already set out to prove/disprove one particular field and this skewed vision increases the likelihood that the research itself will be one-sided. Instead, Glaser and Strauss emphasize the importance of letting the theory grow and materialize throughout the data collecting process. By allowing for the freedom of movement and adaptability throughout the progression of the research, the researcher will eventually be left with a theory that is more valid and legitimate.

All data is significant in Grounded Theory. Comparative analysis is significant. The expected choices of questionnaires and structured interviews are central in that they provide the researcher with a foundation of information. Additionally, Grounded Theory suggests that observations are a crucial segment of data in the form of an anecdotal comparison. An anecdotal comparison is a "slice" of data that is born out of the researcher's experiences, general knowledge, stories heard and all situations that have been "lived" (p. 67). As the researcher has already indicated a certain amount of life experience with those suffering from substance abuse, it becomes clear that Grounded Theory can be utilized in helping expand this experience, along with the comparative analysis of two different systems, into a grounded theory on the effectiveness of alcohol and drug treatment.

It should be noted that while this theory has served as the basis for portions of this research, this is a scientific study and the importance of data collection and scientific research should not be undermined. It is the intention of the researcher not to select one theory over the other. Rather, the goal is to merge these various forms of scientific research and data collection into one general body of work. By utilizing both methods of collecting and evaluating specific scientific data and then allowing this data to evolve into its own theory, the research should prove logical and credible as it is formed from more than one approach.

Details of Field Research

After initial consultation with Commissioner Epps at the MDOC, it was decided that a questionnaire would be developed by the researcher in order to obtain the appropriate statistical data. This questionnaire along with an outline and timeline of the intended research was submitted to the MDOC and approved by the Commissioner in fall 2011. Furthermore, an Expose' (proposal) was submitted to Prof. Höpfel in summer 2011. This was subsequently sent to the Studienprogrammleiter der Studienprogrammleitung Doktoratsstudium Rechtswissenschaften (Dean of Doctoral Students, Law Program), Dr.

Franz Stefan Meissel for signature upon which it was submitted to the Dekanat (Registrar's Office) for final approval.

When considering the questionnaire, the level of honesty that would be exercised by the inmates when answering the questions was an initial concern of the researcher. It was thought that an inmate may not feel comfortable answering personal questions for fear of punishment or reprimand by the prison staff if the inmate confessed to illegal behavior or reflected said staff in a negative light. It was vital that the questions did not read accusatory. Additionally, it was important that the questionnaire did not come across in an aggressive or judgmental fashion. While still recognizing that the individuals taking part in the survey were inmates (thus believing that they had all engaged in an illegal activity and were lawfully imprisoned), the researcher felt that a sense of compassion and understanding must be conveyed to the inmate through the questionnaire. It was believed that if the participant felt a certain amount of sympathy and concern from the researcher, that the he would feel more comfortable answering candidly about his experiences. Lastly, the phrasing and wording of the questionnaire was crucial. The researcher initially considered that the majority of the inmates would not have any education past high school (this was later supported in the data). While the questionnaire was intended to be a part of an academic work, its text could not be reflective of an academic level beyond that of the inmates'. After consultation with various practitioners, the wording of the survey's questions was carefully chosen and the main goal was that it did not appear too intimidating or condescending.

All of these points were taken into consideration when composing the research questionnaire. A draft questionnaire (in English) was developed and submitted to peers for review. Dr. Donald Cabana, the Warden of the Harrison County Adult Detention Center (retired in 2012) and the former warden of Parchman assessed the questionnaire. Cabana's knowledge in criminal justice cannot be contested with a career that spans over forty years.

Additionally, as a former chair of the Criminal Justice Department, University of Southern Mississippi, Cabana's academic experience is unsurpassed and the combination of these two genres proved vital for the development of the questionnaire. Along with Cabana, Dr. Dennis J. Stevens, current professor of Criminology at the University of North Carolina, Charlotte, also reviewed the questionnaire. A multi-published author and long standing academic, Stevens' has conducted several studies at multiple correctional institutions.

Both Cabana and Stevens examined the questionnaire and agreed with the researcher's concerns. It was determined that many of the inquiries should be directed in a fashion that did not ask the inmate too many self-directed questions. Rather, the questions should be asked from a standpoint of what the inmate thought about his peers. It was agreed that asking indirect questions concerning the alcohol and drug experiences of others would inadvertently cause the participant to answer more honestly about himself. Without the apprehension of the questionnaire being tied to a direct reflection of the inmate's thoughts, honesty might prevail. After multiple edits and drafts, the questionnaire was finalized.
In addition to the questionnaire, MDOC required that the researcher develop informed consent paperwork. This document provided a background for the study and briefly outlined the basis for the research. It also explained to the inmate that nothing he wrote could be used against him and that the contents of each questionnaire remained confidential except for data-only use within the study. The importance of honesty and the strictly voluntary nature of the study were emphasized. MDOC required that each inmate that participated in the study sign and date such a form and then return it to the researcher. The Austrian BMJ did not require any such form. Still, the researcher informed the participants of the above mentioned items prior to distribution of the surveys. Additionally, a small disclaimer was added to the top of the questionnaire (in both the English and German version) reminding the inmate that

participation was voluntary, confidential and that no particular response could be used against him in any way.

Once the final draft was completed and with the permission from Warden Cabana, the researcher tested the questionnaire at the HCADC. On October 26, 2011, the researcher visited the ADTP wing at the HCADC which is housed in a separate unit from the general inmate population. With an approximately thirty to thirty-five beds, the A/D wing is a voluntary program in which inmates submit a request to participate. The program consists of an approximately one hour class each day and lasts four months. The program is not court mandated, but judges do consider whether or not an inmate has successfully completed the program when determining a parole request.

The researcher spent approximately two hours with the inmates. Following the completion of the informed consent paperwork and questionnaires, inmates took part in an open discussion with the researcher. Of particular interest to the inmates were the future sites that the researcher would visit. Many of them expressed concern about when they themselves would be sent "up the road" or to the next facility and that researcher should "watch out" when visiting the state facilities. Of all of the ADTPs that were visited, this one was viewed by inmates in the most favorable light. After reviewing the questionnaires and feedback from the inmates, the researcher consulted with Cabana and Stevens once more. The questionnaire tested well. A few grammatical changes were made to the text; however, the questionnaire remained in its original form and was used throughout the remainder of the study. In total, 403 questionnaires were collected.

After the initial months of this research, the researcher continued to recognize that a comparative study of the US and EU would be valid only if similar and comparative research was conducted in the EU. In November 2011, the researcher contacted the Austrian BMJ and after explaining the study and inquiring about what possible research opportunities were

available, the researcher was granted permission to visit two prison facilities in AU and distribute a questionnaire to the inmates. At this time, the questionnaire was translated into German. As a student of German for over twelve years, the researcher was able to compose an initial translation. The translated version was then proofread and edited by Thomas Rogall and Kirsten Werner, both instructors at the *Berufskolleg Hilden den Kreises Mettmann*, Hilden, Germany. The questionnaire was then submitted to Hofrätin Andrea Moser-Riebniger with the BMJ for final approval. The same questionnaire was used throughout this research in both MS and AT.

Including the sample study at HCADC, the researcher visited eleven correctional facilities, seven in MS and three in AU. Additionally, a number of the facilities were visited on more than one occasion or with more than one class. In total, fifteen separate ADTPs were observed and their participants surveyed for this research. The following is a list of these facilities, to include a brief background and information concerning the researcher's visit. Succeeding the list of facilities will be a list of initial thoughts and observations based on the researcher's time at each facility. The inmates were notified prior to the researcher's arrival that a visitor would be present, however, details were not provided until the researcher was present in front of each group. Prior to the distribution of consent forms and questionnaires, the researcher gave a brief description of the study and research goals. Furthermore, it was reiterated that the surveys were confidential and that no one besides the researcher would have access to them.

Correctional Facilities - MDOC[4]

- Bolivar County Correctional Facility (BCCF): Located in Cleveland, BCCF is a regional facility of MDOC. With a bed space of approximately sixty-six, the ADTP is either court mandated or voluntary. In addition to A/D courses, inmates take part in

[4] All of the following information contained in the methodology portion of this dissertation pertaining to the eight MDOC facilities was obtained from the MDOC official website and through observations from the researcher.

anger management, stress management, personal hygiene, job skills and relapse prevention courses. If eligible, inmates can earn Meritorious Earned Time (MET) for successful completion of the ADTP.[5] The researcher visited BCCF on 6 December 2011. Thirty-six males were surveyed, followed by an open discussion.

- Central MS Correctional Facility (CMCF): CMCF is one of three state facilities. Located in Pearl, CMCF is the only state facility that houses female inmates, including those on death row. With a total bed space of over 3,600, CMCF consists of minimum, medium and maximum security areas. In addition to A/D treatment, CMCF hosts a cosmetology program, which includes a full hair salon. The researcher visited CMCF on 12 December 2011 and 27 February 2012 and obtained a total of seventy-nine completed questionnaires from female A/D participants.
- Flowood Satellite Facility (FSF). FSF is a RID program in Rankin County with a bed space of twenty-eight. Housing all female inmates, RID is a paramilitary style rehabilitation program that focuses on providing treatment and rehabilitation in a short amount of time. Inmates are sentenced to RID through an order of the court under the MS Earned Probation Statute (§47-7-47) and are ineligible if they have a psychiatric, mental or health related issue or are a habitual juvenile offender or sexual offender. RID is generally limited to first time offenders, therefore, the age of the females at FSF is generally younger with most inmates between the ages of 16-36. The four-phase program lasts from 120-150 days and focuses on numerous topics to include, but not limited to A/D treatment, work detail, discipleship studies and pre-release. The researcher visited FSF on 12 December 2011 and 27 February 2012 and obtained a total of thirty-six surveys. As will be discussed later, FSF reported some of the poorest and most alarming conditions.

[5] Eligibility excludes habitual offenders and those that have been convicted of a sex crime.

- Harrison County Adult Detention Center: see above.
- MS State Penitentiary (Parchman): Opened in 1901, Parchman is the oldest state institution. Located on over eighteen thousand acres in Sunflower County, Parchman is a penal farm that focuses on agricultural enterprise. Parchman offers three various ADTPs:
  - Unit 30 A-B offers an ADTP-TC with a bed capacity of over four hundred. Due to the long term nature of the program, offenders must have at least six to thirty months remaining on their sentence.
  - Unit 29-A is also a long-term ADTP-TC, however, this unit houses special needs offenders (those diagnosed with HIV/AIDS).
  - Unit 31 is a twelve-week ADTP that focuses on the principles of AA.

  The researcher visited Unit 30 A-B on 6 December 2011. Two separate classes were surveyed with forty-nine questionnaires being obtained.
- Pike County Community Work Center (PC CWC): PC CWC was formerly a Residential Substance Abuse Treatment program and pre-release facility for male inmates. Due to budgetary issues, this facility was downgraded in size and the ADTP program was combined with work release. Inmates provide work for the city or county during the day and then participate in ADTPs in the evening. Inmates must be able to pass a drug and alcohol test before being allowed to enter, must be free from rule violations for the preceding six months and must be capable of performing manual labor. The researcher visited PC CWC on two occasions – 12 December 2011 and 27 February 2012 – and obtained a total of twenty-nine questionnaires.
- South MS Correctional Institution (SMCI): SMCI is the third state facility that was utilized in this study. Located in Leakesville, SMCI houses four separate ADTPs:
  - A twelve-week traditional ADTP for general population offenders.

- A long-term (six month) residential program.
- A short-term (twelve week) program for CWC participants that had been removed from the CWC program.
- A twenty-week, male RID program.

The traditional ADTPs provide individual and group counseling. A/D education, relapse prevention, Adult Basic Education, life skills and anger management are a few of the programs offered in the ADTP's. Inmates are provided with a certificate upon successful completion of the program. The RID program consists of four, five-week phases that focus on A/D education, disciple therapy, pre-release and community service projects, among others. The researcher visited the SMCI traditional ADTP on 23 November 2011 and 23 February 2012 and obtained a total of fifty surveys. Additionally, the researcher visited the RID program on 23 February 2012 and thirty-four surveys were obtained.

Correctional Facilities – Austrian BMJ[6]

- Justizanstalt Stein (Stein): JA Stein is the largest prison facility in Austria, housing approximately eight thousand offenders. Arrangements for the researcher to be given a tour of Stein were made on very short notice and there was no possibility for questionnaires to be distributed or for interviews to take place. The visit at Stein took place on 17 December 2012 and was strictly a guided tour by prison personnel.
- Justizanstalt Wien-Favoriten (JAWF): Since 1975, JAWF has served as an in-house alcohol and drug rehabilitation program. Located in Vienna's tenth district, JAWF has a 110 bed space capacity for both male and female offenders. In accordance with §22 StGB, those convicted of a crime in connection with being under the influence of

[6] All of the following information contained in the methodologies portion of this dissertation pertaining to the three BMJ facilities was obtained from the "Justizanstalt Wien Favoriten" handout provided to the researcher by JA Wien-Favoriten and through observations by the researcher.

alcohol or drugs can be sentenced to JAWF by the courts. Additionally, inmates from the entire BMJ system can request to be relocated to JAWF in accordance with §68 StVG. Many programs are offered to include individual and group therapy, work skills, psychological counseling, substitution, etc. The researcher visited JAWF on 19 December 2012 and surveyed forty male and twelve female inmates.

- JAWF-Münchendorf (JAWF-M): Located outside Vienna, JAWF-M is an extension of JAWF and serves as a small institution for alcohol and drug offenders. With approved permission, JAWF-M offers inmates the opportunity to leave the premises during the day and visit family or attend medical appointments. Inmates have general autonomy throughout the day. Substitution treatment is available when necessary. The researcher visited this facility on 19 December, 2012 and three surveys were obtained.

Observations

As some of the wardens and program facilitators of these institutions suggested, inmates lie. They will do and say whatever they can if it causes someone to listen or if it breaks up the monotony of their day. For the purpose of this dissertation, this point will not be argued. An accurate account will be given of all information provided by the inmates and reported in this dissertation as it was initially reported to the researcher. As not all information concerning correctional officers, prison staff and wardens was articulated in a favorable light, no specific names of these individuals will be used throughout the remainder of this work. Additional information will be provided throughout the various applicable themes in the subsequent chapters.

- BCCF was an extremely clean and neat prison. Smaller in size when compared to most of the other facilities, BCCF staff was courteous, friendly and professional. All of the inmates chose to participate in the survey and were not hesitant to sign the

consent form. Following the questionnaire session, an open discussion took place. While most all inmates participated in the discussion, nothing too extreme or sensational was revealed.

- CMCF: Both trips to CMCF were enlightening. The female ADTP participants are housed in a separate unit and were brought into a small classroom for the study. All inmates participated in the survey and seemed eager to do so. During the open discussion, many women spoke of the anguish and sadness that they felt being separated from their children and many avowed that their children were the primary motivator to successfully complete treatment. Some women spoke of previous abuse at the hands of both male and female intimate partners. All women that spoke during the open discussion expressed regret in the life choices that lead them to prison. Lastly, many of the women expressed discontent and dislike towards the male program facilitator.
- FSF: As previously stated, the researcher's visits to FSF were the most eye-opening. Inmates share rooms with the RID program housed on one side of the facility and a restitution program housed on the other side. Other than the sleeping quarters, mess halls and classrooms, the facility is "open-air" with inmates being able to spend a considerable amount of time outside. As the military structure of the RID program requires, the inmates marched into the classroom and were not allowed to sit until directed to do so by the staff sergeant. The inmates were all in comparable age to the researcher. During the first visit, the females completed the survey with no problem, but they did not engage in much discussion afterwards. However, during the second visit the small group of twelve revealed intimate details of daily life within the facility. While hesitant to speak at first, they quickly opened up following the statements of one. Allegations of mental, physical and sexual abuse, racist comments,

favoritism and strict punishments by the staff and program directors were all divulged. Prior to the researcher's arrival, the inmates were told that a special visitor was coming and that the facility must be made to appear "top-notch." Inmates were forced to pick grass from between cracks in the concrete and walk on their hands and feet in what is known as a "crab crawl" if they did not perform well for the visitor. Separately, they all asked the same question: how was this *treatment* supposed to help them?

- HCADC: The inmates at the HCADC all had favorable comments regarding their ADTP and the program coordinator. The negative comments made concerned the various other ADTPs throughout the state that the researcher would be visiting. The inmates told stories of how strict these facilities were and that inmates would get into trouble for the simplest of things. Some expressed that the sheer fear of returning to one of the state facilities served as a motivator to successfully complete the program.
- Parchman: The sheer size of Parchman is overwhelming. After entering through the main gate, it is approximately another mile or so until one reaches the A/D wing. Two separate classes participated in the study. While attempting to engage the inmates in open discussion, to the researcher's surprise, the program director left the room. While this caused some initial concern among the researcher, it was quickly dismissed as the inmates began speaking candidly about the TC. The researcher was ultimately left alone with the inmates for both class sessions and even directly assisted an inmate that could not read. The TC inmates complained that the entire program was a joke and waste of time. As suggested with TCs, inmates are in charge of the classes. This caused great concern among many inmates who claimed that they were learning more about how to make and sell drugs as opposed to refraining from their use. After approximately two hours, the program coordinator ended the discussion

saying that it was time for lunch. The inmates laughed in unison and claimed this was the first time that their timeliness for a meal was considered important.

- PC CWC: The PC CWC is an extremely small facility located near an industrial complex. Both visits at this location were the first and only time that an inmate chose to not participate in the study. Many of the inmates were aggressive towards the researcher and were not convinced of their anonymity. Furthermore, many proclaimed that until the researcher revealed personal details, they refused to participate. Many claimed to continue using drugs while taking part in the ADTP and accused the program of being a "waste of tax payer money."
- SMCI: The researcher was able to visit three different classes at SMCI. The first visit with the long-term ADTP was very successful, although it was later discovered that the program director hand selected the inmates that would take part in the study and not all of the A/D wing inmates were allowed to participate. The second visit was slightly disappointing as most of the inmates from the previous visit were still present and therefore, could not be interviewed twice. Moreover, they did not want to remain for an open discussion and chose to return to their cells. A survey was also conducted with the RID participants. This was a group of adolescent males who were not enthusiastic in terms of speaking about the program itself.
- Stein: JA Stein is an all-male prison comprised of an original, Pennsylvania style building located in the center of the grounds and surrounded by numerous contemporary buildings that house various categories of inmates, inmate work programs and administrative offices. As with other Austrian facilities, inmates at Stein are not classified according to security level and are allowed to wear their personal clothing.

- JAWF: As previously noted, the author visited with both males and females at JAW-F. The researcher anticipated receiving a higher level of curiosity from the inmates as the researcher was a foreigner. The females appeared amused at the entire situation, however, they enthusiastically engaged in open discussion. The males were hesitant to speak at first. It was not until after one particular inmate spoke and made a slight gesture to the others that it was permissible to speak, that the other inmates followed suit. Additionally, the inmates would look back at this certain inmate upon completion of their statement as if to obtain approval. This group of inmates was one of the most interested and involved of the entire survey.
- JAWF-M: An early complication at the facility involving an inmate, who was allowed to leave the premises, yet did not return in the required manner, caused slight alarm amongst the staff. After some time spent resolving this issue, the researcher was allowed to survey three inmates. One of the plain clothed COs was extremely watchful and observant of both the researcher and three inmates and attempted to read and review their answers. One inmate in particular was clearly uncomfortable around the CO to the point of tears.

All of the MS prisons followed the same basic formula. All inmates are required to wear uniforms and minimal jewelry. The three AU facilities allowed the inmates to wear their own clothing, to include hats and jewelry. Both systems employed armed correctional officers with a central check-in area and locked doors throughout the facility. A deeper look into the specifics of each state will be discussed in subsequent chapters.

In addition to the questionnaires and general observations, the researcher engaged in casual conversation with numerous correctional officers, treatment personnel and prison staff. Formal interviews did not take place except for a few sit-down discussions with prison wardens. In particular to MS, the atmosphere is relaxed and laid back. As most of the prison

staff were aware that the researcher was present on behalf of the MDOC and the Commissioner, it was important that they did not feel uncomfortable or threatened. Following much of the same approach that was taken when considering the inmates, the researcher wanted to provide the same level of comfort to the prison staff for fear that they would not be as open if they felt in any way that their responses could be reported to the higher-ups or used against them. Therefore, notes were taken following informal discussions when pertinent information was provided.

Introduction to the Four Themes

The four themes of this dissertation will be discussed in the following chapters with an additional comparison between the US and EU and more specifically, MS and AT, being provided. Each chapter will highlight the success of each nation in regards to the aforementioned theme as well as including criticism of unsuccessful policy. Outside data will be brought in to enhance the principles in each theme. Additionally, questions and answers from the field research questionnaire will be addressed in each chapter so that the outlining theme may resonate with the reader.

Prison systems and prison culture. A brief history of both prison systems will be provided. The US approach to prison as a deterrent and the continual support for more human rights for the incarcerated from the EU will be discussed. Survey questions concerning previous incarceration, level of safety and crime data will be included.

Alcohol and drug use prior to incarceration and within the prison setting. An initial look will be given into the amount of alcohol and drugs consumed by society at large and then more specifically within the prison system. Survey questions concerning common substances used by inmates and the ease and frequency as to which such substances can be obtained in prison will be discussed.

Alcohol and drug treatment in prison. Various treatment forms and their participants will be covered in this chapter. The idea of effectiveness will be explored and applied to both systems. Further, recidivism rates will be reviewed. Numerous questions from the survey relating to alcohol and drug treatment fall into this category.

Special considerations for specific populations: comorbidity and females. Lastly, alcohol and drug treatment is furthered hampered when the inmate suffers from additional health problems or personal issues. Comorbidity and females are two special populations that will be covered. The prevalence of comorbidity and female inmates, along with the special considerations that must be covered when dealing with these categories will be included.

Part 2: Four Themes

"I's here cause I likes to drank.They says I gots a problem, but I ain't got no problem.
This program ain't really no help. Why's I gots to learn about drugs when I drank?
I don't do drugs. But you know what I's learned? How to make crack.
The boy runnin' the program taught me. I hear you make lots a money.
I think when I's back in the free world, I's gon' start selling crack.

Yeah…crack."

-Anonymous inmate from the Mississippi State Penitentiary at Parchman

CHAPTER IV

PRISON SYSTEMS AND PRISON CULTURES

THEME 1

A general overview of the administrative systems and the internal culture of prisons regarding the US and EU and more specifically Mississippi and Austria

As stated in the literature review, development and implementation of successful alcohol and drug treatment hinges on numerous factors. The quest for suitable treatment methods are the result of the problems presented to correctional systems in regards to alcohol and drug use and should be understood in this respect. Looking deeper, alcohol and drug use in prisons pertains to the overall prison structures and furthermore, the internal society existing in this so-called "underworld." To properly attend to the growing demands for treatment and treatment needs, one must begin at the foundation. Prison systems (to include their hierarchical structure, administrative functions, and inmate biographical data) as well as prison cultures (to include inmate characteristics, thought patterns and their interaction with prison staff) serve as the starting point for this research. A brief summary of US and EU

prison systems will begin this theme, followed by a summary of MS and AU information. In addition to the specific data obtained from MS and AU during this study, facts and figures from the US states of California (CA), Florida (FL) and New York (NY), as well as the EU countries of Germany (DE), the Netherlands (NL) and the United Kingdom (UK) will provide additional prison statistics throughout the remainder of the first three themes.[7] The purpose of including additional states and countries is to provide a supplementary element to the comparisons of data. When comparing the field research data between MS and AU it important to know if these numbers coincide or differ from other correctional programs in their respective regions.

Prison Systems

The size and variances of prison populations, the costs of running these facilities and the rules and regulations that govern various correctional institutions are interconnected fragments of prison systems. Numerous laws govern the daily functions of prisons. In regards to substance abusing offenders, many different forms of legislation outline what constitutes an alcohol or drug offender and furthermore, the punishment that awaits. Bureaucratic processes can further impede decision making that sometimes must be conducted in real-time. To put it simply: prison systems come in all shapes and sizes and understanding what makes up a prison system facilitates the overall goal of implementing appropriate services. The following subsections provide a brief overview of various systems. They are arranged in an order that is designed to best facilitate a comparison (i.e., US vs. EU, MS vs. AU and three US states vs. three EU countries).

The United States. The US Department of Justice (DOJ) is the authority over all federal prisons (DOJ, 2012). Each of the fifty US states houses its own correctional authority that serves as an "umbrella" for all state institutions, to include state prisons, regional/county

[7] These six states and countries were selected randomly. Information from additional states and countries may be provided when pertinent information is necessary for the context at hand.

facilities, local jails and prisons that are operated by private corporations. The DOJ also presides over the US Federal Bureau of Prisons (BOP) which houses all federal inmates within the federal system. US prisons are generally broken down into various security levels ranging from minimum security prisons such as local jails to super-maximum facilities such as the Florence Federal Correctional Complex (FCC), Colorado. Located within Florence FCC is the Administrative Maximum US Penitentiary (ADMAX) that houses felons such as former FBI Special Agent turned Russian spy, Robert Hanssen as well as Zacarias Moussaoui, convicted for his involvement in the *September 11* attacks (BOP, 2012). Inmates are escorted whenever they move about the facility and movement is tightly controlled (BOP, 2008).

In terms of size and inmate population, the US ranks number one in the entire world. As stated in the introduction, 713/100,000 of the US population is under correctional supervision. Approximately 4,500 correctional institutions (to include federal facilities) are operating throughout the US (ICPS, 2012). The total prison population is 6.9% female with around 17% of males and 25% of females being housed for an alcohol or drug related offense. The Office of National Drug Control Policy (ONDCP) along with the various state directives aim to legislate and manage US drug law.

Lastly, the US prison system is often characterized by a certain degree of "harshness" (Whitman, 2003). With its grossly high incarceration rates, it is easy to see that the US prison system is vastly overused. Imprisonment for minor infractions such as public urination or moral crimes such as prostitution often present the US in a negative light when considering its EU counterparts. While rehabilitation and treatment are indeed intrinsic elements of the US correctional system, their level of priority is sometimes questioned.

The European Union. The twenty-seven countries that currently compose the EU each retain their own individual correctional systems, with these systems differing throughout each

member state. Approximately, fifteen hundred correctional institutions operate throughout the EU (ICPS, 2012) and many countries do not distinguish between security levels. While most EU prisons mimic the basic standards set forth in various legislations on the minimum treatment of prisoners, growing concern exists in regards to numerous member states located in the eastern region of the EU and the below-par standards for inmates (Walmsley, 2005). Recent initiatives such as the Hague Programmes and Eurojust have sought to unite many aspects of EU justice systems. Seeking "mutual confidence" between member states, these programs aim to bring a tighter sense of community and minimum understanding to improve upon the "judicial understanding" within the EU (Eurojust, 2002). In 2006, the Council of Europe adopted the EPR which provide guidelines and instructions for the treatment of prisoners. While this document is non-binding, it serves as a framework for many EU member states prison policy. Moreover, it displays a commitment from European countries for the future development and implementation of coordinated and harmonized prison policy (van Zyl Smit and Snacken, 2009). In comparison to the US, EU prisons currently have approximately 630,000 inmates in custody (EMCDDA, 2012). Approximately 5% of these inmates are female (IHRA, 2012) with 25% of these women serving time for drug offences. The human rights approach to EU prisons resonates through various rules and regulations that create minimum standards for prisoner treatment. Van Zyl Smit and Snacken (2009) characterize four general elements of European prison standards:

- An adequate prison regime.
- Full ability to exercise prisoners' fundamental rights.
- Reintegration into society.
- Applicable to all prisoners.

The importance of human rights should not be undermined. However, where does one draw the line between prisoner rights and public safety? Prison staff at Stein encountered

issues with inmate identification when a particular inmate would request to leave a section of the facility only to be followed by another inmate requesting leave who used the same name (Scherlofsky, 2012). As a result, a small passport size picture of each inmate was affixed outside each inmate's cell to assist the staff with inmate recognition. This was almost immediately contested as inmates complained that this was a direct violation of their human rights because their identities were not being properly protected. The staff at Stein were ordered to take down the pictures, yet provided with no alternative recommendations to identify prisoners. At what point do inmate rights and safety become more important that those of the staff?

Mississippi. With a ratio of 868/100,000, MS currently holds the second highest inmate/general population ratio in the entire US (Kaiser Family Foundation, 2012). Comprising an inmate population of 26,000, females make up less than 10% of the prison population (MDOC 2012). Title 47, Chapter 5 of the MS State Code regulates the correctional system and implements rules and regulations to ensure the safety of all inmates. The Uniform Controlled Substances Law (UCSL) works directly with the MS Bureau of Narcotics and regulates the law concerning the use of illegal substances (MS Code 49-29-101 through 191, 1972). Approximately 14% of the current inmate population is being held on a drug related offense.

Austria: In 2011, approximately 8,816 inmates were held in the AU prison system (BMJ). Almost half of the prison population is not of AU nationality (BMJ, 2009) and this number of foreign prisoners has led to an overall increase in the prison population (Gratz, 2008). Additionally, roughly 6% of the population is female. A distinction between security levels does not exist. Governed by the AU Suchmittelgesetz (SMG), possession of a narcotic substance is punishable by up to one year in prison or a fine (§27 SMG). The overall number

of convictions fell in 2011 and convictions based on offenses under the SMG accounted for approximately 12% of the total (Statistik Austria, 2012, p.95).

California, Florida and New York. The CA Department of Corrections and Rehabilitation (CDCR, 2009) reports that roughly 170,000 inmates are currently in prison custody. The female inmate population comprises 7% of the total, with 27% of these females incarcerated for drug related offenses. Boasting some of the most notorious US institutions such as Folsom State Prison and San Quentin, CA institutions are often times characterized by a large amount of gang related violence. An estimated ten billion dollars is budgeted annually for the CDCR. Roughly 100,000 inmates are confined in the FL Department of Corrections (FDOC, 2011). The female population is comparative to that of CA encompassing about 7% of the total population. Alcohol and drug offenses account for 18% of total inmate offenses. Lastly, the New York Department of Corrections and Community Supervisions (NY DOCCS, 2011) houses over 56,000 total inmates with 4% of the population female. Drug Offenders make-up around 15% of the total population. Bedford Hills Correctional Facility is one of NY's only female facilities and administers one of the top-ranking, family-oriented treatment programs in the country. As individual states, each system maintains its own autonomy and is governed by its respective correctional authority.

Germany, The Netherlands and The United Kingdom. With over two hundred institutions operating among the sixteen Länder (German states), DE retains roughly 58,000 inmates, with 5.6% being female (Merino, 2005 and Statistiches Bundesamt, 2012). Regulated by the Betaubungsmittelsgesetz (BtMG, Act to Regulate the Trade in Narcotics, 1982), like AU law, DE law provides police with no discretionary powers in regards to drug offenses and maintains that an arrest should be made (EMCDDA, 2009). When concerning small amounts of a drug that was intended for personal use, DE prosecution can opt not to take the matter to court. In 2012, approximately 14% of convictions were based on offenses against the BMG.

Often illustrated as a country with a lax stance on marijuana use, the NL has experienced a growing rate in its prison population (Pakes, 2002). The NL was once viewed as managing one of the mildest prison systems and prison policies in the world (Pakes, 2000). Today, approximately 14,500 inmates (7.4% female) reside in Dutch prison facilities (ICPS, 2012), operating with a nearly three billion Euro annual prison budget (Space I, 2011). Unlike most of its EU counterparts, Dutch prison systems are broken down into various security levels (Tak, 2008). In 2009, roughly one-sixth of sentenced prisoners were convicted for a drug offense as regulated by the Dutch Opium Act (Space I, 2011).

Lastly, the UK has approximately 95,000 inmates incarcerated within its entire jurisdiction (ICPS, 2012), with roughly 84,000 of these inmates housed in England and Wales (Ministry of Justice, 2010). Female inmates' make-up around 5% of the total population with 23.2% of females detained as a result of a drug related conviction (compared to 14.9% males). As with most other EU countries, drug use itself is not considered a crime (Department of Health, 2011). The Misuse of Drugs Act, 1971, outlines that possession of, dealing in and trafficking of drugs are all punishable offences.

Each of the above powers incorporates an assorted and diverse amount of procedures, facilities and populations that together comprise their overall prison system. The chart below provides a general population breakdown within each system. It is easy to see that while total populations are vastly different, the percentages of female inmates and those incarcerated for alcohol and drug related offense are not so far apart.

Initial Prison Data

Table 1

N-Values			
Populations	Mississippi	Austria	Total
Males	234 (67.24%)*	43 (78.18%)	277 (68.73%)
Females	114 (32.76%)	12 (21.82%)	126 (31.27%)
Total	348	55	403 (100.0%)

Notes: Of the Mississippi sample, 67.24% were males (*N*=234).

The total number of inmates that participated in this study is 403. MS inmates represent 86% of the total and AU inmates represent 14%. Of the 403 total inmates surveyed, female participants represented 31% of the sample Survey Question (SQ) 2. This percentage is much higher than the roughly 8% and 6% of actual female inmates within MS and AU prisons. This discrepancy in numbers is a result of the fact that there are fewer female-only institutions within each system. Furthermore, the researcher visited the only MS state facility for females on two occasions as well as the female-specific RID program on two occasions. The frequent visits at female institutions coupled with time restraints preventing the researcher of additional visits to male facilities resulted in a higher percentage of female participants then what actually exists within the normal population. A more in-depth analysis of female-specific data will be covered in Theme 4.

Inmates were asked to select from a number of age ranges (SQ3). The range of 25-36 years of age of was selected by 50% of all participants, with the MS sample at 49% and the AU sample at 55%. The younger range of 16-24 years averaged 17% among the total and the older range of 37-45 years averaged 16%. The smallest percentage was that of inmates fifty-six years of age and older (2%). While MDOC (2011) breaks down its age groups among

drug offenders into different age categories than were used in this study, 92% of all drug offenders admitted in 2011 were between the ages of 20-50. Offenses against the AU SMG for all inmates over the age of twenty represent 74% of the total (Statistik Austria, 2012).

As mentioned in the methodology chapter, these two prisons are characterized by disproportional ratio of minor populations within their prison systems as opposed to what is represented in the general population.[8] This disproportionate ratio, however, did not overlap into the research sample. While almost seven out of ten MDOC inmates identify themselves as black (MDOC, 2012), only 38% of the MS sample selected "black" as their answer (SQ3). MS inmates that selected "white" represented a majority 58% of the sample. The same discrepancy existed within the AU data. While almost half of AU inmates are of a foreign nationality, an overwhelming 78% of the AU sample identified themselves as "Austrian." This does not imply in both instances that the overall sample is not representative of the actual prison populations when considering the respective minor populations (SQ3). MDOC (2011) reports that 57% of drug offenders admitted into MDOC facilities in 2011 were black and therefore, demonstrate that the sample population is not a direct reflection of the actual MDOC inmate population in regards to race. Statistik Austria (2012), however, reports that in 2011, of the almost 4,500 sentences handed down for crimes against the SMG, only 38% were committed by non-Austrian citizens, with 33% of this number consisting of nationalities outside of the EU (p. 130). Therefore, in respects to AU inmates, the sample population is representative in regards to nationality.

In regards to education, the school systems within MS and AU are entirely different and therefore, cannot be directly compared (SQ4). Inmates were given a list of ten education levels and asked to select all answers that applied. Among MS inmates, 24% indicated they had attended high school with 23% indicating they had earned a high school degree. The

[8] The definitions of minorities and foreigners have already been provided (see Methodology). Therefore, for the purpose of this research and to avoid any confusion, the researcher will refer to these groups collectively as "minor populations."

most chosen response was the General Educational Development (GED) certification which was earned by 35% of inmates. Only 2% reported having a college degree. AU inmates indicated that 52% had completed the Allgemeine bildende höhere Schule which is completed by most students around the age of 16-18. A Polytechnische Schule or Berufsschule are similar to US vocational schools and were selected by 49% of the Austria sample. Only 2% of AU inmates reported university attendance. After reviewing the results, the researcher could have formulated this question better. A deeper knowledge of each system could have assisted in more adequate answer choices, specifically among the AU options. This could have provided the researcher with better results for an educational comparison. As they stand, these results demonstrate a lack of higher education amongst inmates within both systems.

Prison Systems Conclusion

The biographical data described above characterizes two different prison systems that reflect a similar inmate population. While the majority of the sample is comprised of MS inmates, the AU sample does provide a general reflection of the AU inmate population. Although female inmates are overrepresented in this sample when compared to normal inmate populations, the percentage is not so high that it would negate a good comparison. Approximately half of both samples are between the ages of 25-36, with an almost equal percentage of inmates being ten years older or ten years younger, for a total of 85% of the sample being between the ages of 16-45. The sample data corresponds with general data illustrating that the age of drug offenders represents mostly younger adults. Minor populations are highly represented in both systems, yet they do not hold the majority in the sample population. Lastly, on average 30%-50% of the sample have some basic form of US high school level (or equivalent) education.

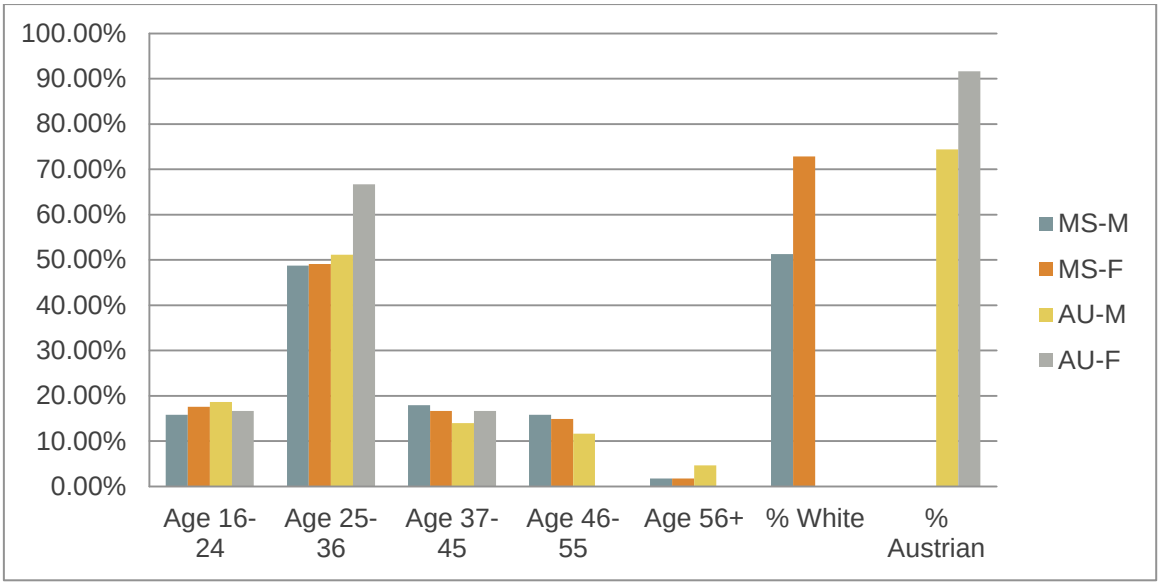

Figure 1. Demographics of the sample population. This figure examines inmate populations in regards to age, ethnicity and nationality.[9]

Prison Cultures

Underneath the surface of the prison system lays an entirely different realm of society. A system within another system, the environment in which inmates conduct their day-to-day lives is characterized by a hierarchy of authority separate of the administration that is in charge. Various cultures, societies and units interact and coexist forming the underbelly of the prison facility. Each inmate shoulders his own collection of assorted life experiences. Levels of prison familiarity, feelings of personal security and perception of overall safety differ from inmate to inmate. Furthermore, the variations of offences which are punishable with imprisonment are connected to a diverse amount of offenders and with each offender, come a different set of rules. All of these elements coalesce to construct the prison culture.

As Goffman's theory suggests (see the literature review), reoccurring activities performed against a stagnant background typify prisons as total institutions. Inmates quickly learn not only how to survive, but how to thrive within the prison culture. Identifying the

[9] The percentage for white is only applicable to the MS sample and the percentage for Austrian is only applicable to the AU sample. Therefore, there are only two percentages provided for each.

vulnerabilities of both other inmates and prison staff becomes crucial. Associating or disassociating with a specific inmate or group of inmates can play a major role in prison subsistence. Gangs exist as a means of feeling protected and part of a group. The exploitation of inmates identified as weak or insubstantial occurs often. Alcohol, tobacco and drugs all serve the prison economy. This culture truly becomes one of the survival of the fittest.

General Observations: General observations conducted throughout this research are largely applicable to prison culture. Both MS and AU facilities share a number of similarities. As the majority of this research was conducted during the winter months, most of the prisons were set in a background of grey skies and cold weather, adding a somber quality to an already dreary and dismal state. As one might envision when imagining a prison, each facility was depicted with an equal amount of concrete, tile flooring and iron bars housing a network of interconnected buildings and levels which provide a maze-like design for its occupants. The locking of steel doors and the jangling of keys echoed throughout the hallways. Once returned to the researcher, even the questionnaires themselves possessed the same unpleasant and putrid odor often associated with institutions. While the facilities did not necessarily appear unsanitary or unclean, there was nothing immediately enticing about them that would in turn attract such high volumes of residents.

The size and location of the prisons, however, provided a contrast between these two systems. Most of the MS prisons are located on the outskirts of major cities and therefore, the areas comprising each location are vast. SMCI is located on 360 acres of farm land. Different units are housed in entirely different buildings. The alcohol and drug unit is located separately from the rest of the facility and all inmates participating in substance abuse treatment reside in the same area. Bunk-style beds, lined row after row suggest that the high occupancy of SMCI does not always provide for individual or even shared cells. Likewise,

Parchman (formerly referred to as Parchman Farm) is located on over 18,000 acres (approximately seventy three square kilometers, 27 times the size of Vienna's First District). Located in the flat farm land of the MS Delta, Parchman has no outer perimeter fence. Tales of attempted escape resulting in inmates wandering lost for days without ever finding their way off of the property demonstrate the mammoth size of this institution (D. Cabana, personal communication, 2011-2012).

On the other hand, AU prisons are much smaller and are often located directly within the city. Originally built in the mid-1800s, JA Stein is one of AU's largest prisons.[10] After its construction, the city of Krems began building around Stein resulting in today's issue of limited expansion. Many AU facilities are not immediately recognizable and blend into the rest of the city block. JAWF, located in Vienna's tenth district is one such institution.

The comparisons of prison size, style, layout and location are noteworthy points to discuss in regards to prison culture. However, the most substantial piece to the prison puzzle is that of the inmate. By stripping away gender, age, race and all of the supplementary biographical aspects of an inmate, left standing is a person who has committed a crime and is now forced to serve penance through incarceration. Various degrees of criminality exist and for the purpose of this research, the focus is on the alcohol and drug using offender.[11] As these are the individuals that construct the prison environment, their perceptions, thoughts and motivations are intrinsically important when considering the development and implementation of substance abuse treatment.

Inmate Comparisons. Inmates talk amongst themselves and an aspect of many different substance abuse programs involve group discussions. Therefore, when developing the research methods for this study, it was believed that inmates would be privy to a certain amount of information regarding other inmates. As previously mentioned in the literature

[10] The original Pennsylvania-style building still stands and houses the majority of Stein inmates.
[11] This does not imply that the offender was arrested or convicted on an alcohol or drug related charge, but simply that the offender uses alcohol or drugs.

review, indirect questions (in most instances) were utilized with the hopes of seeming less invasive and direct. The number of previous incarcerations, inmate safety and the crimes that resulted in imprisonment are included in this section.

SQ5 asks inmates how many times they believe that the majority of other inmates had been locked up.[12] A total of almost 75% reported that most inmates had previously been incarcerated two to three times. When considering the various sample groups, less than 9% of any one of them reported a previous inmate incarceration rate of "once."[13] MS males perceived other inmates to have been incarcerated on an average of two to three previous times by an overwhelming majority of 80%. Previous incarceration rates of one time, four to six times and more than six were chosen at a rate of 7%, 8% and 5%, respectively. The majority of AU males also reported that inmates had been previously locked up two to three times, but only by 61%. The choice of four to six times was reported by 21% and the choice of over six times was reported by 16%, a much higher percentage than MS males. Just 2% reported a previous rate of once.[14]

Statistik Austria (2012) states that in 2011, 38% of sentenced AU offenders had been reconvicted of a crime in the four years following their original release in 2007 (p. 43). Of this 38%, 54% had one additional conviction, 24% had two to three and 22% had four or more additional convictions. While the exact number of previous incarceration rates does not exactly parallel the sample, the general idea that many offenders are repeat offenders is apparent. Moreover, it is noteworthy to take the amount of repeat offenders and consider it in context with the most prevalent age group that was sampled in this study. Offenders thirty-

[12] Figures presented throughout the rest of Theme 1 and the entirety of Theme 2 and 3 will refer primarily to total, MS, AU, MS-Male and AU-Male data. Female specific data is presented in Theme 4.
[13] The researcher did not provide a "no previous incarcerations" choice. Although the majority of data suggests a high number of previous incarcerations, the researcher believes it would have been beneficial to have provided a "no previous incarcerations" option and changed the choice of "once" to "one to two times" and so forth throughout the remaining answer options.
[14] If you include the female surveys, the MS percentage of two to three previous incarcerations decreases to 76% and the AU percentage for the same response increase to 67%.

six years of age or younger represent 66% of the sample population. This demonstrates that a high percentage of young offenders are also repeat offenders. These figures do not directly imply that the treatment programs themselves are poor in quality. Rather, these figures suggest that these treatment programs are not having the lasting, positive influence on many offenders as originally intended, thus resulting in a "revolving door" effect.

As previously suggested, once incarcerated inmates have to "learn the ropes" of imprisonment and a large part of prison survival is contingent upon inmate safety. [15] People can feel safe in regards to their ability to protect themselves, however not necessarily feel safe in society or furthermore, feel that they are adequately protected against harm. When considering substance abuse treatment, how can one be fully open to change if he or she does not feel safe within the treatment environment?

When asked about the perceived feelings of safety by other inmates (SQ6), 64.5% answered that they believed other inmates felt safe in prison. A total of 22.5% perceived that inmates did not feel safe and 14.1% did not provide an answer. When looking at individual sample groups, 63.8% of MS inmates and 69% of AU inmates perceived a safe feeling by others; however, 25% of MS inmates said "no" and 24% of AU inmates chose "no response." Furthermore, when looking at male-specific response, a higher percentage of AU males (77%) perceived a feeling of safety compared to MS males (56%). This would appear to show that AU inmates feel safer in prison than MS inmates. While this may be true, it should be noted that AU inmates had a higher percentage (total-23.6%, males-18.6% and females-42%) of inmates that selected "no response" as compared to MS inmates (total-13%, male-14% and females-8%), especially when considering females.[16]

Continuing with the concept of safety, SQ7 asked about the perceived level of protection by prison staff. More specifically, do inmates feel that the prison staff wants to

[15] The researcher believes it would have been useful to have provided an additional question asking inmates to define what it means to feel "safe" in prison.
[16] A look into the percentages of "no response" or "no answer" options will be provided later in this research.

protect them? A total of 35% said yes, 53% said no and 12% provided no answer. When looking closer, 35% of MS inmates answered yes, 54% said no and 11% did not answer. AU has similar figures in regards to those that answered yes (38%). As with MS inmates, the majority of AU inmates answered no, but at a rate of 10% less (44%). The remaining 18% did not provide an answer. When looking at male-specific data, 34% report inmate perception is that the prison staff does want to protect them, with over half (53%) reporting the prison staff does not. The continuum ends when comparing the male populations. MS inmates report a higher perception of prison staff apathy toward offender safety (56%), while AU inmates report a higher perception of prison staff concern (44%).[17] The graph below breaks down the perception of safety and prison staff protection. While various differences within each sample exist, the overall conclusion that can be drawn from SQ6 and SQ7 is that while inmates feel safe in prison, they do not necessarily feel that the prison staff wants to protect them. Various elements are at play.

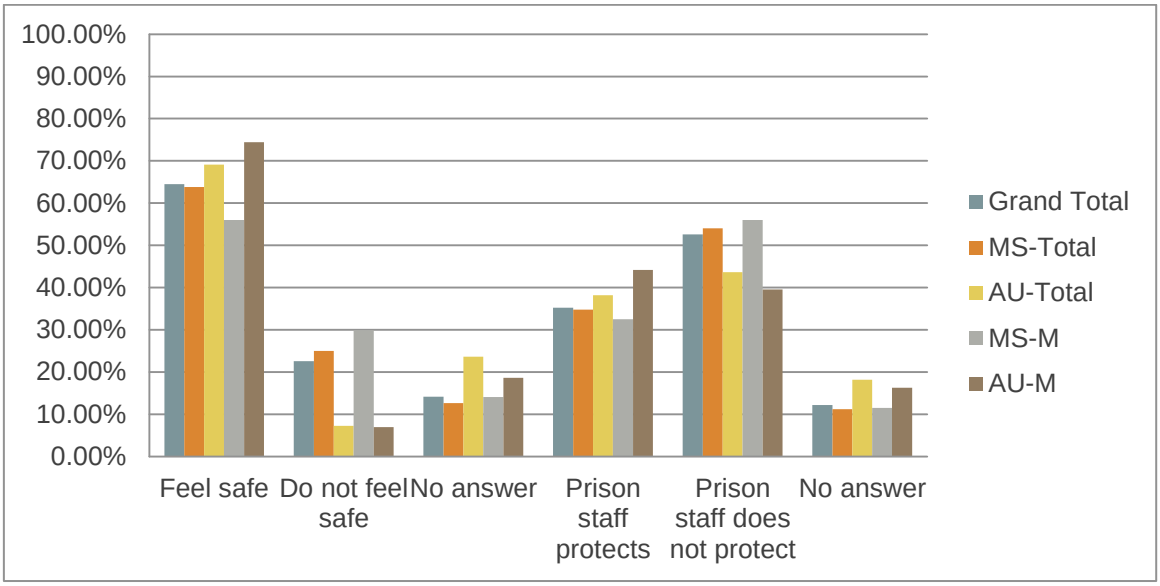

Figure 2: Perceptions of Inmate Safety and Prison Staff Protection. This figure illustrates the level of safety felt by inmates and their view regarding prison staff concern.

[17] It should be noted that while perceived protection by prison staff received the highest number of selections, it did not reach a 51% majority and furthermore, was trailed by "guards not concerned" by only 4%.

Merriam-Webster (2011) defines safe as being "free from harm or risk; secure from threat of danger, harm or loss." Although it was not directly stated, when constructing SQ6, it was the researcher's intention to learn if inmates feel safe specifically from mental or physical harm. Feelings of safety such as constant housing, no stress concerning payment of bills or not worrying about where one's next meal will come from were not the researcher's primary concern in regards to this question. Because this specification was not provided, there is no way of knowing how each inmate defined "safe" when answering the question and therefore a specific conclusion cannot be drawn. However, if inmates did answer SQ6 in a manner that indeed reflects mental and physical safety, several theories as to why the majority of inmates feel safe while incarcerated can be presumed. One reason could stem from the nature of the inmate's crime. Inmates who are serving time for non-violent crimes may surround themselves with other non-violent inmates, eluding a sense of danger. Safety in prison may also stem from a narcissistic emotion so powerful that an inmate believes others would not dare try to harm him. By keeping to oneself and not interacting with other, an inmate may feel that he is of no threat to others and therefore, they are no threat to him. Highly popular are prison gangs which provide a sense of community in knowing that one is not alone (i.e., safety in numbers). Gangs can provide protection, in turn causing an inmate to feel safe. Lastly, if an inmate were to reveal that he does not feel safe in a prison facility, he may be confessing to an inadequate sense of self. Being able to protect oneself is an inherent (and often-times masculine) trait. The vulnerability and exposure that might accompany admission of the opposite can be a strong deterrent.

When considering prison staff and perceived safety, over half of the total sample does not believe the prison staff wants to protect them (SQ7). If this number is applied to the percentage of inmates that reportedly feel safe in prison, one can assume that the response to

SQ6 is based on inmates' perception of safety referring to mental and physical safety. If considering that an inmate does not believe that the prison staff wants to protect him, then the inmate has no one else to count on but himself. Therefore, an inmate feels safe because he is looking out for himself and the human instinct of self-preservation and survival prevails.

When speaking of prison staff, one must consider the behavior of COs and prison personnel and how this behavior can be interpreted by inmates.[18] The surface observations of prison staff dominating and controlling inmates and inmate feelings of animosity towards such submission is nothing new or controversial. However, more is revealed if the idea of power is looked at in a deeper context. Kantor (1977) speaks of power and its relation to individuals in the middle of the bureaucratic hierarchy. Individuals who are held accountable for the performance of others and whose role gives them authority over others, but who still lack outside status or a strong influence over their superiors are in fact, powerless. They are expected to be influential over those below them, but have little to no influence on those above. Furthermore, they are responsible for producing a result in which they had little part in developing or designing. In short, "people who have authority without system power are powerless (p.186)."

This idea can be directly applied to prison staff. Consider the CO. He is responsible for maintaining safety and ensuring that inmates are following orders. He has authority over the inmates, but not over the warden. While he may report an incident and additionally provide a proposed solution, it is the warden who makes the final decision on a course of action. COs do not make the rules, but are expected to enforce them. According to Kantor (1977), when powerlessness is recognized, overcompensation immediately follows and can result in acts of domination and aggression. Considering still the CO, arrogance and supremacy can be the result of feelings of inferiority coupled with the demand to maintain

[18]As with any profession, there are always those whose actions place a stain upon the rest. This type of prison staff is not considered here.

control. It is this authoritative behavior that may be falsely interpreted by an inmate and result in inmate perceptions that protection is not a CO's priority.

Lastly, SQ8 asks what types of crimes "land most inmates in jail." MS inmates were asked to select the top three crimes from a total of twelve choices and AU inmates were given a total of ten.[19] Of the choices drug possession, drug trafficking, burglary, theft and driving under the influence/driving while intoxicated (DUI/DWI) were the most chosen and will be discussed here.[20] Below is a graph outlining the crimes that resulted in the highest number of inmate incarcerations providing a total of the entire sample and then a breakdown of MS versus AU inmates and further into MS males and AU males.

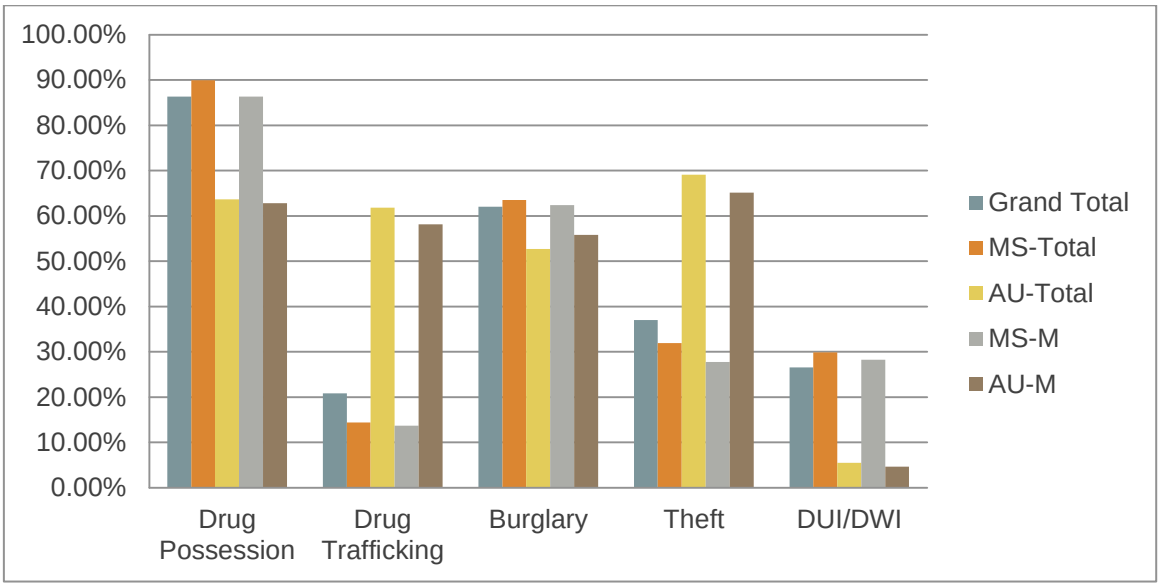

Figure 3. Perceptions of Crimes Resulting in Incarceration. This figure illustrates the various criminal activities that led to imprisonment.

Upon first glance at this chart, it is easily seen that drug possession is the most commonly perceived crime that results in inmate incarceration. Drug possession outnumbers other

[19] Assault and larceny were not choices on the German version of the questionnaire.
[20] The additional choices of assault, rape, larceny, weapons charge, solicitation, public order disturbance and other were reported by 0% to 15% of the sample. Their lack of inclusion above does not imply insignificance; rather, the five crimes displayed in the graph are of a higher significance when considering alcohol and drug using offenders and therefore are discussed.

crimes in most all of the samples with a total of 86% of inmates reporting incarceration as a result of drug possession. The rest can be broken down as follows:

- Drug possession ranked highest among total MS inmates (90%) and highest among MS males (86%). Drug possession fell second among total AU inmates (64%) and AU males (63%).
- Ranking first among AU inmates and AU males was theft at 69% and 65%, respectively. Theft ranked third in the total (37%), among MS inmates (32%) and among MS males (28%).
- Burglary ranked second in the total (62%), among MS inmates (64%) and among MS males (62%). Burglary ranked fourth among AU inmates (54%) and AU males (56%).
- Drug trafficking ranked third among AU inmates (62%) and AU males (58%), but ranked fifth within the total sample (21%) and MS (14%) and sixth for MS males (14%).
- DUI/DWI ranked fourth for the total (27%), MS inmates (30%) and MS males (28%) and fifth for AU inmates (5%) and AU males (5%).

Various significant differences exist within these figures. While drug possession is highly reported among the general sample, drug trafficking amongst the AU total sample and AU males out ranks that of the MS total sample and MS males by 48% and 44%, respectively. While burglary was reported between 54%-64% of the sample populations, theft amongst the AU total and AU males out ranked the MS total and MS males by 32% and 33%, respectively. DUI/DWI was more prevalent among the MS samples.

For the Austrian version (German language version) of the questionnaire, the choice for drug trafficking also included in parenthesis trafficking in weapons and in people. While this may be one reason for the high amount of the AU population that selected trafficking as a

response, AU has a large issue with drug trafficking. While drug consumption is not a severe AU issue, the trafficking in drugs continues to plague the country. Its centralized location connects many trafficking routes between the Balkans and Western Europe (The Drug Map, date unavailable). According to the World Drug Report (2012), AU has seen a recent increase in cannabis production and seizures in connection with amphetamine labs. Lastly, drug trafficking has become one of the main predicates for money laundering and financial crimes (International Narcotics Control Strategy Report, 2012).

Although theft was reported at a higher percentage among the AU sample, property crimes on all levels were reported by a high percentage of the total sample. Statistik Austria (2012) reports that 39% of the crimes in 2011 punished with incarceration were crimes against the property of others. MDOC (2011) also reports that approximately 39% of incarcerated inmates in 2011 were serving time for property related crimes (to include burglary and robbery). Lastly, DUI/DWI accounted for the majority of the total percentage with the MS sample reporting at 30% and the AU sample reporting at 5%. AU (Vienna in particular) is home to one of the highest quality public transportation centers in the world and as a result, the number of individuals that feel they must drive home after drinking or taking drugs is considerable smaller. Outside of a few buses that operate during the day, MS has almost no public transportation leading to a higher number of people who drink and drive or drive under the influence of drugs.

Prison Culture Conclusion

As this section on prison culture suggests, the background in which inmates conduct their daily lives, their level of personal security and the various reasons for their incarceration are individual elements that when combined, result in a population of individuals that are as much diverse as they are the same. Although the sample displays a population of inmates that express feelings of safety while incarcerated, it can be argued that this is not a direct

reflection of how an inmate actually feels. Rather, it might be the inmate's ego that is conveying these feelings for him. Furthermore, the high majority of inmates who lack confidence in the prison staff illustrate that inmates may not feel as safe as they say. The vast majority of crimes that result in inmate incarceration display the different characteristics of crimes and furthermore the different characteristics of inmates that make up the prison culture.

Theme 1 Summary

Prison systems and prison culture are two interrelated components whose dynamics and features greatly influence the general atmosphere of incarceration. US prisons are bigger and more populous than prisons in the EU. While smaller in numbers, many EU prisons are utilized just as much as those in the US. More important than size and numbers are the inmates. The culture that exists within prison society is one that crosses national and international boundaries, while fusing together a group of individuals who share the bond of incarceration. Inmate behavior in prison is often a direct reflection of individual behavior prior to incarceration. Crimes such as assault, theft or drug dealing are just as easily committed in prison as they are in society. It is possible that an inmate's conviction can be an indication of just what kind of prisoner he will be. Although the systems somewhat differ, the similarities between the MS and AU inmates alone demonstrate a universal picture that should be considered when developing substance abuse treatment.

CHAPTER V

ALCOHOL AND DRUG USE PRIOR TO INCARCERATION AND WITHIN THE PRISON SETTING

THEME 2

A look at alcohol and drug use in society and how this use carries over into incarceration

As the first theme expressed, each criminal has his own set of experiences that he brings with him into prison. This same concept is applied to alcohol and drug use. Substance abuse takes place in society at the hands of individuals that may or may not have ever been caught or incarcerated for their crimes. However, for those individuals that have been apprehended and sentenced to serve time in a prison, jail or treatment facility, their substance abuse can continue. Alcohol and drugs are rampant within the confines of the prison environment with some inmates proclaiming that these substances are easier to obtain while incarcerated as opposed to in the free world. The objective of Theme 2 is to look at the relationship between alcohol and drug use in society (both criminals and non-criminals) and how this use transitions into the prison system. It is important to know what substances are being used and abused – by the public and inmates alike – if proper treatment methods are to be developed and imposed.

Alcohol and Drug Use Prior to Incarceration

The use and abuse of alcohol and drugs within society is by no means a recent phenomenon. The purpose of their discussion within this theme is to provide a framework for the increasing problem of alcohol and drug use behind bars. It is first important to understand the differences between use and abuse. Some substances such as alcohol are not always considered illegal so at what point does the use of a substance become a problem? When does substance use or abuse does indeed constitute illegal behavior? Additionally, problems with alcohol and drug use exist globally; yet individual substance consumption differs between societies. While marijuana continues to be a worldwide issue, the US is currently dealing with an ever growing number of individuals making and selling crystal meth, whereas the EU continues to fight against the number of people using heroin. Knowing what substances are prevalent in which area is important. If a state is experiencing a heightened amount of people using a particular illegal substance, it may be only a matter of time before these individuals are imprisoned. As mentioned in the literature review, different substances bring with them different problems, especially when considering treatment. Recognizing problem substance abuse in society can help the prison system prepare for if and when these individuals are incarcerated.

Use and abuse: When considering a substance such as marijuana or heroin the importance of making a distinction between use and abuse in regards to this research may not initially seem important because, in most instances, the possession of either substance is illegal. However, when considering a substance that is legal (such as alcohol) a distinction between use and abuse must be made. As stated earlier, alcohol consumption is not (in most cases) illegal. For example, MS bans the purchase and possession of alcoholic beverages from minors under

the age of twenty-one (§67-3-70).[21] AU law differs between the nine federal states, but the minimum age requirement for alcohol consumption ranges from 16-18 years (International Center for Alcohol Policies, 2010). Additionally, restrictions are placed on alcohol consumption prior to operating a motor vehicle; however, it is not the occasional use of alcohol that becomes the problem. Like other substances, it is the chronic use and abuse that causes concern.

The International Statistical Classification of Diseases and Related Health Problems 10th Edition (ICD-10, 2010) defines the harmful use of a substance as:

> A pattern of psychoactive substance use that is causing damage to health. The damage may be physical (as in cases of hepatitis from the self-administration of injected psychoactive substances) or mental (e.g. episodes of depressive disorder secondary to heavy consumption of alcohol). (F10-F19, .1, ICD 10, Version: 2012, Website)

The ICD-10 defines dependence syndrome as:

> A cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.
>
> The dependence syndrome may be present for a specific psychoactive substance (e.g. tobacco, alcohol, or diazepam), for a class of substances (e.g. opioid drugs), or for a wider range of pharmacologically different psychoactive substances. (F10-F19, .2, ICD-10, Version: 2010, Website)

[21] With the exception of minors between the ages of 18-21 in the presence of and with the permission of a parent or guardian or the exception of active duty military personnel who are above the age of 18 and are on military property (§67-3-54).

These criteria defined by the IDC-10 are applicable to a range of substances to include alcohol, opiates, cannabinoids, sedatives, cocaine, stimulants, hallucinogens and tobacco (Chapter IV, F10-F19, ICD-10, Version 2010: Website). Additionally, these criteria are applicable to individuals taking one or more substances at the same time.[22]

The fourth edition of the DSM-IV (2000) also distinguishes between substance abuse and substance dependence. Substance abuse is defined as a "maladaptive pattern of use manifested by recurring and significant adverse consequences related to repeated substance use" (p. 198). This pattern must be persistent or occur during a twelve-month period. Legal problems, lack of obligational fulfillment, social and interpersonal problems and engaging in physically hazardous behavior are all symptoms associated with substance abuse. Taking this a step further leads to substance dependence which includes cognitive, behavioral and physiological symptoms indicating that the individual is continuing to use repeatedly use a substance despite the negative effects that this use continues to have. The reoccurring use results in various phases of tolerance, withdrawal and compulsive drug taking. While many individuals in society report substance "use," many are unaware of or in denial regarding the severity of their substance use.

Criminality: What defines the use of alcohol and drugs differs between different legal systems. Albeit certain restrictions (i.e., age criteria and limitations on consumption prior to driving), drinking alcohol is not illegal in the US or EU. When considering marijuana, its legal use for medical and recreational purposes is spreading throughout US states. Certain EU countries like the NL have a history of perceived leniency regarding marijuana use. Furthermore, many laws reflect differences regarding the simple possession of an illegal substance and the trafficking or manufacturing of an illegal substance, with the substance itself playing a role when determining legal action. Different laws regulating the use of

[22] See Theme 4 for additional information concerning comorbidity.

alcohol and drugs can influence public perception of what should constitute a crime and vice versa.

Most laws do not specify that the actual use of an illegal substance is criminal. Rather, it is the possession of said substance that triggers criminal behavior. The German BtMG, Act, the Dutch Opiumwet (Opium Act) and the UK Misuse of Drugs Act are various EU member state legislations that outline the circumstances under which an individual can be held accountable for illegal substance use and when held accountable, the subsequent consequences. Legal distinctions are made between the types of substances used and different crimes result in different outcomes. For example, the German BtMG divides chemical substances into three levels with tenocyclidin (the main component of tetrahydrocannabinol, the active ingredient in marijuana) placed in level one, methamphetamines in level two and methadone in level three (§1.1, Anlage I, II and III). The possession, manufacturing, trading, selling and trafficking of these substances are all punishable with up to five years in prison or a fine (§29 BtMG). However, if an individual over the age of twenty-one provides, sells, prescribes (without legal authority to do so) or traffics drugs to a minor under the age of eighteen, then the individual will be sentenced to no less than one year of incarceration (§29a). The German BtMG is just one of many legal codes that delineate a country's stance on alcohol and drugs while striving to curb and deter various methods of substance use.

Extent of Alcohol and Drug Use in Society: According to the World Drug Report, approximately 3.4-6.6% of the world population is involved in illegal drug use with approximately one in every one hundred adult deaths attached to illegal drug use (UNODC, 2012). The WHO (2012) reports that worldwide, harmful alcohol use results in 2.5 million deaths each year. The demand for and use of illegal substances varies among the types of substances available and throughout different global regions. The treatment demand for

opioid users is highest in Europe while cocaine treatment is restricted primarily to North and South America. There are approximately 1.19-2.24 million cannabis users worldwide and while cannabis continues to remain at the top of the world drug "food chain," it is not without competition. Although opioids and cocaine continue to be an issue, newer amphetamine-type substances (ATS) such as methamphetamines (crystal meth) and "bath salts," along with cannabis-type substances such as "spice" (referred to as "legal" highs) are a growing trend. While the UNODC reports that there has not been a significant increase in drug use numbers, the issue is still great.

US. The consumption of cannabis, opioids, cocaine and ATS are prevalent among the American population with these four substances having a user rate in the US higher than the global average (UNODC, 2012). Cannabis use accounts for 14% of illegal drug use among 15-64 year olds. Additionally, methamphetamine (meth) seizures accounted for almost half of total global meth seizures in 2010. The illegal use of legally prescribed medications is also growing, with the abuse of prescription medications falling second to cannabis.[23]

Europe. Similar to the US, cannabis is the most consumed drug in Europe with an average of 5.2% of the population (UNODC, 2012). Some countries, such as the NL, have on average 25% of the population between the ages of 15-64 reporting lifetime cannabis use (Laar et al, 2011). Opioids, cocaine and ATS are still an issue, but have somewhat stabilized or declined. The use of synthetic drugs, however, is on the rise. Many EU countries such as Bulgaria and Greece have seen an increase in health related issues as a result of injecting drug users and moreover, synthetic opioids such as buprenorphine (used for substitution maintenance and treatment) are also contributing to drug abuse. Meth use in Europe is on the rise, but not near

[23] It should be noted that the drug problem in the US covers a number of substances and is not limited to the information provided in this subsection. The information provided is not meant to cover all topics, but rather to provide supplemental data concerning global drug use. This same intention applies to the subsections concerning Europe, MS and AU.

as prevalent as in the US. While many countries have witnessed a recent decline in meth lab seizures, some countries, such as AU, have experienced an increase (UNODC, 2012).[24]

Mississippi. Approximately 6% of MS residents report past-month use of illegal drugs, just 2% percent below the national average of 8% (ONDCP, 2011). According to the National Survey on Drug Use and Health, MS ranked among the ten states with the lowest percentage of individuals suffering from alcohol abuse or dependency. However, MS ranked among the ten states with the highest percentage of past-year drug users. Moreover, both categories of alcohol and drug use were highest among the ages of eighteen to twenty-five. Additionally, the coastal area of MS has a high prevalence of drug trafficking, especially in Oxycontin, Methadone and Hydrocodine (Showers, 2013). Although legislation aimed at prohibiting over-the-counter sales of Sudafed (one of the main ingredients in crystal meth) has caused an overall decrease in meth labs, their existence is still an issue. Laws restricting the purchase, possession, transfer, manufacturing, attempted manufacturing and distribution of large quantities of precursor chemicals (i.e., ammonia, ephedrine, methanol, etc.) have been legislated in an effort to further curb the supply and demand of crystal meth (§41-29-313).

Austria. Cannabis, heroin and cocaine are the most frequently seized substances in AU (Haas, 2006). The average age of first-time cannabis use is fifteen years followed by nineteen and twenty years for heroin and cocaine, respectively. Over 6,000 cannabis seizures were made in 2005 (Haas et al, Table A17). Additionally, poly-drug use (usually combining an opioid with another substance) is also a problem and injecting drugs intravenously continues to raise major health concerns (Weigl, et al, 2010, IV).

[24] During an open discussion at JAWF, inmates asked if the researcher had ever heard of crystal meth. The researcher was somewhat surprised at this question as the previous perception was that although some European countries, such as the Czech Republic, had growing problems with crystal meth, this drug had not yet made its way to AU. While this perception turned out to be false, it was not so far from reality as the program facilitator at JAWF had no idea what kind of substance the inmates were referring to.

Survey Question 9. SQ9 asked, "What is the most common substance that people use?"[25] Inmates were asked to pick the top three most used substances from a list of ten.[26] Various substances were provided to include alcohol, cocaine, crack, heroin, marijuana, methamphetamines, ecstasy and the illegal use of prescription medications.[27] Additionally, methamphetamine was a choice on the MS questionnaire while methadone was a choice on the AU questionnaire.[28] Two graphs are provided here: one looks at the total percentages and then provides a comparison between the male and female samples and the other compares the MS vs. AU total and MS vs. AU male population samples.

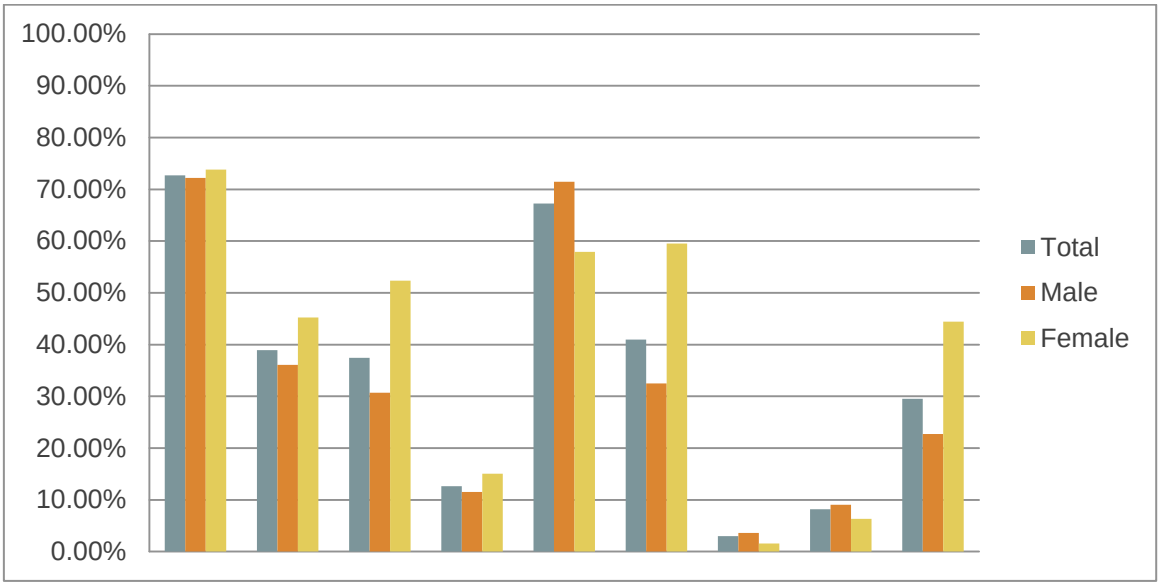

Figure 4. Inmate perception of substance use in society. This figure illustrates perceived drug use, with an emphasis on gender.[29]

[25] This question was immediately followed by a question asking what is the most common substance used behind bars. It was explained to the participants that SQ9 was intended to reflect the general population and that SQ10 was intended to reflect the inmate population. SQ10 will be discussed in a later section.
[26] Some inmates expressed that they felt strongly about just one answer or more than three. Therefore, inmates were asked to select three, but given the option of selecting more or less if they felt particularly encouraged to do so.
[27] LSD/Hallucinogens and "other" were also provided, however the percentages were small and will not be discussed here.
[28] The researcher included methamphetamine only on the MS survey and methadone only on the AU survey as a result of previous readings and discussions with prison personnel which indicated that each substance was not as prevalent in the other system. Both would be included on both questionnaires in the event of a revision.
[29] The methamphetamine and methadone percentages only reflect the MS and AU samples, respectively. This applies to all graphs containing information pertaining to methamphetamine or methadone use.

When looking at this graph, alcohol and marijuana have with the highest percentages. The percentage for alcohol was the highest (73%) followed by marijuana (67%) and methamphetamine (41%).[30] Alcohol also ranks highest among males (72%) and females (74%). Marijuana ranks second among males (71%), but third among females (58%). Methamphetamines rank second among females (60%), third for the total (41%) and fourth among males (33%). The percentages between the other substances experience numerous variations with the widest gap occurring in reported crack use between males and females (31% and 52%, respectively).

Although alcohol was selected as the most commonly used substance, this is possibly due to its status as a legal substance and many individuals (both law-abiding and not) consume alcohol. A US Gallup poll reports that 66% of Americans are "occasional" drinkers with over half of those polled having consumed between one and seven drinks in the seven days prior to the survey (Saad, 2012). As previously stated, cannabis is the most consumed illegal drug in the US and Europe. It comes as no surprise that among illegal drug choices in SQ9, marijuana received the highest percentage. Females reported higher numbers of use in regards to crack, methamphetamines and prescription meds (a difference of 22%, 18% and 19%, respectively). Female specific data is discussed further in Theme 4.

When looking at the figures comparing the total MS and AU sample and then the further breakdown of the MS and AU male samples, different figures emerge.

[30] Refer to Table 1, Theme 1 for N-values.

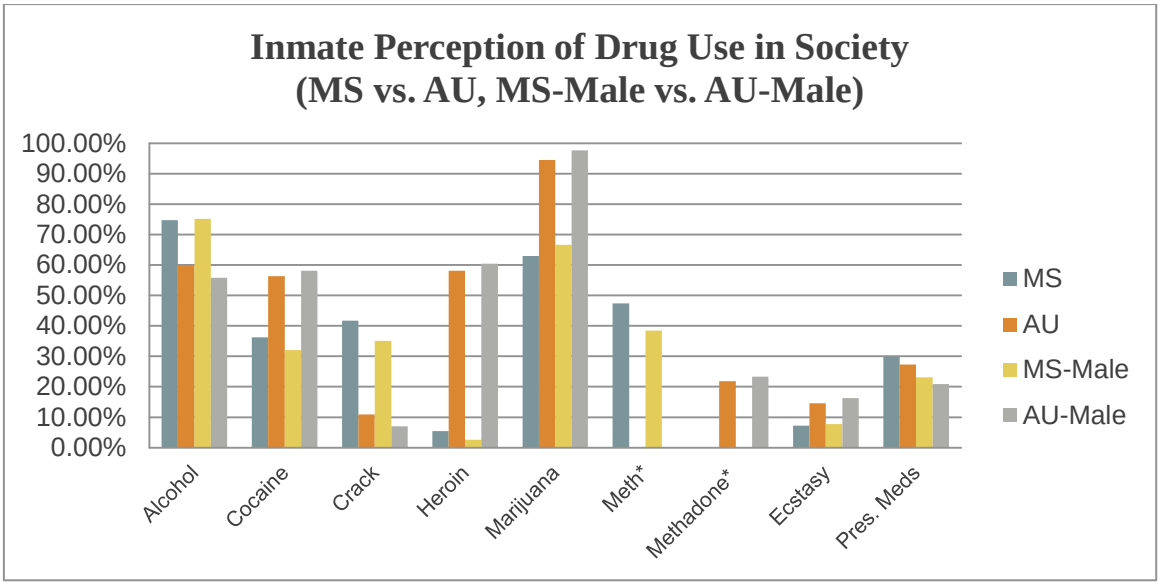

Figure 5. Inmate Perception of Drug Use in Society. This figure illustrates the most common substances used in society according to the inmate population.

In all categories, an almost exact correlation exists between each state sample and its male population. An average of 75% of the MS and the MS-Male sample reported alcohol as the most commonly used substance in society. Additionally, an average of 96% of the AU and the AU-Male sample reported marijuana as the most commonly used substance in society. Both alcohol and marijuana were reported, on average, as the two most commonly used substances, although marijuana was more frequent among the AU sample than the MS sample. While not as frequent as other substances, prescription medications averaged 26% among the MS and MS-Male samples and 24% of the AU and AU-Male samples. While this was reported by only one-fourth of the total sample, the closeness in the percentages between MS and AU is striking. Lastly, some substances experienced exact opposite reporting between MS and AU samples. For example, cocaine averaged 38% among MS and MS-Males and 9% among AU and AU-Males. On the other hand, heroin averaged 4% among MS and MS-Males and 59% among AU and AU-Males.

When considering the above MS/AU data and comparing it to the previously reported US/EU and MS/AU data, the reasons for the figures reported in the sample data become clearer. The worldwide use of marijuana and alcohol has been established. Additionally, opioids, cocaine and ATS are common substances used worldwide and the abuse of prescription medications continues to rise (i.e., buprenorphine in European countries and Hydrocodine in MS). The US continues to experience issues with methamphetamines with the MS sample averaging 43%. EU countries are experiencing issues with heroin and synthetic substances used to treat heroin, in turn correlating with high percentage of AU and AU-Males reporting heroin use. These figures show various differences between some substances and some locations (i.e., meth or heroin), while at the same time reflecting consistent patterns among all samples (i.e., marijuana). While these similarities and differences do exist, the important point to grasp is the high amount of substance use among society in general.

Alcohol and Drug Use within the Prison Setting

The previous section outlined alcohol and drug use among the general public. The type of substances used varies among different populations, but its use remains constant. When an individual is arrested or convicted of a crime, regardless of whether or not it was alcohol or drug related, he may very well have been using or addicted to a substance prior to commission of said crime. Irrespective of whether the individual is an occasional user, abuses substances regularly or has a full blown dependency, he still has the opportunity to use substances once incarcerated or remanded to a treatment facility. Numerous substances are available inside prison and are often utilized as currency within the prison economy. Furthermore, a particular substance may not be readily available resulting in an inmate switching from one drug to another. Treatment programs are hindered by this lack of substance continuity as it becomes more difficult to identify exactly what needs to be treated.

Either concocted in inmate cells or brought into prison by various means, alcohol and drug use occurs behind prison walls at an alarming rate. How then is substance abuse treatment supposed to be effective?

Population of Inmate Substance Users. Before discussing the various types and frequency of inmate substance use, it is important to know what percentage of the inmate population uses alcohol or drugs.[31] Various figures exist. BJS (2000) reports that 10% of surveyed US jail inmates tested positive for at least one or more drugs while incarcerated. Prison drug seizures at the CDRC estimate approximately one thousand seizures annually, while the FDOC reports continued inmate substance use despite attempts to control the problem (The Washington Times, 2010). EU data suggests that anywhere between 2% and 56% of inmates have ever used an illegal substance while incarcerated (Weigl et al., 2010). DE reports that between 20% and 30% of the inmate population are drug users (Stover and Merino, 2001) with some research suggesting that over 50% of the prison population uses drugs (Home Affairs, 2004). Inmate drug use is reported between 14% and 44% in Dutch prisons and 10% to 20% in AU prisons (Stover and Merino, 2001). Although variations in percentages exist among and within each region, the common denominator is the general existence of substance use behind prison walls.

Inmate Perception of Alcohol and Drug Use while Incarcerated. SQ10 asked, "What is the most common substance people use behind bars?" As with SQ9, inmates were asked to pick the top three from ten choices.[32] When looking at the graph below, many changes occur between perceived substance use behind bars and the previously reported data on perceived substance use in the general population. Both alcohol and marijuana were reported by a large amount of inmates, although their percentages decreased. Methadone and prescription

[31] The survey questionnaire did not include a direct question regarding the perceived percentage of substance-using inmates; however, the researcher believes that this question would have been valid and would include such a question when revising this survey for future use.
[32] See notes 26, 27 and 28 above.

medication percentages increased; however a dramatic decrease occurred among all other substances. A more in depth evaluation is provided below.

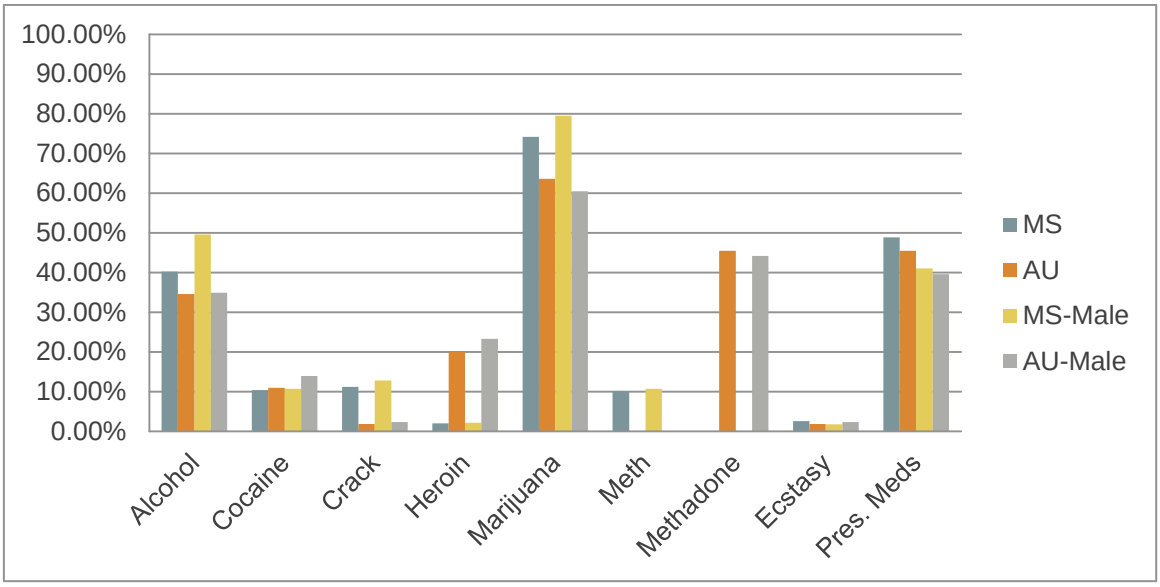

Figure 6. Inmate perception of substance use behind bars. This figure illustrates the perceived substances that are being used by incarcerated inmates.

Among both the MS and AU samples (specifically regarding males) marijuana is the most widely used substance (72%) with a higher usage among both the MS and MS-Male samples (74% and 80%, respectively) than the AU and AU-Male samples (64% and 61%, respectively). Additionally, perceived marijuana use behind bars has a higher total rate than perceived use in the free world (67%). Alcohol use fell 37% to third place among almost all of the samples (with the exception of MS-Male), while illegal prescription medication use escalated. Use of prescription medications among the total public rose from 30% to 48% behind bars. The MS, AU, MS-male and AU-male categories experienced an increase in prescription medication use behind bars at a rate of 17% to 19%. Additionally, the illegal use of methadone among AU inmates increased from 22% to 41% among the total sample and 23% to 44% among the AU-Male sample (averaging a 20% increase). Lastly, the use of

cocaine, crack, heroin and methamphetamines decreased on average of 34%, 17%, 20% and 32%, respectively, with ecstasy use remaining mostly unchanged.

Gillespie (2005) draws on numerous works regarding prison alcohol and drug abuse that find inmates using a large variety of substances. Additionally, many factors can affect inmate drug use. One such factor is availability: an inmate cannot use a substance that he is unable to obtain. Therefore, the decrease in perceived use of substances such as cocaine and crack may be a direct result of their lack of accessibility. On the other hand, the increase in illegal use of methadone and other prescription medications may also be a factor of availability. The prescription of methadone, pain relievers, anti-depressants, etc. are prescribed to inmates for various ailments and if their intake is not properly monitored, these drugs may be kept and sold or traded for other contraband or services. The cost of alcohol and drugs also influences which substances are being used. Drugs bought and sold in prison may do so at a price three to four times higher than street value (Haas et al, 2001). Also, the "high" associated with certain substances such as marijuana may be easier to control and conceal as opposed to drugs like amphetamines (EMCDDA, 2012). Substances with a sedative-type effect may not bear the same risks of getting caught as do stimulants.

Cope (2000) suggests that this ability for an inmate to choose between different substances implies that the inmate is able to control his drug habit when he wants to. The regulated prison environment is in stark contrast to the muddled surroundings of the day-to-day life experienced by many criminals. Although the focus may be on determining which type of substance is available and consequently usable, the fact that an inmate can exert some sense of control is beneficial when considering the application of substance abuse treatment. As rational choice theory suggests, the inmate can decide what the most suitable option at that exact moment is without concerning himself too much with the future outcomes of his

decision (Felson and Clarke, 1998). All of these factors can directly influence the types of substances that inmates use while incarcerated.

Frequency of Use and Ease of Obtainability. As demonstrated above, the exact type of substances used within the confines of prisons varies from facility to facility and is often a matter of accessibility. It has been established that alcohol, marijuana and prescription medications are just a few of the assortment of substances used behind bars. In addition to the substances themselves, it is important to see how often alcohol and drugs are used by incarcerated inmates and furthermore, how easy (or difficult) is it for inmates to obtain them. An inmate participating in a rehabilitative program while continuing to use drugs on a weekly basis which are obtained while on work furlough may seem to some like a far-fetched notion; however this example is not so far from reality.

Referring to the substances listed in SQ9 and SQ10, inmates were asked how often they believe other inmates use alcohol or drugs while "locked up." Daily, sometimes, now and then and never were the four options and inmates were instructed to select one.[33]

[33] While none of the AU sample selected "never" as an answer, 10% of the AU-Male sample did not provide an answer at all.

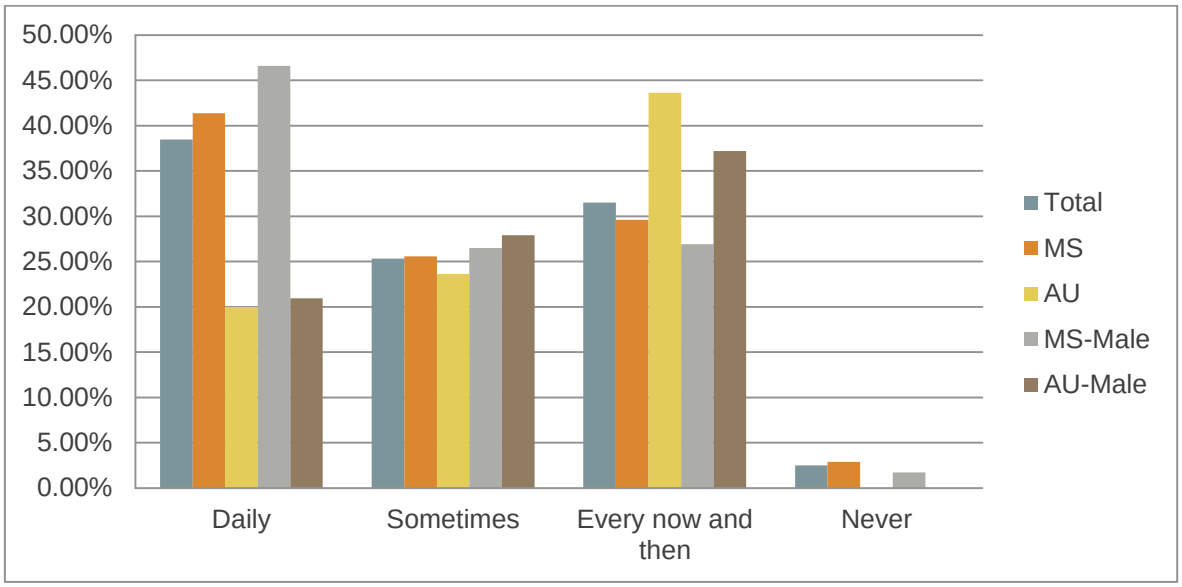

Figure 7. Frequency of substance use while incarcerated. This figure illustrates the frequency in which inmates perceive others to use alcohol or drugs while in prison.

Daily, sometimes and every now and then were selected most frequently. Daily substance use was selected at the highest rate among the MS (41%) and MS-Male samples (47%), directly influencing the result of the total sample (38%). Daily use also experienced the highest differentiation between MS and AU. The option of sometimes received the most consistent percentage among all samples with an average of 26%. Every now and then was selected most among the AU (44%) and AU-Male (37%) samples.

While the differences in these percentages could be evaluated for a deeper understanding, the researcher believes more influential data exists in the fourth answer option. "Never" was selected at most by 3% of the sample (MS) with 0% being reported by others (AU-Male). This illustrates that 97% of the sample population believe that inmates use alcohol or drugs at some point while in prison. This may not be overtly alarming when considering the previously reported figures that upwards of 50% of inmates illegally use

substances while incarcerated. However, the influence that this perception may have on an inmate carries much weight.

Kantor (1977) refers to "peer-group solidarity" in regards to individuals aligned in "low opportunity" positions within a corporation. An individual in a low opportunity position may feel "stuck" when he realizes the limitations of how far he can go within a "total system" (p.136). When many of these individuals exist together, a culture is developed that supports lower level aspirations and possibly emphasizes that mobility upwards has no real value. Furthermore, when an individual is blocked from "organizational recognition," he may find other ways of securing "social recognition" (p.147). People who are stuck in levels of low opportunity will find satisfaction through the connection with others forming camaraderie and in turn receiving social recognition through their peers as opposed to those in the upper ranks of the bureaucratic hierarchy. To summarize this point, individuals of low opportunity will go along with others in order to feel accepted. At first glance, this may seem like a glorified explanation of peer pressure. However, it is not. Kantor attributes the individual's actions of desired solidarity to an internal need of acceptance, not necessarily (or always) on an outright force or coercion from other group members.

This concept can be applied to the percentage of inmates that perceive a high occurrence of substance use behind bars. Inmates can be considered as low opportunity individuals within a prison system who have recognized the limits on their mobility. This awareness can lead to the development of "peer-group solidarity" and in turn, the desire for social recognition. If an inmate believes that his peers use alcohol or drugs while incarcerated, he may be more prone to do the same. As the perception of inmate substance use grows, so does the amount of those that feel the need to use substances in order to go along with the group mentality. As the numbers of these individuals increase, so does the realistic number of inmate substance users. This should not be interpreted to mean that just

because some inmates use substances while incarcerated that all inmates will end up using alcohol or drugs at some point. In fact, many comments made during open discussions expressed inmate desire to be housed in drug-free units away from those that use alcohol and drugs. Rather, the point here is that the perception of substance use among inmates can have a powerful influence on the prison population and as such, should be considered.

SQ11 articulates the (perceived) frequency in which inmates use alcohol and drugs while incarcerated. SQ12 takes this thought further and asks how easy it is for an inmate to do so.[34] Inmates were instructed to select one answer of the following: extremely easy, easy, not so easy and difficult.[35]

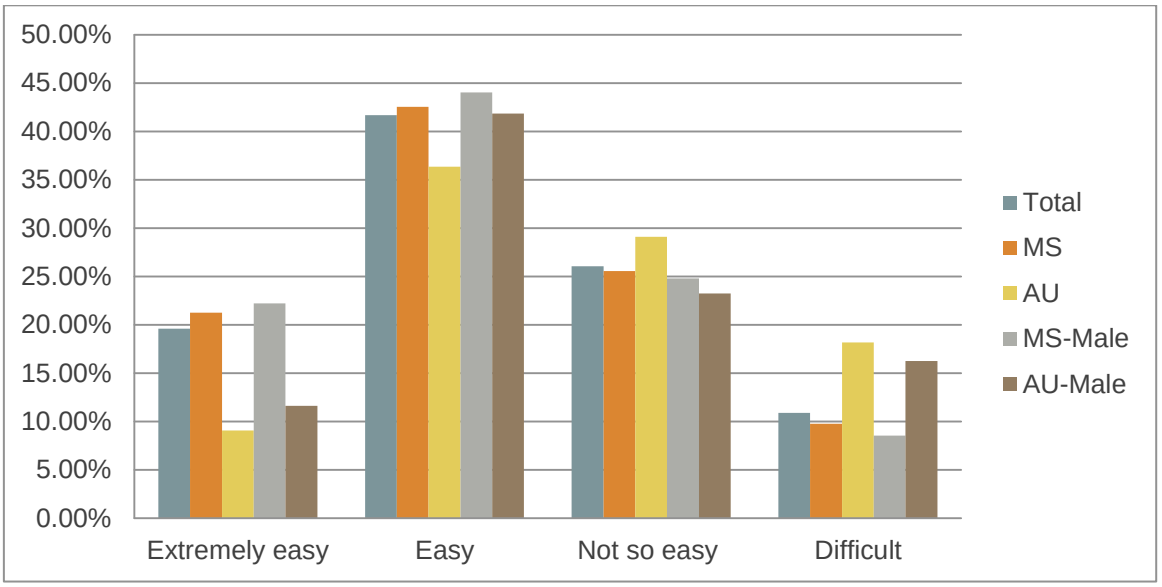

Figure 8. Ease of substance use while incarcerated. This figure illustrates how easy or not it is for an inmate to use alcohol or drugs in prison.

[34] In order to provide an accurate translation from English to German, the AU questionnaire asked inmates "how difficult is it…," as opposed to "how easy…." Very difficult, difficult, not so difficult and easy were the four choices given. The collected AU data for SQ12 was then transposed and aligned with the MS questionnaire answer choices so that an easier explanation of the total data could be presented.

[35] When inquiring as to the ease of substance use, the researcher should have clarified whether or not this included availability. As no clarification was provided, the question will be treated as if it referred to both ease and availability.

The graph indicates that among all of the samples, "easy" was the choice most often selected. A combined average of 41% of inmates selected this option. The choice of "not so easy" was selected second among all samples with a combined average of 26% (15% less than those that selected easy). The continuity amongst the samples ends with these two options. Extremely easy was selected most among the Total, MS and MS-Male samples at 20%, 21% and 22%, respectively with the AU and AU-Male samples reporting only 9% and 12%, respectively. In direct opposition, difficult was reported by the AU and AU-Male samples at 18% and 16%, respectively while the Total, MS and MS-Male samples reported 11%, 10% and 9%, respectively.

Reasons for these variations may be the result of a number of factors. When looking specifically at MS or AU institutions, the differences become more apparent. The graph below breaks down the male sample into each individual institution and compares the percentages of inmates that selected easy and not so easy (NSE). Numerous differences exist between each institution and further within the institutions that were visited on more than one occasion.

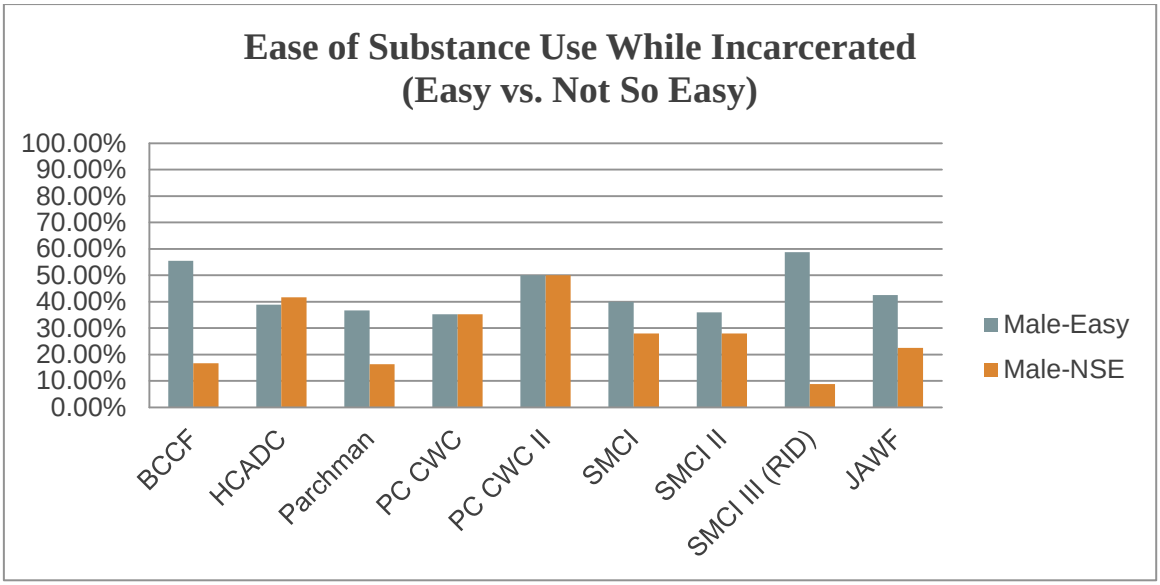

Figure 9. Ease of substance use while incarcerated. This figure illustrates how easy or not an inmate can use alcohol or drugs in prison between the various facilities.

While almost the entire male sample reported substance use was easy more than they reported not so easy (with the exception of the HCADC), the percentages of those reporting easy fluctuated. Moreover, the percentages of those reporting not so easy fluctuated at an even greater rate. To better understand these figures, it would be important to take into account the specifics of each institution to include the types of inmate programs available to determine if any correlation existed.

Some reports indicate that inmates who are allowed to leave the prison during the day for work or furloughs attempt at a high rate to smuggle drugs into prison upon their return thus allowing for easier use of said substance. An example is the DE prison which has gradually reduced the amount of home leaves and furloughs as a direct result of this issue and has further implemented an obligatory review for each inmate before such a request is granted (Home Affairs, 2004). BCCF (MS) is a CWC that allows its inmates to work outside of the prison facility during the day. With 56% of it sample reporting that drug use is easy (compared to 17% saying it is not so easy), it could be concluded that the inmate work release

programs allow for greater probability of drugs to be smuggled into prison, resulting in easier use. However, the PC CWC operates a similar program and an equal amount of inmates (on both occasions) reported that drugs are easy or not so easy to use in prison, therefore this theory is not supported. Still, during open discussion with inmates at PC CWC, many indicated that they continue to smoke marijuana on a daily basis while incarcerated. In order to understand further differences in these figures, more specific data on each institution would have to be obtained.

Theme 2 Summary

Theme 2 has sought to establish a framework for the general use of alcohol and drugs in society and how this use spills over into the prison system. Although some substances have a more frequent use than others, all forms are utilized within society at a high rate. Directives such as the IDC-10 and the DSM-IV have set out to provide guidelines and instructions on how to properly identify those that are in need of treatment. Furthermore, individual state and country laws regulate criminal activity differently within their own systems. As the rate of alcohol and drug use grows in society, laws will change and adapt to best control the population, often time resulting in a higher prison population. The EMCDDA (2012) asserts that "experiences of illicit drug use are more common among prisoners than the general population" (p.9). Is this the result of drugs leading to a life of crime or is it simply that these are the individuals who get caught?

Whether prison is viewed as a place of punishment, retribution or an opportunity for treatment and change, the fact remains that considerable quantities of inmates use alcohol and drugs behind bars. Alcohol, marijuana and prescription medications were the highest reported in this particular research; however, inmate substance use in by no means limited to these three items. Additionally, new synthetic drugs or "legal highs" (commonly referred to as spice or "potpourri") add additional hurdles as these substances are harder to detect.

Opportunity, availability and ease attribute to what substances are being used and the recapitulating view among the MS and AU inmates surveyed in this study is that most inmates use alcohol and drugs at some point while incarcerated and the use of these substances is easy.

What, if anything, can be done to control this issue? Mandatory drug testing is an option and is employed in many prison systems. However, if urinalyses are not always conducted randomly, an inmate may control his substance use in anticipation of such a test (Gillespie, 2005). Drug-free zones are fixtures in many institutions throughout the US and EU. While the idea of housing drug-using offenders separately from drug-free offenders may sound good in theory, the reality is that many of these zones become infested with drug users who see the "drug-free" label as an opportunity to mask their intended substance use. A program facilitator at SMCI expressed that the treatment initiative had initially sought to separate inmates who truly wanted to participate from those that did not care in an attempt to provide better services to those that wanted them. This eventually failed as inmates who did not want to participate complained that they were being neglected and isolated from the group. Treatment groups were them merged back together and those that did not want to participate returned to disrupting those that did. In conclusion, whether perceived or known to be true, alcohol and drug use in prison is a problem. The continuum of substance use alone is an issue, but the burdens and obstacles that this continued use imparts on substance abuse treatment are monumental. By discussing the alcohol and drug use problem within prison and society in general, Theme 2 has set the stage for closer examination into the effective of alcohol and drug treatment.

CHAPTER VI

ALCOHOL AND DRUG TREATMENT WITHIN THE PRISON SETTING

THEME 3

A look at inmate perceptions of substance abuse treatment during incarceration

The two previous themes discussed in this research have provided the reader with an overall picture of prison society. The administrative functions of individual prison systems, the inmate culture that exists inside and the use of alcohol and drugs by these inmates have presented the different components that ultimately come together and shape the environment in which the incarcerated, substance-using offender exists. As examined in the literature review, substance abuse treatment for inmates is offered using assorted methods and in diverse formats. Words such as readapting, rehabilitation, resocialization and treating are all words that are used – often interchangeably – amongst prison personnel when describing the correctional community's attempt at curbing substance use. The idea of taking a substance using offender, confining him to a set period of days, having him participate in varied forms of counseling, educational services and therapy, all while under the supervision of a correctional authority is an enormous undertaking. Furthermore, substance abuse is often

times not a simple surface issue. Deep underlying causes may serve as the root source that drives a substance using offender. Combining all of these elements and then expecting change is quite brash, even when considering just one individual. Applying these treatment concepts to the motley group of inmates which coexists inside prison is immense.

Many treatment programs are not theoretically grounded (Leukfeld, Farabee and Tims, 2002). This calls into question their validity in scope and application which should cause those in administrative positions to question their effectiveness. Yet even if all treatment programs were grounded, what is their main objective? Is it to treat or to cure? Is there a difference? A doctor may treat the common cold, but the possibility of getting sick again is always present. In regards to alcohol and substance abuse, most of the literature refers to "treating" the substance user, while not many speak of a "cure" (Yochelson and Samenow, 1994, p.233). Is an addict treated or is an addict cured? Is an addict entirely free of his addiction or rather, will he live out his life in a constant state of remission? These questions are not raised to diminish the attempts undertaken by so many in this field of helping substance using offenders. Instead, they are meant to bring about a deeper awareness of program goals. Is the purpose of substance abuse treatment to bring about an entire lifestyle change or simply to encourage an individual to live a life free of substance use? Without knowing the intentions of a rehabilitative service, it may be ill-fated from its inception.

Theme 3 will look at ADTPs from an inmate perspective. As stated in the Methodology section, the idea that all inmates would be entirely accurate and honest is a lofty one. Yochelson and Samenow (1976) refer to criminals as "notoriously untruthful" and assert that criminals will say whatever they think someone wants to hear (p.117). However, Yochelson and Samenow's manner of conducting research through "privileged communication" led them to reason that the inmates had no outright motive to lie.

Additionally, their experience with offenders undergoing a change process demonstrated that at some point, the criminal no longer needs to justify his actions and was generally forthcoming with his responses. The researcher has followed this concept when evaluating the following data.[36]

US and EU Systems and their Approaches to Treatment

It is important to first compare different correctional system approaches to punishment and treatment. To continue with the comparative nature of this research, a brief synopsis of different systems is provided. As with the previous reported accounts of prison systems and inmate drug use, the approach taken towards substance abuse treatment differs among regions, countries and states. How a nation's people view addiction can have an overwhelming effect. Societal perceptions of treatment and rehabilitation are often projected into different political agendas which in turn influence legislation. This can result in policies and procedures that reflect the ideas of the general public and not necessarily the trained expert. Regarding legislation on an international scale, article 10(3) of the International Covenant on Civil and Political Rights (ICCPR, 1966) calls for the humane treatment of prisoners of which the "essential aim…shall be their reformation and social rehabilitation." Important to note is that this is the only international treaty that calls for a rehabilitative effort in regards to inmate treatment. As the countries below are all parties to the ICCPR, this notion should be reflected within their individual systems.

United States. With its position at the top of the list of global incarceration rates, the US and its approach to treatment may not seem immediately clear. The US incarceration rate not only leads, but it far surpasses other nations, possibly causing a perception that the US will incarcerate anyone. While the high incarceration rate is not disputed, it should also not undermine the attempts that the US has taken regarding ADTPs. Correctional authorities,

[36] The researcher has kept to this approach throughout the entire paper. However, as this work concerns the effectiveness of ADTPs and this Theme 3 deals directly with this topic, the researcher felt it was beneficial to reiterate this point.

politicians and watch groups provide a constant monitoring service over prison operations and treatment options for alcohol and drug offenders are continuously being examined. The research presented in this dissertation is a prime example of such intent.

Alcohol and drug treatment in the US is a sensitive and controversial topic and is often the subject of political fodder. America has engaged in a long and challenging "War on Drugs," running varied campaigns to educate and inform while at the same time appearing to maintain a tough approach. Many conservatives demand tougher sanctions and many liberals call for more treatment. Either way, the availability of treatment to all inmates is not as widespread as it should be (Walker, 2006). Treatment programs are often times underfunded and improperly staffed and procuring the needed resources can be a challenge as state legislatures determine the correctional budget. Convincing constituents – regardless of their political affiliation – that millions of dollars of tax-payer money should be spent on the treatment demands for criminals as opposed to various community needs can be a grueling task.

European Union. Rehabilitation, social reintegration and treatment are concepts that the EU considers imperative when operating a sound and human correctional system. Furthermore, these elements are only possible if inmates are provided with the necessary tools to reach these goals (van Zyl Smit and Snacken, 2011). The Recommendation concerning the Ethical and Organizational Aspects of Health Care in Prison (1998) includes various rules on alcohol and drug using inmates. Standards of treatment for substance using inmates are outlined in §43-§49 including the employment of sufficiently trained medical staff, encouragement of inmate participation, adequate treatment of withdrawal symptoms and aftercare availability upon release. Additional task forces such as the Pompidou Group (2012) strive to develop continued recommendations and policies for substance using offenders. As with the US,

numerous autonomous state powers within the EU reflect different ideas and approaches to treatment.

Mississippi. As with most correctional systems, MDOC offers numerous treatment availabilities for substance using offenders. The previously discussed components of TCs, boot camps and work-release programs are rehabilitative services which aim at addressing and assisting individual inmate needs. MS substance abuse laws assert that it is the "intent and purpose of the legislature to promote rehabilitation of persons convicted of offenses under the Uniformed Controlled Substance Law (Chapter 30, §41-29-150(g)). Convicted offenders can be sentenced to treatment opportunities within prisons and also diverted to outside treatment facilities altogether if deemed necessary or appropriate by the presiding judge (Chapter 29, §41-30-9 and Chapter 30, §41-30-19).

Chairman George Flaggs of the MS House of Representatives, Corrections Committee spoke with the researcher in regards to the public perception of treatment among average Mississippian (personal communication, 28 January 2013). He indicated that due to MS' general conservative stance, ADTPs are not always the priority; however this is something that he is hoping to change. A change in public mindset must occur and the best way to do this is through education and public awareness. Chairman Flaggs recognizes the need for improvements to current treatment programs and he plans to bring this matter to the 2013 legislative session.

Austria. In terms of legislation, §20 StVG defines the main objective of punitive sanctions to be the enforcement of custodial measure while at the same time providing an atmosphere that promotes an adoption of a positive attitude towards a healthy, crime-free lifestyle while preventing the convicted of engaging in further offences. Furthermore, §39 SMG emphasize the possibilities of diverting offenders to a treatment program as opposed to a normal prison sentence, when possible. Applying to both the general public and the prison populations, all

nine AU provinces have drug strategies and coordinators that are challenged with providing the best care to substance users (EMCDDA, 2011). Individuals seeking treatment are primarily cannabis and opioid users. Within the prison system, voluntary drug tests, medical assessment tests specifically designed for drug related problems and substitution maintenance are some of the programs offered for substance using offenders (Merino, 2005). Additionally, abstinence-oriented programs such as drug-free wings and therapeutic communities have a gradually increasing presence (Stover and Merino, 2001). A community-like atmosphere encourages inmates to comply with drug-free regulations and further fosters inmate autonomy (Gratz, 2008).

A growing amount of substitution treatment is available in AU (Stover and Merino, 2001). Maintenance therapy in some format has been available since 1991 with Methadone, Substitol and Sabutex being the primary sources of medication. An in-house needle exchange is not available and substitution medicaments are offered in tablet form to prevent the health issues associated with unsupervised injecting (Fischer, 2000 and §10.1.5, SMG). Additional programs such as Neustart (2012, www.neustart.at) aim at assisting criminal offenders, including counseling for alcohol and drug abuse. Certain offenders are allowed to serve the remainder of their sentences at Neustart and are allowed to leave the premises during the day for work. The idea of re-socializing offenders in this manner has its upsides; however, the pressure to ensure that these programs are full can sometimes lead to the release of offenders who are not yet re-socialized.[37] Any program undoubtedly has its faults and therefore the general mission of such programs should not be entirely undermined. It should be recognized that the overall goal of the AU system is to assist in rehabilitating offenders and prevent future substance use.

[37] In January, 2013 a newly released inmate from Stein was residing at the Neustart program in Vienna when he was arrested for the brutal rape, assault and robbery of a woman in a public toilet (Loibnegger, 2013).

California. The CDCR states that evidenced-based programs which are gender oriented and focus on the needs and causes of offender behavior are implemented throughout the prison system. The Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) is a program designed to better assess, place and supervise offenders that require specific treatment options (CDCR, 2010). Behaviors that occur among the offender population at a higher rate than the general population are referred to as "criminogenic" and are evaluated so that the proper treatment program can be implemented. However, recent factors have forced CA to review its correctional practices and moreover, they have resulted in a reduction in the rehabilitation budget (CDCR, 2012).

In May 2011, the US Supreme Court upheld a federal court order demanding that over the course of the next two years, CA reduce its prison population by over thirty thousand inmates (Brown v. Plata, NO. 09-1233). As a response to complaints of overcrowding and poor health care, this decision compelled the CDCR to make many changes and adjustments to its entire correctional system, including treatment programs (Liptak, 2011). In response, CDCR (2012) released a report outlining its objectives to reduce prison overcrowding and save money. Substance abuse treatment programs are to be relocated to reentry hubs which will be assigned to various prisons. The COMPAS model will be used to determine the course of action for offender treatment and rehabilitation. Time will tell what kind of repercussions these changes might have on substance using offenders.

New York. The New York Department of Corrections and Community Supervision (DOCCS) offers various treatment options for substance using offenders. In September 2012, DOCCS celebrated twenty-five years since the inception of the shock incarceration program in NY state (DOCCS, 2012). The shock incarceration program in NY operates at three different facilities and encompasses the drill structure of boot camps with substance abuse education and treatment serving as the key components. The program takes place in a TC-

style setting. Throughout the duration of the six-month stay, 675 hours are devoted to substance abuse treatment and education.

Germany. The DE BtMG illustrates the idea of therapy as opposed to punishment for drug addicted offenders (EMCDDA, 2012). Outlined in §141(1) DE Prison Act, offender needs must be taken into consideration and that facilities should be made available in order to fulfill those needs, yet the DE correctional system does not currently offer a facility that strictly houses substance users and addicts. Treatment opportunities exist in the form of initial intake screenings, voluntary drug testing, drug-free units, substitution treatment and detoxification. Approximately one-quarter of DE inmates are intravenous drug users (Boetticher and Feest, 2008). Needle exchange programs via slot machine exchange or hand-to-hand counseling services are offered (Stover and Merino, 2001). Introduced in 1992, methadone treatment is the most frequently prescribed medication when dealing with substance use (Gerlach, 2000). Drug addiction is regarded as an illness and it is this recognition that assists in initiating treatment programs.

DE law outlines the possibilities for diversion to a treatment program when convicted of an alcohol or drug related crime. As previously reported, work furloughs and home leave are available; however the issue of narcotics being brought back into prison facilities has resulted in changes among these policies. Further, governmental reforms in 2006 resulted in what Rotthaus (2007, p. 38) refers to as a "devolution of legislative powers" ending in a power shift that allows each of the sixteen DE states to enact their own, individual prison laws (Boetticher and Feest, 2008). The option to retain the Prison Act of 1976 was exercised by some states, with other states developing their own legislation. This has resulted in a number of concerns, mostly involving the possibilities of unequal treatment of inmates between the different states. Still, the availability of substance abuse treatment in DE is

increasing and time will tell how the changes in prison law will affect alcohol and drug using offenders.

The Netherlands. The Dutch penal system has seen an increase in its correctional population, thus causing a riff between its long standing approach to rehabilitation and an increasing public sentiment emphasizing more punitive measures (Pakes, 2000). The 2002 Hague Social and Cultural Report indicates that one-quarter of the Dutch population felt that a more frequent and harder application of the law would better serve society and over 90% felt that crimes were punished too lightly (Klots, 2002). Legislative changes reflected this growing sentiment by altering the language used in legal documents. The *Werkzame detentie* (1994) outlined principles such as "security, human treatment of inmates and efficiency" whereas previous governmental documents had called for minimizing the "adverse effects of custodial sentencing" and "detainee's successful return to society" (as cited in Pakes, 2000, p. 35). In regards to this shift, Pakes (2008) states that, "European standards now seem to be the standards to adhere to, rather than to improve upon" (p.37).

Despite this change in public and legal sentiment, the Dutch correctional system offers many services to substance using offenders to include, medical assessments, voluntary and compulsory drug testing, drug-free units and detoxification (Merino, 2005). Substitution initiation and maintenance are available, although methadone maintenance is not viewed as treatment (Kuipers, 2000). Numerous issues are raised concerning substitution maintenance. Methadone merely replaces heroin and not only is the user still addicted to an opioid-like substance, he has become dependent on a constant and reliable supplier. Furthermore, the long term effects of substitution treatment are not known, raising questions on how this drug will affect the individual over a long period of time. Still, legislation is being developed to provide substance-using offenders adequate and sufficient care. The Wet Forensiche Zorg (Forensic Care Act) aims to divert alcohol and drug using offenders away from prison and

into a treatment facility as it is perceived that treatment is the only way to reduce the use of alcohol and drugs and subsequently, reduce crime (Laar et al, 2011).

Field Research

Frequency of ADTP Participation. SQ13 and SQ14 inquired into the number of times inmates have participated in an ADTP. SQ13 asked inmates directly if this was there "first time taking part in an ADTP."[38] Based on previously read literature and statistical data, the researcher anticipated that most inmates would answer "no." However, this was not the case.

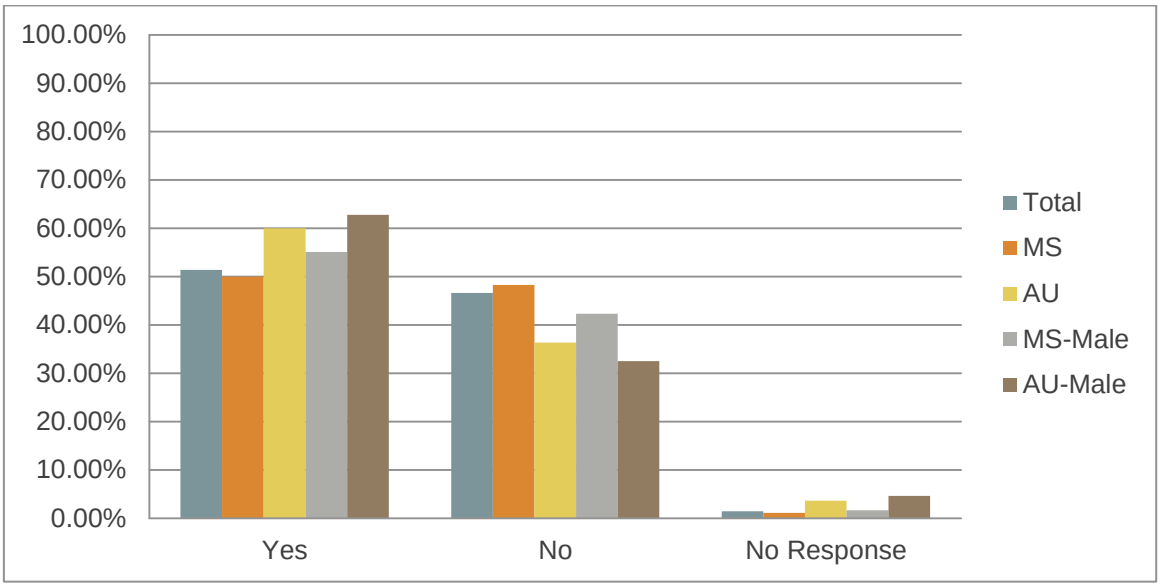

Figure 10. First time participating in an ADTP. This figure illustrates whether or not an inmate has ever taken part in a treatment program.

Although a large percentage reported no, over 50% of the samples reported that this was their first time taking part in an ADTP, with greater percentages and greater variations between yes and no occurring among the AU populations. The total sample reporting yes was 51% while 47% reported that this was not their first time taking part in an ADTP. Higher numbers of yes occurred within the AU and AU-Male sample with 60% and 63% being reported,

[38] Although the question itself does not specifically ask, "Is this your first time taking part in an ADTP in prison," the implication of prison ADTP is present as the survey was in fact taking place in prison. While it is possible that an inmate may have answered this question in regards to ADTPs either in prison or in the free world, it will be assumed that this question was answered as if the inmate knew that this was a direct question concerning prison. This same rule is applied to SQ14, SQ15 and SQ16.

respectively. The closest range occurred among the MS sample with 50% reporting yes and 48% reporting no.

SQ14 asked how often it was perceived that other inmates had participated in an ADTP. Inmates could select once, two to three times, four to six times or more than six times.[39]

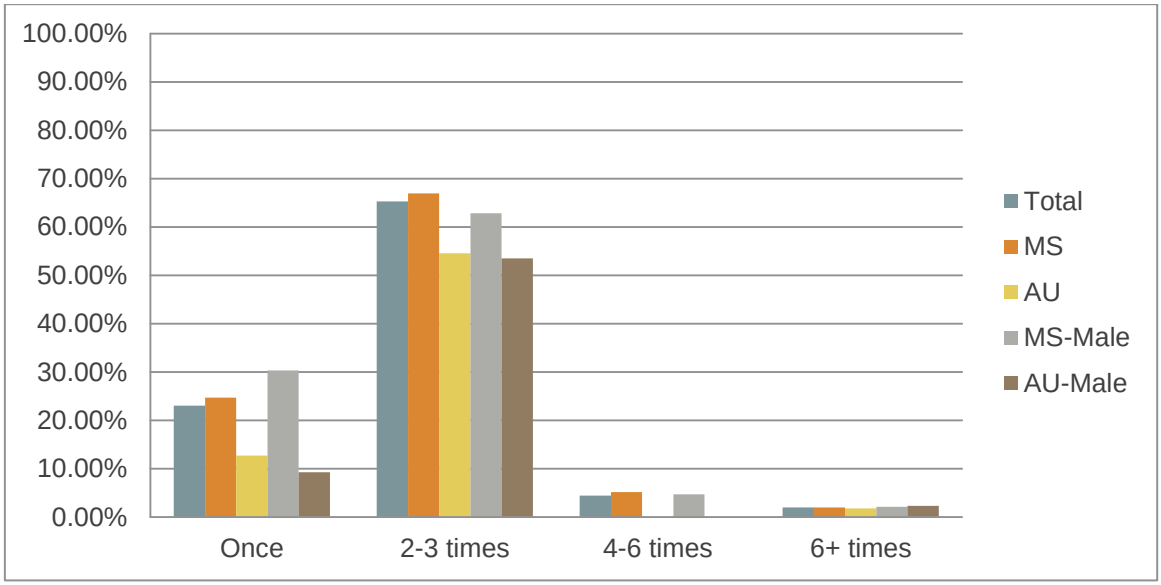

Figure 11. Perception of previous ADTP participation among other inmates. This figure illustrates how often inmates think that their peers have taken part in an ADTP.[40]

The selection of two to three times was the most reported number among all samples, occurring at a minimum rate of over 50%. The MS and MS-Male sample accounted for the larger percentage (67% and 63%, respectively); however, the AU and AU-Male sample was not far behind (55% and 53%, respectively).

The issue that could be raised in regards to SQ13 and SQ14 would question why 50% to 63% of inmates reported that this was their first time participating in an ADTP, yet 53% to 67% believed that other inmates had previously participated in an ADTP at least two to three times? As previously reported (see Theme 1), inmates use various techniques while

[39] In the event of a revision, "never" would be included as an option.
[40] "No answer" was not provided as an option, however 18% of the total AU sample did not mark any answer for this question, thus resulting in no answer.

incarcerated to refrain from appearing weak or less than experienced. Furthermore, the community-style setting of prison results in inmates sharing personal information and swapping stories of life and incarceration. It is presumable that throughout some of these discussions, inmates may have exaggerated the number of times they have participated in an ADTP so that they may appear more experienced than other inmates and the reported data is in fact an accurate portrayal of previous inmate ADTP participation.

Types of ADTP Participation. Regarding prior ADTP participation, ten options were provided: AA, NA, peer counseling, alcohol and drug education, residential treatment, in-patient treatment facility, professional counseling, detoxification unit, self-help group and other.[41] These treatment services were translated and mimicked on the AU questionnaire. Inmates were asked to check any and all that applied. Missing from the questionnaire is the option for substitution treatment and/or maintenance. The researcher did not presume that substitution was utilized (or at least in a predominant fashion) in MS as it was not included on the MDOC website; therefore it was not included on the MS questionnairee. Additionally, the questionnaire was initially developed for a MS audience and also prior to there being any indication that comparable research in AU would be possible, thus further upholding the researcher's decision not to include it. Upon knowledge of an AU research opportunity, the researcher did not alter the questionnaire (by adding substitution) for the sake of continuity. After reviewing the completed AU questionnaires and identifying the percentage of inmates that reported illegal methadone use behind bars (see Theme 2), the researcher discovered that adding substitution treatment to the AU questionnaire would have been beneficial and furthermore, the researcher would do so in the event of a future revision and research opportunity.

[41] For a more in-depth look at some of these programs, see the Literature Review.

SQ15 asked inmates directly about their own prior ADTP experience. The answers were heavily varied between MS and AU.

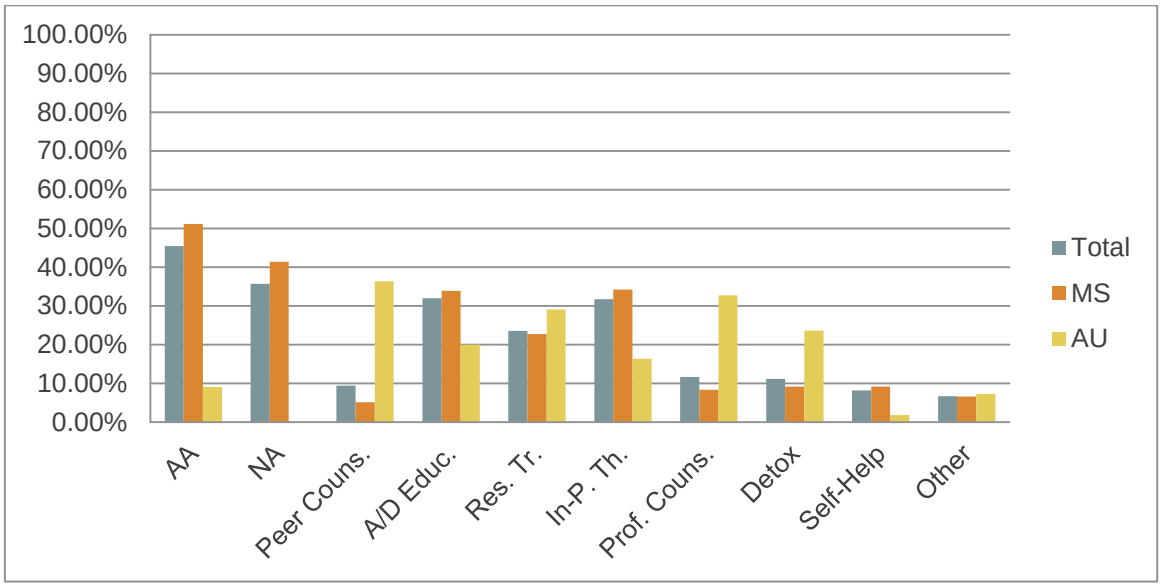

Figure 12. Previous ADTP participation by inmate. This figure illustrates the various treatment programs that inmates have taken part in.

Most all of the correlation exists between the total and the MS sample. As stated earlier, this is a result of the MS sample representing the large portion of the entire sample. On most all answers, MS and AU were in opposite on the survey answers. For the MS sample, AA (51%), NA (41%), alcohol and drug education (34%) and in-person therapy (34%) were the most frequently reported answers. Throughout a number of the open discussions with the MS samples, inmates referenced the AA and NA programs and requested more emphasis be placed on A/D education and the affects that alcohol and drugs have on one's body. In regards to the AU sample, peer counseling (36%), residential treatment (29%), professional counseling (33%) and detoxification (24%) had the highest percentages. These treatment forms were also discussed during open interviews with AU inmates. Residential treatment was the ADTP method that had the closest correlation between both MS (23%) and AU

(29%). This similarity is reflected in the sample because a number of inmates were currently taking part in an ADTP at the time of survey completion.

The perceived prior ADTP experience of fellow inmates was asked in SQ16.

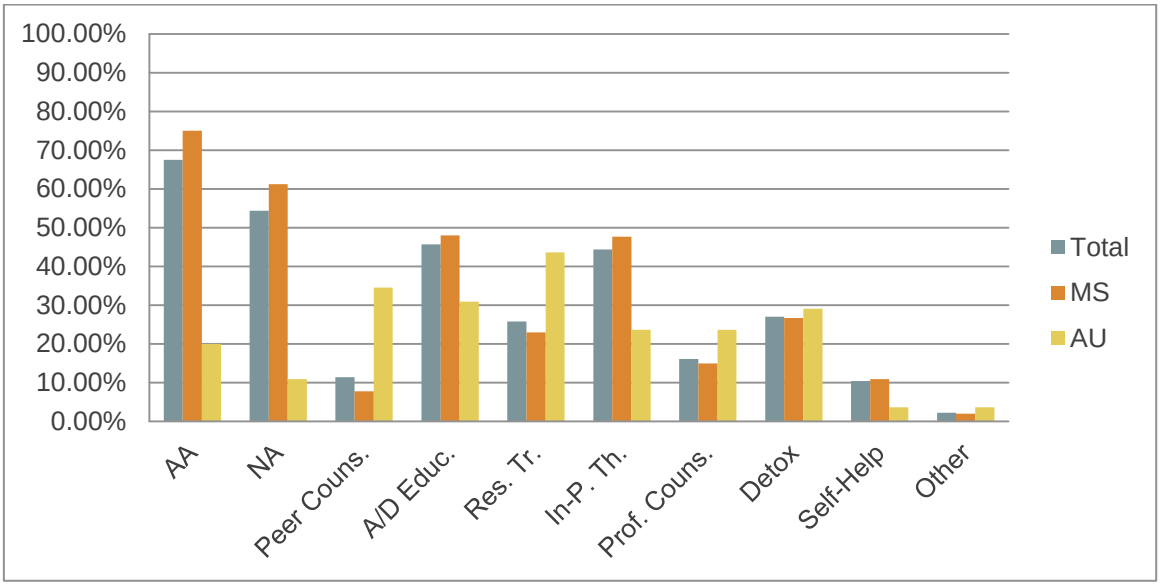

Figure 13. Perceived previous ADTP of other inmates. The figure illustrates various treatment programs and the amount of times inmates believe their peers have been in attendance.

AA (75%), NA (61%), A/D education (48%) and in-person therapy (48%) were represented in high numbers among the MS sample regarding perceived experience by others. These results were similar to the MS sample in SQ14. The AU sample retained some consistency, but had more differentiations. A/D education saw an increase with reported percentage of 30% and residential treatment varied between MS and AU (23% to 44%, respectively). The similarity between the two samples was reported under detoxification with a total of 27% (MS) to 29% (AU). The graph below outlines a few of the most selected answers and compares the results of SQ15 and SQ16 in regards to the male samples. While differences do exist, the graph illustrates a pattern when looking at an inmate's individual ADTP

participation and his perception of other inmates. Detoxification appears to have the most parallel percentages ranging from 14% (MS-Male self) to 23% (AU-Male self).

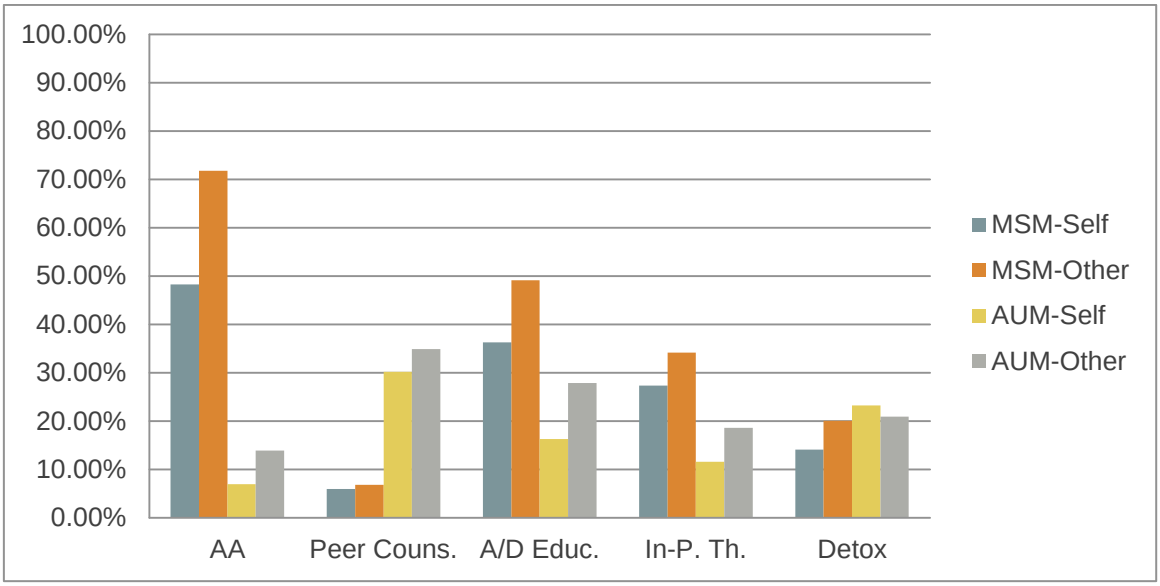

Figure 14. Comparison of specific ADTPs. This figure compares the most frequently selected ADTPs used by the inmate and the perceived use of other inmates.

Motivation and Behavior. Unique and diverse reasons arise when considering what compels an individual to do a certain thing or act a certain way. Incentives within a hierarchal-structured corporation do not primarily stem from a good performance, continued desire for service or even monetary gain (Kantor, 1976). Rather, the principal motivation in such an organization involves mobility. How far can one person continue to go or how high can he rise? Mobility in regards to a prison system would ultimately refer to an inmate's release. What must an inmate do to impress a judge, sway a parole board or have time removed from his sentence? When regarding alcohol and drug treatment, motivation is particularly important as is how this motivation might affect inmate behavior. The way in which an inmate grounds his attitude towards the treatment process can say a great deal on whether or not the treatment message is being absorbed. The survey asked inmates to relate their

opinion of others concerning motivation for ADTP participation, specifically referencing inmate drive and inmate action.

SQ17 asked if inmates perceived that others take part in ADTPs because they want to or because they have to.

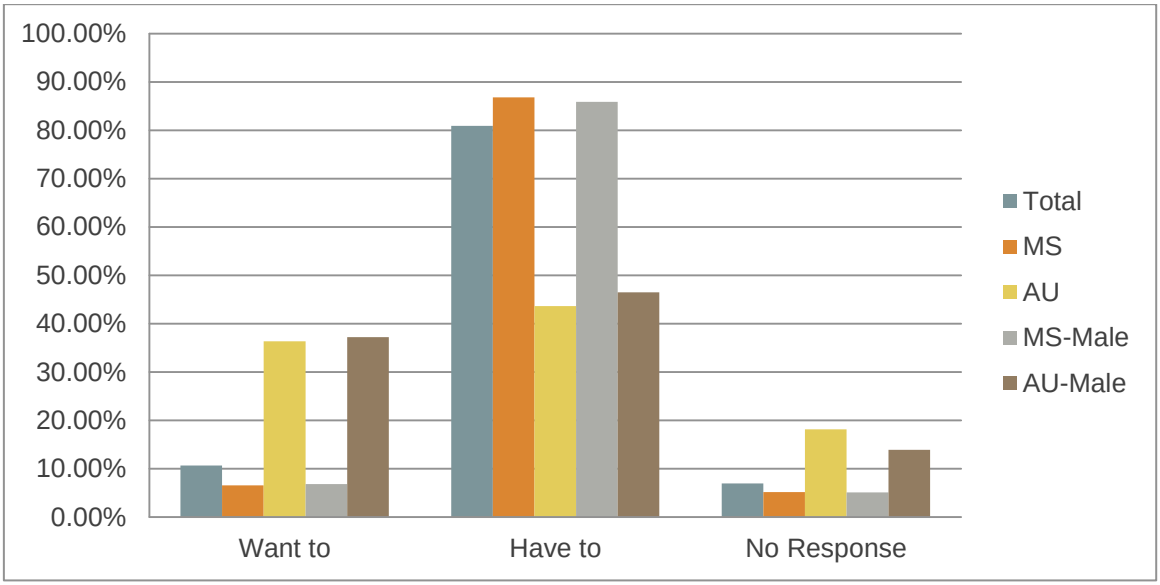

Figure 15. Perception of inmate motivation for ADTP participation. This figure illustrates whether or not inmates want or have to participate in treatment.

The majority of both the MS and MS-Male sample indicate that inmates partake in ADTPs because they have to (87% and 86%, respectively). The relationship between the AU and AU-Male samples' motivation that want to participate versus those that have to is closer; however, 44% (AU) and 47% (AU-Male) claim that inmates participate because they have to. SQ18 asked if inmates will do and say whatever necessary to complete an ADTP. Inmates answered yes at an overwhelming majority and furthermore, the percentages were almost identical across all samples.

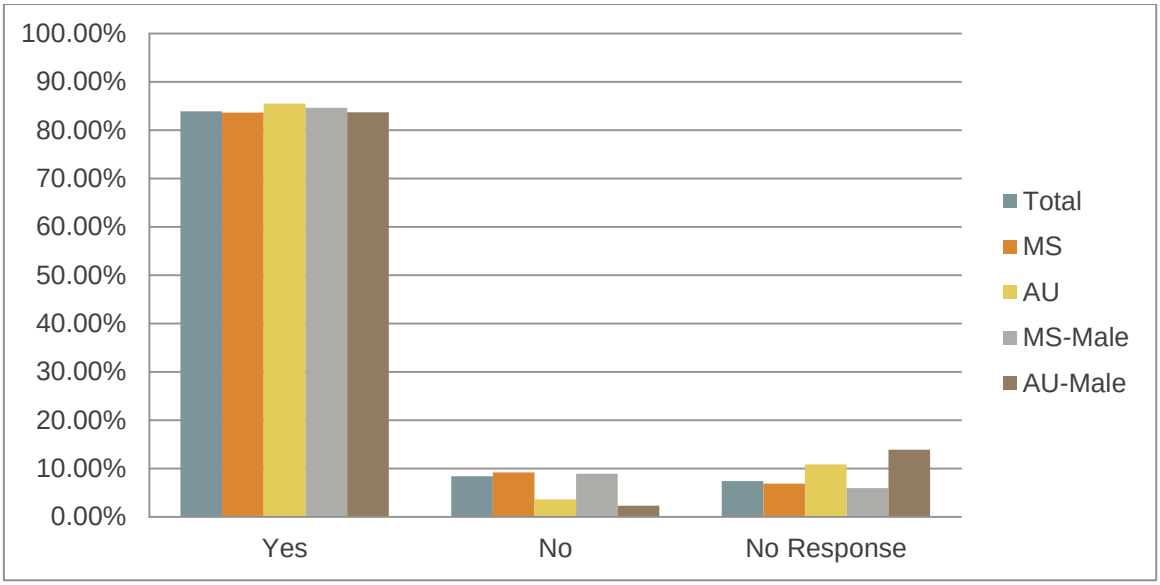

Figure 16. Will inmates do/say whatever for successful ADTP completion? This figure illustrates inmate behavior in regards to treatment.

These answers reflect a clear indication of inmate behavior with 84% (total), 84% (MS), 85% (MS-Male), 85% (AU) and 84% (AU-Male) believing that another inmate will do and say whatever necessary to successfully complete an ADTP program.

Lastly, inmates were asked to indicate whether or not other inmates had a desire to change (SQ19).

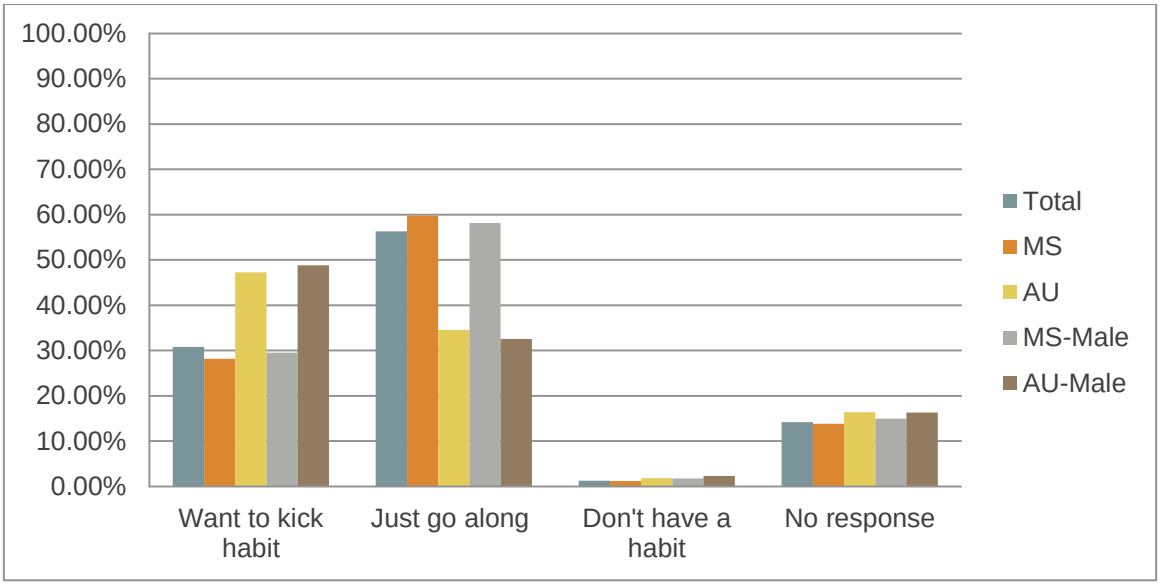

Figure 17. Perception of inmate desire to change. This figure illustrates whether or not inmates want to succeed in treatment.

Almost 30% of all samples revealed that inmates do want to kick their habit, yet with a significant higher percentage among the AU and AU-Male samples (47% and 49%, respectively) compared to the MS and MS-Male samples (28% and 29%). The opposite proportions are reflected concerning inmates who just go along with the program with the MS sample (60%) surpassing the AU sample (35%). Setting aside these differences, all samples reflected nearly the same percentages for the other two options. Less than 2% of all populations reported that inmates "don't have a habit to kick." Furthermore, an average of 15% of all samples chose not to provide a response, representing one of the highest and most paralleled instances to this answer choice.

Yochelson and Samenow (1976) indicate that an offender will generally agree to participate in a treatment program because someone else has either recommended or insisted that he do so. Additionally, even if participation was coerced, the offender might experience some general excitement and eagerness at the onset. Seen as a new assignment, treatment may be seen as another opportunity for the offender to prove that he can do anything.

Furthermore, the offender may approach the treatment program with genuine and earnest intentions for successful completion. Nevertheless, most offenders will eventually grow tired with the program and begin to simply go through the motions or quit entirely.

The sample data on inmate motivation and behavior indicates a split between those that want to participate in an ADTP and those that have to. Almost 30% to 50% of the samples claim that inmates do want to rid themselves of their substance addictions. Moreover, the multitude of inmate perception that words and deeds will be said and expressed in any manor so long as an inmate successfully completes an ADTP illustrate that treating the addiction is not the priority. Even still, an inmate may have some sincere desire to change, although this is not always expressed as his first priority.

Perception of ADTP Quality. Regarding ADTP experience, a series of questions were included regarding inmate assessments of ADTPs and individuals in authoritative positions. A positive or negative view of the program can either directly or subconsciously influence how an inmate reacts to the treatment process. It is important to know how inmates view not only the program, but also the program facilitator. Separate from the CO, the program facilitator is not always necessarily seen as a "punisher" or "enforcer." Often times, the facilitator is one that can be trusted or is valued as someone that understand an inmate's plight. On the other hand, there are program facilitators that may take advantage of an inmate. In many circumstances, an inmate's release directly depends on successful completion of an ADTP and can be used as a bargaining tool if inmate compliance is lacking. SQ20 asked, "Do you think the majority of inmates who take part in alcohol and/or drug treatment programs believe that the people in charge of such programs really want to help?" Over 50% of all samples said yes.

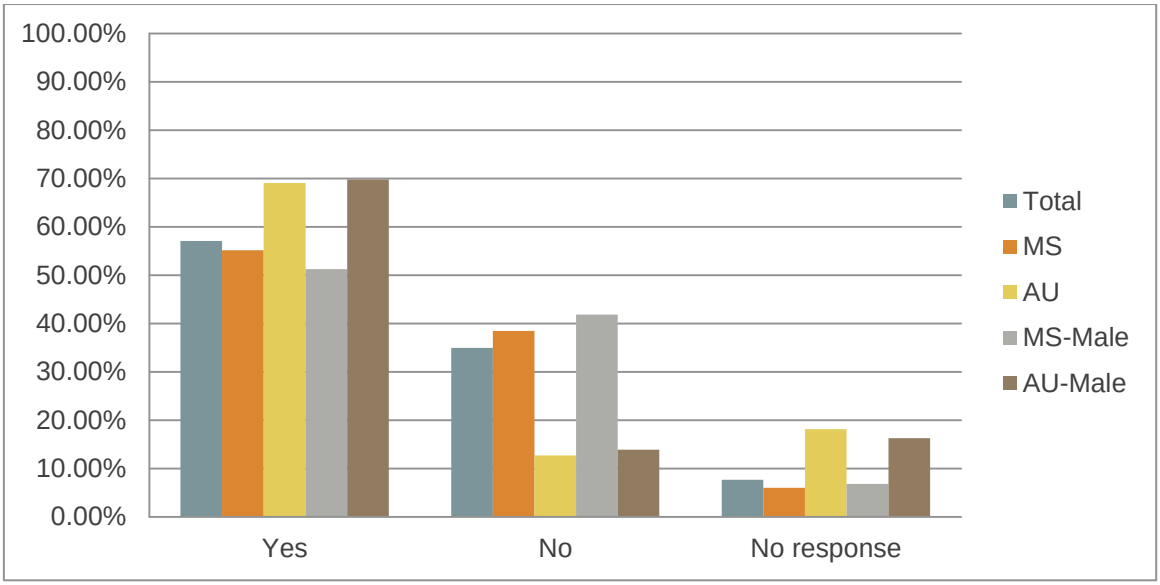

Figure 18. Inmate perception of ADTP staff's desire to help. This figure illustrates if inmates believe that the prison staff want to assist the inmates.

The MS and MS-Male sample reported that those in charge of ADTP's do want to help at a rate of 51% and 55%, respectively. At an increased rate of 14% and 19%, respectively, the AU and AU-Males reported a higher percentage for a total of 69% and 70%, respectively. The MS sample reported secondly that the staff does not want to help at a rate of 39% (MS) and 42% (MS-Male). On the other hand, the second most selected answer among the AU sample was no response (13% and 14%, respectively).

SQ21 and SQ22 rate the quality of the ADTP and the person in charge of the ADTP. Excellent, OK, not that great and sucks were the answers provided.[42] Regarding the current ADTP, inmates were asked how they believe others would rate its quality. The answer that was most selected was OK.

[42] As reported in the methodology, colloquial language was utilized in the questionnaire so that the questionnaire came across in a relaxed manner and overly formal. The German word "schlecht" (bad) took the place of the word "sucks" on the AU survey.

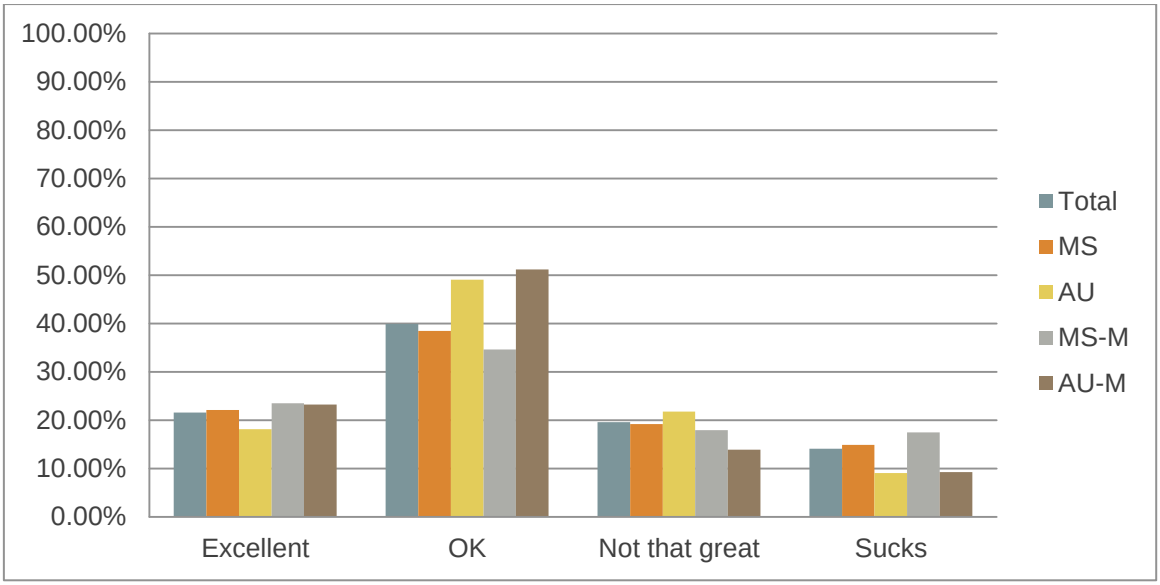

Figure 19. Perception of inmates' view of current ADTP. This figure illustrates how inmates feel in regards to their current treatment program.

Regarding the MS samples, OK was selected most at 39% and 35%, respectively. The percentages regarding the other three answer choices were distributed somewhat evenly ranging from 22% (excellent) to 15% (sucks) for the MS sample and 24% (excellent) to 18% (sucks) for MS-Males. When looking at data specific to individual MS institutions, BCCF (work release program) and Parchman (TC) inmates account for the high percentage of those that had the worst opinion of their current ADTP at 58% and 25%, respectively. AU inmates reported that the program was OK at a higher rate that the MS sample (AU-49%, AU-Male 51%). Percentages between the other three answer options did not vary significantly. The answer choice of not that great was reported at 22% by the AU sample and 14% by the AU-Male. While these are not vast differences in the percentages, the AU and AU-Male samples have previously experienced a general correlation between their percentages. The AU-Female sample reported not that great at a rate of 50%, thus influencing the overall AU sample.

Lastly, inmates were asked how others would rate the quality of those in charge of the ADTP (SQ22). As with SQ21, OK was the most popular choice.

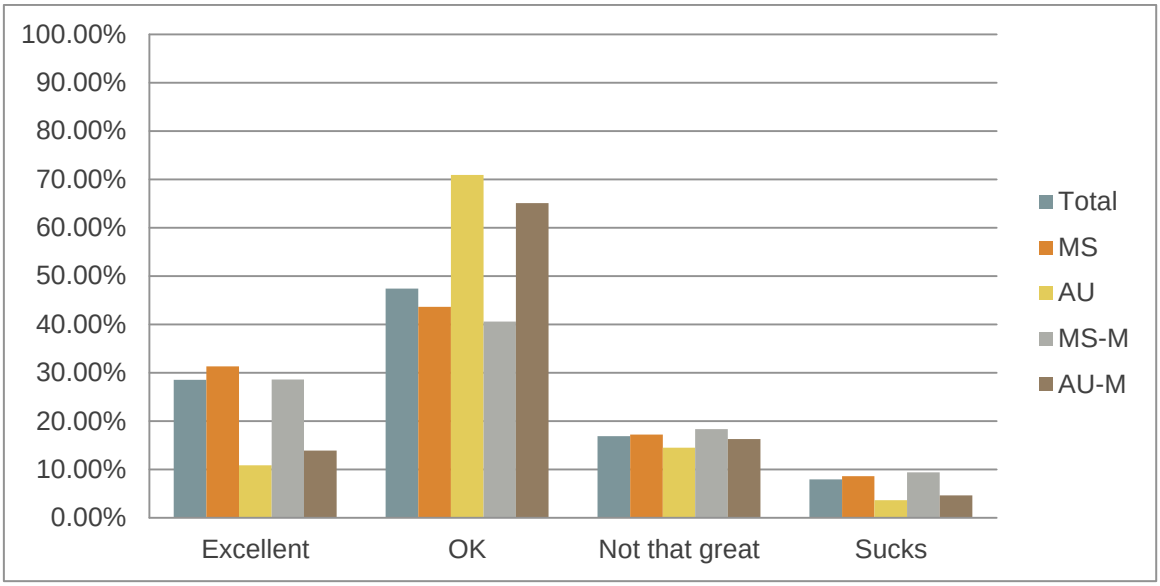

Figure 20. Perception of inmates' view of current ADTP facilitators. This figure illustrates how inmates view their treatment program coordinators and staff.

Concerning the MS samples, OK was still the highest with 44% (MS) and 41% (MS-Male) reporting. The difference between inmates' views of ADTPs and ADTP facilitators remains constant among those that answered not that great with the difference occurring between those reporting excellent and sucks. Regarding the MS and MS-Male samples, the program facilitator was viewed in a more positive light then the program itself, while the program was considered exceptionally bad on a more frequent basis then the individuals that are in charge. The AU sample witnessed an increase in those that reported OK for the facilitator (AU-71%, AU-Male-75%). This resulted in the other responses seeing lower percentages. Excellent and not that great averaged roughly the same and the opinion that the program facilitator was particularly bad averaged less than 5%.

From a general perspective, one can deduce that at least half, if not more of the inmates, believe that those in charge of programs have sincere motives to assist in the treatment progress and that both the programs and the program facilitators possess an average, ok quality. Yochelson and Samenow (1976) assert that at the beginning of a treatment process, the relationship between the offender and the person in charge is normally one of respect and acceptance. This is often coupled with the previously mentioned enthusiasm that an inmate may have when starting treatment. However, in the event that inmate does not succeed or becomes bored with the process, he may place the blame for these feelings on the person in charge or the program itself. On the other hand, as the data above demonstrates, ill feelings may be less directed towards the person in charge and more towards the program itself. Inmates may see the program as standing more in their way than the person running it.

Effectiveness. If this research strips away everything that has been reported up until this point, the following two survey questions could very well stand on their own. By putting aside inmate age or race, forgetting about the crime that resulted in their imprisonment, not being affected by an inmate's drug of choice or his prior experience with an ADTP, one could still find legitimacy and value as to whether or not an inmate will use alcohol or drugs upon completion of an ADTP. The inmates' perception of ADTP effectiveness and its quest to prevent future substance use lay at the heart of this work. Simply put, are ADTPs effective in preventing future substance use?

"Do most inmates think that alcohol and drug treatment programs are effective in preventing future alcohol and drug use" reads SQ 23. Over 40% of all samples say no.

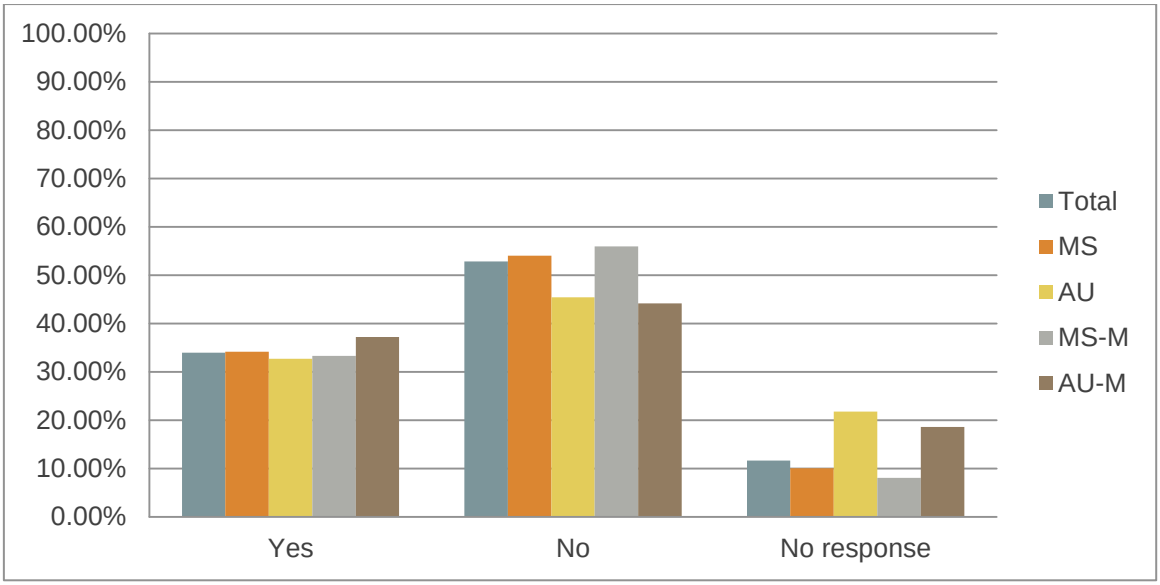

Figure 21. Inmate perception of ADTP effectiveness. This figure illustrates whether or not inmates believe that treatment programs can prevent future substance use.

MS and MS-Males believed fellow inmates do not think ADTPs are effective at a rate of 54% and 56%, respectively. The AU and AU-sample percentages decreased by approximately 10% to percentages of 45% and 44%, respectively. Although the majority reported that ADTPs are not perceived to be effective, at least one-third of all samples reported that ADTPs are effective at preventing future alcohol and drug use.

Putting aside if inmates perceive these programs to be effective or not, SQ24 asked "How likely is it that an inmate will use alcohol or drugs again after completing an ADTP?" Inmates were given the options of most definitely, likely, probably not and no chance. Although the percentages vary slightly among different samples, the simple conclusion is: inmates will use again.

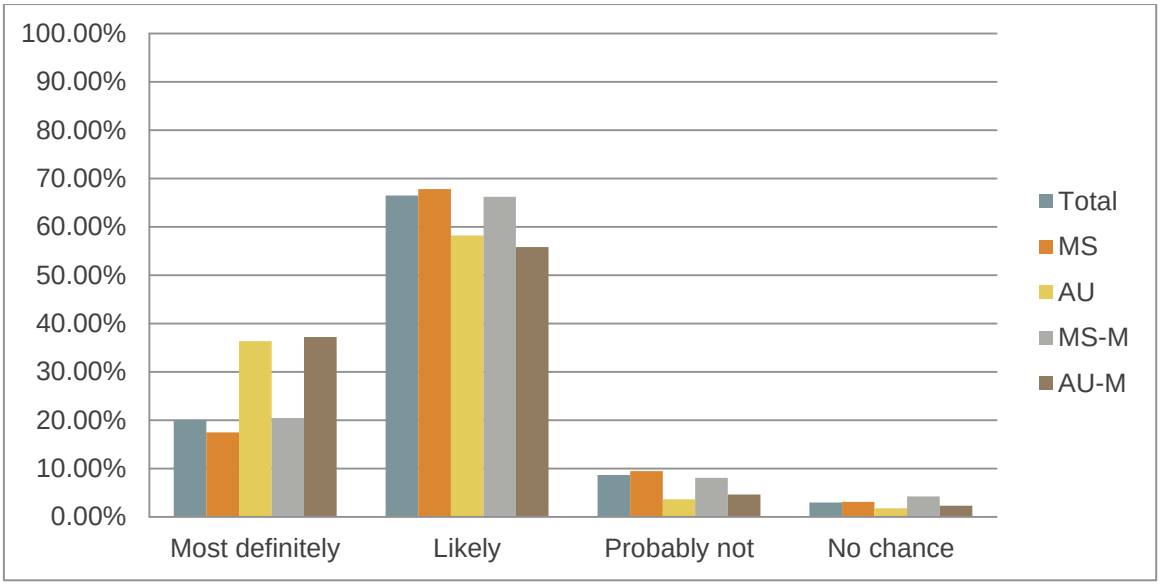

Figure 22. Likelihood of future substance use. This graph illustrates how probable it is that an inmate will again alcohol or drugs after completing treatment.

Over 56% reported that it is likely that an inmate will engage in future substance use after completion of an ADTP, with a slightly higher percentage by the MS and MS-Male samples (68% and 66%, respectively) compared to the AU and AU-Male samples (58% and 56%, respectively. A larger gap exists when examining the figures of those that reported most definitely. The MS and MS-Male samples reported 18% and 21% of definite future substance use, whereas the AU and AU-Male samples reported 36% and 37%, respectively. If the percentages of future drug use (most definitely and likely) are calculated together, an average of 86% of the MS sample and 94% of the AU sample believe that an inmate will use some kind of alcohol or drug upon completion of an ADTP. Less than 9% of any sample reported that future alcohol and drug use was either unlikely or not going to happen.

When comparing the results between SQ23 and SQ24, the question might arise asking how the majority of inmates can believe that ADTPs are effective in preventing substance use followed by the overwhelming majority stating that future alcohol and drug use will take place. If such programs are indeed effective, the amount of perceived future substance use

should be quite lower or at least comparable to the percentage of inmates who claim treatment programs to be effective in the first place. To better understand this, it would be beneficial to know how the inmates were defining effective and furthermore, the amount of time between the completion of treatment and when an inmate begins using again.

Theme 3 Summary

Theme 3 has explored the effectiveness of alcohol and drug treatment from those that have first-hand knowledge of its inner workings. Various state and country programs and perceptions of substance abuse were considered. Numerous data was presented regarding ADTP participation, motivation, perception and effectiveness. Over half of inmates state they have only participated in one ADTP, while over half claim multiple treatment stints for other. A variety of different methods have served as the background for treatment, with participating because they want to and others because they have to. The majority of inmates will comply with program requirements for the sake of completion and whether or not inmates are going along with the program because it is a requirement or they really want to change, they all have a substance abuse problem. Program facilitators communicate the sense that they do want to help with both the programs and the facilitators being viewed in a generally favorable light. Lastly, the majority of inmates believe ADTPs are effective. Yet despite everything and based on these findings, inmates will use alcohol and drugs again.

Numerous questions arise begging why and what can be done and where are programs going wrong? ADTPs have been the focus of numerous studies resulting in different outcomes and recommendations. While there is no clear answer, there are many things that can be orchestrated, developed and implemented to better give help to those that need it.

CHAPTER VII

SPECIAL CONSIDERATIONS FOR SPECIFIC INMATE POPULATIONS: COMORBIDTY AND FEMALES

THEME 4

Taking into consideration the needs of the multiple diagnosed and the female offender and the effects that these needs can have on substance abuse treatment

As previously noted, substance abuse treatment faces many obstacles. These obstacles are impeded even more if one inserts additional variables into the equation. As stated in the literature review, correctional classification has given rise to numerous types of inmates that pose auxiliary difficulties when considering substance abuse treatment. While all correctional categories are of significance, it would not be possible to cover them all in one chapter. Therefore, Theme 4 will focus on just two specific groups: that of the multiple-diagnosed offender and the female offender. The prevalence of these two classifications is high. For lack of a more sufficient alternative, prisons are sometimes used as a "dumping ground" for the mentally ill (Phillips, 2012). The International Centre for Prison Studies (ICPS) reports that 8.7% of the total US prison population is female (2012) and the EU percentage differs throughout various member states, ranging from 3.2% in Bulgaria to

13.9% in portions of the UK (2012). According to the Center for Substance Abuse Treatment (CSAT, 2005), when considering these two areas, it is important to see that inmates should be grouped according to their specific needs and categorized in a way that further facilitates the recognition of their dominant characteristics. Once recognized, treatment services should be modified to the best extent possible to meet the particular demands of a said group. As defined by the World Health Organization (WHO, 2012), health is a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO Website). Deprivation of liberty in itself can alter such a required state. This is further hampered when taking into considerations the needs of multiple diagnosed and female offenders. Challenges are presented on a number of levels to include policy-making, administrative issues and execution of proper treatment.

The Dual- and Multiple Diagnosed Offenders: Comorbidity

Where best to place mentally ill offenders is by far not a recent debate (Tomasevski, 1992). When considering the mentally ill offender, choices are generally limited with the offender either being hospitalized or incarcerated. Furthermore, the extent to which the mental state of the offender or the offense itself should be prioritized is debated. Does allowing a mentally ill offender to be placed in a hospital take away from the degree of punishment associated with the actual offense? On the other hand, does placing a mentally ill offender in prison unjustly prohibit the offender from receiving adequate mental health care? Is it the hospital's responsibility to confine a patient or the prison's responsibility to treat an inmate? Should one "medicalize" prisons or "criminalize" hospitals? Unfortunately, there is no clear answer to these questions. As illustrated by Article 12.1 EPR, criminal offenders that are gravely, mentally ill should not be incarcerated within a prison; rather they should be hospitalized in an appropriate treatment facility. While this is indeed a noble recommendation, it is not always the reality.

BJS (1999) reports that in 1998 over 280,000 mentally ill offenders were incarcerated in US prisons and jails. Of these 280,000 mentally ill offenders, 60% reported that they were under the influence of alcohol or drugs at the time of their arrest. Of the approximate two million European inmates, one-fifth suffers from some form of mental disorder (van Zyl Smit and Snacken, 2009). Furthermore, prisoners suffer multiple pathologies at a higher rate than the general population (Eytan, et al, 2010). Mental illness, substance abuse and transmissible diseases are all factors that add to the increased comorbidity amongst the prison population. In mid-2008, a Belgian study estimated that out of the 1,000 mentally ill offenders being held within the Belgian prison system, 75% were either dual diagnosed or multiple diagnosed offenders (Vandeveld et al, 2011). The World Psychiatric Association (WPA) has voiced concern about the increasing number of mentally ill offenders that are incarcerated worldwide with a growing recognition that there is a higher prevalence of individuals confined within a correctional facility as opposed to those in the general population (Okasha, 2004).

Article 12.2 EPR states that if a mentally ill offender is to be held in a correctional facility, specific guidelines should be implemented to ensure that the needs of the inmate are met. The growing prison population and the increasing number of mentally ill offenders incarcerated in correctional facilities shows that this is not always possible and that this rule is not being followed as closely as it should. It is suggested that prisons are becoming a solution to the housing of mentally ill offenders as opposed to these individuals being sent to a proper treatment facility. Some research attributes the increased population of the mentally ill offender to the increased criminalization of the mentally ill (Okasha, 2004). The simple presence of a mental illness can lead to maltreatment and stigmatization, thus aggregating the possibility that an offender may not receive an adequate level of treatment or care. Coupling this stigmatization with the already undesirable association that comes with alcohol and drug

abuse, a mentally ill offender's chances of receiving the necessary degree of treatment to make a permanent and positive change is greatly reduced.

By practice, MDOC provides various specialized health care for mentally ill offenders to include those that correspondingly suffer from a substance abuse related issue (National Institute of Corrections, 2001). Furthermore, a separate facility is offered to house offenders who suffer behavior problems as a result of their mental illness. Austria's mental health services for prisoners falls under the authority of the BMJ and Prison Administration. Additionally, AU retains approximately 330 prison bed spaces for mentally ill offenders (Salize, Dressing and Kief, 2007). However, the initial screening of inmates is conducted by a general practitioner as opposed to a specially trained mental health care professional, as is the case in most European countries. A well-practiced solution of treating mentally ill offenders (or any offender experiencing some form of health related issue) is that of distributing prescription medications. While the exact total number of AU inmates taking some kind of psychopharmacological drug is not precisely known, 45% of inmates surveyed at JAWF and JAWF-M reported some form of prescription drug use while incarcerated (this includes illegal use of a legally prescribed medication).

It has been established that comorbidity is, in fact, an issue within the correctional population. However, the question remains: how effective, if at all, are the treatment options for offenders that suffer from a substance addiction alongside their mental illness? The data concerning the treatment of dual diagnosed and multiple diagnosed offenders is still limited. In a study of European prison systems and their handling of mentally ill offenders, it was reported that almost no country could provide a concise amount of data or information concerning the prevalence of mentally ill offenders in national prisons (Dressing, Kief and Salize, 2009). The increasing number of mentally ill offenders illustrates that more attempts must be made to properly diagnose and treat comorbidity and additional research must be

conducted to adequately asses the problem at hand. The US state of Georgia began a pilot program referred to as Opening Doors to Recovery to assist mentally ill individuals (National Alliance on Mental Illness, 2011). Often times, mentally ill offenders need only a simple reminder to take daily medication, therefore, preventing the individual from acting out in a deviant behavior and in turn, preventing the chances of illegal behavior (Phillips, 2012). This program strives to assist and monitor mentally ill offenders to ensure that they remain on their medication so they may continue to remain in the general society. A report by the Helsinki Institute of Crime Prevention and Control (1992) indicates that many European nations have implemented various treatment agendas in order to sufficiently deal with comorbidity.

Managing offender behavior in regards to incarceration and substance abuse treatment must have the capabilities to classify such illness and addictions from the onset of incarceration if successful treatment is to be considered a genuine possibility. Lastly, continuous research into this matter and a more in-depth look at the problem must be conducted in order to develop long lasting policies to better assist mentally ill offenders. If prisons are intended to continue as institutions of punishment, a distinction must be made between these institutions and hospitals. The evaluation of mentally ill offenders should be managed in a way that examines the possibilities of diverting such offenders away from the general prison population and offering, to the best extent possible, the treatment that is truly needed.

Female Offenders

BJS estimates that in 2010, over 104,600 women were under state and federal jurisdiction in the US (Guerino, Harrison and Sabol). In specific regard to alcohol and drug use, women reported using drugs at a higher rate of males and with a higher frequency (BJS, 1991). Women were more likely than men to have used drugs in the month prior to their

offense (to include daily use), to have been under the influence of drugs at the time of their offense and to have committed the offense in order to support their drug habit. The International Harm Reduction Agency (2012) reports over 112,000 women are incarcerated across Europe and Central Asia. Over 30,000 of these women are incarcerated for some type of drug related offense with some countries reporting that up to 70% of their female prison population is being held as a result of a drug related offense. The need for adequate substance abuse treatment amongst the female population is easily recognized.

As previously mentioned, women are sometimes unfairly branded as failures for the perceived inability to successfully adhere to societally prescribed gender roles. This attached stigma can present greater challenges when it comes to treatment. The 2009 Kyiv Declaration on Women's Health in Prison acknowledged that current provisions within the global criminal justice system fail to meet both the basic and specific needs required by female inmates, often resulting in the absence of minimal human rights standards (WHO, 2009). Human rights will initially call for equality amongst all prisoners and for equivalent treatment amongst both genders. Yet the simple fact remains: men and women are not equivalent in all capacities and functions. The differences in the genetic makeup of both males and females outwardly call for recognition of the variations and dissimilarities that occur between both genders. While equality amongst males and females should (to some degree) be ascertained, incarcerated women have specific health care needs and the needs must be taken into account when implementing proper substance abuse treatment. The Committee on the Prevention of Torture (CPT, 1999) reiterates that discrimination against female inmates might not only be considered a violation of a specific ruling or directive, but (in certain circumstances) the discrimination could be interpreted as degrading and therefore a direct violation of the CPT.

Female populations. While women inmates make up a lesser portion of the overall correctional system, their representation in these systems is by no means small. This reduced rank in numbers, however, can frequently lead to inadequate provisions and a general lack of required resources (United States General Accounting Office, 1999). Of the 403 surveyed in this study, 33% of MS inmates and 22% of AU inmates were female. This is higher than the total average female population within each system as females comprise 8% of the MS prison population and 5% of the AU prison population (MDOC, 2012 and BMJ, 2007). The higher percentage of females surveyed within each system compared to the lower percentage in the actual population is a result of there being less female specific prisons and therefore the females that were surveyed comprised a large majority of the total female populations.

In regards to inmate age, 25-36 years comprised the largest portion of female inmates with 49% and 67% of MS and AU inmates represented, respectively. SQ2 asked inmates about the perceived incarceration rates of their peers. Both systems displayed a high percentage of female inmates that were perceived to have been incarcerated at least two to three times prior to their current incarceration, with MS females at 69% and AU females at 92%. In summary, both systems were represented in this survey comprising a population of one-fifth to one-third females, mostly between the ages of 25-36 years of age and the majority serving their second to third sentence. This number of younger aged, repeat offenders is alarming.

Female-specific, general healthcare needs. General healthcare becomes specialized when referring to female inmates. The EPR has laid out several provisions to address these issues. Article 19.7 asserts that the sanitary needs of women must be met. Article 34.3 allows for female inmates to give birth outside of the prison facility and when this is not manageable, the facility in question must provide the proper environment and aftercare concerning childbirth. Lastly, Article 34.1 calls for all prison facilities to provide the appropriate

attention when considering the "physical, vocational, social and psychological" needs that are exclusive to female inmates. All issues relating to reproduction must be given special attention.

Many of these healthcare needs are unmet in prison. The CPT (1992) outlines that health care for prisoners should mimic the available health care to those in normal society. Proper intake evaluations must be conducted to address a female inmate's state of health upon entering a prison facility. Identifying health related issues early can help to facilitate quicker and more immediately required medical attention. High-risk lifestyles often accompany alcohol and drug use amid females. Sharing needles, exchanging sex for alcohol and drugs or money to purchase them, inconsistent use of condoms and multiple sex partners are just a few of the circumstances associated with female alcohol and drug use (Cotton-Oldenburg, Martin, Jordan, Sadowski and Kupper, 1997). This behavior can lead to an increase in health problems and further supports the necessity of females receiving proper intake assessments and regular check-ups, to include gynecological evaluations (Al-Ibrahim, 1977).

Female inmates and childcare. While not considered an illness and therefore not "treatable," pregnancy is a female specific situation that requires special care and consideration (van Zyl Smit and Snacken, 2009). BJS (1999) reports that 6% of females in US jails and 5% in state prisons were pregnant at the time of entry into a correctional facility. Whether a woman is pregnant upon entering a prison facility or becomes pregnant during her incarceration, sufficient prenatal care must be provided. Numerous literatures support the view that females, when possible, should be allowed to give birth in a community hospital, outside of prison. The CPT (1992) indicates that certain instances of female offenders being shackled to their beds during childbirth have been reported and deems this practice "completely unacceptable." Adequate counseling should be provided to all expectant female

offenders. Information should be detailed regarding self-care during pregnancy and following childbirth. Furthermore, female offenders should be given the resources needed to properly care for the child.

For women who are pregnant at the time of incarceration, BOP (2012) offers a community residential treatment program called Mothers and Infants Nursing Together (MINT). The inmate must be within her last three months of pregnancy, a maximum of five years left on her sentence, eligible to receive a prison furlough and able to pay for all costs associated with the pregnancy. Following childbirth, inmates are allowed to remain in the program with their children for up to three months. At the end of this time, the inmate must return to the normal prison setting for the remainder of her sentence. Education is the primary tool utilized in the MINT program to include topics relating to physical health, sexual health, general education and substance abuse treatment. An issue that faces this program with regards to federal facilities is that there are approximately just five locations throughout the US (Women's Prison Association, 2007). Furthermore, the individual cost-bearing responsibility can create an additional hurdle for participation.

The Quaker Council for European Affairs (2007) reports that AU prisons contain six separate housing units for mothers and their children and children are allowed to remain in prison with their mothers until they are three years of age. Certain female offenders in Germany that pose no threat to society are granted leave during the day to return home and care for their children. Whether children are raised in society or in the confines of a prison facility, existing research demonstrates the need for sufficient education and childcare.

A survey of female inmates in US state institutions revealed that these women were mothers to over 56,000 minor children (BJS, 1991). BJS reports approximately seven out of ten females under some form of correctional sanction have children under the age of eighteen (Greenfeld and Snel, 1999). During both visits at CMCF, a number of participants expressed

regret in regards to the effects that imprisonment had on their children. While acknowledging that they should have been motivated to stay out of prison in the first place, many participants indicated that their children were the primary motivation to successfully complete the ADTP and to remain alcohol and drug free. The anxiety of separation from their children, loss of custody or possible future loss of custody creates barriers when attempting to implement substance abuse treatment (Bosworth, 1999 and Leukfeld, Logan and Staton, 2002).

Mental, physical and sexual abuse. While taking into account that female offenders are indeed (in most circumstances) offenders, one must not ignore the degree to which many of these women are often times victims themselves. Numerous data exists outlining the extent to which female offenders report to have been mentally, physically or sexually abused. Furthermore, alcohol and drug use among these women is high (HMIP, 1997b). Not only does such abuse occur prior to incarceration, but many female inmates fall victim to the same abuse once incarcerated, whether at the hands of another inmate or prison staff. This trauma creates additional obstacles that one must overcome when applying effective substance abuse treatment (CAST, 2005).

Mental, physical and sexual abuse prior to incarceration is reported in six out of ten female inmates, with this abuse taking place at the hands of an intimate partner or a family member (BJS, 1999). Almost 70% of these women report the abuse taking place prior to the age of eighteen. As previously noted, most women report the abuse was perpetrated by a husband or boyfriend. It is important to note these relationships and how they can carry over into the custodial environment. The Women's Prison Association (2007) indicates that the already present imbalance of power coupled with the closed nature of prisons spawns a breeding ground for harassment, abuse, assault and exploitation of females from both male and female staff. The presence and use of male staff members is not wrong. Indeed, AU

prisons report that 80% of their entire staff is male (BMJ, 2007). However, careful consideration must be made to ensure that safeguards are in place to prevent future abuse. In its report on sexual victimization in state and federal prisons as reported by inmates, BJS (2007) identifies that over 60,000 inmates are victims of sexual misconduct (from both staff and other inmates).

Substance abuse treatment for females: substance use. To this point, the various considerations for females to include general healthcare, childbirth and child-rearing and abuse have been briefly discussed. Recognition and understanding of these factors is imperative when considering how to best implement successful substance abuse treatment. The execution of substance abuse treatment in and of itself is laden with difficulties. Without sufficient knowledge of the additional factors associated with females, effective treatment becomes more challenging. A major European concern is that female offenders do not have sufficient access to drug treatment while incarcerated and moreover, that this treatment is not specifically structured for females (WHO, 2009). The Kyiv Declaration on Women's Health in Prison (2009) furthers this idea by asserting that many countries do not know enough about proper substance abuse treatment, to include effective models and interventions.

SQ8 asked what types of crimes "land most inmates in jail." Participants were given twelve choices and asked to check the three most popular. The most selected answer among MS females is drug possession with a rate of 97%.[43] This is trailed by burglary with 66% and theft with 40%. AU females reported theft as the highest occurring crime with 83%, followed by drug trafficking and drug possession with 75% and 67%, respectively. A BJS study (1991) supports this data by reporting that drug violations (to include possession and trafficking) were the most common offense of state inmates representing one-third of the female inmate population with half of women reporting to have been under the influence of

[43] It should be noted that the women participating in this study were currently enrolled in an ADTP and therefore, the high response of crimes related to drug possession can be directly related to this status.

alcohol or drugs at the time of their offense (BJS, 1999). The WHO (2012) supports the AU data in their "Facts and Figures" report which illustrates that European women are incarcerated mostly for non-violent crimes relating to property or drugs.

In regards to specific drug use, SQ9 and SQ10 inquired into the most common substances that are used by society and the most common substances used behind bars. For each question, participants were asked to select three of the ten substances listed. As with the male population, the researcher anticipated various degrees of answers between the MS and AU inmates. When considering previous studies that were reviewed by the researcher, it was anticipated that marijuana would be highly utilized amongst both populations and within both systems. Marijuana use ranked third among MS females (55%) and highest among AU females (83%). Alcohol use ranked first among MS females (74%) and second among AU females (75%), yet the percentage of females that selected alcohol was almost equal. Rounding out the top three choices amongst MS and AU was crystal meth (66%) and heroin (50%), respectively.[44] The abuse of prescription medications should also be noted as it was selected at a rate of over 44% within both systems.

In regards to substances used behind bars, the figures changed slightly among both groups, but reflected the same answers. Marijuana, prescription medications and alcohol (in this order) were the top three substances used in prison among females in both MS and AU. The EMCDDA (2001) reports that that not only is prescription medication abuse a growing trend among females in European prisons, but also a growing concern among prison doctors. The only other option that received additional attention among AU females was heroin use. Numerous European studies report that needle sharing is still a common problem among female inmates and directly leads to the spread of hepatitis and HIV/AIDS (Zurhold, 2004).

[44]BJS (2004) reports that female inmates in both state and federal prisons reported a higher rate of crystal meth use then men.

The following graph displays the variance between substance use in society and in prison within both systems.

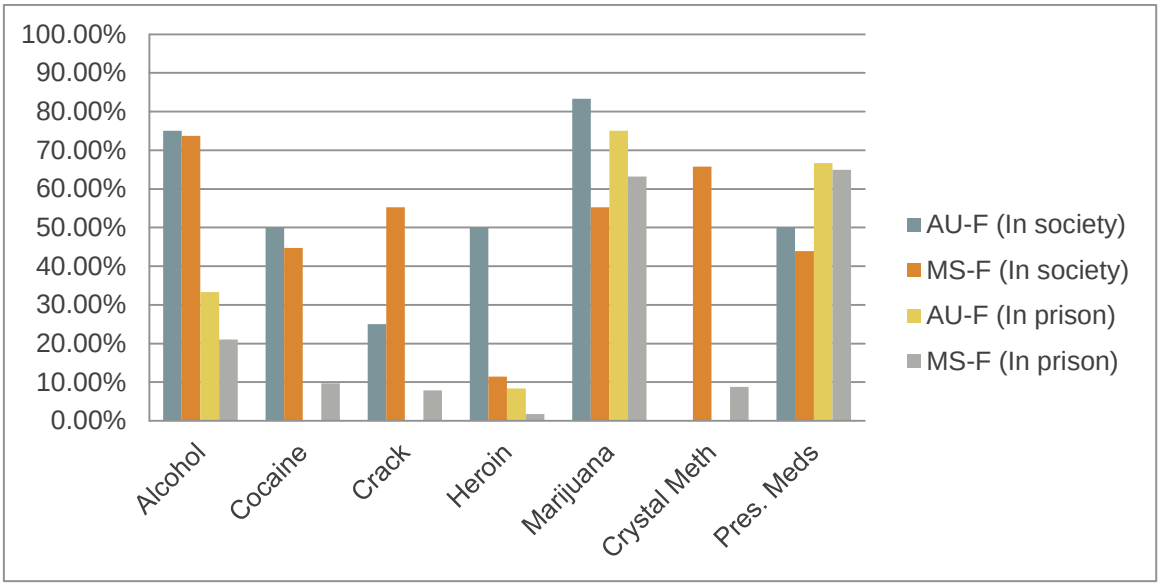

Figure 23. Female drug use. This figure illustrates the substances used by females both in society and in prison.

The frequency of use and the ease (or difficulty) of use were also of interest. SQ11 and SQ12 asked how often inmates use these substances while incarcerated and moreover, how easy is it to use said substance. The response every now and then was reported most (35% and 67%, respectively). Daily was reported second (31% and 17%) with sometimes reported third (24% and 8%). More important than these figures is the response provided for the fourth option: never. This choice was selected by only 5% of MS females and by none of AT females, indicating that on any given day a respectable portion of the female population is engaged in alcohol or drug use while incarcerated.

The methods of obtaining alcohol and drugs were provided within the literature review. SQ12 asked how easy (or difficult) is it for an inmate to use a substance while incarcerated. The responses differed among both populations. Almost 40% of MS females

report that it was easy to use alcohol or drugs while incarcerated, with 19% saying it was extremely easy and 27% saying it was not so easy. Half of AU females reported alcohol and drug use in prison was difficult with a fourth reporting it was very difficult.

In summation, a large percentage of female inmates in both MS and AU were arrested and sentenced to a property related crime (theft or burglary) or a drug related offense. While the level of difficulty differs, female inmates continue to use substances even after incarceration with marijuana, alcohol and prescription medication resting at the forefront.

Substance abuse treatment for females: treatment services. For many women, incarceration is the first opportunity to receive substance abuse treatment. As a large majority of surveyed females were previously incarcerated, it was anticipated that many of these women had previously taken part in an ADTP. SQ13 reported that 61% of MS females indicated that this was not their first time taking part in an ADTP and furthermore, they believed that 75% of their peers had previously taken part in an ADTP on average of two to three times (SQ14). AU females were evenly split between those that had themselves previously utilized ADTP services, yet 59% believed their peers to have participated in prior treatment on average of two to three times.

In regards to specific treatment, participants were asked what forms of ADTPs they have ever taken part in (SQ15) and what forms of ADTPs they believe others to have taken part in (SQ16). Numerous differences exist between MS and AU females. One reason for these differences may be a result of language barriers between the English and German questionnaires. AA and NA were highly utilized (57% and 56%, respectively) among MS females both by themselves and as perceived use by others. AU females selected peer counseling and residential treatment as the most utilized services amongst themselves, but perceived AA and NA to be most widely used by others.

While the nature of some ADTPs is voluntary, many are court ordered. Motivation can play a large role when it comes to treatment and it was therefore necessary to ascertain the driving force behind inmate participation. The overwhelming majority (88%) of MS females reported that other inmates take part in ADTPs because they have to (SQ17). In direct correlation to SQ17, 82% of MS females state that inmates will do and say whatever necessary to successfully complete the ADTP (SQ18) and 63% state that inmates simply go along with the ADTP because they have to (SQ19). AU females were equally split in regards to SQ17, with one-third reporting inmates go along with ADTPs because they want to, one-third reporting that they have to and one-third choosing not to provide an answer. Just as MS females reported (SQ18), 92% of AU females indicated that an inmate will do and say whatever necessary for successful completion of treatment; however, 42% reported that inmates do sincerely want to "kick their habit" and 42% reported a casual acquiescence of inmates.

Over 60% of both groups believed that those in charge of the ADTP sincerely wanted to help (SQ20). In regards to the quality of the program (SQ21) and the quality of the person in charge (SQ22), over 40% of both groups rated their programs ok with 19% and 22% of MS females also indicating that the program was excellent or not that great, respectively. Additionally, MS females on average rated the person in charge ok (50%) and were more likely than AU females to report that the person in charge was great or not so great. AU females reported more that the program was not so great (50%); however, 92% reported that the individual in charge was ok.

Lastly, inmates were asked if they believed these programs to be effective in preventing future alcohol and drug use (SQ24) and the probability that an inmate will continue to use alcohol or drugs once an ADTP was completed (SQ25). Inmates within both systems reported at a rate of 50% that they did not believe these programs to be effective,

with more MS females believing in the effectiveness then AU females and more AU females choosing not to provide a response. It was also believed that the probability of future alcohol or drug use was likely at a comparable rate of 71% and 67%, respectively.

When considering these slices of data, many concepts are understood. Both female groups have participated in numerous forms of ADTPs. While AA, NA, peer counseling and residential treatment were the most common choices, detoxification and alcohol and drug education services were also selected at minimum 30% among both groups. Additionally, half of both groups acknowledged that they had previously been in some form of ADTP with three-fourths of MS females and six out of ten AU females believed to have previously been enrolled in an ADTP. This illustrates a large majority of the current female inmates have participated in a number of various substance abuse treatment. While the majority of both systems believed that the treatment staff was sincerely vested in the inmates' successful completion of treatment, less than half reported that the program itself was ok, with great and excellent being vastly under selected.

Female inmate motivation and overall treatment perceptions are the most significant data. Almost nine out of ten MS females believe that participation is strictly forced. Eight out of ten MS females and nine out of ten AU females report that an inmate will do and say whatever necessary to successfully complete an ADTP. The incredibly high amount of responses indicating a complete lack of enthusiasm for treatment should serve as counsel when considering the future goals of alcohol and drug treatment. Lastly, with half of these groups expressing disbelief in program efficacy and seven out of ten (MS) and six out of ten (AU) females asserting that future alcohol and drug use is likely, it becomes apparent that treatment services for females are in need of improvement not only in methods and delivery, but also in inmate motivation.

A special look at boot camps and their application within the female inmate population. As mentioned earlier, the application of boot camp programs has not garnered much attention within European prison systems. As a result, no comparable EU data is available for female participants. However, in following with the theme of this chapter, it is important to look at these programs and examine how their style and method of treatment is utilized in regards to female inmates. The paramilitary-style structure has been explained to include the use of corporal punishment, verbal demands in the form of screaming and yelling and stringent subordination of boot camp participants. Walker (2006) asserts that BCs "value the most aggressive definition of masculinity" (p. 233). When considering the previously reported data on female inmates who have suffered various forms of abuse from their male counterparts, it can be seen that this type of environment might not be the most conducive when contemplating effective treatment.

The questionnaire results and the open discussion that took place at FSF reflect two, somewhat different stances on the RID program at FSF. Mostly between the ages of 16-35, thirty-six female inmates participated in this study. Identifying themselves as white (69%) or black (25%), over half of the inmates (52%) reported to have their GED, the highest amount among all MS facilities. Additionally, FSF inmates boasted the highest amount of those that had attended college (20%) and the third highest of those that had attended junior college (17%). As a result of this higher display of educational competency, it can be seen that these inmates possess the general capabilities needed to succeed within an alcohol or drug education program.

It was reported by 70% of inmates that their peers had been previously incarcerated on average of two to three times. When asked if they feel safe in the facility, 83% said yes with 61% saying they felt the prison staff wanted to protect them. On overwhelming majority (94%) were convicted on drug related charges (followed by burglary and theft). Alcohol,

marijuana and crystal meth were the most common substances reportedly used by general society and marijuana, prescription medications and alcohol were the most commonly used while incarcerated. Prison drug use was reported almost equally among daily, sometimes and now and then use, with 41% claiming that obtaining substances while incarcerated was easy.

According to 60% of the RID inmates, this was not their first time taking part in an ADTP and with two to three times prior treatment services reported for 72% of others. AA, NA and in-patient treatment were reported as the most commonly used by inmates and perceived to have been used by others. As with the total female inmate population, the majority (89%) report that inmates participate in ADTPs because they have to and that most will do and say what they must to graduate. Boot camp females rated the program and the program coordinator higher than other females giving a response of excellent (42% and 53%, respectively). While half of the RID females proclaimed that ADTPs are effective in preventing future treatment, 75% also stated that future drug use was "likely" among program participants. If inmates feel that these programs are effective in preventing future substance use, why would three-fourths regard future substance use as a likely possibility? Perhaps, on an individual level the program is deemed effective, yet the perception in regards to other inmates is the opposite.

When interpreting this data, major differences between BC inmates and females in the other ADTPs do not stand out. Other than the higher level of reported education, females in the RID program reflect the same opinions as the other females. During the first open discussion at FSF, most inmates did not have much to say and the researcher observed that some of the inmates felt uncomfortable or uninterested. Additionally, the program facilitator was in the room the entire time. Of the twenty-three inmates, fifteen left comments for SQ26. One inmate stated that it was a good program and one stated that she was "thankful for the program." The other comments were not positive. Many inmates reported that the

program was a joke and that they received no valid information on how to fight their future addictions. Inmates accused other inmates of "playing" the staff and accused the staff of swearing at inmates and kicking them out of classes.

The second visit to FSF resulted in a more open discussion, possibly as a result of the facilitator leaving the room while the research was taking place. While the inmates were initially hesitant to speak, they soon became comfortable and recounted situations of abuse, favoritism and insults. Gossiping among staff, fraternization between inmates and staff, the use of vulgar and demeaning language and sexual harassment, to include both verbal and physical assaults were all communicated to the researcher. Many inmates expressed that they had also been victims of various forms of abuse prior to incarceration. Summarizing the account of one inmate:

> My previous boyfriend yelled and hit me almost every day. I used drugs to escape. How is treatment supposed to help me if I am being yelled at and slapped around by the staff?

Furthermore, inmates were told prior to the researcher's arrival, that the researcher was an employee of MDOC and if it was discovered that inmates reported FSF in a negative fashion, they would suffer serious consequences.

While these accusations seemed to have a profound effect on the inmates, the larger concern was the separation that they felt from their families. Most acknowledged that they had "screwed up" and were incarcerated as a result of their own actions. While estrangement from their children further crippled their confidence, it also served as the primary motivator for change. Many inmates requested more family participation with treatment as they felt that the addition of loved ones would not only provide the emotional support needed to succeed, but the education concerning addiction and treatment would benefit both parties.

Walker (2006) asserts that boot camps do not reduce recidivism. Moreover, if the data is correct and the majority of female participants (and males, for that matter) have previously been incarcerated, the "shock" effect that is associated with this program is already lost. By coupling substance abuse treatment with a rigorous, military format that promotes disrespect, extensive physical workouts and an overall dehumanizing environment, is the message of abstinence getting across? Lastly, if the previously cited female-specific needs and requirements are taken into account, boot camps cannot be deemed an appropriate or effective method of substance abuse treatment.

Theme 4 Summary

Theme 4 has outlined that clear realization and distinctions must be made when considering alcohol and drug abuse treatment for offenders diagnosed with multiple pathologies and females. Various classifications of inmates should not be strictly limited to these two groups. Comorbidity and females, however, represent two individual factions of inmates that are growing.

When considering the information concerning comorbidity, the major issue that arises involves the proper placement of such an individual. The debate over hospitals versus prisons must be carefully assessed so that clear and concise guidelines are implemented in order to route these offenders in the appropriate direction. Finding the precise balance between treatment and punishment is difficult. On the one hand, appearing "soft on crime" is not an option for many. Consequences for violations of the law should ensue in one form or the other. However, if the correctional system can take a step back and attempt to assess the degree of danger posed by the offender, there may be instances where it could be determined that the offender would be better off in a treatment facility as opposed to incarceration. Substance abuse treatment for comorbid offenders convicted of non-violent crimes could be better served separate from violent offenders. Rules and regulations must all for distinctions

between offenders to be made. Otherwise, offenders with comorbidity risk the chance of not receiving adequate substance abuse treatment and the door to incarceration for these offenders will continue to revolve.

The gender-specific healthcare needs affecting women are plentiful. General healthcare, menstruation, pregnancy and other reproductive-related concerns, prior histories of abuse and an overall increase in the amount of alcohol and drug use amid females cause the already burdened task of substance abuse treatment to follow a downward spiral. These various elements can overshadow treatment efforts if they are not properly weighed and considered. The presented female data demonstrates that alcohol and drug use is still widely prevalent and that the overall perception of substance abuse treatment and its level of effectiveness are low. More thorough searches for contraband, tougher sanctions on rule-breakers and lengthier sentences may provide the correctional system with immediate gratification; however, these efforts will not succeed on the long term. Additional comments left by both MS and AU females emphasized the power of the individual when concerning treatment and that the desire to change must come from within. Greater emphasis must be placed on motivating female inmates to change and succeed. Opportunities must be presented for female inmates to see what could be as opposed to what is.

The reality is that these two groups, while specific to themselves, are representative of many classifications of inmates as a whole. It is not suggested that their crimes be forgotten or their offenses marginalized as a result of some kind of special status. Rather, careful assessment should be made with regards to punishment and treatment in order to assist the offender in the best way possible and truly prevent future criminal behavior. Recognizing the various characteristics of such classifications, highlighting the differences that they possess and applying this knowledge to the development of future substance abuse treatment is

imperative if these treatment programs truly endeavor to generate substantial change among alcohol and drug users.

Part 3: Conclusions

"When these things begin to take place,

stand up and lift up your heads,

because your redemption is drawing near."

--Luke 21:28, New International Version

CHAPTER VIII

OBSERVATIONS, RECOMMENDATIONS, CONCLUSIONS

The data reported thus far has drawn an overall picture of inmate perceptions of alcohol and drug treatment. Drawing primarily from statistical data, the results have illustrated numerous arguments and points. This chapter will provide the reader with brief accounts of the times spent at both the MS and AU prisons and the last additional data from the survey. Based on the researcher's findings, recommendations will be provided. A five-step plan will be outlined concerning future methods and approaches to substance abuse treatment.

Observations

When initiating this study, the researcher was not aware of how she would be perceived or if she would be welcomed by the inmates or prison staff. Asking questions about other inmates and prison staff could be met with hesitation and distrust. Furthermore, prison staff may not enthusiastically receive the researcher for fear of what might be said and the repercussions that could follow. However, this was not the case. As the duration of the field research lasted approximately fourteen months, the researcher was able to witness and

examine numerous programs, comprised of a diverse assortment of individuals located in a variety of locations. This combination led to some disparities among research data, but the similarities of the results between MS and AU are more compelling.

All of the inmates that participated in this study – both MS and AU, both male and female – demonstrated the same frustrations and dejections with their current state of affairs. Some expressed this through anger, others through tears. Some used humor, others remained silent. Many inmates that spoke acknowledged that they indeed had a substance abuse issue. Some expressed regret over their actions and many swore that upon release, they would never again use alcohol or drugs. They carried enormous guilt about how their actions affected their families and felt shameful for the embarrassment they have caused. Other inmates maintained that they did not have any problems with substance abuse and proclaimed that "smoking weed every day" has no negative effect on their lives. The researcher pointed out that their incarceration was a direct result of their drug use, but this notion was met with resistance and the issue was raised concerning why certain substances could not be legalized.

Requests for more educational programs were made and some inmates indicated that they would like to learn more about the mental, physical and psychological effects that substance use can have. The idea of separating those that truly want help from those that do not was raised on a number of occasions with inmates calling the others a 'distraction." Some inmates asserted that if they were just going to sit and watch Hollywood movies all day, they would at least prefer new releases. A number of inmates indicated that the treatment programs were "a waste of tax payer money" and a simple way for the state to increase its revenue. Others noted that they would prefer to sit in their cell all day as opposed to being lectured about a problem that they did not have and that they may be more motivated if their earned more MET credit. Some inmates declared that only through God could a

person be “freed of his demons.” Or as one inmate put it, “the system is just trying to keep us down.”

All of these beliefs and feelings and suggestions reflect an array of emotions and personalities. Many inmates left comments that they appreciated the work of the researcher and that they looked forward to hearing the results of the study. The possibility of learning that others felt the same way towards the various aspects of treatment seemed intriguing and many inmates appeared enthusiastic at the chance to be a part of the research. Yet after the initial interest and eagerness to be a part of something began to fade, most inmates communicated that despite the researcher’s noble intentions, nothing would ever come of this work. SQ25 asked if other inmates believed that their participation would have any effect on their daily life during imprisonment. Over 50% of all of the samples said no.

Does this lack of confidence in the questionnaire directly correlate to a lack of confidence in the prison system? It is possible. This answer is provided by individuals who have broken the law. They have committed a number of crimes. These crimes have resulted in convictions and these individuals are now “paying their debt to society” through incarceration. There are those that accept their condition and those that do not. There are those that want to change and those that have nothing to change. There are those that the system can help and unfortunately, there are others that the system cannot reach. Taking into consideration all of the thoughts and ideas presented above and combining them with the dynamics of prison and incarceration, exactly what can be done to address such a large scale problem? What kinds of programs and policies can be developed and implemented to better assist in the rehabilitative process? Furthermore, how effective are the ones that are already utilized?

Recommendations

As with any issue, there is not one simple solution to these questions. The matter of alcohol and drug use is a multi-faceted one and demands the attention of many. The researcher recommends considering a five-step approach to executing adequate and successful substance abuse treatment:

1. Set goals
2. Recognize client
3. Obtain information
4. Acquire necessary resources
5. Implement

This list may not appear overly innovative or groundbreaking. These various approaches have been utilized before and perhaps in this same format. However, taking into consideration the literature and data presented in this study, the researcher intends to outline approaches that correctional communities can use to assist and treat offenders suffering from alcohol and drug related issues. Each step is described below.

Set Goals

Before tackling any project, the aims and objectives must be clearly determined and a detailed methodology established. Complete awareness regarding the exact intentions of a task is crucial and if this is lacking, eventual failure is imminent. Correctional authorities, along with law enforcement personnel, must ask themselves, "What are we trying to accomplish?" Treating offenders is the obvious and most general answer, but this is on the surface and a deeper look must be conducted. If an individual is convicted for possession of marijuana should he be treated in the same way as someone convicted for selling large amounts of crystal meth? If an inmate is serving time for his second or third DUI conviction, should his treatment be the same as a heroin addict. The different characteristics associated

with different substances were established in the literature review and these dissimilarities demonstrated a need for specific treatment methods. While at Parchman, an inmate expressed confusion as to why he was being lectured on addiction regarding a substance that he did not use. Simply put, the same methods used to treat cancer would not be used to treat the common cold. Furthermore, these goals must be established in a reasonable and modest format (Walker, 2006). Promoting a program or idea that claims to eradicate drug use is unrealistic. The idea that a war on drugs is going to wipe them from existence or even the streets is a far cry from reality. The term "war" implies that there will be an end and that one side will emerge victorious (Walker, 2006). Upon recognition that an all-out end to drug use is not achievable, more practical efforts can occur.

When specifically considering alcohol and drug treatment, short-term and long-term goals must be identified and they must reasonable. If an individual smokes marijuana on a daily basis, why would it be expected that he would immediately stop following incarceration, especially considering the readily available supply of marijuana in prison? Long-term goals should also be approached pragmatically. Recalling the previous information regarding cure versus treatment, is it realistic to assert that a substance user is ever transposed into a non-substance user? Of course there are individuals who have benefited from treatment and have been free from substance use for many years. However, many of these people will admit that each day is a battle. Yochelson and Samenow (1986) conclude that the process of change is never finished. If this is accepted, the idea of sentencing a chronic drug user to a twenty-eight day treatment program seems less sensible. For all of the reasons, obtainable goals must be established.

Client Recognition

Once clear and concise goals have been recognized, the individuals who stand to benefit from these goals must be carefully evaluated and considered. Data in this research

shows that the inmates participating in ADTPs have multiple convictions for a multitude of crimes and that they use various forms of substances at different intervals. Moreover, offenders will often time use more than one drug, either as a result of availability or ease of use. This constant change is almost impossible to monitor. According to Yochelson and Samenow (1986):

> Drugs do not manage the criminal. He regards drugs as he regards the rest of the world. Nothing manages him. He learns what to expect pharmacologically and endeavors to regulate his frequency of drug use and dosage accordingly. (p. 219)

If this statement is true, then the process of implementing effective treatment is further burdened. Just as cancer cells mutate and spread, the more an addict changes his patter and frequency, the more difficult treatment becomes.

Yochelson and Samenow (1976) have further asserted that criminals will lie and say whatever necessary to obtain their goals. Data from this research supports this theory with an overwhelming majority. This should not imply that every criminal will always lie or manipulate every single situation. Rather it should serve as a precautionary measure when approaching these offenders. Additionally, certain research will indicate that an offender is the way he is as a result of his socio/economic background. A substance user's past can undoubtedly have a profound effect upon his life and life choices. However, the amount of emphasis placed on an offender's upbringing and its relation (or lack thereof) to his substance abuse problem should be used with caution. By placing blame on an outside component, the offender has the possibility of reinforcing the idea that he did nothing wrong in the first place and "absolving himself of responsibility" (p. 29). If an inmate does not accept that his behavior is wrong, how can he endeavor to change it?

When planning a program and taking into account that the program's clients are diverse in nature, it must be accepted that the program, no matter how properly planned and

executed, may not work for everyone. By accepting this in advance, the possibilities arise of separating those that are susceptible to the program from those that are not. Numerous inmates throughout this study indicate that their treatment process was hampered by the disruption caused by fellow inmates. If only half of the group takes an activity seriously, what are the consequences for those that do not? Why continue to fund and implement treatment for an individual who is refusing to engage and participate? Many national and international rules and regulations call for non-discrimination, equal treatment of prisoners, adequate healthcare and sufficient treatment initiatives. Allowing admission into a treatment facility only to those that want to be there does not go against any of these points. If this does not seem plausible, simply consider the rights of the inmate that wants to participate and successfully complete a treatment program. If he is not able to receive adequate healthcare or treatment as a result of other inmate behavior, are his rights not infringed upon? If an inmate is deemed to be a safety risk, he is not placed in general population. If an inmate becomes aggressive or violent, he is then removed and sometimes segregated. This same concept can be applied to alcohol and drug treatment. By not allowing admission or calling for the removal of those that are a "risk" to the treatment environment, the offenders that sincerely want the opportunity to change are on a better way to do so. Certain stipulations do exist for eligibility in a treatment program, however, closer monitoring of those that participate and those that do not must occur.

Gather Useful and Credible Information

Following the establishment of goals and sufficient identification of the treatment population, information must be gathered to determine which types of programs should be developed and implemented, to include a review of current practices. The types of treatment programs that are currently underway should be evaluated in an unbiased, neutral manner and preferably by someone or a group of individuals that have no vested interest in a particular

department of corrections.[45] When looking at the various programs questions should be raised concerning what has worked and what has not. When deciding whether or not something has worked, correctional systems and policy makers refer directly to numbers and often times the standards of a program's success are based on whether or not crime has increased or dropped. Evidence-based research has become the model for determining effectiveness. While scientific data is important and can contribute to justifying or disproving almost anything, it should not be the only source from which judgments are drawn. Walker (2005) asserts that relying too heavily on scientific data can be troublesome and that "there is no evidence that any treatment program consistently reduces drug use for all persons enrolled in the program" (p.280). Walker acknowledges that treatment can work, but the key word that causes this sentence to stand out is "consistently." Programs need not only make an impact on the participating inmates, but they should continue to make an impact on each new class. Taking the time to adequately research and prepare a program that has true potential for long-term implementation can be more beneficial than a hastily developed program that may soon be determined to not work.

Policy-makers must be able to admit and accept if a specific treatment plan does not fare as well as originally hoped. If an inmate is expected to see the error of his ways and realizes that his previous choices were not in his best interest, should not the same be expected of the individuals who are writing policy? If when reviewing a treatment agenda it becomes clear that it is not producing the desired results, it should then be reevaluated and examined for improvement.

In addition to evidence-based research and self-reflection, there is another invaluable source of insight and knowledge that should be considered: that of the inmate. Looking at the number of inmates that graduate a program does not determine that programs level of success

[45] See Louria, Chapter II.

unless graduating the inmate was the only program goal. As previously reported in this work, over 80% of all inmates believe that their peers will do and say whatever is necessary to successful complete a program. The total perceived likelihood of future drug use (including likely and most definitely) is over 90%. Inmate opinions should not be discounted simply because they come from an inmate. The main goal of this research was to evaluate the inmates' thoughts and then use them to consider how to move forward with treatment initiatives.

Lastly, the use of a simple, common sense approach to alcohol and drug treatment policy should not be undervalued. Evidence-based data or evaluations of previous programs are often required because people like to see hard facts when deciding if something is working. Yet simple good judgment should not always be discredited. Consider the boot camp model that was discussed in Chapter XII in specific regard to females. In addition to the military drill and corporal environment that make up the RID program, many of the female participants complained of maltreatment on a number of different levels.

Furthermore, they acknowledged that this treatment mimicked the abuse that they had received within their personal relationships and with significant others prior to incarceration. The assumption that taking a substance user out of one abusive relationship only to replace it with another abusive relationship and then expecting a genuine change to take place can simply be deemed absurd. Male inmates at a number of facilities communicated that their treatment programs consisted of a one hour a day class involving reading a drug education pamphlet or watching movies. Basic common sense can show that this approach is far from reasonable or practical and the prospect of real change is virtually impossible.

Obtain the Necessary Resources

Vital to the success of any project is the procurement and allocation of sufficient resources. When asked what kinds of resources are needed to adequately implement a

project, money will almost always be the immediate answer. Monetary funds are indeed highly significant because in most instances they provide the initial wherewithal to get any project off the ground. Without financial backing, a location cannot be established, personnel cannot be hired and educational materials cannot be purchased. However, when considering sufficient alcohol and drug treatment, two other important resources must be taken into account: a properly trained staff and public support.

The staff, program coordinators and treatment facilitators that direct or manage any kind of treatment program must have sufficient training and knowledge in regards to what they are doing. It is important that these individuals are aware of the program objectives, that they know what kind of inmates they are overseeing and that they have a general idea of what the correctional authority expects of their performance. This does not mean that all treatment staff be highly trained practitioners or licensed specialists in certain fields. Therapists and doctors should certainly be available for particular circumstances; however, the coordinators and facilitators that implement substance abuse programs on a daily basis need a basic, fundamental idea of the treatment goals. They should be able to administer and lead treatment programs in a manner consistent with previously developed departmental policies. They should have the competence to develop daily lessons and they should be educated on how to explicitly convey these lessons to their inmate audience. Most importantly, they should be motivated to help. It can be discouraging to provide help and attempt to instill change only to be met with resistance and failure. However, if those in charge of the programs are not sincerely concerned with the outcomes of treatment, how could they expect the inmates to be? Paraphrasing one inmate's comments: "I don't really participate because I don't have to. Those people in charge are nice and all, but they sit in their office and don't have much to do with us. If they don't see a point in all this, why should I?"

Arguably the most important resource concerning drug and alcohol treatment is public support. Without some degree of community acceptance, treatment programs cannot succeed for if the public withholds its support, this can directly obstruct the other required items. The general population often time raises concern about the amount of money spent on prison infrastructure. Small towns that bear the costs of building new jails and inmate treatment services often raise issues with tax-payer money being spent to help criminal offenders when there are roads and schools that need attention. Public perception (see Chapter VI) directly influences legislation and can garner unwanted attention to the shortcomings of correctional departments. The researcher was once told by a correctional practitioner, "the less the public knows about what goes on behind the prison walls, the better. We just get more accomplished that way."

However, if the correct steps are taken, informing the public can benefit the cause. Simple information concerning departmental goals, expected outcomes, possible scenarios where problems might arise and a breakdown of costs can provide a sense of relief to the community in that they know what to expect. By informing the public of how these programs attempt to have long-term and lasting effects on society, correctional departments and politicians may have an easier chance at getting the support and resources needed. The value of honest should not be underrated. As previously indicated by Chairman Flaggs, public perception and public support are important. Simple efforts to inform the community of the exact task at hand can gain public trust and help further facilitate treatment goals.

Implementation

The four steps described so far are all preparations for the final stage of executing effective substance treatment. When the first four elements are complete, the fifth and final step of implementation can commence. Goals are set, inmate characteristics have been considered, programs have been developed based on evidence and inmate concerns and all

the resources required are in place. Because all of the other components have been arranged and employed, it may seem natural to expect that this final phase can implemented with a certain ease. On the contrary, implementation can in fact be the most difficult part of the process because everything hinges on the reception and acceptance of a third party: the inmate.

Without inmate cooperation, a willingness to participate and most importantly, a desire to change, alcohol and drug treatment will not work. Receiving a certificate and attending a graduation ceremony do not necessarily translate into a successful treatment experience. The inmates in this study have demonstrated that their readiness to simply finish. A treatment program can be developed by the most trained and educated individuals in the correctional field and it can be supported without financial limitations, but if the offender does not want to participate, he is not going to. A substance using offender cannot be forced or compelled to complete treatment in a successful and authentic manner. Regarding inmate motivation, DeRopp (1957) states:

> Absolutely nothing [can be done] until he has reached a fixed decision to help himself. Only when he has grown utterly disgusted with his dependence, when he has sunk to the bottom of the pit and come to loathe his self-inflicted degradation can he be helped to help himself. (p. 134, as cited in Yochelson and Samenow, 1986, p. 235)

The final words of this phrase "can he be helped to help himself" are extremely powerful as they indicate the foundational problem with substance abuse treatment: the inmate cannot be helped until he learns to help himself.

During the researcher's prison visits, when given the opportunity to speak or leave a general comment, inmate after inmate proclaimed that the only way for alcohol and drug treatment to be effective was if the inmate so desired. Comments that praised individual program efforts and that gave positive reviews of the facilitators still concluded that change

was entirely up to the inmate. Substance users should be presented with the adequate tools for change and then motivated to use them. The leads to the questions, "How can the correctional system motivate inmates?" Yochelson and Samenow (1986) assert that the task at hand is not rehabilitation as this implies that the criminal will return to an earlier state of being (p. 336). Rather, the goal is "habilitation." A substance user has to reconstruct the perceptions that he has of the world and begin to evaluate things in a different way. He must be shown the possibilities of how things could be. An alcohol and drug using offender must be taught the process of self-awareness, self-responsibility and a daily reflection of his "moral inventory" (p. 360). Only when an substance user (incarcerated or not) accepts responsibility unto himself and only when he makes a conscious decision that change is on the horizon, can treatment programs truly stand a chance.

It is important to recognize that there will ultimately be challenges when implementing substance abuse treatment. As it has been established that change can only begin to occur with the consent of the inmate, an adequately designed and research program should not be automatically counted as a failure if inmates choose not to participate. While the fault may lay largely or entirely on an inmate's decision to not participate, an examination of the other program factors must also be evaluated.

Conclusion

The contents of this dissertation have attempted to display the numerous topics and problems that are directly related to alcohol and substance abuse treatment. The four themes presented in this work have displayed the overlapping relationship of factors that exists within the correctional system. The prison setting and the prison culture set the stage for everything. The chaotic environment, the struggle for power and the daily fight for survival demonstrate that treatment options in the prison setting may not be the best option. Housing non-violent, low-risk offenders in a treatment facility separate of a prison facility can be more

conducive to the treatment process. As drug use in society and drug use in prison continue to be an issue and because there is no foreseeable end of this use in sight, closer monitoring of substance use and stricter consequences for violators must occur. Substance abuse treatment in prison currently takes place in various delivery methods, yet addiction and drug-related crime still occur. This does not mean that all current methods should be discarded and the slate wiped clean. Rather, further, honest evaluations should be made into these programs to determine if these efforts are worth continuing or if it is time for a new plan. The data in this research shows that many inmates want to change. They believe that these programs can help. They believe that the intentions of those in a position to help are generally positive and many inmates simply need to be given the opportunity to know that something better can happen. Lastly, the additional concerns that are presented by comorbidity and females must be a top priority.

The diversity of all of the actors is of great importance. Correctional authorities, politicians, practitioners, academics, inmate families, society and the inmate himself each present a certain set of skills, knowledge and experiences that shape the treatment environment. The success of an ADTP does not hinge on just one part. Rather, all of the elements are interconnected and the success and integrity of each one affects all of the others. Each of these factions must accept individual responsibility for the components and features that they bring to the treatment process. It must be accepted that alcohol and drug treatment is a shared problem and it requires a collective effort if it stands any chance at truly being *effective*.

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- §22

Strafvollzugsgesetz (StVG)
- §20
- §68

Suchtmittelgesestz (SMG)
- §10.1.5
- §27
- §39

Europe

European Prison Rules (EPR)
- §12.1-12.2
- §19.7
- §34.1-34.3
- §40.4
- §42.3d

Germany

Prison Act 1976 (BtMG)
§1.1
§29-29a
§141

Mississippi

MS Code (1972)
§47-4-47
§47-5
§49-29-101 - §49-29-191
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§31-30-19
CH. 29§41-30-9

The Netherlands

Penitentiary Principles Act

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United Nations

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APPENDIX A

Prison Questionnaire – Mississippi Version

Mississippi Prison Study Questionnaire

To the participant – Thank you for filling out this voluntary questionnaire. The goal of the researcher is to obtain information that will help develop future Drug and Alcohol Treatment Programs that can assist incarcerated persons in a more meaningful and successful way. Your questionnaire and all answers that you provide are strictly confidential and will be used for the purposes of this study and future research only. The researcher asks that you answer each question to the best of your knowledge and as truthfully as possible. Please select only one answer per question, unless indicated otherwise.

Thank you for your time and cooperation.

1. Are you:
   Male _____
   Female____

2. Age:
   16-24_____
   25-36_____
   37-45_____
   46-55_____
   56+_____

3. Race:
   African-American _____
   Asian_____
   Hispanic_____
   White_____
   Other_____

4. Education
   Please check all that apply:
   High school_____
   High school graduate_____
   GED_____
   Junior college_____
   Associates degree_____
   College_____
   College degree_____
   Other____

5. How many times would you say the majority of other inmates have been locked up?
   Once_____
   2-3 times_____

4-6 times_____
More than 6 times _____

6. Do you think other inmates feel safe in this facility?
   Yes _____
   No _____
   No response_____

7. Do you think other inmates feel that the prison staff (administrators/guards) wants to protect them?
   Yes _____
   No _____
   No response _____

8. Which types of crimes land most inmates in jail?
   Please check three:
   Burglary _____
   Theft _____
   Assault _____
   Rape _____
   Larceny _____
   Weapons charge _____
   Drug possession_____
   Trafficking _____
   Solicitation _____
   Public order disturbance _____
   DUI/DWI _____
   Other (please list) _____

9. What is the most common substance people use?
   Please check three:
   Alcohol _____
   Cocaine _____
   Crack _____
   Heroin _____
   Marijuana _____
   Methamphetamines _____
   LSD or other hallucinogens _____
   Ecstasy _____
   Prescription Medications (illegal use/abuse)
   Other (please list) _____

10. What is the most common substance inmates use behind bars?
    Please check three:
    Alcohol _____
    Cocaine _____
    Crack _____
    Heroin _____
    Marijuana _____
    Methamphetamines _____
    LSD or other hallucinogens _____
    Ecstasy _____
    Prescription Medications (illegal use/abuse)
    Other (please list) _____

11. How often do you think inmates use any of the above listed substances while locked up?
    Daily _____
    Sometimes _____
    Every now and then _____
    Never _____

12. How easy is it to use these substances while locked up?
    Extremely easy_____
    Easy_____
    Not so easy ____
    Difficult_____

13. Is this your first time taking part in an Alcohol and/or Drug Treatment Program?
    Yes_____
    No_____
    No response _____

14. How many times do you think the majority of other inmates have previously taken part in an Alcohol and/or Drug Treatment Program?
    Once_____
    2-3 times_____
    4-6 times _____
    More than 6 times _____

15. What kind of Alcohol and/or Drug Treatment Programs have you ever taken part in?
    Please check all that apply:
    Alcoholics Anonymous _____
    Narcotics Anonymous _____
    Peer counseling _____
    Alcohol/Drug education programs _____
    Residential treatment _____
    In-patient treatment facility _____
    Professional counseling _____
    Detoxification unit _____
    Self-help group _____
    Other (please list) _____

16. What kind of Alcohol and/or Drug Treatment Programs do you think other inmates have taken part in?
    Please check all that apply:
    Alcoholics Anonymous _____
    Narcotics Anonymous _____
    Peer counseling _____
    Alcohol/Drug education programs _____
    Residential treatment _____
    In-patient treatment facility _____
    Professional counseling _____
    Detoxification unit _____
    Self-help group _____
    Other (please list) _____

17. Do you think other inmates take part in Alcohol and/or Drug Treatment Programs because they want to or because they have to (court ordered, part of sentencing, etc.)?
    They want to _____
    They have to _____
    No response _____

18. Do you think inmates will simply do and say whatever they need to just so they can successfully finish an Alcohol and/or Drug Treatment Program?
    Yes _____
    No _____
    No response _____

19. Do you think the majority of inmates who take part in alcohol and/or drug treatment programs really want to kick their habit or do they just go along with the program because they have to?
    They want to kick their habit _____
    They just go along with the program because they have to_____
    They don't have a habit to kick _____
    No response _____

20. Do you think the majority of inmates who take part in alcohol and/or drug treatment programs believe that the people in charge of such programs really want to help?
    Yes _____
    No _____
    No Response ___

21. How would other inmates rate the quality of this facility's Alcohol and/or Drug Treatment Program?
    Excellent _____
    Ok _____
    Not that great _____
    Sucks _____

22. How would other inmates rate the quality of the person in charge of this Alcohol and/or Drug Treatment Program?
    Excellent _____
    Ok _____
    Not that great _____
    Sucks_____

23. Do most inmates think that alcohol and/or drug treatment programs are effective in preventing future alcohol and/or drug use?
    Yes _____
    No _____
    No Response _____

24. How likely is it that an inmate will use alcohol and/or drugs again after completing an Alcohol and/or Drug Treatment Program?
    Most definitely _____
    Likely _____
    Probably not _____
    No chance in hell _____

25. Do you think other inmates who have completed this questionnaire believe that their answers will make any positive difference on their day to day lives behind bars?
    Yes _____
    No _____
    No Response _____

26. Please use this space for comments, suggestions or to add any general information that you think would be useful for this study:

Questionnaire Clarification

This questionnaire was developed by the author and went through several drafts, reviews, and modifications. After consulting with Criminologist, Dr. Dennis J. Stevens, Professor of Criminology at The University North Carolina-Charlotte, it was determined that a specific and delicate approach had to be taken in order to ensure the best chance at obtaining honest and accurate information. Inmates can sometimes be both deceptive and manipulative, making it a concern of the author's that the collected data may or may not be reliable. It was thought that if the questionnaire asked too many questions directed specifically at the inmate him/herself, that the inmate may feel threatened, paranoid and uncomfortable. In general, they may not answer questions honestly if they think that they might get into trouble for their responses. Dr. Stevens advised that if the questionnaire took more of an indirect approach and asked the inmate what he/she thought about everyone else as opposed to him/herself, the inmate might be more willing to be open and honest about his/her answers. The author agreed.

In addition, it can possibly be concluded that the inmate's answers are more of a direct reflection of the inmate him/herself as opposed to what he/she thinks about others. If the inmate is able to mask his/her answers behind the identity of someone else, the likelihood of participation is higher. Lastly, the author wanted each question to convey a sense of understanding and compassion to each inmate so that he/she would not feel belittled or embarrassed.

In addition to the approach, the format and wording of the questionnaire is meant to be as simple and easy to follow as possible. The author chose to use phrases like "locked up" as opposed to "held in a correctional facility," among others, in order to refrain from giving off a sense of superiority. The author did not want to offend the inmates by using scholarly words and/or phrases and felt that such wording would simply turn the inmate off of

completing the questionnaire. By formatting the questions in such a way that the inmate could relate to, the author felt that participation would be more enthusiastic.

APPENDIX B

Prison Questionnaire – Austrian Version

Justizanstalt Wien-Favoriten

Sehr geehrter Teilnehmer – Das Ziel dieser Forschungsarbeit ist es informationen zu sammeln die uns helfen können die Drogen und Alkeholprogramme in der Zukunft zu verbessern. Der Fragebogen und all Ihre Antworten werden stengstens vertraulich behandelt und nur im Ramen dieser Studie benutzt. Das Forscherin wuerde gern das Sie jede der gelisteten Fragen beantworten nach Ihrem besten Wissen und gewissen. Bitte wählen Sie nur eine Antwort für jede Frage, falls nicht anders angegeben.

Vielen Dank für Ihre Unterstützung.

1. Geschlecht:
   maennlich _____
   weiblich _____

2. Altersgrueppe:
   16-24 _____
   25-36 _____
   37-45 _____
   46-55 _____
   56+ _____

3. Sind Sie Oesterreicher/in?
   Ja _____
   Nein* _____
   *Wenn nicht, was ist Ihre Nationalitaet _____

4. Schuelbildung/Ausbildung:
   Mehr als eine Antwort moeglich-
   AHS (Allgemeine bildende höhere Schule) _____
   BHS (Berufsbildende höhere Schule) _____
   BMS (Berufsbildende mittlere Schule) _____
   PTS (Polytechnische Schule) + Berufsschule _____
   Kolleg _____
   Universität _____
   Fachhochschule _____
   Akademie _____

5. Wie haeufig waren die meisten der anderen Insassen schon im Gefaengnis?
   Einmal _____
   Zwei- bis dreimal _____
   Vier- bis fuenfmal _____
   Mehr als sechmal _____

6. Denken Sie, dass sich die anderen Insassen in dieser Einrichtung sicher fuehlen?
   Ja _____

Nein _____
Keine Antwort _____

7. Denken Sie, die anderen Insassen sind der Meinung, dass die Gefaengnismitarbeiteren/innen (Verwaltungspersonal/Aufseher) sie beschuetzen wollen?
   Ja _____
   Nein _____
   Keine Antwort _____

8. Aufgrund welcher Vergehen verbuessen die anderen Insassen ihre Haftstrasse?
   Bitte, Wählen Sie drei aus –

Einbruch _____	Drogen besitz _____
Diebstahl _____	Illegale Handel (zB. Drogen, Waffen, Menschen) __
Vergewaltigung _____	Prostitution _____
Trunkenheit am Steuer _____	Störung der öffentlichen Sicherheit und Ordnung __
Unerlaubter Waffenbesitz _____	Andere (bitte ergaenzen) _____

9. Welche Substanzen sind am verbreitesten?
   Bitte, Waehlen Sie dre aus –

Alkohol _____	LSD oder andere Halluzinogene _____
Kokain _____	Ecstasy _____
Crackkokain _____	Verschreibungspflichtige Medikamente (illegaler) __
Heroin _____	Methadon (illegale/unerlaubter Umgang) _____
Marihuana _____	Andere (bitte ergänzen) _____

10. Welche Substanzen sind im Gefaengnis am verbreitesten?
    Bitte, Waehlen Sie dre aus –

Alkohol _____	LSD oder ander Halluzinogene _____
Kokain _____	Ecstasy _____
Crackkokain _____	Verschreibungspflichtige Medikamente (illegaler) __
Heroin _____	Methadon (illegale/unerlaubter Umgang) _____
Marihuana _____	Andere (bitte ergaenzen) _____

11. Wie oft nehmen Insassen die oben gennanten Substanzen im Gefaengnis zu sich?
    Täglich _____
    Manchmal _____
    Von Zeit zu Zeit _____
    Nie _____

12. Wie schwierig ist es, im Gefängnis an diese Substanzen zu kommen?
    Sehr schwierig _____
    Schwierig _____
    Nicht so schwierig _____
    Einfach _____

13. Nehmen Sie das erste Mal an einer Alkohol- oder Drogentherapie teil?
    Ja _____
    Nein _____
    Keine Antwort _____

14. Wie oft haben die anderen Insassen schon an einer Alkohol- oder Drogentherapie teilgenommen?
    Einmal ____
    Zwei- bis dreimal _____
    Vier- bis fünfmal _____
    Mehr als sechsmal _____

15. An welcher Art von Alkohol- und/oder Droegentherapie haben Sie bereits teilgenommen?
    Bitte, Waehlen Sie alles die sich auflegen –
    Anonyme Alkoholiker _____
    Anonyme Narkotiker _____
    Gruppen Therapie _____
    Akohol- und Drogenentzugsprogramme _____
    Stationäre Langzeittherapie _____
    Ambulante Suchthilfe Betreuung facility ___
    Psychotherapie_____
    Stationärer Entzug _____
    Selbsthilfegruppe _____
    Andere (bitte auflisten) _____

16. An welcher Art von Alkohol- und/oder Droegentherapie haben die anderen Insassen teilgenommnen?
    Bitte, Waehlen Sie alles die sich auflegen –
    Anonyme Alkoholiker _____
    Anonyme Narkotiker _____
    Gruppen Therapie _____
    Akohol- und Drogenentzugsprogramme _____
    Stationäre Langzeittherapie _____
    Ambulante Suchthilfe Betreuung facility ___
    Psychotherapie_____
    Stationärer Entzug _____
    Selbsthilfegruppe _____
    Andere (bitte auflisten) _____

17. Denken Sie die anderen Insaßen nehmen an Alkohol- und/oder Drogentherapie teil, weil sie es wollen oder weil sie es müssen (zB. Auflage des Gerichts)?
    Weil sie es wollen _____
    Weil sie es müssen _____
    Keine Antwort _____

18. Denken Sie, dass es Insaßen gibt, die alles machen oder behaupten würden, nur um die (gerichtliche) Auflage zu erfüllen?
    Ja _____
    Nein _____
    Keine Antwort _____

19. Denken Sie, dass die meisten der Insaßen, die an Alkohol- und/oder Droegentherapie teilnehmen, tatsächlich ihre Sucht besiegen wollen oder es nur tun, weil sie dazu verpflichtet sind?
    Sie wollen ihre Sucht besiegen _____
    Sie nehmen an denProgrammen teil, weil sie dazu verpflichtet sind _____
    Sie sind nicht süchtig _____
    Keine Antwort _____

20. Denken Sie die anderen Insaßen der Meinung sind, dass die Therapieleiter/in Ihnen wirklich helfen möchten?
    Ja _____
    Nein _____
    Keine Antwort _____

21. Wie würden die anderen Insaßen die Qualität der Alkohol- und/oder Drogentherapie in dieser Anstalt einschätzen?
    Ausgezeichnet _____
    OK _____
    Nicht so gut _____
    Schlecht _____

22. Wie wuerden die anderen Insassen die Qualitaet der Arbeit des Therapieleiters oder der Therapieleiterin in dieser Anstalt einschaetzen?
    Ausgezeichnet _____
    OK _____
    Nicht so gut _____
    Schlecht _____

23. Sind die meisten Insassen der Meinung, dass die Alkohol- und/oder Drogen Therapieprogramme geeignet sind zukuenftigen Alkohol- und/oder Drogenmissbrauch zu verhindern?
    Ja _____
    Nein _____
    Keine Antwort _____

24. Wie hoch ist die Wahrscheinlichkeit, dass die Insassen wieder ruckfaellig werden ,nachdem sie an einem Alkohol- und/oder Drogen Therapieprogramm teilgenommen haben?
    Sehr wahrscheinlich _____
    Wahrscheinlich _____
    Nich sehr wahrscheinlich _____
    Auf keinen Fall _____

25. Denken Sie, dass die anderen Insassen, die diesen Fragebogen beantwortet haben der Meinung sind, dass ihre Antworten dazu beitragen werden ihren Aufenthalt im Gefaengnis zu verbessern?
    Ja _____
    Nein _____
    Keine Antwort _____

26. Platz fuer weitere Kommentare, Vorschlaege, oder Information, die fuer diese Studie nuetzlich sein koennten:

CURRICULUM VITAE

Education

October 2009- Present	University of Vienna, Vienna, Austria Doctoral Candidate, A.B.D. Doctoral Studies in Legal Sciences, Criminal Justice and Criminal Law Emphasis Tentative Defense Date – February 2013 Dissertation: *The Effectiveness of Alcohol and Drug Treatment Among the Incarcerated Population: an American and European Perspective with a Special Emphasis on Mississippi and Austria*
July 2010- August 2010	Vienna International Sommerhochschule, Summer Program for International and European Studies, Lake Wolfgang, Austria Certificate of Completion, Graduation with Distinction Focus on European Union law, policy, human rights and the European Union relation to other nations.
April 2009- Jul 2009	University Preparation Program for German Language Center for Middle Eastern Studies, Vienna, Austria Certificate of Completion Studied German language, history and culture in an international environment.
August 2005 – December 2006	University of Southern Mississippi, Gulfport, MS Master of Arts, Administration of Justice Thesis: *Law Enforcement and its Reaction towards Gender Biased Crimes*
August 2000 – December 2004	University of Southern Mississippi, Hattiesburg, MS Bachelor of Arts, International Studies Minor in Forensic Science Primary focus on European Studies. Completed thirty-two hours in Forensic Science coursework. Completed eighteen hours in German coursework.
July 2002, July 2003 March – June 2005	Goethe Institut for German Language Study, Düsseldorf, Germany Certificate of Completion through Level A.2.2. Studied German language, history, and culture in an international environment.

Work Experience

August 2011-Present	*Adjunct Faculty,* Department of Political Science, International Development and International Affairs The University of Southern Mississippi, Gulfport, MS Responsible for developing class syllabus, lectures, exams and projects. Classes instructed: International Law and Organization; Human Rights; International Law (fall 2013)
August 2011-Present	*Recruiter/Coordinator,* International Development Doctoral Program The University of Southern Mississippi, Gulfport, MS Responsible for recruiting new students through mail outs, assisting with the application process and facilitating the voting procedure. Coordinate the orientation day for all new students. Assist current students with program questions, advisement, registration, program issues and any additional matters that need attention. Assist faculty members with student related issues, coordinate faculty meetings and any additional faculty concerns. Plan, coordinate and facilitate all in-person sessions for students at local site and off-campus. Responsible for some expenses. Responsible for website maintenance.
March 2007 – February 2009	*Federal Investigator,* United States Office of Personnel Management Federal Investigative Services Division, Biloxi, MS Responsible for conducting background investigations on potential and current personnel. Conducting interviews with individuals undergoing investigations and sources that have direct knowledge of those under investigation. Responsible for locating and obtaining record information. Responsible for typing and reporting all collected data and scheduling out additional work as needed. Majority of work handled via email and through online programs. Due to the independent nature of this position, self-motivation and self-discipline were necessities.
August 2006 - December 2006	*Graduate Assistant,* Administration of Justice Department The University of Southern Mississippi, Gulfport, MS Responsible for assisting and mentoring fellow classmates with work assignments, class scheduling, and general information concerning the Administration of Justice Program. Directly assisted Chair of the department, Dr. Dennis J. Stevens, with research projects to include the distribution of over 1000 questionnaires and the collection and evaluation of data in a study that included prosecutors throughout the United States.
January 2004 - December 2004	*Student Aid,* Office of the Assistant to the Dean The University of Southern Mississippi, Hattiesburg, MS Responsible for running office errands, collecting mail, filing paperwork, organizing financial data, typing memos and reports, and all secretarial duties. Worked as an assistant to the Financial Aid Department. Worked directly assisting doctoral candidates with collecting research. Worked as the student assistant to the head coach of the University's women's basketball team.

Research

October 2011- February 2013	Conducting research on behalf of the Mississippi Department of Corrections. Research includes inmates under MDOC authority who are participating in treatment for alcohol and drug use. Analyzing inmate perception of treatment programs and treatment outcomes via a self-developed and self-distributed questionnaire. Comparing results between different Mississippi institutions as well as prisons overseas.
December 2011	Conducted research on behalf of the Austrian Ministry of Justice, Vienna, Austria. Research paralleled that which was conducted in Mississippi.
August 2006	Research conducted with the Jackson County and Hancock County Law Enforcement sector.

Additional research conducted as a Graduate Assistant for Dr. Dennis J. Stevens has been published within:

Stevens, D.J. (2009). *Media and Criminal Justice: The CSI Effect.* Sudbury, MA: Jones and Bartlett Publishers, LLC.

Stevens, D.J. (2009). *Introduction to American Policing.* Sudbury, MA: Jones and Bartlett Publishers, LLC.

Stevens, D.J. (2008). Forensic Science, Prosecutors, and Wrongful Convictions. *Howard Journal of Criminal Justice.* 47 (1), 31-51.

Presentations

May 2013	Annual Meeting of Prison Psychologists, Vienna, Austria Speaking and presenting research findings from study conducted in ` December 2011.
March 2011	Meeting of MS Department of Corrections Executive Staff, Jackson, MS Presenting research findings from study conducted October 2011-February 2013
March 2011	Presentation to the MS House of Representatives Corrections Committee, Jackson, MS Presenting research findings and recommendations on the improved development and implementation of substance abuse treatment.
September 2006	The Southeast Criminal Justice Association Conference, Charleston, SC Presented research from Master thesis.

Qualifications

Knowledge of Microsoft Office to include Excel, Outlook, Power Point, Publisher and Word.
Knowledge of Drupal online content management program.
Knowledge of SPSS, data analyzing software.
Knowledge of Sony Movie Maker.

Due to past and current employment, comfortable with conducting work via the internet and utilizing online software and technology.

Civic Service

Member, Gulfport Junior Auxiliary, Gulfport, MS

Volunteer, Harrison County Youth Shelter, Gulfport, MS

Officer, Delta Delta Delta Gulf Coast Alumni Association Gulfport, MS

Member, St. Mary's Catholic Church Choir

Have performed at numerous official events and festivities.

Accomplishments

2010 Vienna International Sommerhochschule, Summer Program for International and European Studies, Scholarship Recipient

2010 Vienna International Sommerhochschule, Summer Program for International and European Studies, Valedictorian Speaker

2009 Vienna International Model United Nations, *Delegate*, Vienna, Austria

Hobbies

Possess a strong aptitude for foreign languages and a desire to increase Fluency in foreign languages.

Interests include music, singing, reading and playing the violin.

Enjoy traveling and learning about people and cultures.