



SUBSTANCE ABUSE; AMONG PRISONERS AND ITS CONSEQUENCES

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ABSTRACT...Objectives: To study the prevalence of substance abuse among prisoners and its effects on other inmates. **Study design:** A cross sectional study. **Place and duration of study:** Central jail Faisalabad Pakistan during Jan. 2012 to Feb 2012. **Methodology:** All the convicted and condemned prisoners were included in the study and those exclusively charged for drugs abuse crimes were excluded. A snow ball convenient sampling technique was adopted. Sample size was not predetermined. The study population was (1080) male and above the age of 18 years. **Results:** About one hundred and eighty four (184) prisoners were found using different drugs. Among them seventy six 76 (41.3%) started using drugs on entering the prison and one hundred and eight 108 (58.7%) were using drugs before coming to prison. The 91 (49.5 %) belonged to rural area and 93 (50.5%) belonged to urban areas. The most commonly used drug was heroin 181 (96.7%) and 3(.6%) used different drugs like injections or pills. **Conclusions:** Substance abuse among prisoners was increasing day by day leading to increased crimes, health issues, and significant economic constrains in every country especially among poor nations. Strong political will and public motivation was the need of time to deal with the issue.

Key words: Prison, Convicted, Condemned, Drug abuse, Rehabilitation

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INTRODUCTION

Prisons are places where criminals were confined and isolated from outside world. They were deprived off personal freedom. The changed environment led to different mental and psychological problems among them. Some prisoners became so frustrated that they started taking different types of drugs and considered that it was the only way to spend their incarceration period¹. The prison rules did not allow the abuse of drugs and it was a punishable crime, still it was impossible to control it. There were two main sources commonly used for drug trafficking, firstly the relatives were involved in providing the drugs when they visited to see their love ones. Secondly, it was an additional source of income for prison employees to provide drugs in prison⁹. The prisoners were routinely searched for drugs and those caught were given punishments like solitary confinement or shifting to other prisons where approach of their relatives were difficult. The

business was so lucrative that gangs emerged among prisoners to run it. The fight to control the supply of drugs among those groups was a routine in prison and created lawlessness^{2,6}. As a result the addiction for drugs among prisoners was increasing day by day. It not only increased lawlessness but also increased demand for more financial and human resources to deal with the issue effectively. The developed nations were spending more money for control of drugs and rehabilitation process in prisons but it was not possible for poor nations to spend more money due to already crippled economy. It was very difficult to construct more prisons to create more space to accommodate them especially in under developed countries⁸. The prisoners after completion of their sentences returned back to society and some of them were reported to be involved in crimes again. It was also noted that most of them were again sent to prison. Many of them had other communicable diseases like AIDS

and were permanent threat to society^{5,9}. Rehabilitation programs were started in many parts of the world with the help volunteer organizations but the resources were not enough to implement such programs in every prison¹³. Legislation was the need of time. There was no legislation that could force addicts to take treatment¹⁵.

Central jail Faisal Abad was selected to assess the problem of drugs abuse among prisoners. It is one of the largest prisons in the country. The official population was one thousand and sixteen (1016) but present population was nearly three times more than the official capacity. The problem of drugs abuse was similar to other parts of the world. The crime rate was higher among drug addicts. More medical resources and personals were involved in treatment and rehabilitation process. Immediate measures should be taken to save the healthy population.

METHODOLOGY

A questionnaire based cross sectional study was conducted in central jail Faisal Abad Pakistan during Jan.2012-Feb2012.All convicted and condemned prisoners were included in the study. The total population was 1080 adult males above the age of 18 years. After getting permission from authorities and involving the medical staff, one addict prisoner was selected and taken into confidence. Information collected was assured to be kept secret. The snowball sampling technique was adopted to collect data in which the selected prisoner was asked to identify some other drug users and so on. Total one hundred and eighty four (184) prisoners were found using different drugs. The data collected was analyzed on SPSS version 17.Frequency tables were generated. Mean and standard deviation were calculated for categorical variables.

RESULTS

All prisoners were male above the eighteen (18) years. Out of one thousand and eighty (1080) condemned and convicted prisoners, one hundred and eighty four were found addict. The majority were using heroin. A very few were using

different drugs like liquor or charas .About one hundred and eighty one 181 (96.71%) were using heroin and only three 3 (1.6%) were using other drugs. Table-I. As for as the back ground status was concerned, ninety one 91 (49.5%) belonged to rural areas and ninety three 93 (9950.5%) belonged to urban areas. Table-II. Regarding the ratio between prisoners who were using drugs before coming to prison about one hundred and eight 108 (58.7%) were found using drugs before entering the prison and seventy six 76 (41.3%) started taking drugs after entering into the prison. Table-III.

Drug abuse status	Frequency	%age
Inside Jail	76	41.3
Outside Jail	108	58.7
Total	184	100.0

Table-I. Drug abuse status

Background	Frequency	%age
Rural	91	49.5
Urban	93	50.5
Total	184	100.0

Table-II. Background association of prisoners

Drugs	Frequency	%age
Heroin	181	96.7
Others*	03	1.6
Total	184	100.0

Table-III. Type of substance used

*liquor, tranquilizers and injections.

DISCUSSION

This study was conducted to assess drugs addiction status among prisoners in one of the largest prison in Pakistan. It was difficult to assess addiction status because of certain restrictions. An attempt was made to see through that problem. Out of 1080 convicted and condemned prisoners

only 184 (13.7%) were found using banned substances. That was contrary to other studies all over the world where that ratio was quite high^{1,4,21}. That might be due to tight security and checking by jail officials. Another reason was that the visitors were also thoroughly checked and drug trafficking was not an easy job. Our social values to some extent also played a restrictive role in drug supply because addicts were not liked in the society.

New addicts were also adding fuel to this issue, about (58.7%) were having the habit of using drugs before coming to prison and (41.3%) started taking drugs while they came to prison. Those results were almost matching with other studies conducted in different parts of the world. In Texas state there was (35%) increase in addict population, in Europe (30-35%) were addict. In Jakarta the situation was more critical as nearly (80%) of younger population in prison was addict^{12,16,22}.

The types of drugs used by prisoners were also studied and it was found that most common drug used was heroin (96.71%). It was probably due to its easy transportation and lack of proper detection facilities. That was different to other studies in which liquor, Hashish, and other substances were used were used^{17,20}.

It was also revealed that there was no major difference among drug users whether they belonged to rural areas or urban areas. That clearly indicated that living standards or background played no role. Perhaps the environment and the availability were the factors.

The rehabilitation efforts were started in many parts of world especially in devolved countries.

It was mentioned in some studies that those programs significantly helped in reducing the crimes and making them useful citizens after returning back to society^{10,11,17}. The rehabilitation programs needed lot of financial resources which were not available in larger parts of the world. Even in developed countries very few could start rehabilitation programs. The only option left was to

give punishment to those involved in drug dealing and drugs abusers. The punishment included physical torture, isolation, or migrating to other prisons having more strict security. Different tactics were applied but there was no significant reduction in the problem.

Proper legislation was the need of time. It was revealed that no such legislation existed that could force addicts to take proper treatment. Even no punishment was mentioned in any law who refused to take treatment or to attend the rehabilitation centers¹². In Pakistan the situation was similar and no such law existed to date. A lot of awareness and political will was needed for the formulation of legislation. It was essential because addicts were the potential source of deadly disease like AIDS HIV, HCV STDS^{5,21}. After completion of sentence they have to return to society where they could spread those diseases¹³.

In China during Maoist revolution in 1949, different tactics were used to control the addicts. The Maoist guards asked addicts to step forward, kick their habits and join struggle for new society. The measures taken were very helpful in controlling the addiction problem²⁰. Such commitment was needed in every country.

CONCLUSIONS

Drug abuse among prisoners was a common feature in every prison all over the world. Proper education, rehabilitation, financial resources and trained personals were the need of time. All things could only be achieved through strong political will.

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REFERENCES

1. Heino Stöver^{1*} and Ingo Ilja Michels²Harm Reduction Journal 2010, 7:17 doi:10.1186/1477-7517-7-17.
2. European Commission Health & Consumer Protection Directorate-General: Models of good practice in drug treatment in Europe. [http://ec.europa.eu/eahc/documents/projects/highlights/2007_5986_EN_82.pdf].
3. Fazel S, Bains P, Doll H: **Substance abuse and**

- dependence in prisoners: a systematic review.** *Addiction* 2006, 101:181-191.
4. Wood E, Lim R, Kerr T: **Initiation of opiate addiction in a Canadian prison: a case report.** *Harm Reduction J* 2006, 3:11. BioMed.
 5. Shewan D, Macpherson A, Reid MM, Davies JB.. **Drug Alcohol Depend.** 1995;39:237-243. doi: 10.1016/0376-8716(95)01172-0. [PubMed].
 6. Stöver H, Michels I. I; **Drug use and opioid substitution treatment for prisoners;** *Harm Reduct J* v.7; 2010?:7:17 -Jul 19, 2010.
 7. Michels II, Stöver H, Gerlach R: **Substitution treatment for opioid addicts in Germany.** *Harm Reduction J* 2007, 4:5. BioMed Central.
 8. Warren E, Viney R, Shearer J, Shanahan M, Wodak A, Dolan K: *Drug Alcohol Depend* 2006, 84:160-166.
 9. Del Boca FK, Noll JA.. **Addiction.** 2000;95(Suppl 3):S347-S360. [PubMed].
 10. Heaps MM, et al. **Recovery-oriented care for drug-abusing offenders.** *Addiction Science & Clinical Practice.* 2009;5(1):31-36.
 11. O'Connell DJ, et al. **Working toward recovery: Substance Use & Misuse.** 2007;42(7):1089-1107.
 12. Doren H, Walker, Evans C and Henderson L; **Treatment Episode Data Set (TEDS) Highlights—2006.** MD: SAMHSA, Office of maintenance in European prisons: *Addiction* 107 461-463.
 13. Stöver H, Weilandt C, Zurhold H, Hartwig C, **Applied Studies;** 2008. SMA 08-4313.
 14. Hedrich, D and Farrell M (2012). Opioid.
 15. Thane K: SANCO/2006/C4/02. April 2008: Bonn, Germany: European Commission; 2008.
 16. Wood E, Lim R, Kerr T: **Initiation of opiate addiction in a Canadian prison: a case report.** *Harm Reduction J* 2006, 3:11. BioMed Central Full Text.
 17. Mumola, Christopher J., and Karberg, Jennifer C., " (Washington, DC: US Dept. of Justice, Oct. 2006) (NCJ213530), p. 4.
 18. Friedmann PD, Melnick G, Jiang L, Hamilton Z. *BehavSci Law.* 2008; 26:389-401. doi: 10.1002/bsl.824.
 19. Turnbull P, Stimson G V *Drug use in prison BMJ* 1994; 308 doi: <http://dx.doi.org/10.1136/bmj.308.6945.1716> (Published 25 June 1994).
 20. Pelissier, B., Jones, N., & Cadigan, T. (2007).: **A systematic review. Journal of Substance Abuse Treatment, 32(3), 311-320.**
 21. Friedmann, P.D., Taxman, F.S., & Henderson, C.E. (2007).. *Journal of Substance Abuse Treatment, 32, 267-277.*
 22. Dolan, K., Kite, B., Black, E., Aceijas, C., Stimson, G.V., s (2007). *Infectious Diseases, 7, 32-41.*
 23. Bewley-Taylor D, Trace, M., & Stevens, A. (2005). **Incarceration of drug offenders: Costs and impacts.** Briefing paper 7. Oxford: Beckley Foundation.
 24. :www.dh.gov.uk/en/Publicationandstatistics/publications/PublicationsPolicyAndGuidance/DH_063064 (accessed 16 November 2010).
 25. Cropsey, K.L., Villalobos, G.C., & St Clair, C.L. *Subst Use Misuse, 2005; 40(13-14), 1983-1999, 2043-1988.*
 26. Jürgens R, Ball A and Verster A. *Lancet Infect Disease* 2009; 9 (1) 57-66.
 27. Marteau D, Palmer J and Stöver H. **Introduction of the Integrated Drug Treatment; System (IDTS) in English prisons.** *International Journal of Prisoner Health* 2010; 6(3) 117-124.
 28. Stover H, Michels II. *Reduct J* 2010; 4: 5 United Nations Office on Drugs and Crime 2007. http://www.unodc.org/pdf/india/publications/Prison_module.pdf Accessed on 2 January 2011 WHO 2004.