



Research Publication

Women in prison with drug- related problems. Part I: Background characteristics

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"The literature on women's prisons and the female prisoner is long on impressions and short on empirical data....."

Rose Giallombardo (1966, p.2).

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Executive Summary

This report represents the first of a two-part report series which examines the patterns of drug use of imprisoned women, their treatment needs and the effectiveness of the Drug & Alcohol Services (D&A Service) in reaching those women with drug and alcohol (drug) problems.

The D&A Service of the N.S.W. Department of Corrective Services commissioned this survey of women currently imprisoned. This survey supplements another requested by the D&A Service which surveyed mostly male inmates, about to be discharged to freedom, on their patterns of drug use and their use of the D&A Service (Kevin, 1992; Kevin, 1993). Subsequent to that study, the D&A Service recognised that a need existed to obtain similar data on women in prison and to identify any special treatment needs. The present study was funded through a grant provided by the National Campaign Against Drug Abuse (NCADA) and this funding was administered by the Drug & Alcohol Directorate (DAD).

The following findings relate to the drug-related background characteristics of the women interviewed. Also included are other background characteristics which literature in the field has identified as being potentially relevant when addressing the treatment needs of women with drug problems.

The findings in relation to the women's contact with the D&A Service and other health and social-related services are presented in the second report (Kevin, 1994b). The two reports are designed to be read in conjunction with each other.

- ▶ The sample consisted of 130 women serving a full-time sentence between July and October, 1993. The sample was compared to a matched sub-population of the female prison population as recorded in the N.S.W. Prison Census (Eyland, 1993). It was found to be generally representative in terms of age, marital status, Aboriginality,

country of birth, most serious offence and sentence length.

Intoxication at time of offence

- ▶ Of the total sample, 62% reported being under the influence of a drug at the time of their most serious offence: 46% of the total sample had consumed drugs (excluding alcohol); 5% had consumed alcohol only; and 11% had consumed both alcohol and other drugs.
- ▶ 45% of those who were intoxicated by drugs at the time of their most serious offence had consumed more than 1 type of drug and 20% had consumed a cocktail of at least 3 drugs.
- ▶ Of those who were intoxicated by drugs at the time of their most serious offence, the majority had consumed heroin (64%). The next most common drugs consumed were pills (32%) and methadone (29%).
- ▶ The majority (63%) of those who were convicted of a property crime as their most serious offence reported being under the influence of drugs (excluding alcohol) at the time of the offence.

Drug-crime relationship

- ▶ 72% of the sample perceived there to be a relationship between their drug use and subsequent imprisonment. The most common type of relationship identified by this group was money to purchase drugs (50%).
- ▶ 25% of the sample had received income from sexwork (prostitution) at some time prior to imprisonment. Of this group a high majority stated that they did this work to finance their drug use.

Patterns of drug use

- ▶ 60% of the total sample reported having used drugs intravenously at some time in their lives and 38% of the total sample had shared needles.
- ▶ In terms of history of illicit drug use: 69% of the total sample had used cannabis, 59% had used heroin, 50% had used amphetamines, 45% had used hallucinogens and 42% had used cocaine at some stage in their lives.
- ▶ Those drugs used by the sample most frequently (once a week or more) in the 6 months prior to imprisonment were: tobacco (83%), followed by heroin (35%), cannabis (31%) and alcohol (31%).
- ▶ 32% of the total sample used heroin on a daily basis in the 6 months prior to imprisonment. Daily use of cocaine (12%) was higher than daily use of amphetamines (5%).
- ▶ Daily heroin users were most likely to consume between 1 and 2 street grams per day.
- ▶ While daily use of benzodiazepines (16%) and alcohol (15%) was reportedly not very high, those who were daily users reported very heavy levels of use.
- ▶ Based on patterns of drug use in the 6 months prior to imprisonment, 64% of the sample were classified by the study as regular-heavy users of drugs.

Drug-related problems

- ▶ 47% of the sample reported experiencing problems in relation to their drug use in the 6 months prior to imprisonment. Heroin was cited as the primary problem drug by 42% of this group. After heroin, pills (18%), alcohol (18%) and cocaine (15%) were most frequently cited as the primary problem drug.

- ▶ The most common type of drug-related problems cited by those who experienced problems were health (38%), gaol/police/legal (35%), family (23%) and financial (22%).

Prior treatment

- ▶ 55% of the sample had undertaken some form of community-based drug treatment in the past. Methadone maintenance was the most common form of treatment received by the sample (46%). 71% of those who perceived their crime to be drug-related had received prior community-based treatment.
- ▶ 31% of the sample had been hospitalised at some stage in the past for a psychological/emotional problem. Of those who were hospitalised, the most common presenting conditions for which they were treated were depression and attempted suicide.

Profile

- ▶ The women with self-reported drug-related crime were compared to those who reported that their crime was not drug-related. A profile was drawn of those women with drug-related crimes. They were likely to be characterised by the following:
 - robbery and drug offences;
 - repeat offenders;
 - single;
 - recipients of unemployment benefits;
 - sole parents;
 - sexworkers;
 - co-habiting with a person who had a drug problem;
 - a family history of drug problems; and
 - few, if any support networks.
- ▶ Only 12% of the sample were referred to drug and alcohol counselling services in prison by the Court.

Recommendations

Detoxification

- ▶ Considering the prevalence of poly-drug use (use of more than one drug) and the high usage levels of drugs which are associated with severe withdrawal, like benzodiazepines and alcohol, a separate detoxification unit should be established at Mulawa Correctional Centre.
- ▶ Comprehensive withdrawal procedures be put into place and attention be given to them. These procedures should encompass poly-drug withdrawal. They should also allow for individualised programming which takes into account factors like the nutritional state of the inmate and other presenting illness.
- ▶ The medicational dose administered to those in withdrawal be based on the severity of the withdrawal syndrome using a standardised rating scale. Further, the inmate should be monitored using the standardised scale.
- ▶ A specialist Drug & Alcohol Nurse be employed to facilitate and oversee the above procedures.
- ▶ Medical staff (doctors and nurses) be given specialised drug and alcohol training.
- ▶ The Drug & Alcohol Workers (D&A Workers) be involved in the detoxification management of the inmate. The D&A Workers should be consulted in relation to minimising the withdrawal syndrome through non-medicated approaches like supportive counselling and anxiety management. These non-medicated approaches have particular relevance for those withdrawing from opioids or stimulants.

- ▶ D&A Workers identify and make contact with those who are withdrawing from stimulants, such as cocaine, as withdrawal from these drugs is characterised by malaise and depression.
- ▶ Medical staff and D&A Workers follow-up on those individuals who were using long-acting drugs, such as diazepam, as withdrawal may not occur for a week after last use.

Screening and Assessment

- ▶ To facilitate precise case identification and the provision of appropriate treatment, drug screening (detection) and assessment (diagnostic) instruments should be gender-sensitive.
- ▶ Screening instruments include questions in relation to intravenous drug use and needle sharing. In addition, questions on pregnancy and sexwork should be included in instruments designed for women.
- ▶ Assessment instruments be designed to match clients with appropriate treatment interventions. To facilitate this, assessment instruments for women should address the social context of the women and the social constructs supporting their drug use, such as initiation of drug use, the social meaning of drug use in their lives and their movement in and out of hazardous drug use. In addition, measures on powerlessness, self-esteem, general psychological adjustment and prior physical/sexual abuse would be part of a comprehensive assessment.
- ▶ Assessment instruments also address concrete concerns, such as health, dependents, employment, finances and housing.

Programs

- ▶ An education program for both inmates and medical staff be developed which addresses the safe use of and alternatives to prescription drugs.
- ▶ Appropriate treatment paradigms for cocaine abuse need consideration. Treatment evaluations from countries, like the United States, where cocaine use is endemic in the offender population should be investigated.

Data collection

- ▶ Ongoing data collections on female inmates be conducted so that corrections-based treatment services can monitor and respond to changes in the population over time.
- ▶ Given the reported prevalence of intravenous drug use and needle sharing amongst the women, any research which addresses issues related to HIV (and other blood borne communicable diseases) risk behaviours in inmates should include an over-sample of women in the research methodology.

Introduction

In recent years, the international penological literature has begun to address issues relating to female offenders. This attention to the needs of women is also mirrored in literature pertaining to the drug and alcohol field. The trend is in part due to a growing recognition that women have been historically under-represented in research. This is set against a backdrop of within-field knowledge on the association between illicit drug use and criminal activity among female offenders.

On the local front, the National Drug Strategic Plan 1993-97 (1993) has identified inmates as targets for drug prevention and treatment. Further, "No Quick Fix", the 1992 evaluation of the National Campaign Against Drug Abuse (NCADA) called for more research into factors associated with drug use in women and also program development and evaluation.

While in its infancy, this literature has the potential to contribute to an information pool from which population profiles can be developed and treatment needs addressed. The picture is somewhat of a preliminary one at present with studies varying on factors, such as jurisdiction, terms of reference, definition, counting rules, etc. The following introduction presents estimates and patterns emerging from this early literature.

Gender differences in offending patterns

Areas of investigation, such as whether men and women differ greatly in the amount and type of crime they commit have only recently been discussed. Further, while the drug-crime link is well documented¹, gender differences on the nature of the link are not. While similarities between men and women have

been identified in terms of types of crime committed, socio-economic background and drug/alcohol use, the examination of differences warrants attention in terms of the appropriate provision of treatment.

A number of international (mainly American) data collection studies have compared the offending, drug use and demographic patterns of male and female offenders in various federal, state and local jurisdictions. The data collection approaches used in the studies have ranged from urinalysis (urine testing) to self-report and official records.

Across these studies some consistent differences between men and women have been identified in terms of demographics, psycho-social, drug use and criminal background characteristics.

Findings suggest that women offenders are more likely to be involved in illicit drug use than men. The Drug Forecasting Program conducted by the National Institute of Justice (1990) found that women arrestees were more likely to be drug positive than men who were arrested. The majority of women (63.2%) tested positive (using urinalysis) for at least 1 drug and cocaine was the most commonly identified drug. Men were more likely to have tested positive for cannabis.

Hser, Chou and Anglin (1990) in their review of literature on the criminal activities of drug-involved women, found that the major type of crimes associated with drug abuse in women were drug-dealing, shop-lifting, forgery, larceny and prostitution. They also found a high correlation between level of crime involvement and frequency of narcotics use.

Reportedly, the number of women imprisoned in the United States has been growing at a faster rate than that of men. This disturbing

trend has been explained by a number of factors, including an increase in drug-related offences and a policy of mandatory sentencing for drug-related offences in that country.

The Bureau of Justice Statistics (1991) reported on demographic and personal characteristics of a large sample of men and women held in state and federal prisons in the United States. The study found that women and men differed on:

- drug use patterns;
- pre-arrest marital status; and
- employment status.

There was a higher percentage of women imprisoned for drug charges and women were more likely to report being under the influence of a major drug (cocaine or heroin) at the time of their offence. Women were less likely to be single and less likely to be employed in the month before arrest than men. In addition women were more likely to have: (i) children under 18 years; (ii) lived with their children under 18 years before arrest; and (iii) plans to live with their children under 18 years after release from prison.

Findings from a Bureau of Justice Statistics (1992) survey of 5,675 women and men in local gaols further substantiated those reported earlier which indicated that women offenders were more likely to be involved in illicit drugs than men. Specifically stated:

- a third of women were imprisoned for a drug charge, compared to about a quarter of men; and
- convicted women were twice as likely as convicted men to have used illicit drugs, such as heroin and cocaine on a daily basis in the month before their arrest.

The above survey found additional gender-based differences. Two-fifths of men were intoxicated by alcohol at the time of their offence compared to only a fifth of women. Men were twice as likely to be imprisoned for a violent offence. Women (44%) were more likely to report having been physically or sexually abused in the past than men (13%). Further, women who were gaoled for violent crimes were more likely to report having been physically or sexually abused in the past.

To date, the most comprehensive work on the female offender is that produced by the American Correctional Association (ACA) (1990). A Task Force was established to conduct this investigation into the treatment needs of women in prison and the policy and practice of correctional facilities at the time. Accordingly, 2,094 women imprisoned in local and state correctional facilities were surveyed in late 1987. Based on their findings, the American Correctional Association (ACA) estimated that 40% or more of female inmates needed drug treatment when they were received into prison.

Subsequent to the ACA investigation a profile of imprisoned women was developed, based on consistent findings identified by the ACA and a number of other investigators, Wellisch, Anglin and Prendergast (1993). This profile of imprisoned women showed:

- the majority committed drug-related crimes;
- women were more likely to commit property crimes with an economic motive and less likely to commit violent crimes;
- most were unemployed prior to arrest;
- most had children and of these the

majority were single mothers prior to arrest; and

- most had not completed high school and had inadequate vocational skills.

In addition, between 25-30% of women had undertaken a drug treatment program at some stage prior to imprisonment.

Newkirk (1993) in her study of 1,560 women imprisoned in the Georgia Department of Corrections reported that histories of drug abuse and depression were the two most common complaints that women had upon admission to the prison setting.

The findings presented thus far suggest that the lifestyles and needs of female inmates differ from those of men; for instance, most have children for whom they have/had primary responsibility.

Local offending patterns

For women in particular, there appears to be a strong link between narcotics use and criminality. Miner and Gorta (1986) in their study of women in N.S.W. prisons, identified 2 major predictors in relation to women in prison:

- the prevalence of heroin use by women; and
- the association between female criminality and heroin use.

Data obtained from the N.S.W. Prison Census Eyland (1993) showed that 15.4% of women in full-time custody compared to 12.1% of men were convicted for a drug-related offence (as their most serious offence). However, these data are deceptively low as indicators of the prevalence of drug-related crime in both

women and men as they do not include other links, such as intoxication at time of offence or committing an offence to purchase drugs. The 1993 Census also showed that men were twice as likely to be convicted of violent offences compared to women. Women were twice as likely to be convicted of fraud offences compared to men. In terms of property crime² 28% of women compared to 25% of men were convicted of a property offence as their most serious offence.

Recent surveys conducted on inmates in N.S.W. prisons have indicated that problems with heroin are more prevalent for female offenders than male offenders (Stathis, Eyland and Bertram, 1991; Kevin, 1992). Further, Kevin (1993) found that less than half the inmates classified by the study as 'regular-heavy users' of drugs had actually received drug treatment while in N.S.W. correctional centres. However, the number of women surveyed in these studies was insufficient to draw any firm conclusions (significantly less women are imprisoned when compared to men).

Factors associated with drug use in women

Though somewhat limited, research findings have indicated that catalysts for drug use may be different for women and men (Baily, Phillips & Allsop, 1991; Wallen, 1992; Wellisch et al, 1993). Women have been found to generally commence their heroin-using careers much later than men, but their dependencies appear to develop much more rapidly (Rosenbaum, 1981a; Rosenbaum, 1981b). Also, women with drug problems have been found to attribute their drug use behaviours to critical life events, such as divorce, death and abuse, more so than men (Chatham, 1990; Turnbull, 1989).

Physical and sexual abuse have been associated with drug dependency in women (Bollerud, 1990). A number of studies have found drug dependency to be one of the major long-term psychological consequences of childhood sexual abuse (Briere & Runtz, 1988; Peters, 1988; Stein et al, 1988).

Rationale

The available literature has raised a number of issues and highlighted areas of possible neglect. There exists a need for more data collection studies on women offenders and women with drug-related problems. To date, research has suggested that predictors for drug use and criminal behaviour may differ between men and women. For the most part, correctional practices, facilities and services have largely been designed for men and treatment programs have been based on the concerns of men, for instance boot camps. Similarly, Copeland and Hall (1992) argue that existing models for drug and alcohol treatment have largely been developed for men and refined by research findings based on male subjects.

The D&A Service, N.S.W. Department of Corrective Services identified the need to obtain current data on women with drug-related problems in this jurisdiction and also to identify to what extent the current drug treatment program is reaching those with problems. The investigation has obvious implications for the provision of appropriate and effective treatment.

Methodology

Aims

The primary aim of this study was to examine whether those women received into the N.S.W. correctional system with drug-related problems were provided with the opportunity to receive treatment. Furthermore it sought to identify the special treatment needs of women in prison with drug-related problems. Specifically stated the study aimed to:

- (i) gather data on the prevalence of women in prison with drug-related problems and other personal problems and also their treatment history prior to imprisonment;
- (ii) investigate whether women with drug-related problems had accessed the D&A Service whilst in custody and identify what, if any, were the barriers to accessing treatment;
- (iii) examine the prevalence of medically sanctioned prescription drug use, including methadone by women in prison;
- (iv) assess the treatment needs of women with drug-related problems in prison.

The results pertaining to (i) of the above are presented in this report while (ii-iv) are presented in Kevin (1994b).

(1) Inmate phase

► *Sampling*

The survey used a stratified random sample design. Those female inmates at both Mulawa

and Norma Parker correctional centres (excluding remandees, fine defaulters and periodic detainees) with sentences of one month or more and who had already been imprisoned for at least a month, were stratified by security classification (this was based on security classification data for a given day - for sampling frame reference see Appendix A). A random sample was drawn from within the three security classification frames (151 women in total).

This design was selected in order to achieve a sample which was representative of the population in terms of security classification. The security classification breakdown for the population of sentenced women on 12 July, 1993 was as follows: maximum (8%); medium (20%); and minimum (72%). The achieved sample security classification breakdown was as follows: maximum (9%); medium (20%); minimum (71%).

	Count	%
Interviewed	130	86
Refusals	15	10
Unavailable - no escort, illness, etc.	6	4
Total	151	100

As Table 1 shows 130 women were interviewed. This represents approx. 50% of sentenced women as at 12 July, 1993. Table 1 also shows that 10% of those whom the researchers attempted to recruit, refused to take part in the study. There was a higher proportion of refusals in the medium security

centre (18%) when compared to the minimum security centre (5%). A number of women refused to take part in the study prior to personal contact with the researchers (either by informing the officer who was assigned to escort them to the interview area or by informing the officer on duty in their wing). It was unfortunate that the researchers were unable to speak to these women in person. Where possible an attempt was made to contact these women on a subsequent day.

Anecdotal information provided by the staff at Mulawa, during the time the researchers were interviewing, indicated that a number of women had been using the drug, Rivotril (minor tranquilliser/benzodiazepine in tablet form). Reportedly, Rivotril had been brought into the centre illegally. This may explain why the researchers found some of the women un-co-operative and agitated during recruitment.

► *Interview Schedule*

The data were collected by personal interviews.

The interview schedule contained 4 identifiable areas of investigation:

- (i) demographic characteristics;
- (ii) prior to current imprisonment - drug-related background, criminal history, history of physical/sexual abuse, history of psychological problems and information in relation to the custody and care of children;
- (iii) current episode of imprisonment - specific to the use and perceived effectiveness of the D&A Service;
- (iv) current episode of imprisonment - specific to sanctioned prescription

drug use;

- (v) current mental health needs - social support network, satisfaction with child care arrangements and also eating disorder behaviour. In addition two standardised scales were included in the schedule. The first was the psychological component of the General Health Questionnaire-28 (Goldberg & Hillier, 1988). The scale is designed to provide a general measure of current psychological adjustment. Goldberg & Williams, 1988 (in Darke et al, 1991) reported that the scale has excellent reliability and validity. The second instrument was the Coopersmith Inventory, Coopersmith (1981) which is a short scale designed to provide a measure of self-esteem.

► *Pilot Study*

The interview schedule was piloted on 10 women and this was done at both Mulawa and Norma Parker correctional centres. Based on information obtained from the computerised Offender Record System and the D&A Worker on site women were selected using the following criteria:

- (i) sentenced and imprisoned for more than one month;
- (ii) to have either used the D&A Service during their sentence or to have been identified as having drug-related offences or a known history of drug-related problems.

Inmates were selected in this way so that they were able to complete most/all of the interview. Therefore all of the questions were tested for methodological defects and an

approximate maximum time for an interview was indicated. The latter being pertinent in terms of the time-frame specified for interviews and subsequent estimates as to the amount of time needed to complete approximately 130 interviews.

► *Procedure*

The survey was conducted within a 4 month period between July and October, 1993. Based on data obtained from the Offender Record System sentenced women were identified from the three stratified security classifications. Women were then randomly sampled (approx. one in every two) within these three classifications. Those women held at Mulawa with minimum security classification were interviewed in the first 2 months. Those with medium and maximum security classification were interviewed during the 3rd month and women held at Norma Parker during the 4th month. This method assisted in the efficient administration of the fieldwork and resulted in less impact on the day to day running of both correctional centres.

Following the selection procedure, women were called up by intercom, 2 at a time, to meet the researchers. The researchers immediately attempted to recruit the women for interview. If a woman consented but was not available at the time an alternative time was arranged within the allocated month. Finally, when the women were called for interview, correctional staff were requested not to discuss the general nature of the interview with the women. The average length of time for interview was 45 minutes.

Both interviewers responsible for the fieldwork held social science degrees and were experienced counsellors. This level of expertise was necessary due to the personal and sensitive nature of the survey questions.

Further, the interviewers were independent from the correctional centre environment.

Recruiting and interviewing the women relied heavily on the co-operation of the correctional centre staff. Towards this end, Governors at both centres were contacted personally and in writing to facilitate approval and co-operation. Generally, the correctional staff were most helpful. Not surprisingly, it was found that over time the women interviewed were informing other women of the nature of the survey. Hence, a number of the women sampled did appear to have pre-conceived ideas about the nature of the study.

(2) Key informant phase

Further data on the treatment needs of imprisoned women were gathered by conducting interviews with key informants within the centres, such as the Governor, D&A Worker, Psychologist, Psychiatrist, Doctor, Nursing Unit Manager and senior correctional officers.

A brief schedule which contained predominantly open-ended questions was used. It included the following issues: perceptions on the nature and extent of drug problems in female inmates and best practices in relation to the provision of treatment.

The key informants were interviewed at their convenience during the month the interviewers were in attendance at the correctional centre. The average length of time for interview was 20 minutes.

Information arising from the key informant consultations was used to supplement the data (in terms of professional insight gained through working with the women) provided by the women in the sample Kevin (1994b).

Reliability of data

Some of the self-reported information was cross-referenced with departmental records for verification. The following self-report data was checked: age; sentence length; most serious offence type; use of the Corrections Health Service; and medically sanctioned medication use.

These comparisons assume the accuracy of departmental records. Some obstacles were experienced when attempting to verify the self-report data through referencing medical records. These obstacles have been documented in Kevin (1994b).

Results

As with the prior study conducted on male inmates, Kevin (1992) those women who perceived there to be a relationship between their use of drugs/alcohol and their current episode of imprisonment (Drug Group) were compared with those who perceived there was no such relationship (Non-Drug Group). This comparison made it possible to identify:

- (i) any differences between the Drug and Non-Drug groups³ in the present study in terms of demographics, criminal history and other background characteristics; and
- (ii) any differences between the previous male sample Drug-Group and present the female sample Drug-Group on selected variables (*see Results:7*). Data pertaining to the female sample was weighted by the inverse of least time to be served, so as the male and female findings were comparable. The samples matched in that both excluded; those whose sentences were under 1 month, those who had been imprisoned for less than 1 month, fine defaulters, periodic detainees and remandees.

Where appropriate tests of association have been conducted on the data.

1. Characteristics of the women

Of those interviewed 72% (n=93) reported that there was a relationship between their drug/alcohol use and the current episode of imprisonment.

► Age

The majority of women (69%) were under 35

years with the average being 33 years.

As Table 2 shows across each age group the majority of women perceived there to be a relationship between their drug use and subsequent imprisonment. Women in the 30-34 years age group showed a higher proportion with drug-related crime than the other age groups. While those women over 35 showed a lower proportion with drug-related crime than the other age groups.

Table 2: Age breakdown (*base=total sample*)

Age	Drug		Non-Drug		Total	
	No.	%	No.	%	No.	%
18 - 24	16	17	7	19	23	18
25 - 29	23	25	6	16	29	22
30 - 34	30	32	7	19	37	28
35 plus	24	26	17	46	41	32
Total	93	100	37	100	130	100

► Ethnicity

Of the total sample 78% were born in Australia. After Australia, inmates were most likely to report that the UK & Ireland (5%) or New Zealand (5%) was their country of birth.

The majority of both ESB (English first language) and NESB (English not first language) women perceived that a relationship existed between their crime and their use of drugs/alcohol.

Unfortunately the number of NESB women was too small to make meaningful comparisons. However, 11 of the 14 NESB women interviewed stated that a relationship existed. Further analysis showed that 13 of the 14 NESB women had been convicted for a drug offence, i.e., crime was defined by the drug (i.e., supply, possession, conspire to import). However, only 3 of these women stated that they had problems relating to their use of drugs. Further, 9 of the NESB sample had identified the relationship as being a supply, import or possession conviction.

Therefore, most of the 11 NESB women who reported that their crimes were drug-related were basing this belief on the type of offence for which they were convicted rather than personal drug consumption. Whereas, the majority of ESB women in the Drug-Group described the relationship in terms of money to purchase drugs (55%) and intoxication (68%).

► *Aboriginality*

Of the total sample 13% (n=17) stated that they were of Aboriginal background. There was a tendency for a greater percentage of those of Aboriginal background to perceive their crime to be drug-related. Of those Aboriginals who reported that their crime was drug-related (n=14), the most common type of relationship cited was intoxication, either from alcohol or drugs. The relationship most commonly cited by those who were not of Aboriginal background was money to buy drugs (53%). After money to buy drugs, intoxication from drugs was the second most commonly reported relationship (42%).

► *Marital status*

Women were most likely to be either single (33%) or in a de-facto relationship (32%). Single women were more likely to report that

their crime was drug-related than any other group ($\chi^2= 4.68, df=1, p<.05$). Those who were married were the only group in which a higher percentage reported that their crime was not drug-related (52%).

► *Place of residence*

The majority of the women (64%) had resided in the Sydney metropolitan area prior to coming to prison. The majority of women residing in both metropolitan and non-metropolitan areas reported that their crime was drug-related (72% and 70 % respectively).

► *Imprisonment history*

Of the total sample 47% had been sentenced to prison before and 22% had spent time in a Juvenile Detention Centre. As Table 3 shows those women with drug-related crimes were significantly more likely to have been sentenced to prison before than those whose crimes were not drug-related.

Table 3: Imprisonment history (base=total sample)

	Drug		Non-Drug		Total	
	No.	%	No.	%	No.	%
Prior Sentence						
Yes	50	54	11	30	61	47
No	43	46	26	70	69	53
Total	93	100	37	100	130	100

$\chi^2=6.14$ df=1 p<.05

► *Most serious offence*

Referring to Table 4 property offences (33%) were most commonly committed by the women (as their most serious offence). After property, the second most common offence type was drug (24%) and this was followed by fraud (15%). Not surprisingly, robbery and drug offences were markedly more common in the Drug-Group. Whereas, assault and fraud offences were more common in the Non-Drug Group ($\chi^2=7.15$, $df=1$, $p<.005$).

Offence	Drug		Non-Drug		Total	
	No.	%	No.	%	No.	%
Property	32	34	11	30	43	33
Drug	25	27	6	16	31	24
Fraud	10	11	10	27	20	15
Assault	10	11	8	22	18	14
Robbery	12	13	2	5	14	11
Driving	2	2	-	-	2	2
Order	2	2	-	-	2	2
Total	93	100	37	100	130	101

► *Sentence length*

The distribution of sentence length was widely spread and skewed with 49% of women being sentenced for 2 years or more. The median sentence length was 1 year and 8 months.

When compared to the mean, the median was regarded as the most accurate indication of central tendency in this instance.

As Table 5 shows about ½ of both Drug and Non-Drug groups received sentences of 2 years or more (46% and 57% respectively). The Non-Drug Group showed a higher proportion with sentences of more than 12 months when compared to the Drug-Group.

Sentence Length	Drug		Non-Drug		Total	
	No.	%	No.	%	No.	%
1 < 3 mths	3	3	2	5	5	4
3 < 6 mths	8	9	3	8	11	8
6 ms < 1 yr	20	22	3	8	23	18
1 < 2 yrs	19	20	8	22	27	21
2 yrs plus	43	46	21	57	64	49
Total	93	100	37	100	130	100

► *Sentencing options*

Of the 93 women in the Drug-Group 27% stated that a legal representative (solicitor or Probation and Parole Officer) had put forward a referral to a drug treatment program as an alternative to coming to prison on this occasion. Only 12% of women in the Drug-Group reported that the Court recommended they receive drug and alcohol counselling

while in prison for their current sentence.

Other background characteristics

► *Education*

The majority of women (61%) had not matriculated from high school. However, 62% had achieved the School Certificate or a higher standard of education at the time of interview. Further 7% of the women held technical qualifications and 5% held degrees. Of the total sample 2% had not received any education past primary school level and these women were in the Drug-Group. Women in the Drug-Group (35%) showed a lower proportion who held qualifications beyond Year 10 (School Certificate) level when compared with those in the Non-Drug Group (49%). However, this finding was not statistically significant.

► *Work experience*

Of the total sample 9% had not had any work experience. Only 29% of the sample had work experience totalling 12 months or more. Of the Drug-Group 10% had no work experience compared to 5% of the Non-Drug Group. Further only 27% of the Drug-Group had work experience totalling 12 months or more compared to 43% of the Non-Drug Group.

► *Prior income*

In Table 6 the total number of responses exceeds the total number of women in the sample and therefore the percentages do not total to 100. This is because the women were given the opportunity to cite more than one form of income pertaining to the month prior to imprisonment.

The most frequently cited form of income in the month prior imprisonment was

unemployment benefits (29%). Crime (27%) was the second most frequently cited form of income followed by a pension (22%). Of note is that more than half the sample (63%) identified social security benefits as their primary source of income.

Table 6 : Source of prior income
(multiple responses, base=total sample)

Source	Drug No. % (n=93)		Non-Drug No. % (n=37)		Total No. % (n=130)	
	No.	%	No.	%	No.	%
Full-time Work	11	12	8	22	19	15
Part-time Work	3	3	1	3	4	3
Dole	29	31	8	22	37	29
Sickness Benefit	15	16	5	14	20	15
Pension	22	24	7	19	29	22
Spouse	3	3	5	14	8	6
Sexwork	12	13	-	-	12	9
Crime	31	33	4	11	35	27
Other	8	9	5	14	13	10

$\chi^2 = 14.6, df=3, p < .005$ (primary source of income)

As Table 6 shows the Drug-Group were less likely to receive income from full-time work or

to be supported by a spouse. The Drug-Group were more likely to receive income from unemployment benefits, crime and sexwork (prostitution). All 12 of the women who received income from sexwork in the month prior to imprisonment were in the Drug-Group. The differences between the Drug and Non-Drug groups on primary source of income were statistically significant.

► *Sexwork*

Of the total sample of women 25% reported that they had done sexwork at some time prior to their current imprisonment. Of the Drug-Group 31% had done sexwork compared to 11% of the Non-Drug Group. This difference was statistically significant ($\chi^2=5.80$, $df=1$ $p<.05$). Of those who had done sexwork ($n=33$), the majority ($n=26$) stated that it was to support a drug habit. This represents 20% of the entire sample.

► *Intravenous drug use*

Of the total sample 60% ($n=78$) reported to have injected drugs at some time during their lives. When this finding is compared to that pertaining to the N.S.W. general population of women (2%) on incidence of injecting drug use (NCADA, 1993) it appears quite disturbing. Of this group 64% ($n=50$) reported that they had shared needles with other people on at least 1 occasion. Not surprisingly, 74% ($n=69$) of the Drug-Group stated that they had injected drugs and of these 65% ($n=45$) had shared needles. Further, some women in the Non-Drug Group reported prior injecting of drugs and also needle sharing ($n=9$ and $n=5$, respectively).

► *Accommodation*

Prior to imprisonment women were most likely to be residing in a rented flat or house (37%).

After rented accommodation women were most likely to be residing in a mortgaged flat or house (28%) or Government housing accommodation (22%). Women in the Drug-Group were most likely to be residing in a rented flat or house (39%), whereas those in the Non-Drug Group were most likely to be residing in a mortgaged premises (35%). Further 3% of the women reported that they were homeless, all of whom were in the Drug-Group.

The majority of women (55%) stated that they would not be returning to their former place of residence on release from prison. Of the remaining 45%, 40% stated they would return and 5% were unsure. The Drug-Group showed a higher proportion who would not be returning to their former abode than the Non-Drug Group, however this finding was not statistically significant.

► *Co-habitants and their drug involvement*

Prior to imprisonment women were most likely to be living with their sexual partner (22%). The second most commonly reported living situation for the women was with both their sexual partner and their children (18%), followed by solely with their children (16%). Women in the Non-Drug group showed a higher proportion who were living with both their partner and their children together (24%). Women in the Drug-Group showed a higher proportion who were living with friends (16%) or with both their parents and their children (10%) than the Non-Drug Group.

As Table 7 shows those in the Drug-Group were significantly more likely to be living with someone who had a drug/alcohol problem prior to imprisonment than those in the Non-Drug Group. The co-habitant with the drug/alcohol problem was most likely to be a sexual partner.

Table 7: Co-habitants with drug/alcohol problems
(base=total sample)

	Drug		Non-Drug		Total	
	No.	%	No.	%	No.	%
Drug/alcohol problem						
Yes- Partner	38	41	8	21	46	36
Yes- Family	4	4	-	-	4	3
Yes- Other	11	12	1	3	12	9
No problem	40	43	28	76	68	52
Total	93	100	37	100	130	100

$\chi^2 = 12.15, df=3, p < .01$

► *Children and their guardians*

The majority of women reported that they had children (66%). Of these 14% stated that their children were independent. A higher proportion of the Non-Drug Group (76%) had children compared to the Drug-Group (62%).

Of the total sample 2% (n=3) reported that they were pregnant at the time of interview.

Women were most likely to be solely responsible for the support of their children (35%). After sole responsibility, the 2nd most commonly identified guardians were the women themselves in conjunction with a partner (19%) and this was followed by the children's grandparents (18%). Women in the Drug-Group were significantly more likely to be solely responsible for their children than those in the Non-Drug Group. Whereas, the Non-Drug Group were significantly more likely to share the responsibility for their children with a de-facto partner or husband ($\chi^2 = 5.4, df=1, p < .05$).

► *Family history of alcohol/drug problems*

A slight majority of the sample reported that they had a family history of drug/alcohol problems (52%). As Table 8 shows those in the Drug-Group were significantly more likely to have a family history of drug/alcohol problems than those in the Non-Drug Group (59% versus 32%). According to Table 9 the family member most likely to have a problem was the father (36%), followed by both parents and siblings (21%).

Table 8: Family history of drug/alcohol problems
(base=total sample).

	Drug Group		Non-Drug Group		Total	
	No.	%	No.	%	No.	%
History						
Yes	55	59	12	32	67	52
No	38	41	25	68	63	48
Total	93	100	37	100	130	100

$\chi^2 = 7.56, df=1, p < .01$

► *Prior physical or sexual abuse*

Of the total sample 48% reported that they had been either physically or sexually abused in the past. It is likely that due to the personal and distressing nature of this experience this figure is an under-representation of the prevalence of prior abuse against the women. The data were collected in a single interview situation in a prison environment and disclosures of this kind are more likely to be made in an established therapeutic environment.

Table 9: Family member who had a drug/alcohol problem
(base=family member with drug problem)

Family Member	Drug Group		Non-Drug Group		Total	
	No.	%	No.	%	No.	%
Mother	9	16	4	33	13	19
Father	20	36	4	33	24	36
Both parents	7	13	1	8	8	12
Siblings	5	9	2	17	7	10
Siblings & Parents	13	24	1	8	14	21
Other	1	2	-	-	1	2
Total	55	82	12	18	67	100

Table 10. History of physical or sexual abuse
(multiple responses, base=total sample)

	Drug Group (n=93)		Non-Drug Group (n=37)		Total (n=130)	
	No.	%	No.	%	No.	%
Abuse ever	45	48	17	46	62	48
Child sexual abuse	25	27	9	24	34	26
Child physical abuse	23	25	12	32	35	27
Adult sexual abuse	27	29	7	19	34	26
Adult physical abuse	34	37	12	32	46	35

As Table 10 shows there was not a marked difference between the Drug and Non-Drug groups on prior abuse. The Drug-Group showed a higher proportion who experienced sexual abuse as an adult compared to the Non-Drug Group.

Women who committed violent offences were significantly more likely to have experienced prior abuse compared to those who committed other offences ($\chi^2=5$, $df=1$, $p<.05$). Sexworkers were also significantly more likely to have experienced prior abuse compared to those who had not done sexwork ($\chi^2=14$, $df=1$, $p<.001$).

Those who had experienced either physical or sexual abuse as an adult in a domestic situation or by a partner ($n=52$) were asked if they or their attacker was intoxicated by alcohol/drugs when this occurred. Of these women 40% ($n=21$) reported that their attacker was intoxicated and another 21% ($n=11$) stated their attacker was intoxicated sometimes. In addition 27% ($n=14$) of these women stated that they were intoxicated themselves and 23% ($n=12$) stated that they were intoxicated sometimes when the attack occurred.

Of those who had been physically or sexually abused as a child or adult, 42% had received some form of prior treatment in relation to the experience. A lower proportion of the Drug-Group had received treatment (16 out of 45) when compared to the Non-Drug Group (10 out of 17).

► *Eating disorder behaviour*

An attempt was made to collect data on the prevalence of eating disorder behaviour among the women. Anecdotal reports had indicated that some women were involved in bingeing and purging sessions in the wings of

the correctional centres. Therefore, most of the questions were addressed to their time in custody. However, the women were also asked questions on behaviours which are associated with eating disorders (using laxatives, diuretics, diet pills and vomiting) in the 6 months prior to imprisonment. Almost all the sample, more than 90%, reported that they did not practice or experience any of these factors. Of the total sample 5% reported vomiting once a week or more prior to imprisonment. Similarly 5% of women reported consuming laxatives on an at least weekly basis and 3% were on fluid tablets. Finally 2% of women reported that they were taking diet tablets on a daily basis in the 6 months prior to imprisonment.

► *Significant relationships prior to imprisonment*

The study attempted to obtain data on the perceived support network in the lives of the women. The women were asked to number the people in whom they felt they could confide (*talk to freely about feelings or problems*) and 25% of the women stated that there was nobody in whom they could confide. Another 26% of the women reported that there was only 1 person in whom they could confide. Women in the Non-Drug Group showed a higher incidence of support (at least 1 support person) and a greater number of support people when compared to the Drug-Group. This finding was statistically significant ($\chi^2=6.62, df=2, p<.05$). Of the Drug-Group 29% stated that they had no support figure compared to 16% of the Non-Drug Group.

2. Intoxication at time of offence

On examining reported intoxication at time of most serious offence (Table 11) it is shown

that the majority of women (62%) were under the influence of drugs/alcohol.

Table 11: Intoxication at time of most serious offence (base-total sample)

	No.	%.
Drugs	60	46
Alcohol	6	5
Both	15	11
Nothing	49	38
Total	130	100

As Table 12 shows the most common type of offence committed by women under the influence of drugs was property, i.e., (45%). After property, the most commonly committed type of offence was drug (18%). The most common offence committed by women who were not under the influence of drugs was a drug offence, i.e., supply, possess, import, etc. The number of women intoxicated by alcohol alone or both alcohol and drugs was too small to differentiate on the basis of offence.

As Table 13 shows women were most likely to be intoxicated by heroin at the time of their offence (64% of responses). The second most common drug of intoxication was pills (32%) and this was followed by methadone (29%).

Of those who were intoxicated by drugs (n=75) 45% had consumed more than one drug type and 20% had consumed a cocktail of at least 3 drugs. Heroin was most likely to be used in conjunction with cocaine and/or pills.

Table 12: Intoxication by most serious offence - drugs versus alcohol (base=total sample)

Offence	Intoxication by:								Total	
	Drugs		Alcohol		Both		Nothing			
	No.	%	No.	%	No.	%	No.	%	No.	%
Property	27	45	-	-	5	33	11	23	43	33
Drug	11	18	1	17	3	20	16	33	31	24
Fraud	9	15	1	17	1	7	9	18	20	15
Assault	6	10	2	33	2	13	8	16	18	14
Robbery	5	8	1	17	3	20	5	10	14	11
Driving	1	2	1	17	-	-	-	-	2	2
Order	1	2	-	-	1	7	-	-	2	2
Total	60	100	6	101	15	100	49	100	130	101

Table 13: Drug of intoxication at time of most serious offence

(multiple responses, base=intoxicated by drugs, excl. alcohol alone)

Drug	No.	%
	(n=75)	
Heroin	48	64
Pills	24	32
Methadone	22	29
Cocaine	15	20
Cannabis	9	12
Amphetamines	6	8

Table 14: Type of relationship between drug use and imprisonment

(multiple responses, base= drug-crime relationship)

Reason	No.	%
	(n=93)	
Money for drugs	46	50
Intoxication by drugs	39	42
Intoxication by alcohol	18	19
Offence type-supply	16	17
Other*	14	15
Offence type- possess	3	3
Withdrawing from drugs	2	2

* Most common 'other' response was to support partner's habit

► *Quantity of drug consumed*

Heroin was most likely to be consumed either in quantities of less than a gram or up to 2 grams at time of offence. However, 4 women reported that they consumed more than 4 grams. Cocaine was most likely to be consumed in quantities of between 1 and 2 grams. As with heroin 4 women reported consuming more than 4 grams of cocaine. Concerning pills the most common quantity consumed was more than 20 tablets (n=11).

► *Quantity of alcohol consumed*

Of the women who had consumed alcohol at the time of their offence (n=21), the majority (n=15) reportedly drank more than 12 standard drinks. Of these, 8 drank more than 22 standard drinks.

3. Perceived relationship between drug use and imprisonment

Almost three-quarters (72%) of all women surveyed perceived there to be a relationship between their drug use and subsequent imprisonment. In their response to this question the women were given the opportunity to identify more than 1 type of relationship (*multiple response*). As Table 14 shows money for drugs was the most commonly cited type of drug-crime relationship. After money for drugs, intoxication from drugs was the next most commonly identified relationship.

4. Incidence and patterns of drug use prior to imprisonment

► *Incidence*

Table 15 shows the percentage of women who

reported that they had ever tried a particular drug and the average age of first use. Tobacco, alcohol and cannabis were the drugs most likely to be ever used, in that order. Noteworthy, is that 59% of the sample had tried heroin with the average age of first use being 18 years. A higher percentage of women had tried amphetamines (50%) compared to cocaine (42%). The average age of first use of cocaine was 23 years representing the oldest average age at which a drug was first tried. The women were least likely to have used solvents (12%), however the average age of first use for those who did experiment with solvents was 13 years. Therefore, those who did experiment with solvents did so at an early age.

A disturbing finding was that by the age of 13 years 8% had reportedly tried heroin, 11% had tried tranquillisers, and 5% of the women had tried either amphetamines, barbiturates or hallucinogens. In addition, 21% of the women had tried cannabis by the time they were 13 years of age. Concerning tobacco, 6% of the women had tried tobacco before they were 10 years of age.

► *Frequency*

The women were asked about their patterns of drug use in the 6 months prior to imprisonment. The following categories match those used in the previous study on mostly male inmates: 1) daily; 2) weekly and less than daily; 3) less than weekly and more than monthly (fortnightly); 4) monthly; 5) half yearly and less than monthly (half yearly); 6) those who did not use a particular drug in the 6 months prior to imprisonment.

Table 16 shows that tobacco (84%), alcohol (50%), heroin (42%) and cannabis (42%) were the drugs most commonly used by the women

in the 6 months prior to imprisonment. The drugs least likely to be used by the women were solvents (1%) and hallucinogens (3%).

A very high percentage of the women (82%) reported smoking tobacco on a daily basis prior to imprisonment (Table 16). The second most commonly used drug by the women on a daily basis was heroin.

After heroin, cannabis followed by benzodiazepines and alcohol were the drugs most commonly consumed by women on a daily basis. When compared to amphetamines (5%) more women consumed cocaine on a daily basis (12%).

Of those women who did use tobacco, heroin, cannabis, benzodiazepines, cocaine and amphetamines the most common pattern of consumption was daily consumption.

When 'at least weekly' use is examined the women most commonly used tobacco (83%), heroin (35%), cannabis (31%) and alcohol (31%).

Concerning benzodiazepines 24% of the women used benzodiazepines on an 'at least weekly basis'. More women consumed cocaine (14%) 'at least weekly' compared to amphetamines (7%).

The women who used drugs on an 'at least weekly basis' were asked whether their pattern of use was generally steady use or binge use (Table 17). Not surprisingly, the majority of those who used a particular drug on a daily basis described their use as steady. However, 2 women who used heroin and 2 women who used alcohol on daily basis described their pattern of use as binge use. While not as marked this pattern of self-described steady use was also evident in weekly users.

However some of those weekly users of alcohol (n=10), benzodiazepines (n=5), cannabis (n=5), analgesics (n=3) and heroin (n=2) described their pattern of use as binge.

► *Quantity*

Tables 18 to 21 show reported quantity of use in the 6 months prior to imprisonment. Referring to Table 18 it can be shown that even though a small percentage of women were drinking on daily basis (15%) the majority were drinking at very harmful levels. Only 1 woman reportedly drank within the guidelines for safe drinking as defined by the National Health and Medical Research Council, 1992 (i.e., 2 standard drinks or 20 grams of alcohol per day for females).

Of those women who drank on a weekly basis (n=21) about half (n=10) reportedly drank at moderate level, i.e., ≤ 14 standard drinks or 2 drinks x 7 days. However, 2 women reported drinking more than 84 standard drinks per week.

A most disturbing finding is that almost half of daily drinkers (n=8) reportedly drank between 23 and 50 standard glasses of alcohol per day.

The majority of those who used tobacco on a daily basis (Table 19) smoked a packet or more of cigarettes per day (57%).

A disturbing finding was that of the 21 women who used benzodiazepines on a daily basis the majority (n=17) consumed more than 6 tablets per day. Further, 7 women reportedly consumed more than 20 tablets per day (Table 20).

Table 15: Percentage who had ever used each type of drug and the average age of first use (base=total sample)

	No. of women (base=130)	%	Average age began using in years
Tobacco	116	89	15
Alcohol	107	82	16
Cannabis	89	69	17
Analgesics	83	64	16
Heroin	77	59	18
Benzodiazepines	75	58	20
Amphetamines	65	50	20
Barbiturates	63	49	21
Hallucinogens	58	45	17
Cocaine	54	42	23
Opiates	20	15	22
Solvents	15	12	13

Table 16: Frequency of drug use prior to imprisonment in percentages (base=total sample)

	Daily	Weekly	Fortnightly	Monthly	Half yearly	Did not use
Tobacco	82	1	1	-	-	16
Heroin	32	3	1	2	4	58
Cannabis	19	12	3	3	5	58
Benzodiazepines	16	6	3	5	5	64
Alcohol	15	16	8	5	6	50
Cocaine	12	2	-	1	4	81
Amphetamines	5	2	2	3	3	85
Barbiturates	5	3	2	6	-	84
Analgesics	5	8	2	5	6	74
Opiates	1	1	1	-	2	95
Solvents	1	-	-	-	-	99
Hallucinogens	-	1	-	1	1	97

Table 17: Pattern of drug use by daily and weekly use (* 1 missing case)

	Daily				Weekly - Fortnightly				Total No.
	Steady No.	%	Binge No.	%	Steady No.	%	Binge No.	%	
Tobacco	102	94	2	2	2	2	1	1	108*
Heroin	39	87	2	4	2	4	2	4	45
Cannabis	23	54	-	-	14	33	5	12	43*
Benzodiazepines	20	62	1	3	6	19	5	16	32
Alcohol	18	37	2	4	18	37	10	21	49*
Cocaine	15	83	-	-	2	11	1	6	18
Speed	7	70	-	-	2	20	1	10	10
Barbiturates	6	60	-	-	3	30	1	10	10
Analgesics	7	37	1	5	8	42	3	16	19
Opiates	1	33	-	-	1	33	1	33	3
Solvents	1	100	-	-	-	-	-	-	1
Hallucinogens	1	100	-	-	-	-	-	-	1

Table 18: Quantity of alcohol consumed
(base=those who drank daily)

	Daily (n=20)
Standard drinks	No.
≤ 2	1
> 2 ≤ 4	1
> 4 ≤ 8	1
> 8 ≤ 12	2
> 12 ≤ 22	7
> 22 ≤ 50	8

Referring to Table 21 consumption levels for the illicit drugs; heroin, cocaine and cannabis are shown. These 3 drugs showed the highest frequency of use of those which fell into the illicit category.

Between 1 and 3 grams was the most common quantity consumed by daily users of heroin, cocaine and cannabis. Of the daily heroin users 2 reported consuming more than 5 grams per day. Similarly, 3 cocaine users reported consuming more than 5 grams per day. If these data are accurate then these women would appear to have severe problems. Of the women who were weekly heroin users 3 reported using less than 1 gram per week indicating recreational use.

Table 19: Quantity of tobacco used
(base=daily smokers)

Daily use as a percentage
(n=106)

Packets*	Daily use as a percentage (n=106)
< half pack	19
≥ ½ pack < pack	24
packet	30
> pack ≤ 2 packs	24
> 2 packs	3
Total	100

* A packet represents between 20-30 cigarettes

Table 20: Quantity of benzodiazepines used
(base=daily and weekly benzodiazepine users)

No. of tablets	Daily No. (n=21)	Weekly No. (n=8)
≤ 2	1	-
> 2 ≤ 4	-	3
> 4 ≤ 6	3	-
> 6 ≤ 10	5	-
>10 ≤ 20	5	3
> 20	7	2
Total	21	8

Table 21: Quantity of illicit drug by daily and weekly use (base=daily and weekly users of the specified drug)

Grams (street weight)	Heroin		Cocaine		Cannabis	
	Daily (n=41) No.	Weekly (n=4) No.	Daily (n=15) No.	Weekly (n=3) No.	Daily (n=24) No.	Weekly (n=16) No.
< gram	13	3	1	-	5	5
≥ 1 ≤ 2 grams	15	1	5	3	8	3
> 2 ≤ 3 grams	7	-	2	-	2	2
> 3 ≤ 5 grams	4	-	4	-	4	3
> 5 ≤ 7 grams	2	-	2	-	3	1
> 7 ≤ 10 grams	-	-	1	-	1	2
> 10 grams	-	-	-	-	1	-

► *Drug use in the general population of women*

The National Campaign Against Drug Abuse (NCADA) commissioned a survey of the general community which included information on drug use (NCADA National Drug Household Survey, 1993). Of note is that the NCADA survey included females aged 14 years and above, whereas this survey included females 18 years and above. Table 22 which shows a comparison on incidence of use (*ever tried the specified drug*) between the females in this sample and the N.S.W. female population as reported in the NCADA survey serves to highlight the incidence of illicit drug use in the population of women offenders.

Table 22: Those who had ever tried a particular drug - sample and general population

	Sample	N.S.W. Population
	%	%
Alcohol	82	93
Cannabis	69	27
Analgesics	64	83
Heroin	59	2
Benzodiazepines	58	38
Amphetamines	50	7
Barbiturates	49	4
Cocaine	42	3

1. Source: National Campaign Against Drug Abuse (NCADA) (1993). National Drug Household Survey Department of Health, Housing & Community Services, Canberra.

The NCADA survey recorded frequency of drug use in the previous 12 months and this

study recorded frequency of use in the 6 months prior to imprisonment. Table 23 shows a comparison was made between the female inmate sample and the N.S.W. female population on the percentage who used a particular drug on an 'at least weekly basis' (*base=those who had ever used the drug*).

Table 23: Use of a particular drug on an 'at least weekly basis' - sample and general population.
(*Base=those who had ever tried the drug*)

	Sample	N.S.W. Population
	%	%
Heroin	58	-
Cannabis	45	6
Alcohol	38	54
Cocaine	33	-
Amphetamines	14	-

1. Source: National Campaign Against Drug Abuse (NCADA) (1993). National Drug Household Survey Department of Health, Housing & Community Services, Canberra.

2. Use of Benzodiazepines, Barbiturates and Analgesics was not comparable as the general population survey specified use for non-medical purposes.

As with the previous male sample the comparison between this female sample and the population serves to highlight the severity of illicit drug use in the population of female offenders.

► *Regular-Heavy users*

As with Kevin (1992) the data on frequency and level of drug use was used to differentiate between regular-heavy users and non-users.

With the exception of alcohol the classification criteria remained the same. In relation to alcohol women were classified as regular-heavy users if they drank more than 4 standard drinks per day or 28 standard drinks per week. The criteria for regular-heavy use of other drugs was as follows: weekly to daily use of any other drug (excluding cannabis); daily use of cannabis.

Kevin (1992) acknowledged that this criteria was broad and did not address other contributing risk factors. However, such considerations were beyond the scope of the study. Using the above criteria 64% of women were identified as regular-heavy users of drugs.

As with Kevin (1992) various measures of interest were used to identify women with drug problems, however the data obtained from these measures were not completely compatible. Of those classified as regular-heavy users of drugs by the study: 88% perceived that there was a relationship between their drug use and imprisonment; 83% were under the influence of a drug at the time of their most serious offence; and 70% stated they experienced drug-related problems in the 6 months prior to imprisonment.

5. Problems associated with drug use

The women were asked if they had experienced any problems in relation to their drug use in the 6 months prior to imprisonment. Surprisingly, only 47% of the sample reported drug-related problems.

Table 24 shows the drugs which caused problems for the women. Heroin (59%) was the drug most cited by the women. After heroin, pills (34%), cocaine (23%) and alcohol

(23%) were most cited.

The women were asked to specify which single drug caused the most problems for them. As Table 25 shows after heroin (41%), pills (18%) and alcohol (18%) were most cited.

Table 24: Drugs which caused problems
(multiple responses, base=those with problems)

Drug	No. (n=61)	%
Heroin	36	59
Pills	21	34
Cocaine	14	23
Alcohol	14	23
Amphetamines	4	7
Cannabis	4	7
Tobacco	1	2

Table 25: Main problem drug
*(base=those who reported problems, * 1 missing case)*

Drug	No. (n=61)	%
Heroin	25	41
Pills	11	18
Alcohol	11	18
Cocaine	9	15
Amphetamines	3	5
Cannabis	1	2
Total	61*	100

Table 26 : Problems resulting from use of drugs (multiple responses, base=those who reported problems)

Type of problem	Total		Drug type							
	(n=60*)		Heroin (n=25)		Pills (n=11)		Cocaine/Amphet. (n=12)		Alcohol (n=11)	
	No.	%	No.	%	No.	%	No.	%	No.	%
Health	23	38	10	40	3	27	4	33	6	55
Law	21	35	9	36	6	55	4	33	2	18
Family-partner, friends	14	23	7	28	1	9	3	25	2	18
Finance	13	22	8	32	-	-	4	33	1	9
Feeling invincible	10	17	3	12	4	36	1	8	2	18
Children-custody	9	15	3	12	3	27	1	8	2	18
Habit	6	10	3	12	1	9	2	17	-	-
Emotional	5	8	2	8	1	9	1	8	1	9
Job, house	4	7	2	8	-	-	2	17	-	-

* 2 missing cases

Table 27: Type of treatment received in community (multiple responses, base=total sample)

	No. (n=130)	%
Methadone	60	46
Rehabilitation Centre	40	31
Narcotics Anonymous	38	29
Counselling	38	29
Detoxification Centre	31	24
Group Programs	19	15
Psychiatrist/Psychologist	13	10
Alcoholics Anonymous	13	10

► *Type of problem*

As this question was open-ended the categories in Table 26 are based on the womens' responses. The most commonly cited category of drug-related problems experienced was health matters (38%). After health, women most frequently reported drug-related legal problems (35%), family problems (23%) and financial problems (22%). In addition 15% reported that they lost custody of their children and 7% had experienced problems in relation to either their job, house or assets. Interestingly, 17% of the sample cited feeling invincible as a problem related to their drug use. Table 26 also shows a breakdown of drug type by type of problem. Generally, across drug-groups health and legal problems were most frequently cited. Not surprisingly, financial problems were more

commonly cited by those with illicit drug problems(i.e., heroin, amphetamines, cocaine).

6. Prior treatment for drug use

The majority of the sample had attempted to control their use of drugs either formally (treatment centre) or informally (help from family or friends or self-detoxing). After informal help was excluded, 55% of the women had enrolled in some form of treatment in the past. As Table 27 shows, methadone was the most common form of treatment received by women in the sample. This is not surprising considering heroin had been identified as being the main problem drug for the women. After methadone a rehabilitation centre or therapeutic community (31%) was the most common form of treatment received. In addition 29% of women had attended Narcotics Anonymous meetings and 29% had received some form of counselling.

For those women who had community-based treatment (n=71) the most recent treatment received was methadone (66%). The majority of women had received community-based treatment either in the current or previous year (52%). Concerning time spent in the most recent treatment received, 35% had been enrolled for between 4 and 12 months, 32% for more than 12 months and 30% for between 1 and 3 months. Therefore, the time spent in treatment was fairly spread. Of those who perceived their crime to be drug-related, 71% had received prior community-based treatment.

► *Prior psychological treatment*

Of the total sample 31% had been hospitalised due to emotional problems at some time in the past. Table 28 shows that depression (30%) and suicide attempts (30%) were the most

common reasons for which the women were reportedly hospitalised. After depression and attempted suicide women were most commonly hospitalised for psychosis (13%) or anxiety (13%). A smaller percentage of those who perceived their crimes to be drug-related (n=26 or 28%) had been hospitalised for an emotional problem in the past when compared to those whose crimes were not drug-related (n=14 or 38%). However, this finding was not statistically significant.

Table 28: Prior hospitalisation - psychiatric
(multiple responses, base=those hospitalised)

	No. (n=40)	%
Depression	12	30
Attempted suicide	12	30
Psychosis-schizophrenia	5	13
Anxiety	5	13
Physical/sexual abuse issues	4	10
Other	4	10
Adolescent behaviour problems	2	5
Grief	1	3
Self-mutilation	1	3

The women were also asked if they had received any community-based counselling or therapy for emotional problems. Of the total sample 32% had received community based counselling. About half this group included the women who had been hospitalised for an emotional problem. Those who perceived their crime to be drug-related (32%) and those who did not (30%) were fairly evenly matched on involvement in prior counselling. The most common condition for which the women had received prior counselling was depression (29%). After depression the women were

most likely to have received counselling for anxiety (15%).

Most of those who had reportedly attempted suicide also reported experiencing prior physical/sexual abuse as a child.

Those who reported being abused as an adult were significantly more likely to report prior hospitalisation for an emotional disorder ($\chi^2 = 15.9$, $df=1$, $p < .0001$).

7. Comparison with previous male sample on drug-related background

The former sample of mainly male inmates (Kevin, 1992; Kevin, 1993) was a flow sample in that it captured the flow of inmates leaving the correctional system. The women's sample was similar to a 'stock' sample (comparable to the census, being biased towards long term inmates). A flow sample is considered more illuminating with regards to identifying the target population for drug treatment as it provides a better picture of movement of individuals through the system. Therefore, the data obtained from the female sample was manipulated (inversely weighted by the minimum sentence length for each individual) to simulate a discharge flow sample and therefore be comparable to the male data. A flow sample design was not used in the women's study because the time required to recruit an adequate sample size would have been too great.

The following comparisons between those female and male inmates who perceived there to be a relationship between their drug use and imprisonment are based on the actual data from the male sample (the 11 females in the study were excluded in this analysis) and the weighted data from the current female sample:

Background characteristics

- Across all age groups (with the exception of women 35 years and over) the majority of both male and female inmates showed drug-related crime. For both male and female inmates, those who were between 30 and 34 years of age showed the highest proportion with drug-related crime (82% and 92% respectively).
- Those NESB inmates whose crime was drug-related - 79% of women versus 53% of men.
- Those Aboriginal inmates whose crime was drug-related - 72% of women and 69% of men.
- Those who were either married or in a defacto relationship prior to imprisonment and whose crime was drug-related - 43% of women versus 28% of men.
- Place of residence for those with drug-related crimes - 56% of women and 55% of men resided in the Sydney metropolitan area.

Offence characteristics

- Those with drug-related crimes who had a property offence as their most serious offence - 45% of women versus 26% of men.
- Those with drug-related crimes who had an assault offence as their most serious offence - 6% of women versus 19% of men.
- Those with drug-related crimes who had a robbery offence as their most serious offence - 6% of women versus 6% of men.
- Those with drug-related crimes who had a fraud offence as their most serious offence - 20% of women versus 4% of men.
- Those with drug-related crimes who had a drug offence as their most serious offence - 20% of women versus 13% of men.
- Those with drug-related crimes who had a driving offence as their most serious offence - 3% of women versus 21% of men.
- Those with drug-related crimes who were referred by the court to prison-based drug treatment - 12% of women versus 14% of men.

- Intoxication at time of offence - 55% of the total sample of women versus 21% of the total sample of men were intoxicated by drugs (excluding alcohol); 2% of women versus 36% of men were intoxicated by alcohol alone; 11% of women versus 10% of men were intoxicated by both alcohol and drugs; and 32% of women versus 33% of men were not intoxicated at the time of their offence.

Drug-related background

- Based on their patterns of drug use in the 6 months prior to imprisonment - 70% of the total sample of women and 64% of the total sample of men were classified as regular-heavy users of drugs/alcohol.
- The most commonly used drugs on an 'at least weekly' basis in the 6 months prior to imprisonment (see *Tables 29 & 30*): by women - tobacco (86%); heroin (38%); and alcohol (31%); by men - tobacco (89%); alcohol (69%); and cannabis (50%).
- The most commonly used drugs on a daily basis in the 6 months prior to imprisonment (see *Tables 29 and 30*): by women - tobacco (85%); heroin (36%); by men - tobacco (82%) and cannabis (34%).
- For both women and men who were daily users of heroin, the most common quantity consumed was 1 gram or more.
- For both women and men who were daily users of benzodiazepines the most common quantity consumed was more than 10 tablets.
- Those whose crime was drug-related and who had received prior community-based drug treatment: 81% of women versus 58% of men.

A higher proportion of NESB women reported that their crime was drug-related when compared to NESB men. This is probably explained by the finding that the majority of NESB women had been convicted for a drug offence, such as supply or conspire to import.

A higher proportion of women were married or in a defacto relationship when compared to men; this pattern remained evident when comparing women and men with drug-related

offences.

There were differences between men and women on distribution of offence. Women were most likely to have committed property, fraud and drug offences in that order. Whereas men were most likely to have committed property, driving and assault offences, in that order. This difference remained evident when the offences of men and women with drug-related offences were compared.

In terms of intoxication at time of offence, women and men showed a similar pattern of prevalence (68% of women versus and 67% of men). However, there was a much higher incidence of alcohol intoxication by men at the time of offence and this was reportedly related to offences, such as assault and driving.

Differences were identified between women and men in terms of patterns of drug use prior to imprisonment. In terms of regular use (at least weekly) women showed a higher proportion who reported heroin use (38% of women versus 18% of men), benzodiazepine use (23% of women versus 10% of men) and cocaine use (17% of women versus 3% of men) when compared to men. Men showed a higher proportion who reported alcohol use (69% of men versus 31% of women), cannabis use (50% of men versus 26% of women) and amphetamine use (14% of men versus 4% of women) when compared to women.

The women and men who were daily users of drugs appeared to be matched in terms of quantity of drug consumed.

Of note, is that caution should be exercised when interpreting the patterns of drug use data as the data on the men was collected about 12 months prior to that on the women. This time difference may have slightly confounded the findings on drug use patterns.

Table 29: Frequency of drug use by women prior to imprisonment in percentages using weighted data
(base=total sample)

	Daily	Weekly	Fortnightly	Monthly	Half yearly	Did not use
Tobacco	85	1			-	14
Heroin	36	2	1	3	2	56
Cannabis	16	10	8	2	4	60
Benzodiazepines	17	6	8	4	5	65
Alcohol	15	16	4	5	8	52
Cocaine	14	3	-	-	3	80
Amphetamines	3	1	1	2	2	91
Barbiturates	6	8	3	4	-	79
Analgesics	14	4	4	4	4	70
Opiates	1	-	1	-	-	98
Solvents	1	-	-	-	-	99
Hallucinogens	-	1	-	1	1	97

Table 30: Frequency of drug use by men prior to imprisonment in percentages using unweighted data
(base=total sample)

	Daily	Weekly	Fortnightly	Monthly	Half yearly	Did not use
Tobacco	82	7	-	-	-	15
Heroin	10	8	3	2	3	62
Cannabis	34	16	5	5	4	36
Benzodiazepines	7	3	1	1	2	86
Alcohol	23	46	12	4	4	11
Cocaine	2	1	1	1	5	92
Amphetamines	5	9	1	1	5	80
Barbiturates	1	1	-	2	-	97
Analgesics	3	2	1	2	3	89
Opiates	2	2	2	-	2	92
Solvents	-	1	1	-	-	98
Hallucinogens	-	2	-	1	7	90

Discussion

The main objective of the study was to identify the treatment needs of women with drug/alcohol problems in N.S.W. prisons. To this end, it was necessary to obtain data on the drug use history, patterns and problems of the women. Previous data collections (Stathis, Eyland & Bertram, 1991; Kevin, 1992) have failed to achieve an adequate sample size of women from which to draw generalisable findings.

From the outset of this study, it was considered fruitful to examine the effectiveness of the current drug treatment program in terms of: (i) reaching those women identified by the research as having problems; and (ii) the women's perceptions of their needs and the program currently being offered.

Kevin (1992 & 1993) had gathered similar data on mainly male inmates imprisoned in N.S.W. Unfortunately, it was not possible to match the male study in terms of sampling frame. The male study sampled a cohort of inmates shortly to be discharged to freedom. If the present study sampled a discharge cohort of women, the length of time required to achieve an adequate sample size would have been too great (significantly less women are imprisoned).

The following discussion address themes arising from the background characteristics of the women. The women's experience of the drug treatment program and other services offered in prison is presented in Kevin (1994b). Of note is that the present findings can only be used to draw inferences in relation to the population of sentenced women at the time of the survey. Hence, ongoing data collection studies are needed so that changes in the inmate population can be monitored.

► Heroin the main problem

Of those women who come to prison, the majority have problems related to their use of drugs and/or alcohol. Of the various drugs available, heroin was identified as the primary problem drug for imprisoned women. This conclusion was based on the following findings:

- (i) A majority of women were intoxicated by drugs at the time of their offence and of these most had consumed heroin;
- (ii) The most common offence type for which women were imprisoned was property and the majority of those who committed property offences were under the influence of heroin at the time of offence;
- (iii) Money to purchase drugs was the most commonly cited reason given for committing offence;
- (iv) After tobacco, heroin was the second most commonly used drug on a daily basis prior to imprisonment;
- (v) Daily users of heroin were generally consuming 1 or more grams per day;
- (vi) The majority of women who self-reported drug problems identified heroin as causing the most problems.

A further and disturbing finding was that nearly half of the women who were intoxicated by a drug at the time of offence reported consuming more than 1 type of drug. Heroin was most commonly consumed with cocaine and/or pills at the time of offence. In addition most of those who reported using cocaine on a daily basis were also daily users of heroin.

This poly-drug use of major illicit drugs would appear to significantly compound the health, financial and legal problems already experienced by those who are supporting a heroin habit.

Those women who perceived their crime to be drug-related reported a higher rate of sexual abuse as an adult compared to those who perceived their crime not to be drug-related. This possibly indicates that sexual violence plays a role in negotiations for drugs in the lives of these women.

Methadone treatment was introduced as an intervention appropriate for heroin dependency. The literature does not indicate the provision of methadone as a treatment for cocaine dependency. As cocaine has emerged as a problem for women in N.S.W. prisons it would be appropriate to investigate those treatment interventions which have been evaluated in countries, such as the United States where cocaine misuse is endemic in the offender population.

► Other drugs

While alcohol did not appear to be a significant problem for the majority of women, the women who drank at the time of their offence or on a daily basis prior to their imprisonment reported very harmful consumption levels. This pattern of heavy usage levels was also evident in daily users of benzodiazepines. Like alcohol, benzodiazepines are widely available (obtainable by prescription from a doctor). Those who committed offences under the influence of benzodiazepines often reported to have experienced blackouts and had no recollection of the circumstances of their offence. Consideration should be given to appropriate detoxification facilities, detoxification procedures and treatment

interventions for these women.

There appears to be a case for introducing an education program aimed at both inmates and medical staff which addresses the safe use of and alternatives to prescription drugs. Copeland (1992) in reporting on the proceedings of the Women & Substance Abuse Research Workshop recommended that a prescription drug use education program, of the kind described above, be given priority in research planning.

► Sexwork

There was a clear relationship between regular use of the major illicit drugs (heroin & cocaine) and sexwork. Of those who reported having done sexwork at some time prior to imprisonment a high majority claimed that it was to support a drug habit. Disturbingly, the majority of women who had been sexworkers also reported to have shared needles.

Most of those who reported receiving income from sexwork in the month before imprisonment were daily users of heroin and/or cocaine.

Though Aboriginal women were more likely to be intoxicated by alcohol at the time of their offence, a number also reported to be daily users of heroin and/or cocaine and to have supported a drug habit through sexwork.

Sexworkers were significantly more likely to report experiencing prior sexual or physical abuse compared to those who had not done sexwork.

Those women who are supporting a drug habit through sexwork are potentially in a very disempowered position. Specifically, they can be in a subordinate position to a manager

whom they are economically dependent upon. Further, these women are most likely to be in very poor physical and psychological condition. The D&A Service should specifically identify these women as they are at risk of severe drug-related harm and infectious diseases. Once identified they can be targeted for treatment.

► **Comparison between female and male samples**

Unlike women, alcohol was identified as the primary problem drug for men in N.S.W. prisons (Stathis, Eyland and Bertram, 1991; Kevin, 1992). Property-related crime was the most prevalent type of offence committed in both male and female samples. Notwithstanding this, some marked differences were identified between men and women with drug-related crimes on type of offence committed. Compared to women, men were more likely to be imprisoned for offences related to alcohol intoxication, i.e., violent and driving offences. Whereas, women showed a more marked pattern of offences related to economic motives, i.e., fraud and drug offences. In terms of demographics, women generally were less likely to be single than men. This finding is consistent with those based on male and female offenders in the United States. Also consistent was the finding that women in the present study were more likely to be regular users of the major narcotics (heroin and cocaine) and less likely to be regular users of marijuana than men.

Unfortunately background data on work experience, income, dependent children and psycho-social factors were not collected on the men (Kevin, 1992) so further comparisons were not possible. The introduction to this report outlined gender differences identified in the American literature. Generally, data

collections in that jurisdiction found that women offenders were more likely to be unemployed, have dependent children and to have a history of childhood sexual abuse than men.

Further a study conducted on male and female cocaine misusers in the United States by Griffen, et al, 1989 (in Wellisch, et al, 1993) found that women were less socially adjusted and more likely to suffer from depression than their male counterparts.

Unlike many drug and alcohol community-based agencies, men and women in prison are physically separated, hence by default gender-specific issues can be addressed. To some extent some group-based programs in prison would already be examining these issues but such programs are not set in policy nor widely implemented.

In drawing attention to the differences between male and female offenders with drug problems the objective is not to take attention or resources away from male offenders with drug problems, but rather to establish whether specialist gender-based concerns should be resourced.

► **Consistencies with American data on drug-related crime in women**

The present study classified the majority of women in prison as regular-heavy users of drugs. Further, the majority of women in the study reported drug-related crime and/or intoxication at time of offence. Therefore, as was the case with the American findings, any profile drawn on women in prison will also generally represent women in prison with drug problems.

For the most part, the present study's findings

matched consistent findings drawn from a number of data collections conducted on women in American penal jurisdictions. Consistencies were identified in terms of the prevalence of women in prison who were:

- (i) major narcotics users;
- (ii) reoffenders;
- (iii) solely responsible for children; and
- (iv) unemployed prior to imprisonment;

Also consistent with American findings, women who reported a history of prior sexual/physical abuse formed a greater proportion of those who committed violent crimes. However, data from the present sample were insufficient to draw any firm conclusions on this pattern.

The local data differed to the American data in relation to reported prevalence of benzodiazepine (minor tranquilliser) use. The American studies either did not report on use of benzodiazepines or when they did, prevalence of use was reportedly not very high. Similarly, there were drugs recorded in the American studies, such as crack and PCP which do not appear to be relevant to the Australian context at present.

The present findings also differed from the American trends in relation to psycho-social factors, such as history of depression and sexual/physical abuse and their association with drug problems in women. The present study found that neither prior treatment for depression nor experience of physical and/or sexual abuse were significantly related to drug-related crime in women.

However, the overall incidence of prior sexual/physical abuse and treatment for emotional disorders was relatively high. These

factors were found to be related to each other in the present study. Hence, prior abuse and depression are possibly also associated with criminal behaviour in women.

It is also feasible that experience of prior sexual/physical abuse was under-reported by the women in this study due to the personal and distressing nature of the experience. Disclosures in relation to this kind of history are more likely to be made in an established therapeutic relationship than a single prison-based interview situation.

► Screening and assessment

The foregoing discussion lends support to the premise that drug screening (detection) and assessment (diagnostic) instruments for prisoners need to be gender-sensitive. The accurate identification of women in/at risk of withdrawal and at high risk of drug-related harm requires screening instruments to place more focus on the consumption of the major narcotics, benzodiazepines and methadone and the combined use of these substances.

Findings also suggest that screening instruments should include questions in relation to intravenous drug use, needle sharing and sexwork prior to imprisonment so that women who are at greater risk of drug-related harm can be targeted for treatment. Questions on pregnancy and sexually transmitted diseases would also be pertinent.

Assessment instruments need to address the social context of women and the social constructs supporting their drug use. Offenders generally have disadvantaged economic and social status. This status is further diminished for female offenders and in particular Aboriginal female offenders. The Women and Substance Abuse Research

Workshop, Copeland (1992) recommended that the following issues be addressed when studying the aetiology of drug use in women:

- (i) history of drug use;
- (ii) initiation of use;
- (iii) social meaning of drug use in their lives;
- (iv) movement in and out of hazardous use.

A comprehensive assessment should also include these issues in addition to concrete concerns such as health, dependents, finances, employment and housing. Measures of powerlessness, self-esteem, general emotional well-being and prior abuse may also be illuminating and contribute to a process of improving the quality of care provided to women in prison.

Endnotes

1. **Drug-crime relationship** - Four types of drug-related criminal behaviour patterns were identified:
 - (i) Defined by offence type, such as possession of drug, supply, cultivate, import;
 - (ii) Offence may be committed as a consequence of intoxication (psychopharmacologically induced);
 - (iii) Offence may be committed for the purpose of obtaining money to pay for drugs;
 - (iv) Drug use may be a consequence of a pre-existing criminal lifestyle.
2. **Property crime/offence** - includes the following: misappropriation; break enter & steal; larceny of vehicles or boats; steal from person; simple larceny; unlawful possession of property; receiving; injury to property; injury to animals; and arson.
3. Approx. one in every two women from the selected population were sampled. Therefore, inferences drawn from the sample or any sub-sample in relation to the population should be considered reliable indicators of the population of women (whose sentences were over one month) at the time of the survey .

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Appendix A

**Table 31 - Female population security classification as at
12 July, 1993**

	No.	%
Classification		
Maximum	20	8
Medium	49	20
Minimum	181	72
Total	250	100

Table 32 - Female security classification - achieved sample

	No.	%
Classification		
Maximum	12	9
Medium	26	20
Minimum	92	71
Total	130	100

Appendix B

Table 33: Comparison between sample and Census - age

	Sample (n=130) %	Census (n=269) %
18-24	18	22
25-29	22	22
30-34	29	22
35+	32	34
Total	101	100

Table 34: Comparison between sample and Census - aboriginality and country of birth

	Aboriginality		Australian-born	
	Sample (n=130) %	Census (n=269) %	Sample (n=130) %	Census (n=269) %
Yes	13	12	78	74
No	87	88	22	26
Total	100	100	100	100

Table 35: Comparison between sample and Census - marital status

	Sample (n=130) %	Census (n=269) %
Single	33	29
Married/ de facto	49	52
Separated/ Divorced	18	19
Unknown	-	-
Total	100	100

Appendix B cont.

Table 36: Comparison between sample and Census - sentence length

	Sample (n=130) %	Census (n=269) %
1 mth < 3 months	4	3
3 mths < 6 mths	8	11
6 mths < 12 mths	18	15
1 yr < 2 yrs	21	20
2 yrs plus	49	51
Total	100	100

Table 37: Comparison between sample and Census - most serious offence

	Sample (n=130) %	Census (n=269) %
Assault	14	15
Robbery	11	12
Fraud	15	15
Property	33	29
Driving	2	3
Order	2	2
Drug	24	23
Other	-	2
Total	101	101

Notes: (i) The Census data presented is a sub-population of that presented in the N.S.W. Prison Census (Eyland, 1993). Remandees, fine defaulters and those with sentences under one month were excluded in order to match the sampling frame.

(ii) When Census data on most serious offence was examined, 11% of the population showed offences coded as 'other'. On close examination it was shown that a number of the offences coded as 'other' were drug offences. These offences were recoded as drug offences for the purpose of comparison.