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Establishing the Need for More Substance Abuse Programs Designed Specifically for  
Incarcerated Women

Beginning when she was only five years old, Stephanie's alcoholic parents began beating her. This was a common scenario throughout her childhood, and she vividly remembers being beaten with "extension cord wires, water hoses, punches, everything" (Chesney-Lind & Pasko, p. 126). After running away, getting married, and becoming pregnant, Stephanie's problems had only just begun. Her husband died after their son's birth and Stephanie became homeless for several years due to her mixed psychological state and drug use. She began using "ice" as her life crumbled around her and she could not get her grip on normality. In her own words, she declares, "I can't get no help finding me and my boy a place. So because I'm homeless, that's why I do the drug, I get so depressed cause I don't have no roof over my head for me and my boy" (Chesney-Lind & Pasko, 2004, p. 126-127). Stephanie's story is just one example that shares some insight into why incarcerated women have different substance abuse rehabilitation needs than incarcerated men. More incarcerated women report childhood abuse, sexual and/or physical, than incarcerated men. More incarcerated women struggle with responsibility for their children and maintaining family ties than incarcerated men. Most men report using drugs for "thrills or pleasure or in response to peer pressure," while most women report using drugs as a coping method and "self-medication"; however, most prison substance abuse programs that are offered

to women are not targeted for women at all (Chesney-Lind & Pasko, 2004, p. 129). Although the majority of incarcerated women struggle with a substance problem, many prisons neglect adequate rehabilitation programs and avoid making treatment a major focus; thus, low success rates for substance abuse programs in female prisons cannot be attributed to lack of commitment on the offenders' part, but rather on the lack of commitment of the criminal justice system. While many substance abuse programs for women are not accessible at all, those programs that are accessible encompass an array of problems, including the use of rehab programs from male prisons and lack of funding. More programs need to be designed to address the significant extent of substance abusing women in prison, and these programs should be reevaluated and reformulated to acknowledge the gender differences in treatment needs that will allow higher rates of success for incarcerated women

This paper begins by addressing the extent of the problem by describing the percentages of female substance users in the prison system. This will include how many women use drugs prior to their incarceration and the chronicity of their use. This will progress into statistics on the amount of female prisoners receiving drug charges and percentages of women who are under the influence at the time of arrest. The statistics emphasize how prevalent and significant substance abuse proves to be in the female prison population and the data remains the justification as to why more female rehabilitation and treatment programs are needed. The problems with the current programs include the lack of accessibility, lack of funding, and the lack of programs geared specifically toward women. These problems demonstrate why many of the current programs have a low success rate for the women participating in them. The main argument, however, explores the need to make gender-specific treatment programs due to the gender differences in treatment needs. The differences between why women use substances compared to

why men use substances is addressed along with the different strategies that work best for women and men accordingly. And finally, a few ideas for useful programs formulated for incarcerated females support and conclude the argument. Research has been conducted to create these programs and they promise to promote a higher success rate in less recidivism and less substance use after the women are released.

Substance abuse is an overwhelming problem in the female prison population and remains the main reason for the incarceration of many of the women. Substance abuse in male prison populations has been studied; however, the female problem has only recently been addressed. The lack of treatment programs, in general, remains devastating, and even those that are accessible are only programs that have been taken from the male prison system (Baldwin & Jones, 2000, p. 6). Men and women have very different factors attributing to reasons for using, along with different substance abuse rates; thus, one general treatment program does not suffice. The majority of incarcerated women have a substance abuse problem; yet, according to the National Institute of Drug Abuse [NIDA], more money is spent on justice system costs than treatment. Research has shown that in the larger picture, if drug treatment receives more attention, less money would actually be spent for many reasons and therefore would save billions of dollars (2008, p. 4). It seems very logical to direct more attention to substance abuse rehabilitation during incarceration than just incarceration itself, but still, very little action is occurring.

A scope of the rising substance abuse problem for incarcerated women lies in statistics. From 1986-1996, the main increase in female prison populations is due to increased drug violations—2,370 to 23,700 respectively (Drug war facts, p. 2). More women are being arrested for drug related charges, and in 2006, 65% of women in federal prisons were there for drug

offenses (Drug war facts, 2008, p. 1). This provides insight as to what remains the major struggle for incarcerated women. According to Dr. Dorothy J. Henderson (1998), in 1997, as many as 80% of women in prison and jail reported having a substance abuse problem, and over half of incarcerated women committed their offenses while being under the influence of drugs and/or alcohol (p. 580; Kearns et al., 1997, p. 339).

Substance abuse problems pertain to the overwhelming majority of incarcerated women, more so than for incarcerated men. For instance, 54% of surveyed incarcerated women admitted to using drugs the month prior to incarceration and more frequently compared to the 50% of surveyed incarcerated men, who admitted to using drugs prior to imprisonment. Different studies vary on the exact percentage of females who admit to using the month prior compared to men, but each study's result remains the same: women use more drugs more frequently the month before their incarceration than men. In addition, around 50 percent of incarcerated women were found to have experienced physical or sexual abuse. According to the Bureau of Justice Statistics, in 1999, "1 in 4 women in State prison reported experiencing physical abuse compared to 1 in 10 men in State prison...Sexual abuse was reported by 1 in 4 women and by 1 in 20 men" (Baldwin & Jones, 2000, p. 5). This displays one of the major differences between incarcerated men and women and uncovers the underlying cause of many incarcerated women's substance abuse problems. According to NIDA (2008), "past or current victimization can contribute to drug or alcohol abuse, depression, post-traumatic stress disorder, and criminal activity" (p. 5). Since the majority of incarcerated women experience some type of trauma that leads to their substance abuse and ultimately their incarceration, more so than the male counterparts, multiple issues must be addressed during rehabilitation.

Women are less likely to commit violent crimes, but more likely to commit drug crimes (Kearns, Murrin, Peters, & Strozier, 1997, p. 340). As Adam Aasen (2009) suggests in his article, many criminologists believe that crimes committed by women are usually associated with “addiction or bad relationships”; yet, substance abuse programs in prison are either not accessible or not successful for a few reasons (p. 1). According to Roger H. Peters (1997), “the few programs that exist in jails and prisons are often designed using approaches first developed for male inmates, and are typically much smaller in scale than programs for male inmates” (p. 340). Some prisons either lack a rehabilitation program for women or, in most cases, the size of the program does not provide adequate availability or treatment. This poses the problems of either women not being able to participate in rehabilitation programs or, if programs are available, women not having much of a chance for success since the programs are designed for men and the differences between male and female users remain widespread.

Numerous differences between incarcerated male and female users contribute to the low success rate and recidivism of females in prison rehabilitation programs, and these differences justify the need for rehabilitation programs designed specifically for incarcerated women. Roger H Peters’s study in Florida with 1,655 selected inmates who were sentenced to receive in-jail treatment perfectly displays the differences between incarcerated men and women with substance abuse problems. This study took 435 females and 1,220 males with similar ages (approximately 30 years), equivalent ratios of ethnicity (55% African American and 42% Caucasian), and similar educational background (11 years) (Kearns et al., p. 340). First, the incarcerated women are more likely to identify cocaine as their major substance as opposed to the men (74% and 49% respectively). This is significant because different drugs have different effects on the body, which is important to acknowledge in rehabilitation. Also, the women report

higher rates of daily and chronic use along with longer periods of time using than the men (Kearns et al., 1997, p. 341). This is mainly attributed to the fact that women report abusing substances to suppress emotional and psychological pain, whereas men report abusing substances for the excitement and pleasure. As previously mentioned, approximately 50 percent of incarcerated women have reportedly been abused, which leads many to go on to abuse substances in order to suppress their pain. According to Peters (1997), “female inmates reported significantly higher lifetime rates of serious depression, and female inmates had higher lifetime rates of suicide attempts” (p. 343). This is a significant difference in incarcerated men and women because the root reason why many women abuse substances in the first place is to combat their emotional distress. All of these differences prove important when designing a treatment program that actually assists and motivates incarcerated women to succeed.

Many factors are important to consider when designing a rehabilitation program specifically for incarcerated women. First, the realization and acknowledgement that men and women are different, they use for different reasons, and they use different substances facilitates the improvement of rehabilitation programs and accounts for the different needs of men and women. Programs for incarcerated men have a low success rate for women because the main aspect is the 12-Step program, which employs a patriarchal approach and minimizes independence (Kearns et al., 1997, p. 347). All things considered, programs for incarcerated women need to focus more on “emotional distress” with a nurturing approach rather than a confrontational approach. These programs need to consist only of women and a female staff within a group setting, and need to incorporate parenting education and support, as around 70% of the women remain sole caregivers to children (National Institute of Corrections [NIC], 1994, p. 34). Parenting education, especially with incorporation of visits with the children, proves

important because incarceration creates anxiety over their children for many of the imprisoned mothers, which can contribute to lower rates of treatment success. Education and accompanying visits lower stress levels for the mothers. Also, group settings prove to facilitate the best response due to the fact that many of the women isolate themselves during their active addictions, and mutual support lessens the isolation and boosts empowerment (Kearns et al., 1997, p. 347). The programs should encourage the women to identify “the antecedents of [their substance] abuse, understand the effects of [substance] abuse on psychosocial functioning, prevent relapse to [substance] use, and to become involved in peer recovery groups” (Kearns et al., 1997, p. 345). With so many incarcerated women experiencing some type of trauma, it is important for them to understand how that trauma contributes to their substance abuse and wellbeing, and it is important to learn how to cope in other ways. Also mainly due to prior trauma, depression, anxiety, and low self-esteem need to be acknowledged and treated accordingly. Programs for incarcerated women should also include improving empowerment, gaining self-esteem, and developing autonomy, as well as physical and mental healthcare (Kearns et al., 1997, p. 346-347). According to the Federal Bureau of Prisons [BOP] (2000), physical healthcare needs to be included because many incarcerated women with drug abuse problems have health issues from poor lifestyle and prolonged drug use (p. 2). Mental healthcare also needs to be addressed, as many incarcerated females suffer from depression and other mental health problems that are correlated with prior abuse (Kearns et al., 1997, p. 346). A few programs that incorporate these suggestions are already in place and justify the need for more programs that are designed for incarcerated women.

Project WORTH, Women’s Options for Recovery, Treatment, and Health, is a study that focuses on identifying women offenders’ characteristics and needs. Project WORTH describes

how prison-based, therapeutic modeled programs work the best for incarcerated women because the programs allot more treatment time and interaction than jail-based “pretreatment” programs (Falkin, Jainchill, & Welle, 1998, p. 155). Programs, according to Project WORTH’s findings, should focus on the offender’s drug use, criminality, and victimization. Criminal activity, though, should not be the emphasis because criminality is usually only an aspect of victimization that leads to drug use. Programs designed to concentrate on the offender’s victimization contribute to less criminality (Falkin et al., 1998, p. 151). More incarcerated women than men, and the majority of incarcerated women, report childhood trauma; therefore, programs for women should focus on autonomy in relationships, along with empowerment and self-esteem. Also, according to Kearns et al. (1997), group therapy is effective for women because many of these women proceed into isolation as their drug problem increases, and a group setting creates a community and encourages social interaction (p. 347). Working with outside agencies, in addition to the group, enhances program success because program involvement upon release provides support for recovery and reintegration into the community (Falkin et al., 1998, p. 156). Project WORTH identifies many of the major treatment needs for rehabilitating substance-abusing women, but only a few programs have actually been created.

The U.S. Department of Justice compiled a report of a few treatment programs already in effect that have been successful and provide adequate examples of what kind of programs are needed in all prisons. First, the Philadelphia Prison System (PPS) created a 70-bed treatment facility titled “Opportunities for Prevention and Treatment Interventions for Offenders Needing Support.” OPTIONS focuses primarily on evaluating the women individually, assessing each individual’s needs, and working on “self-image, overcoming abusive backgrounds, and parenting” (NIC, 1994, p. 16-17). Group therapy remains the main therapy module, but



individual counseling is provided on a regular basis, and psychiatric treatment is accessible at all times upon request. The program runs for eight weeks at a time, and participants are allowed to stay for as many programs as they feel they need. The program progresses through four basic cycles; the first attempts to create trust and communication. In this cycle, the participant explores the possible beginnings of their substance abuse, most likely some type of earlier trauma.

Sharing these “lifelines” builds a community of support that the incarcerated women often lack due to isolation during their addiction (NIC, 1994, p. 17-18). The second cycle focuses on group therapy but incorporates specialized support groups, such as anger-management, relaxation, sexual abuse survivor, etc. The third cycle revolves mostly around the specialized support groups, and groups regarding self-image and aging concerns are added. And finally, the fourth cycle concentrates on education regarding addiction and relapse. The staff is composed of women who have earned at least a bachelor’s degree, and in-service training is offered for the staff every month. No definite percentages regarding success for OPTIONS are given, but “OPTIONS is working so well, staff that work with men want to emulate it” (NIC, 1994, p. 18-21). OPTIONS proves to work for women, but it is not the only program in existence.

“Forever Free” was created in the California Institute for Women with its main goal of continued treatment after release and in the community. Forever Free works with the women to address their prior physical and/or sexual abuse, parenting problems, and anger-management issues. Each woman is given a personal case manager who helps plan her release and helps her incorporate back into society through continued treatment after release (NIC, 1994, p. 29-30). Parenting remains a major topic in treatment due to the anxiety of being a parent along with the anxiety of being away from their children. Substance-abusing incarcerated women generally experience difficulties with parenting, and parenting support groups and educational

surroundings help address the previous problems and incorporate how to build better relationships with the children. This usually increases involvement in the children's lives, which is missing while the mother is using (NIC, 1994, p. 31). Forever Free targets rehabilitation and treatment for incarcerated women by integrating classes and groups on how premenstrual syndrome affects withdrawal, how to release enclosed frustration properly regarding prior trauma and abuse, and how it is not okay to tolerate abuse (NIC, 1994, p. 31). Forever Free remains successful because it focuses on continued recovery in the community. It collaborates with outside programs that are involved in the women's cases and evaluations, and these programs even offer transportation from the prison to the agencies upon release. The entire staff has to be approved by the Department Director, and seven of the nine counselors are prior offenders who serve as inspiration and role models, and who are easily relatable to the participants (NIC, 1994, p. 33). Graduates of the Forever Free program verify the program's success in that the women who complete the program and continue into at least four months of aftercare have significantly higher rates of completing parole and avoiding recidivism, compared to the women who did not complete the program (NIC, 1994, p. 34). Forever Free attributes its success to the involvement and collaboration with outside agencies and the use of women, who were in similar situations as the participants, as counselors.

The range of resources used for research on the need for more treatment programs for incarcerated women is adequate. There are a sufficient variety of sources used, including different types of media. Journals seem to be the best sources and therefore there are more journals (especially the *Journal of Substance Abuse Treatment*) used than any other media; books and internet sources are used too. Reliance on journals and government websites are most frequent, however, this is most likely best since journals and government-sponsored programs,

such as the Bureau of Justice Statistics, are most reliable in regards to information. The journal articles are written by doctors with PhDs who specialize in the areas of health, rehabilitation, and research. Many of these doctors conduct their own research projects to write their reports. Even though the research projects regarding information on incarcerated women relies heavily on self-surveys, these surveys are most likely the only logical way to collect information on topics, such as prior trauma, frequency of use, and mental health. This is why the journal articles use approximations in their percentages and many give standard deviations: it helps clarify that the exact percentages remain unknown, and most likely will never be known, because it is up to the women being surveyed to express the truth. Even though the exact percentages cannot be acquired, the sources come to the same conclusions and support each other in their claims, which lends confidence in their evidence—evidence that is used in this paper. Even when research is done based on self-statements, those statistics are similar to the projected population statistics. The findings are consistent and each source is reliable.

Some may argue that the United States is in a deficit and cannot spend more money to expand prison programs. This idea is inadequate because many offenders return to incarceration due to lack of reform/assistance, causing substantial amounts of additional money to be spent on the justice system. Research has shown that those prisoners who participate in treatment programs have a much lower recidivism rate than prisoners in the general population because the programs teach them life skills and how to deal with their problems. Treatment programs should be easier to access and more widespread because, according to Roger H. Peters (1997), “if treatment services in criminal justice settings are not expanded to address the needs of female substance abusers, large numbers of these individuals will continue to be involved in drug-related crime and will return to the criminal justice system” (p. 348). In addition, in 2004, an

estimated \$107.8 billion dollars was spent for drug-related crimes (victim and criminal justice costs), when the cost of treating drug abuse (research, training, programs, education) would have come to be \$15.8 billion (NIDA, 2008, p. 4). This obviously demonstrates that money would actually be saved if recovery is emphasized, and the amount of incarcerated individuals and recidivism rates would decrease.

It has been proven that the incarcerated women with substance abuse problems who participate in a targeted treatment program, such as OPTIONS or Forever Free, have higher rates of success in fighting their addictions and moving on after prison, as well as lower rates of recidivism. Drug abuse continues to be a problem for the majority of women in prison, yet the lack of accessible, helpful programs hinders hope for these incarcerated women. Since incarcerated women are more likely to have experienced abuse in their childhood compared to incarcerated men, substance abuse for these women is used to deal with emotional distress. The majority of addicted women also conjointly suffer from a mental disorder, including depression, post-traumatic stress disorder, anxiety, etc. and require additional therapy. Incarcerated women use substances more frequently and for longer periods of time compared to incarcerated men, while also isolating themselves from the rest of the world. Programs for incarcerated men use a confrontational approach, while incarcerated women need a nurturing, communal approach. This is why specifically designed rehabilitation programs need to be formulated for incarcerated women that focus on their victimization, empowerment, self-esteem, and community. As UNF psychology student/ researcher states, “they [incarcerated women] deserve to be treated with respect and [given] a chance to break their cycles. This means that they need a lot of support that is not available to them from family or friends” (Aasen, 2009). Differences between men’s and women’s treatment needs result in the need for different rehabilitation programs. Men and

women generally use substances for different reasons; thus, treatment must be a specific and targeted process.

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