



Reintegration factors in the treatment of drug dependency in women prisoners in Spain

Los factores de reinserción en el tratamiento de drogodependencias con mujeres penadas en España

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Abstract

It is essential to understand the reintegration processes of persons with drug dependency, especially in prisons and from a gender perspective. This paper aims to analyze drug dependency, the treatment received by women prisoners in the ordinary and open sentencing regimes in the Spanish prison system, and the relationship of these issues to the factors that determine the women's reintegration processes. The study analyzes a sample of 756 women prisoners and 66 prison professionals who completed mixed questionnaires. The results show substantial presence of drug dependency in both regimes. Most of the women with drug dependency received treatment, although they perceived this treatment as lacking a gender-based perspective that recognized their needs. Treatment improves reintegration by fostering socio-community participation and employment status. Lack of continuity in treatment makes it more difficult, however, for the women to find housing and to prevent relapses and recidivism. It also jeopardizes mental health. In short, professional training and awareness of gender equality are needed to develop accompaniment strategies and suitably adapted treatment, and to prevent relapse and recidivism.

Keywords: drug dependency, gender, prison, reintegration, socio-educational intervention.

Resumen

Es fundamental conocer los procesos de reinserción de las personas drogodependientes, especialmente en las cárceles y desde una perspectiva de género. Este trabajo tiene como objetivo analizar las drogodependencias, el trato recibido por las mujeres penadas en las modalidades de régimen ordinario y régimen abierto del sistema penitenciario español y la relación con los factores que determinan sus procesos de reinserción. Se analiza una muestra de 756 mujeres penadas y 66 profesionales penitenciarios que cumplimentaron cuestionarios mixtos. Los resultados mostraron una gran presencia de drogodependencias en ambos regímenes. La mayoría de las mujeres con

problemas de adicción recibieron tratamientos, aunque percibieron carencias en la perspectiva de género para reconocer sus necesidades. El tratamiento mejora la reinserción al fomentar la participación sociocomunitaria y la situación laboral, pero por su falta de continuidad dificulta la búsqueda de vivienda, la prevención de recaídas y reincidencia y perjudica la salud mental. En definitiva, se requiere la formación y sensibilización profesional en igualdad de género para desarrollar estrategias de acompañamiento y tratamiento adaptadas, prevenir las recaídas y reincidencia.

Palabras clave: drogodependencias, género, prisión, reinserción, intervención socioeducativa

Introduction

Drug dependency is not only a common problem in the prison environment (Doyle et al., 2022; Neale et al., 2005; Rodríguez, 2016) but also a risk factor for social exclusion. Social exclusion is in turn associated with anti-social behaviour and psycho-emotional maladjustments that encourage criminal activity and condition reintegration processes (Goomany & Dickinson, 2015; Moles-López & Añaños, 2021; Yamamoto et al., 2014). According to the Survey on Health and Drug Consumption of Inmates in Prisons in Spain (La Encuesta sobre Salud y consumo de Drogas a los internados en Instituciones Penitenciarias en España [ESDIP]) carried out by the Government Delegation for the National Plan on Drugs (Delegación del Gobierno para el Plan Nacional sobre Drogas [DGPND], 2016), 71 % of the Spanish prison population engages in drug abuse. The long history of this situation led Spain's Secretary General of Prisons (Secretaría General de Instituciones Penitenciarias [SGIP], 2018) and the DGPND (2006) to establish various programs and actions for the treatment, support, and recovery from drug dependency within the framework of prisoner reintegration and prison reeducation (Spanish Constitution, 1978; SGIP, 2023). These strategies understand reintegration as a process of transformation and comprehensive learning for reintegration into the social context following a situation of exclusion and isolation (Añaños, 2022). They are implemented continuously in the different sentencing regimes. The ordinary regime (in prison) implements therapeutic modules and/or therapeutic and educational units (Módulos Terapéuticos y/o Unidades Terapéuticas y Educativas [UTE]). In the open regime (also known as semi-liberty), continuity of treatment and prevention of relapse are provided in collaboration with specialized socio-community services (Ibáñez, 2019; Real Decreto 190/1996).

We must, however, consider the situation of women with drug-dependency in the prison environment—a very significant concern worldwide, especially in Latin America and Asia (Birgin et al., 2022). It is worth noting that 60.6 % of women prisoners and 23.2 % of women in semi-liberty in Spain had abused drugs before entering prison (Añaños & García-Vita, 2017; Galán et al., 2021). For prisoners in the United States (Mallik-Kane & Visher, 2008), this situation worsens in the post-prison phase (83 %), demonstrating failure in reintegration processes (Moles-López & Añaños, 2021; Rodríguez, 2016).

The life histories of women prisoners prior to their sentences typically show great vulnerability and socioeconomic difficulties—often situations of marginalization, exclusion, economic precarity, deficiencies in education, excessive family responsibility, and assumption of traditional gender roles,

among other issues. These women thus have profiles with diverse needs and unique characteristics (Burgos-Jiménez et al., 2023; UNODC, 2011). The United Nations Office on Drugs and Crime (UNODC, 2011, 2019) recognizes women prisoners with drug dependency as a vulnerable minority exposed to social stigmatization due to their criminal situation, gender, and drug dependency (Birgin et al., 2022; Doyle et al., 2019). All of these factors increase the probability of criminal recidivism and of developing dual pathologies and/or psychiatric comorbidities (Goomany & Dickinson, 2015; Lorenzo et al., 2023; Turbi, 2016).

The low presence of women in prison environments and the economic implications of this minority status, among other issues, mean that prisons provide fewer programs and resources specific to treatment and intervention for the population of women. This context means that women participate in actions, spaces, and environments designed for men, a situation that has repercussions for the quality and availability of support provided and fails to recognize and attend to women's specific needs (Juliano, 2009; Roth, 2004). These inequalities also occur in treatment for drug dependency. With the exception of three specifically women's prisons in Spain, therapeutic modules and UTEs are residential for men only, although women may occasionally attend mixed activities or medical check-ups (SGIP, 2023). All of the foregoing demonstrates the lack of a gendered perspective in the prison system, especially in its action policies on drugs and drug dependency, hindering treatment of drug dependency in incarcerated women (Almeda et al., 2012; Birgin et al., 2022; Oveisi et al., 2020).

To begin to tackle this problem, Añaños (2017) establishes the following classification of profiles of women inmates' drug use/abuse, defined by socio-personal characteristics, frequency of use, and treatments received:

- Women with active drug dependency (ADD): Women currently compulsively abusing drugs, implying dependency and negative or problematic consequences in the different spheres of their lives. Includes illegal drugs, alcohol abuse, and unprescribed drugs.
- Women with drug dependency in Methadone Maintenance Programs (MMP): Women participating in this program and taking methadone or other substances under medical supervision.
- Women who have recovered from drug dependency (RDD): Women who were formerly dependent on drugs and who have been 6 months without using these substances.
- Women who are not dependent on drugs (NDD): Women who abstain from drug abuse or who have non-problematic social and/or cultural use of alcohol, tobacco, or prescribed drugs.

The differing needs of these profiles' shape a limited reintegration process that requires personalized accompaniment strategies, understood as professional reeducation strategies that seek to foster motivation, self-reflection, and identification of needs by the incarcerated person to promote their autonomous and integral development (Burgos-Jiménez et al., 2023; Yagüe, 2007). The UNODC (2019) has thus prepared an international manual to guide prevention of recidivism and development of actions for reintegration based on evidence from various professional practices and experiences in different countries worldwide. This manual distinguishes four key elements for reintegration of incarcerated persons: employment status and housing, education, family support, and personal needs. Añaños (2022) also builds on the definition of these elements, analysis of the specialized literature, and her own research in Spain to redefine and propose seven factors that determine prisoner reintegration processes, considering the different dimensions involved in facing

and preparing for life in liberty. The current study is based on these factors:

- Personal factor: The socio-personal characteristics of the prisoner determine their needs and criminal profile (Ibàñez, 2019; Lindsay & Vuolo, 2021; Villagrà et al., 2011).

- Socio-family factor: Establishing the right interpersonal relationships is beneficial for prison rehabilitation (Bui & Morash, 2010; Moles-López & Añaños, 2021; UNODC, 2011; Van der Put et al., 2020).

- Socio-community factor: Participating in community service and having support networks encourages incorporation into society (SGIP, 2018).

- Education-training factor: High levels of education and training prevent criminal activity (UNODC, 2019).

- Employment factor: Economic-job stability facilitates post-prison adaptation (Rehm et al., 2019; Uggem & Shannon, 2014).

- Housing factor: Finding stable housing prevents recidivism (Mallik-Kane & Visher, 2008).

- Accompaniment factor: This factor encompasses different conditions of vulnerability that require professional attention, differentiating among criminal recidivism, relapses in drug use, and mental health problems (Amaro et al., 2021; Galán et al., 2021; Moles-López & Añaños, 2021).

Organizing these factors enables the proper configuration of reintegration actions for women prisoners with drug dependency.

Based on the foregoing, this article aims to analyze the drug dependency and treatment programs received by women inmates serving prison sentences in both regimes (ordinary and open) in the Spanish prison environment. It considers evaluations by both the women prisoners and professionals and relates drug dependency and treatment programs to the reintegration factors to propose improvement in prison treatment.

We thus start from the research hypothesis that participation in drug dependency treatment programs encourages reintegration processes, even though the Spanish prison environment does not provide treatment, intervention, and accompaniment processes adapted specifically to the needs and reintegration factors of women, thus limiting these women's transitions to life in liberty.

Methods

Design and sample

The methodology was based on two R&D&I projects developed in Spain. The first is entitled "Drug-dependent women inmates and their social reintegration: A socio-educational study and proposals for action" (MUDRES. Ref.EDU2009-13408) and the second "Socio-educational reintegration processes and accompaniment for inmates in semi-liberty" (REINAC Ref.EDU2016-79322-R). Both projects were supported by the SGIP and the Ministry of Justice of the Catalanian regional government (Consejería de Justicia de la Generalitat de Catalunya), approved by the respective ethics committees, and governed by the University of Granada's principles for ethical research involving humans.

Tabla 1

Profiles of women with drug dependency in ordinary and open regimes

	Open regime N=310		Ordinary regime N=446	
	N	%	N	%
Women with active drug dependency (ADD)	12	3.9 %	61	13.7 %
Women who have recovered from drug dependency (RDD)	38	12.3 %	168	37.6 %
Women with drug dependency in Methadone Maintenance Program (MMP)	22	7.1 %	61	13.7 %
Women who are not dependent on drugs (NDD)	238	76.8 %	156	35 %
Total	310	100 %	446	100 %

The study adopts a descriptive and interpretive approach with a quantitative methodology for greater coherence, breadth, and multidimensionality to achieve the study goal. We performed two-stage sampling due to the distribution of the female prison population in Spain. We first performed stratified sampling based on autonomous community where the sentence was being served and then simple random sampling among the units in each stratum.

The MUDRES project studied women prisoners in Spain classified as second degree (ordinary regime). We visited 42 prisons in 11 autonomous communities during 2010–2013, for a total population of 3484 women. We obtained a valid sample of 446 (margin of sampling error \pm 3.9 points), representing 17 % of this population.

The REINAC project focused on women prisoners in Spain classified as third or special second degree (open regime). We visited 31 prisons in 13 autonomous communities during 2017–2020, for a total population of 1062 women. We obtained a valid sample of 310 (margin of sampling error \pm 4.5 points), representing 30.1 % of the population.

The socio-personal characteristics of this sample group show an average age of 42 years (minimum age 20, maximum 74). Most of the women were Spanish citizens, 78 % of those in the open regime and 73.8 % in the ordinary. By ethnicity, 41.9 % of the women in the open regime identified as Roma, vs. 23.3 % in the ordinary regime. Examination of education level shows that the women had predominately basic primary education—63.5 % of women in the open regime and 57 % in the ordinary.

Project REINAC also analyzed a sample of 66 prison professionals, composed of 69.7 % women and 30.3 % men with an average age of 47 years. By profession practiced, these professionals were psychologists (19.7 %), social workers (16.7 %), and educators (15.2 %).

Next, to achieve the study goal, Table 1 organized the total sample of women inmates by the dependency profiles proposed by Añaños (2017):

The open regime includes mostly NDD (76.8 %) and the ordinary RDD (37.6 %), followed by NDD (35 %).

To distinguish more precisely the processes of drug dependency and non-problematic drug use at any specific time in the women's lives, and to facilitate analysis of these profiles, we reclassified the sample of women prisoners into two groups:

- Women with drug dependency: Have shown drug dependency or abuse currently or at some time in their life histories (combines profiles ADD, RDD, and MMP). Includes 23.2 % women in the open and 65 % in the ordinary regime.

- Women who do not use substances or are non-problematic drug users: Show abstinence or non-problematic use of alcohol, tobacco, and/or prescribed hypnotosedatives (NDD profiles). Includes 76.8 % women in the open and 35 % in ordinary regime.

Instruments

The instruments used to gather the data were mixed questionnaires designed ad hoc by the research teams of the two projects. The instruments were validated by experts in the areas of prisons, socio-education, and statistics, and tested in a pilot study before administration in the study ([Raya-Miranda & Añaños, 2022](#)).

For the sample of women prisoners, project MUDRES used a mixed questionnaire with 92 semi-structured items. Project REINAC, in contrast, developed a mixed questionnaire with 115 semi-structured items. These instruments asked about the socio-demographic characteristics of the women and their life histories before sentencing, current situation in the prison environment, and reintegration processes.

For the sample of professionals in project REINAC, a specific mixed questionnaire was designed with 100 semi-structured items related to their professional information, information on reintegration, and analysis of the intervention programs.

All questionnaires were composed of closed multiple-choice questions, open questions, questions answered using a Likert scale, and filter questions. The questionnaires were administered physically in paper format, and participation was voluntary and anonymous, with prior authorization and informed consent. Both the professionals and the incarcerated women completed the questionnaires on their own individually. In some cases, however, women inmates who had difficulty due to their competence in Spanish and/or reading and writing completed the questionnaire with guidance or through a mixture of autonomous and guided completion with the help of the research team responsible for the project.

Statistical analysis of the information

Bivariate descriptive analysis was performed using a combination of frequency and contingency tables and contrasts of independence (chi-square test with continuity correction to identify the relationships among the variables), using a statistical database in the program Statistical Package for the Social Sciences (SPSS).

The study variables were dichotomous and nominal. The research team, experts, and professionals in the prison environment defined the categories of analysis in both projects, based on the study goal, characteristics of the population, state of the art, and research antecedents. Responses left blank or answered with Don't know/No answer or Does not apply were considered as missing values and were not included in the analytical process.

More specifically, the following variables were analyzed, differentiated into dichotomous (yes/no) or nominal (showing their respective categories):

- Dependent variables:

- Dichotomous: having received vs. not having received treatment.
 - Nominal: profiles of drug dependency (ADD, RDD, MMP, and NDD) and the new classification into women with drug dependency and women with non-problematic drug use)
- Descriptive variables:
- Nominal: Motivations to start the treatment process (personal, family/social, prison-/institution-based, and other motivations), types of treatment received (Methadone Maintenance Program, walk-in treatment, relapse prevention, therapeutic communities, and treatment centers outside the prison), and perceived benefits in the last stages of the prison sentence (job-related benefits; benefits to social relationships, relationships with family members or partner; prevention of recidivism; benefits to motherhood; and benefits to education/training).
- Factors for prisoner reintegration:
- Personal factor:
 - Dichotomous (yes/no): partner or child/children.
 - Employment factor:
 - Dichotomous (yes/no): employed before being incarcerated and current job.
 - Socio-family factor:
 - Dichotomous (yes/no): drug dependency in socio-family environments and intimate partner abuse.
 - Socio-community factor:
 - Dichotomous (yes/no): support received from socio-community services.
 - Education-training factor:
 - Nominal: education level (basic and middle-higher).
 - Housing factor:
 - Dichotomous (yes/no): needs housing.
 - Nominal: where they will live after completing their sentence (own home, family home, other housing, and "I don't know where I will live").
 - Accompaniment factor:
 - Dichotomous (yes/no): criminal recidivism, expectations for a normalized life in liberty, relapse into drug use/abuse, and symptoms of mental illness.
 - Nominal: reasons for relapse into drug use/abuse (overconfidence in one's self-control; socioeconomic, family, emotional/mental problems; avoidance of routine; return to social-family context; and lack of treatment).

Results

Drug treatments received

In both regimes, most women received treatment—67.1 % of those in the open regime (72 with drug dependency and 4 users at risk of dependency) and 64.4 % in the ordinary regime (185 with drug dependency and 5 users who are non-problematic but at risk of dependency).

In the ordinary regime, the most common treatment was Methadone Maintenance Programs (75.1 % women with drug dependency in alternative treatments), followed by outpatient treatment and therapeutic communities (52.2 %). Women in the open regime participated in treatment centers

Tabla 2

Treatment for drug abuse and motivations

Women who have received treatment for drug abuse				
	Open regime N=76		Ordinary regime N=295	
	N	%	N	%
Have not received treatment	25	32.9 %	105	35.6 %
Have received treatment	51	67.1 %	190	64.4 %
TOTAL	76	100 %	295	100 %

Motivations for initiating treatment for drug abuse				
	Open regime N=76		Ordinary regime N=295	
	N	%	N	%
Personal motivations	20	64.5 %	56	42.4 %
Family/social motivations	4	12.9 %	44	33.3 %
Motivations of the prison/institution	5	16.1 %	10	7.6 %
Other	2	6.5 %	22	16.7 %
TOTAL	31	100 %	132	100 %

Missing values: 45 in open regime and 163 in ordinary regime

outside the prison (41.2 %) and in relapse prevention programs (23.5 %). The reasons women in both regimes gave for starting these treatments were predominantly personal. They prioritized their own perception of wellbeing (64.5 % in the open regime and 42.4 % in the ordinary), although family/social reasons played a prominent role in the ordinary regime (33.3 %). Only 10.7 % of the professionals, in turn, were dedicated to drug abuse treatment activities, including the tasks of monitoring and/or drug testing (88.5 %), as well as referrals to specialized resources outside the prison (11.5 %). The women (73.6 % in ordinary regimes and 76.2 % in open regime) evaluated the treatment provided in both regimes positively, but 52.9 % of the women with drug dependency in the open regime and 56.7 % in the ordinary did not perceive the treatment as adapted to satisfy their needs. Their testimony thus provides evidence of a lack of strategies with a gender perspective that recognize the socio-personal factors specific to this population. Of the professionals surveyed, in contrast, 74 % believed the actions were suited to the women's characteristics and situations.

Reintegration factors and their relationship to profiles of women with drug dependency and treatment received

Tables 3 and 4 show the relationships among the prisoner reintegration factors (Añaños, 2022), profiles of women with drug dependency, and treatment received in the ordinary and open modes for serving their prison sentence.

Tabla 3

Relationship between reintegration factors and profiles of women with drug-dependency serving their sentences in both regimes

	Open regime				Ordinary regime			
	Women with drug dependency N=72	Women with non- problematic drug use N=238	χ^2	p-value	Women with drug dependency N=290	Women with non- problematic drug use N=156	χ^2	p-value
Reintegration factors	%	%			%	%		
Personal factor								
Has an intimate partner	59.7 %	66.9 %	1.271	0.26	77.3 %	66.4 %	5.974	0.015*
Has a child/children	75 %	85.7 %	4.545	0.033*	77.6 %	84.5 %	3.032	0.082
Employment factor								
Currently employed	39.4 %	38.7 %	0.012	0.912	-	-	-	-
Employed prior to incarceration	-	-	-	-	62.3 %	59.6 %	0.304	0.581
Socio-family factor								
Socio-family environment includes persons with drug dependency	40 %	28.4 %	3.322	0.068	64.8 %	38.3 %	28.341	0.000***
Intimate partner abuse	66.7 %	48.2 %	7.203	0.007**	68.3 %	58.6 %	4.069	0.044*
Socio-community factor								
Receives socio-community support	80.5 %	55.7 %	7.927	0.05*	23.9 %	28.4 %	0.540	0.462
Education-training factor								
Basic education level (primary education)	61.1 %	64.3 %	0.069	0.62	57.7 %	59.6 %	0.814	0.310
Housing factor								
Needs housing	42.9 %	30.4 %	3.727	0.05*	14.8 %	7.7 %	4.777	0.029*
Accompaniment factor								
Recidivist	55.6 %	18.9 %	19.309	0.000***	27.9 %	38 %	4.912	0.027*
Substance abuse relapse	54.1 %	-	1.638	0.201	89.3 %	-	0.238	0.626
Symptoms of mental illness	83.1 %	74.3 %	2.303	0.12	79.6 %	84.8 %	1.919	0.166

* p <.05. ** p<.01. *** p <.001.

Tabla 4

Relationships between reintegration factors and treatments for drug dependency received by women in both sentencing regimes

	Open regime				Ordinary regime			
	Women who received treatment N=25	Women who did not receive treatment N=51	χ^2	p-value	Women who received treatment N=105	Women who did not receive treatment N=190	χ^2	p-value
Reintegration factors	%	%			%	%		
Personal factor								
Has an intimate partner	63.6 %	53.5 %	0.611	0.434	75.5 %	75.5 %	0.355	0.551
Has a child/children	86.4 %	65.1 %	3.281	0.7	73.8 %	80 %	1.478	0.224
Employment factor								
Currently employed	38.5 %	41.3 %	0.056	0.8	-	-	-	-
Employed prior to incarceration	-	-	-	-	67 %	59.8 %	1.462	0.227
Socio-family factor								
Socio-family environment includes per with drug dependency	33.3 %	44.2 %	0.689	0.407	63.4 %	65.9 %	0.188	0.664
Intimate partner abuse	65 %	74.4 %	0.593	0.441	75.7 %	66.5 %	2.680	0.102
Socio-community factor								
Receives socio-community support	81.3 %	86.7 %	0.630	0.42	28.3 %	21.4 %	0.864	0.353
Education-training factor								
Basic education level (primary education)	68.2 %	62.8 %	0.185	0.667	80.6 %	65.2 %	7.531	0.006**
Housing factor								
Needs housing	48 %	41.3 %	0.295	0.58	12.6 %	15.7 %	0.496	0.481
Accompaniment factor								
Recidivist	27.3 %	58.1 %	5.558	0.018*	29.6 %	25.9 %	0.328	0.567
Substance abuse relapse	54.5 %	79.5 %	4.695	0.03*	90 %	90.2 %	0.005	0.972
Symptoms of mental illness	86.4 %	79.1 %	0.514	0.473	30.1 %	49.4 %	10.041	0.002**

* p < .05. ** p < .01. *** p < .001.

Personal factor

Most women in both sentencing regimes had an intimate partner, independently of profile and treatment received. The open regime had, however, a lower percentage of women with drug dependency who had a partner (59.7 % vs. 77.3 % in ordinary regime). In both regimes, most of the women had a child or children, especially the non-problematic drug users (85.7 % in the open regime, $p=.033$; 84.5 % in the ordinary regime, $p=.082$). Far more women in the open regime received treatment than did not (86.4 %), although the results on the relationship are not conclusive.

Employment factor

In the ordinary regime, most women had worked prior to incarceration, independently of their profile and treatment received. In contrast, fewer women in the open regime were working at the time of the study (39.4 % women with drug dependency and 38.7 % non-problematic drug users, although the women with drug dependency who had received treatment showed slightly better data (41.3 % vs. 38.5 % without treatment). The variables in this factor did not, however, show significant differences.

Socio-family factor

In both regimes, most of the women with drug dependency were from socio-family environments with drug dependency, especially in the ordinary regime (64.8 %, $p=.000$) and among those who received treatment in the open regime (44.2 % did, 33.3 % did not). In both regimes, most of the women had been abused, but the women with drug dependency show the highest incidence (66.7 % in the open regime, $p=.007$; 68.3 % in the ordinary regime, $p=.044$). More specifically, while the majority of the women in the ordinary regime had not received treatment (75.5 %), the majority of the women in the open regime had (74.4 %).

Socio-community factor

The open regime had the most socio-community support, especially among women with drug dependency (80.5 %, $p=.05$) and among those who received treatment (86.7 %). If we turn to the professionals' responses, 77.3 % believed that these relationships were extremely useful for these women's reintegration because of the individualized actions undertaken, and the other 22.7 % perceived lack of institutional collaboration.

Education-training factor

The most common education profile in both sentencing regimes was basic primary education. We observed improvement in women with drug dependency who received treatment, especially in the ordinary regime, with 45.8 % of these women showing medium-high education levels ($p=.006$). Of the professionals, 83 % indicated that the women prisoners usually had basic education levels and that it was common not to have completed primary education, independently of their dependency profile.

These professionals stated, however, that participating in training and official education programs benefitted the women's reintegration processes.

Housing factor

Both profiles in the open regimes showed a need for housing (42.9 % women with drug dependency and 30.4 % non-problematic drug users, $p=.05$). This need was greater for the women with drug dependency who did not receive treatment.

When asked where they would live after serving their sentence, most women in both profiles indicated that they would live in their own homes (49.3 % women with drug dependency, 61.1 % non-problematic drug users), although more women with drug dependency stated that they would live in family homes (31.3 %). It is striking that 19.3 % of women with drug dependency do not know where they will live ($p=.22$). As to the relationship between housing and treatment, women with drug dependency in both situations planned to live in their own homes, independently of whether they had received treatment (52.4 % of women with drug dependency who received treatment and 57.7 % who did not), or with their families (31 % women with drug dependency who received treatment and 23.1 % who did not, $p=.77$).

Accompaniment factor

Criminal recidivism was more common among women with drug dependency incarcerated in the open regime (55.6 %, $p=.000$) and among non-problematic drug users in the ordinary regime (38 %, $p=.029$). Women with drug dependency in the ordinary regime showed no differences regarding treatment, but women with drug dependency who received treatment in the open regime did (58.1 %, $p=.018$). Further, 11.5 % of women with drug dependency who did not receive treatment in the open regime expressed difficulties leading a normal life in liberty ($p=.017$).

As to the professionals, 85 % believed that drug dependencies condition prevention of recidivism. More specifically, 21.6 % thought drug dependencies caused social rejection, and 13.5 % perceived a lack of institutional organization to design well-adapted treatments.

As to drug relapses, 54.1 % of women with drug dependency in the open regime indicated that they had relapsed, a figure that increased to 89.3 % in the ordinary regime. In both sentencing regimes, relapse affected more women with drug dependency who had received treatment, although the results in the ordinary regime do not show a statistically significant relationship. The professionals (67.3 %), however, thought women with drug dependency had a high probability of relapse.

Among the reasons for these relapses, the most significant for women with drug dependency in the open regime was excessive confidence in their self-control and will to recover from drug dependency (50 %), due to low perception of the multiple risk factors for relapsing into drug use. Being in a context of semi-liberty leads the women to start from the conviction that they depend only on their will power, underestimating the value of other factors; socioeconomic problems (50 %); and family problems (50 %); and emotional/mental difficulties (41.7 %). In the ordinary regime, the main causes were emotional/mental problems (52.3 %) and breaking one's routine (33.3 %).

The professionals attributed relapse into drug use to reasons involving lack of treatment (44.4 %) and the women's return to their socio-family context (25 %).

The results on the women's state of mental health in the ordinary regime show a predominance of non-problematic drug users with symptoms of mental illness (84.8 %). In the open regime, mental illness was most prominent among women with drug dependency (74.3 %). Symptoms predominate in women with drug dependency who did not receive treatment, especially in the open regime (88 %).

Perceived benefits of drug dependency treatment programs

Finally, we demonstrate the diverse benefits that women with drug dependency in the open regime perceive from the treatments received (Table 5). The most important benefits were related to employment (91.2 %), social relations (73.2 %), family (73.5 %) and prevention of recidivism (70.5 %).

Tabla 5

Perceived benefits of drug treatments

Perceived benefits of drug treatments (N=76)	N	%
Employment benefits	31	91.2 %
Benefits for social relationships	25	73.5 %
Benefits for family relationships	25	73.5 %
Benefits for non-recidivism	24	70.5 %
Benefits for intimate partner relationships	17	50 %
Benefits for motherhood	13	38.2 %
Benefits for education/training	9	26.5 %
Total	34	100 %

Missing values: 42

Discussion and conclusion

The results show a substantial presence of drug dependency and drug abuse in women who have committed crimes. This situation shapes some limited reintegration processes conditioned by the characteristics of the drug abuse and its consequences, socio-personal conditions, gender-specific needs, and processes for treatment and intervention (Añaños, 2022; Birgin et al., 2022; DGPND, 2006; Doyle et al., 2019; Neale et al., 2005).

Of women serving sentences in the ordinary regime, 65 % were dependent on drugs. These results are similar to those obtained by the ESDIP (DGPND, 2016), which shows that 71 % of the general Spanish prison population abuses drugs. Although this study does not distinguish by sex, the statistics indicate greater presence of men. In the open regime, women with drug dependency decreased in general by 23.2 %, due to the context of semi-liberty. This is the case because incarcerated persons may access semi-liberty by obtaining a favorable evaluation on their reintegration process. This evaluation considers their criminal and drug dependency profiles, among other issues (Real Decreto 190/1996).

Given the size of the problem, the Spanish prison environment provides various actions to treat drug dependency (DGPND, 2006); 64.4 % of women with drug dependency received treatment in the ordinary regime and 67.1 % in the open regime. In addition to its punitive function, the prison context

is thus also a space of rehabilitation and professional attention that facilitates treatment of drug dependency (Rodríguez, 2016; SGIP, 2023; Yamamoto et al., 2014). It is worth mentioning, however, that only 11.4 % of professionals in the open regime dedicated their activities to drug treatments, and primarily by referring women to socio-community resources that specialized in accompaniment and drug dependency treatment activities. This fact highlights the importance of collaboration with entities outside the prison to facilitate socio-community adaptation and reintegration, especially for women in situations of vulnerability that generate drug dependencies (Burgos-Jiménez et al., 2023; Ibáñez, 2019).

The analysis of the reintegration factors obtained the following results.

First, as to the personal factor, most women—whether dependent on drugs or not—stated that they had an intimate partner, especially women in the ordinary regime (77.3 % women with drug dependency; 66.4 % non-problematic drug users). Villagrà et al. (2011) consider partners as a possible risk factor in drug use/abuse among this population. In differentiating the marital status of this population, however, Añaños and García-Vita (2017) find that only 20 % of the incarcerated women stated that they had a formally registered intimate partner and 16.4 % that they were married. Nonformal relationships or being single, divorced, separated, or widowed thus predominate, independently of the women's relationship to drug dependency.

On the other hand, most of the incarcerated women had children, and most of the women with children were non-problematic drug users ($p=.033$ open regime; $p=.082$ ordinary regime). These data show that motherhood is not a protection factor for drug abuse, although it is clear that drug dependencies are accompanied by situations of socio-personal instability that hinder the ability to assume parenting care (Oveisi et al., 2020). Motherhood does, however, influence greater participation of women with drug dependency in treatment programs, especially in the open regime (86.4 %), favorably influencing reintegration processes. According to Turbi (2016), women with drug dependency who are mothers are exposed to greater social stigmatization that questions their motherhood and socially established traditional roles of dedication to parenting care. This situation affects the women's mental health during their stay in prison, leading to increased relapse in the ordinary regime, but it encourages treatment processes and recovery for women in semi-liberty.

Second, the results on the employment factor show that women with drug dependency perceived employment as the greatest therapeutic benefit for their reintegration. Most of the women in the open regime were not working at the time of the study, however—a situation that Rehm et al. (2019) attribute to social stigmas and the socio-personal difficulties that lead to women's incarceration and drug dependency. We see, however, that the employment situation improves among women with drug dependency who received treatment (41.3 %). As in Curtis et al. (2022), our results highlight the efficacy of these actions in developing job skills (Uggen & Shannon, 2014).

Third, the socio-family factor showed a larger presence of drug dependency in the socio-family environments of women with drug dependency ($p=.068$ open regime; $p=.000$ ordinary regime), with the greatest presence among the women who received treatment in the open regime (44.2 %). Socio-family context is thus a risk factor for substance abuse (Añaños and García-Vita, 2017). This is a concerning fact for subsequent life in liberty, where women return to contacts and relationships with outside risks, as well as the influence of intimate partners who are non-problematic drug users (Ibáñez, 2019; Oveisi et al., 2020). Similarly, 66.7 % of women with drug dependency in the open

regime ($p=.007$) and 68.3 % in the ordinary regime had histories of intimate partner abuse, especially among those who received treatment in the open regime (74.4 %). These findings support those of Villagrà et al. (2011), who found that 66.1 % of women prisoners with drug dependency in Spain had been abused. Episodes of abuse are common in this population, requiring educational therapeutic actions that enable the women to recognize, prevent, and act in these situations to improve their reintegration (Jones et al., 2018; Yagüe, 2007).

The fourth factor is socio-community. As established in Article 74 of Royal Decree 190/1996 (Real Decreto 190/1996), the open regime provides more socio-community support ($p=.05$), especially for women with drug dependency who have received treatment (86.7 %), encouraging adaptation to life in freedom and preventing relapses (De Dios & Filardo, 2019). Martín-Solbes et al. (2021) and Ibàñez (2019) find that the open regime (rather than serving a sentence in prison) facilitates socio-community activities, although the authors stress the difficulties involved in participation and continuity due to the socio-personal conditions of semi-liberty.

Fifth, the results on the education-training factor show that basic education levels are the most common in both regimes and drug dependency profiles. Añaños and García-Vita (2017) found that 33.2 % of women prisoners in Spain have basic education levels, although the study by Villagrà et al. (2011) showed that 38 % did not complete primary education. On this issue, the UNODC (2019) relates drug dependency to educational deficiencies and criminality. In the ordinary regime, however, we find that 45.8 % of women with drug dependency who received treatment had medium-high education levels ($p=.006$), making educational qualification a protective factor that facilitates treatment.

Sixth, housing is perceived as a pressing need for reintegration of women prisoners in the open regime ($p=.05$), as it is a requirement for permission to leave prison and thus of imminent liberty (Real Decreto 190/1996). Women with drug dependency who had not received treatment had more difficulty with this issue. This finding reinforces the perspective of Mallik-Kane and Visher (2008), who also observe social and gender stigmas (Almeda, 2017; Juliano, 2009). These issues urgently require strategies to ensure professional accompaniment of these women after prison (Yagüe, 2007).

The seventh factor was accompaniment. Criminal recidivism was highest among women with drug dependency in the open regime (55.6 %, $p=.000$), especially among women who received treatment (58.1 %, $p=.018$). Facing semi-liberty in the open regime (Real Decreto 190/1996) influences women's recidivism, due to the multiple situations they must face in their everyday lives and providing for their basic needs, return to risky socio-family contexts, efficacy and continuity of treatments, etc. (Martín-Solbes et al., 2021; Moles-López & Añaños, 2021; Van der Put et al., 2020; Yagüe, 2007). The professionals also believed that drug dependencies condition prevention of recidivism in incarcerated women (85 %), primarily due to social stigmas after the women leave prison. Given this situation, UNODC (2019) argues the importance of implementing interventions that provide aid and accompaniment beyond termination of the sentence to help incarcerated persons with drug dependency problems reintegrate. Similarly, Doyle et al. (2022) obtain a higher percentage of recidivism among male prisoners with drug dependency in Sydney (87 %), providing evidence of gender-based differences on this issue.

Drug relapses occur primarily in the open regime ($p=.05$), especially among women with drug dependency who received treatment (90.2 %). This situation is related to the greater availability of substances, risky contacts, etc. that the open regime permits (Amaro et al., 2021; Añaños &

[García-Vita, 2017](#); [Moles-López & Añaños, 2021](#)). The most significant reasons for these relapses were emotional problems, which are most common in long sentences ([Turbi, 2016](#)). [Curtis et al. \(2022\)](#) report similar figures for 83 % post-prison relapses among Australian male inmates.

Most of the women have self-perceived mental health problems, although this self-perception decreases among women with drug dependency in the ordinary regime who received treatment (30.1 %, $p=002$). Incarceration affects mental health ([Goomany & Dickinson, 2015](#)). Although the effect is more severe in situations of drug dependency ([Yagüe, 2007](#)), the [DGPND \(2016\)](#) indicates that male prisoners present better self-perception of their mental health, as women experience greater socio-family rejection due to their gender ([Jones et al., 2018](#); [Juliano, 2009](#); [Lorenzo et al., 2022](#)).

Therefore, treating drug dependency benefits the reintegration processes of women prisoners with drug dependency. However, 52.9 % of the women with drug dependency in the open regime and 56.7 % of those in the ordinary regime perceived difficulties because these actions do not take into account their individual needs and gender-specific conditions such as motherhood, difficulty reentering the workforce, stigmatizations, traditional gender stereotypes, etc. ([Burgos-Jiménez et al., 2023](#); [UNODC, 2011](#); [Yagüe, 2007](#)). In contrast, 74 % of the professionals were not aware of this problem. Such lack of awareness of the women's situation limits the scope of professionals' actions to treat them and foster reintegration, as [Almeda \(2017\)](#) and [Yagüe \(2007\)](#) argue.

This finding shows the lack of a gender-based perspective in prison activities and treatments, which are designed primarily based on the characteristics of the male population due to the low presence of women and lack of resources in a primarily masculinized environment ([Almeda, 2017](#); [Burgos-Jiménez et al., 2023](#); [Juliano, 2009](#); [Lorenzo et al., 2022](#); [Roth, 2004](#)). Prisons lack resources specific to women prisoners with drug dependency who recognize and seek to satisfy their diverse vulnerabilities, which are often different from those of the masculine population. In Spain, various measures have been incorporated to address this situation ([SGIP, 2023](#)), but in practice deficiencies remain in providing gender-equitable action strategies ([Yagüe, 2007](#)), especially in treating drug dependency ([Almeda et al., 2012](#); [Birgin et al., 2022](#)). This situation limits women's participation and continuity of treatment, and thus conditions their reintegration.

Finally, this study demonstrates the widespread presence of drug dependency in incarcerated women and the influence of this dependency on successful adaptation to life in liberty. Specifically, the study determines that drug dependencies constitute a risk for criminal recidivism in this population and are related to histories of abuse and maltreatment in their intimate partner relationships and drug abuse in socio-family environments. The study also provides an original analysis of the treatment for drug dependency received by the incarcerated women with drug dependency and the relationship of this treatment to the factors determining their reintegration processes. It is primarily thanks to these treatments that we find improvements in factors related to their reincorporation into society and the workforce, search for housing, and socio-community support. Lack of continuity in treatment, especially in the open regime, also puts the women's mental health at risk and does not aid against relapses, criminal recidivism, and intimate partner abuse.

Despite the importance of these factors, the prison system—and its drug policies—lack an appropriate gender-based perspective to recognize these women's specific needs, a finding that supports the proposed research hypothesis. This situation makes it difficult to achieve the goals of reeducation and prisoner reinsertion as regulated in the [Spanish Constitution \(1978\)](#), international

guidelines (UNODC, 2011,

For Birgin et al. (2022), all of these conditions represent a form of violence committed by the state against this population due to its invisibility in international standards. Such standards could vindicate recognition of the characteristics and factors inherent in women's processes of recovery, empowerment, and reintegration, facilitating the design of specialized strategies of intervention, accompaniment, and protection.

To remedy this situation, we need equitable social policies to provide appropriate actions, means, and resources that incorporate a socio-educational perspective with a gender-based institutional stance, sensitive to and aware of the real situation of incarcerated women. Training for professional accompaniment of these women after prison is also important, for both the professionals and the women themselves. This training must foster human development in punitive contexts, as well as continuity of treatment and women's adaptation to life in liberty.

Limitations

This study has some limitations to be considered regarding the scope and interpretation of the results:

The researchers had some problems accessing the sample of incarcerated women in the open regime due to the regime's conditions of semi-liberty. Access was obtained through coordination with and organizational help from the prisons responsible for the women. It was often difficult to find times when the women were available to complete the research instruments.

Further, the sample of women in the open regime who have drug problems is small, since the open regime is an alternative measure oriented to women whose profiles show favorable evolution in social (re)adaptation and reintegration processes. This situation complicated statistical analyses of this sample group, especially analyses of the relationship of drug dependencies and treatments received to reintegration factors.

Finally, we note the minimal participation of prison professionals. Although the sample obtained was large enough to determine the professionals' perceptions on the study objectives, the sample size could limit researchers from performing more complex statistical analyses.

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