Do drug using inmates have social support? A case study in an Andalusian prison

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ABSTRACT

Aims: To discover and compare social support received by drug-dependent inmates in a drug free program and other inmates participating in a methadone maintenance program (MMP).

Materials and Methods: Transversal descriptive observational study carried out at Albolote Prison (Granada). The prison population at the time of the study was 1,763 inmates. The drug addicts were divided into two groups: those in a methadone maintenance program (MMP, 279 inmates) and those participating in a drug free program (58 inmates). A random sample of 60 inmates in the MMP was obtained. All the members of the drug free program participated. The two groups were interviewed to discover more about their family structure, socio-economic level and qualifications. The MOS social support survey was also used in self applied format with assistance from the interviewer. The percentages obtained from each dimension of the MOS questionnaire for each group was compared using Pearson's chi-square test.

Results: The social network of the MMP group was a mean 13.2. In the drug free group it was 12.9. Value of p=0.0047. Global support was low amongst 38 individuals (74.5%) in the MMP group and 9 (15.62%) in the drug free program. It was normal among 13 subjects (25.5%) in the MMP program and amongst 49 (84.38%) in the drug free group. Value of p=0.0001. All the dimensions of the MOS social support survey are higher amongst the drug free group: there are statistically significant differences with the MMP group

Conclusions: Inmates in the drug free program have (and they perceive this to be the case) a greater degree of social support than participants in the MMP.

Key words: Social support, Assistance, Prisons, Drug users, Comparative study, Prisoners, Spain.

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INTRODUCTION

According to current Prison Regulations, imprisonment's main purposes lay in reeducation and social reinsertion of those under confinement security measures as well as retention and custody[1].

Social support entails, for Lin, functional or structural elements that, whether real or actually perceived as such by the individual, involve comfort from their community, social network and close friends[2].

For Bowling, social support supplies the individual with emotional, instrumental or economic help from the social network[3]. On account of the social network the individual keeps his/her social identity, receives emotional support, material aid, services, information and acquires new social contacts. In short, from the social network one obtains social support. Family is another part of the social network.

We understand social networks as social relationship assemblies established around an individual[3].

Drug-dependent inmates can follow two different programs: drug-free or harm reduction programs (HRP) [4, 5] within which we find MMP. MMP is a low demanding program offered to the most continuing patients seeking the less serious consequences. In the Prison of Albolote there is a specific module for the

drug-free program; this is a high demanding program directed at healing purposes: "all or nothing", and it is applied to patients with family and socio-economic acceptable conditions.

Imprisoned people experience considerable problems with permits and exits if they make known their condition and even more if they are drug addicts included in the methadone maintenance program (MMP), trying to keep their situation secret, because talking about their history and condition triggers their exclusion from the social world they intend to enter[6].

Aside from the program, when it comes to drug disuse phases, psychological, family and social support techniques have to be applied 7-8-9, in order to obtain effective reinsertion and treatment follows mainly a biopsychosocial model.

These people are wholly engaged in two stressful life events, situations which are perceived by the individual as negative or non-desired and which entail a life change. The instrument to measure stressful life events is the Social Readjustment Rating Scale (SRRS) also known as the Holmes and Rahe stress scale10. Both aforementioned stressful life events are, on the one hand imprisonment itself with a value of 63, out of a maximum of 100; and on the other hand, drug addiction with a score of 44 in the aforementioned scale.

Obviously, the greater social support, the easier and more complete reeducation and social reinsertion will be.

Overcoming their condition of prisoner and drug addict will depend on the support they receive, and as to understand such support, this study is carried out.

MATERIALS AND METHODS

The total population of the facility as of the moment o the study was 1,763 inmates: 279 were included in MMP and 58 in the drug-free program. The size of the sample is calculated by means of the software Ene 2.0 with a result of 40 people per group with a 95% significance level and a statistical power of 80%. As losses are predicted, a random sample of 60 individuals from the MMP group is obtained. The whole population of the drug-free program was included in the study. 9 people from the MMP group refused to answer, therefore the group finally counted upon 51 individuals. All the 58 members of the drug-free program answered the questionnaire.

All the patients included in the study underwent a MOS social support questionnaire, for patients with different diseases and aspects[11], validated for the Spanish population[12], self-administered and assisted by an interviewer, the same in all cases. MOS is a brief multidisciplinary questionnaire which can be self administered and which allows research on global support and four other dimensions: 1) affectionate support (expression of positive affects, empathetic understanding and encouragement feeling expressions) 2) positive social interaction (availability of other people to communicate with), 3) instrumental support (offering of household aid) and 4) emotional/informational support (provision of guidance, advice or information). The social network can be determined with the first item. Due to the fact that imprisoned population already counts upon tangible support, ensured by the Confinement Facility itself according to law, some questions of the original MOS questionnaire were modified, reducing those items related to tangible to support to one only item. We therefore think that we lack information for its assessment (see Annex 1).

In both groups, family structure, according to the classification based on nuclear family[13], socio-economic levels[14], and cultural levels[15] were also determined by means of an interview.

The social network's measures of central tendency, dispersion and 95% confidence intervals are established in both groups of inmates. Out of each item of social support, according to MOS questionnaire, absolute and relative frequencies are computed among inmates with low and standard support in both groups. Pearson's chi-square test through the statistical software G-Stat 2.0 is used to compare each item's frequency between the two groups. Social network, as a quantitative variable, is analyzed by means of Student's T test. Null hypothesis is that both groups count upon the same social support and the alternative hypothesis is that it is different. Statistical significance is determined by the value of $p<0.05$, which would imply rejecting the null hypothesis.

RESULTS

56.9% of inmates included in MMP count upon a nuclear family model with close relatives. Among inmates included in the drug-free program this model is 60%. In the MMP group, 72.5% are non-qualified workers, while in the drug-free group 59% are so. Mostly, in both groups, they have completed primary education. Tables 1, 2 and 3 depict figures and percentages regarding family structure socio-economic level and education levels among each group.

Table I. Family structure.

Family structure	MMP	Drug-free
Extended family	13 (25.5%)	9 (15%)
Nuclear F. with close relatives	29 (56.9%)	35 (60%)
Nuclear F. with no close relatives	7 (13.7%)	14 (25%)
Single parent	----	----
Extended nuclear F.	----	----
Nuclear F. with step- father	2 (3.9%)	----
Total	51	58

Table II. Socio-economic level

Socio-economic level	MMP	Drug-free
Unskilled workers	37 (72.5%)	34 (59%)
Other misspecified cases	8 (15.7%)	3 (5%)
Skilled and semi skilled workers of industry, trade or services	6 (11.8%)	21 (36%)
Total	51	58

Table III. Education levels.

Education level	MMP	Drug-free
Higher education: technical studies	1 (2%)	3(5%)
Secondary education up to Year 13 (COU/Bachillerato) or 2nd grade professional education	1 (2%)	3 (5%)
Secondary education up to Year 8 (8ºEGB or (4º Bachiller)	11 (21.4%)	10 (18%)
Primary education up to Year 4 (4º EGB or professional education)	29 (56.9%)	41 (70%)
No studies: writes and reads	8 (15.7%)	1 (2%)
Illiterate	1 (2%)	----
Total	51	58

The social network among the MMP group is on average 2.9 with standard deviation (SD) of 3.517 and a 95% confidence interval (1.79-3.77). Among the drug-free program the average value is 13.22 with SD of 13.4 and 95% confidence interval (8.2-18.25): p-value p=0.0047.

Next, we expose for each item of the MOS questionnaire whether the support has been low or standard:

Emotional support is **low** for 45 individuals (8804%) in the MMP group and for 18 individuals (31.25%) in the drug-free group. It is **standard** for 6 inmates (11.6%) within the MMP group and for 40 (68.7%) in the drug-free group; p-value p=0.0001 (see Figure 1).

As far as positive social interaction is concerned, this is **low** in 45 MMP individuals (88.4%) and in 5 (9.38%) individuals of the drug-free program. This is **standard** for 6 people (11.6%) of the MMP group and for 53 people (91.62%) of the drug-free group; p-value p=0.0001 (see Figure 2).

Affectionate support is **low** for 44 MMP individuals (84%) and for 14 drug-free patients (28.12%). It is **standard** for 8 MMP patients (16%) and for 43 individuals (71.88%) within the drug-free group; p-value p=0.0001 (see Figure 3).

Global support is **low** for 83 people (74.5%) included in the MMP and for 9 people (15.62%) included in the drug-free program. It was standard for 13 individuals (25.5%) of the MMP group and for 49 (84.38%) of the drug-free program: p-value p=0.0001 (see Figure 4).

Prevalence ratio for **low** global support 38/51=0.74 in the MMP group and 9/58=0.15 in the drug-free group, was 4.93. When social support is **standard**, 13/51=0.25 in the MMP group and 49/58=0.84 in the drug-free group, prevalence ratio is 0.29.

Due to the fact that p-value of all items included in the MOS social support scale was <0.05 we accept the alternative hypothesis.

ANNEX 1

MOS QUESTIONNAIRE

1. Approximately, how many close friends or relatives do you have? (People with whom you feel comfortable and with whom you can talk about anything).

Number of close friends or relatives [ ]

People usually look for other people for company, assistance or other types of help. How often do you have each of the following types of support when you need them?
(Circle one of the numbers in each line)

QUESTION	NEVER	RARELY	SOMETIMES	MOST OF THE TIMES	ALWAYS
2. Someone to help you if you were confined to bed.	1	2	3	4	5
3. Someone you can count on when you need to talk.	1	2	3	4	5
4. Someone to give you a good advice about a problem.	1	2	3	4	5
5. Someone to take you to the doctor if you needed it.	1	2	3	4	5
6. Someone who shows you love and affection.	1	2	3	4	5
7. Someone to have a good time with.	1	2	3	4	5
8. Someone to give you information to help you understand a situation	1	2	3	4	5
9. Someone to confide in or to talk to about yourself and your problems.	1	2	3	4	5
10. Someone who hugs you.	1	2	3	4	5
11. Someone to get together with for relaxation.	1	2	3	4	5
12. Someone to prepare your meals if you were unable to do it yourself.	1	2	3	4	5
13. Someone whose advice you really want.	1	2	3	4	5
14. Someone to do things with to get your mind off things.	1	2	3	4	5
15. Someone to help with daily chores if you were sick.	1	2	3	4	5
16. Someone to share your most private fears and worries with.	1	2	3	4	5
17. Someone to turn to for suggestions about how to deal with a personal problem.	1	2	3	4	5
18. Someone to do something enjoyable with.	1	2	3	4	5
19. Someone who understands your problems.	1	2	3	4	5
20. Someone to love and make you feel wanted	1	2	3	4	5

EMOTIONAL SUPPORT: add items 3, 4, 8, 9, 13, 16, 17 and 19.
TANGIBLE SUPPORT: add items 2, 5, 12 and 15.
POSITIVE SOCIAL INTERACTION SUPPORT: add items 7, 11, 14 and 18.
AFFECTIONATE SUPPORT: add items 6, 10 and 20.
GLOBAL SOCIAL SUPPORT: addition of all 19 items.
Global support is low if under or equivalent to 57.
Emotional/Informational support: lack of support if score under or equivalent to 24.
Positive social interaction support: lack of support if under of equivalent to 9.
Affectionate support: lack of support if score under or equivalent to 9.

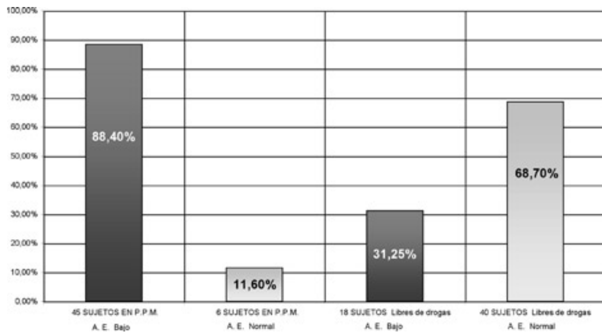

Figure 1. Emotional Support (E.S.)

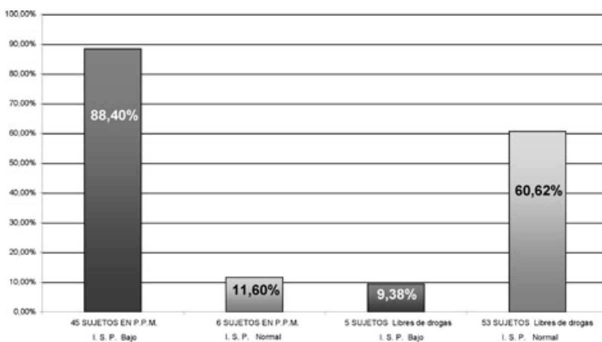

Figure 2. Positive Social Interaction (P.S.I)

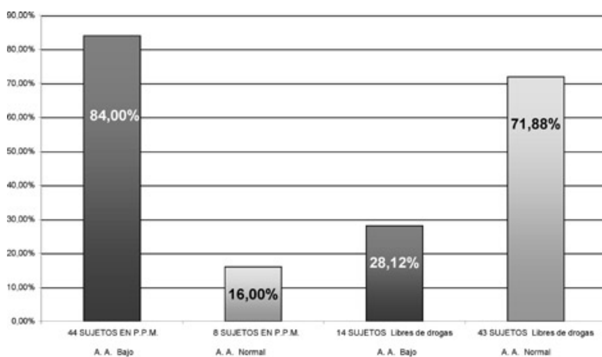

Figure 3. Affectionate Support (A.S)

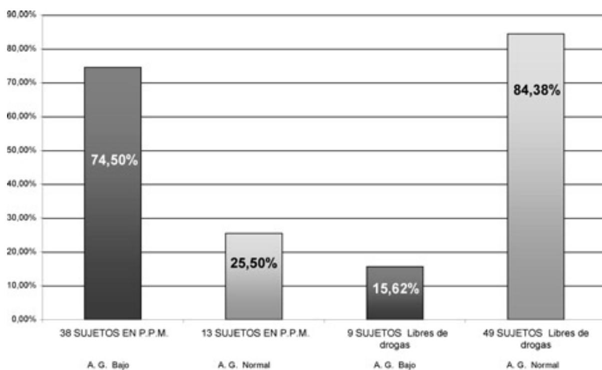

Figure 4. Global Support (G.S.)

DISCUSSION

Stressful life events have an effect on the individual and the family affecting individual health and family roles. If very intense, they can entail family crisis, therefore blocking and disabling the family system [11]; action taken to solve such situation will greatly depend on social support provided. Inmates participating in this study face two demoralizing and disarticulating stressful life events; this is why understanding social support that they can count on is so important.

Drug addiction comprehensive treatment entails two stages: detoxification and disuse. Detoxification is the procedure by which drug users stop drug consumption without suffering from withdrawal symptoms[16]; mostly it is a medical treatment. Disuse, entails keeping abstinence and adopting and keeping a balanced lifestyle, and mainly implies a psychosocial procedure which must approach psychological, social and work related needs[17]. It is important to count upon social support and networks during the disuse stage to provide both real and lasting support and aid to the individual[18].

Previous studies ad researched social support among different inmates from this study's, both in drug-free programs and MMPs. Among those patients included in the "drug-free" program, average results of all the MOS items were standard, revealing a high social network[19]. In contrast, in the MMP group inmates with low social support lead on all items[20]. Results were as expected, as inmates included in the drug-free program had been previously selected by psychologists and social workers to enter that module, due to the fact that they had better psychosocial conditions.

The American Psychiatric Association has established, since 1977 that psychosocial treatments are key tools in comprehensive substance abuse treatments[21], as also stated by Lana Moliner when referring to dual pathology[22].

Current prison regulations establish that, in the role of prison treatment elements, psychosocial programs and techniques aimed at improving inmates' capabilities and approaching "specific problems implied in prior criminal behaviors", will be used23. Therefore, prison treatment is comparable to the concept of disuse stages within aforementioned comprehensive drug addiction treatments. The Act 38/70 creates a multidisciplinary Technical Department within the Prison System (psychologists, policy-makers, criminologists,) therefore reinforcing the integration of specialized staff in the development of prison tasks. Such Act establishes that those specialists "will develop roles related to their field of expertise regarding

observation, classification and treatment of inmates, as well as assessment and management tasks within the facilities and services". For Sancha and García[24], prison psychology is closely related to applied psychology. According to these authors, the most important tasks are Assessment and Treatment activities, so that psychosocial treatment is a set activity but which is difficult to carry out because of the lack of personal and material resources. In the facility Albolote, with 1,753 inmates, only 4 psychologists work there, something which is obviously insufficient in view of the prevalence of drug abuse disorders within the prison environment.

Out of the thousands of criminals under imprisonment or other confinement measures, very few attend regularly intensive rehabilitation programs[25].

The scientific society *Socidrogalcohol* in its evidence-based guideline regarding cocaine states that within the coexistence of opiate and cocaine addiction, the most common among prisoners in Granada, treatment must be complemented with psychological behavioral or cognitive-behavioral therapies[27].

A study aimed at assessing MMP users' satisfaction has been carried out through the Verona scale[28]. This scale assesses four items: basic intervention, specific interventions, social workers' skills and psychologists' skills. Patients treated in prison refer tat social workers and psychologists only were available in 27.9% of the cases and on the whole, there is a low satisfaction among patients treated in prisons[28].

Our results match those by Madoz-Gúrpide regarding social and family consequences of opiate abuse[29].

Among families, disarticulation therefore exists, and we ascertain personal and social degradation of MMP patients[30]. This group presents a limitation to life interests, proved by their egocentrism and immaturity.

We haven't researched the ultimate reason of their legal problems, as it was described that it was a very specific type of crime, always aimed at obtaining narcotics by means of its sale, receipt falsification, prostitution or theft[31].

To conclude, it would be interesting, due to the aforementioned reasons, to research social support among drug users outside prison and compare it with those imprisoned. On the other hand, if we understand drug addiction as a disease considered in classifications such as DSM-IV or ICD-10, it would be interesting to compare social support among patients with other mental disorders.

The study concluded that inmates at the Albolote facility included in the drug-free program count upon greater social support than those included in the methadone maintenance program, and they perceive this to be the case. According to results obtained when calculating prevalence ratios we know that the possibility of social support being low among people under MMP is 4.93 times higher and the possibility of it being standard is only 0.29 times higher.

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