

REHABILITATION OF DRUG DEPENDENT PRISONERS WHY SHOULD YOU CARE?

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Preparing for release: resocialization programs in Poland



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RESOCIALIZATION or SOCIALIZATION?

- ▶ In the proces of RE-socialization a person is educated and assisted to RETURN to the society (respecting the norms of family, workplace, community, etc.)
- ▶ High percentage of the prison population HAVE NOT received the basic introduction to those norms (the majority come mostly from the undereducated social environment)
- ▶ Therefore, they have not received the sufficient moral & interpersonal education they could be RE-turned to
- ▶ Which means that in order for them to re-enter the society and function in it positively, they must receive elementary SOCIALIZATION, EDUCATION and INTRODUCTION TO THE SOCIAL and MORAL NORMS accepted in the society
- ▶ The prison is such place where that debilitating social backlog might and should be made up

(RE)SOCIALIZATION has many forms

- ▶ The penitentiary system in Poland offers several resocialization programs, among which the three are available to the prison population:
 - therapeutic units for the persons diagnosed as mentally underdeveloped
 - rehabilitation units for the alcohol dependent (model „Atlantis”)
 - rehabilitation units for drug abusers (model „Monar”)
- ▶ If an incarcerated person does not fall in any of the above, or if such programs ARE NOT OFFERED TO THE INCARCERATED, the institution provides the sheer incarceration, i.e. solely the PUNITIVE MEASURES WHICH DEMORALIZE, DEGRADE, BREED ANGER AND REVENGEFULNESS, severely limiting social readaptation after release upon completion of incarceration

PENITENTIARY SCENE OF SUBSTANCE ABUSE TREATMENT in Poland

- ▶ In 2015, there were 48 units of addiction treatment of which 33 – for alcohol dependent (program duration 3 mo.) and 15 units for drug abusers (6 mo.)
- ▶ 2015: 5729 alcoholics and 1003 drug abusers completed full course of treatment while incarcerated
- ▶ Since 2017 the above numbers have increased with opening of new units of substance abuse treatment in penitentiary institutions
- ▶ Approx. 4% of total prison population are women. They are also offered treatment of A & D addiction during incarceration
- ▶ To avoid stigmatization, no records of treatment follow the individuals after release from prison; therefore, the lack of hard data on the effectivity of treatment

QUESTION OF EFFECTIVITY

SHOULDN'T WE EVALUATE THE IMPROVEMENT OF THE QUALITY OF LIFE & NON-RECIDIVISM rather than mechanically measure the duration of abstinence ?

- ▶ IT IS SCIENTIFICALLY AND EMPIRICALLY PROVED THAT FORCED AND CONTROLLED ABSTINENCE FROM THE CHEMICAL SUBSTANCES (including incarceration) DOES NOT CURE ADDICTION (chronic/prone to relapse)
- ▶ TREATMENT OF ALCOHOL/DRUG ADDICTION REQUIRES INTENSE AND COMPREHENSIVE REHABILITATION
- ▶ IT INCLUDES COGNITIVE PROFESSIONAL EDUCATION ON THE PSYCHOLOGICAL, BEHAVIORAL AND PHYSIOLOGICAL INFLUENCE OF MOOD CHANGING SUBSTANCES ON THE FUNCTIONING OF THE PERSON
- ▶ THE GROUP THERAPY PROVIDES THE OPPORTUNITY TO DIMINISH FEELINGS OF GUILT AND SHAME (through the identification with other group members with the same problem)
- ▶ TREATMENT SHOULD PREPARE TO CONTINUE PARTICIPATION IN SUPPORT GROUPS AFTER RELEASE

COMPLETING THE PROGRAM OF THERAPY IS JUST THE BEGINNING OF RECOVERY FROM ADDICTION

- ▶ **AS A&D DEPENDENCE IS A PROCESS, THE RECOVERY IS ALSO A PROCESS**
- ▶ In 1964 a WHO Expert Committee introduced the term 'dependence' to replace the terms 'addiction' and 'habituation'. The term can be used generally with reference to the whole range of psychoactive drugs (drug dependence, chemical dependence, substance abuse dependence), or with specific reference to a particular drug or category of drugs (e.g. alcohol, opioids, psychedelics, benzodiazepins etc.)
- ▶ Since A&D dependence is a multi-symptome syndrome, its treatment requires also a multi-disciplinary approach consisting of:
 - psychiatric, psychological, educational, spiritual
 - social, vocational, marriage/parenting counseling
 - which inevitably requires specialized professional
 - staff
- ▶ ...and this is often what is missing in our prison system

SAVINGS OF THE SHORT-TERM COST RESULTS IN THE LONG-TERM ADVERSE CONSEQUENCES and ...vice versa

- ▶ 1999-2000 ALCOHOLISM TREATMENT PROGRAM "ATLANTIS" (based on partnership of the certified addiction professionals and the 12 Steps of Alcoholics Anonymous) is established in the first two penitentiary institutions in Warsaw
- ▶ The survey conducted at the „Atlantis - Mokotow” in Warsaw in the following years, indicates that while only 16% of the ex-patients have maintained abstinence after release, as much as 86% of them have not committed crimes leading to the repeated incarceration (recidivism)
- ▶ My diagnosis of the present deficiency of the Polish penitentiary system: The modernization seems concerned mostly of the technical devices and safety technologies, while neglecting the issues related to the continuous professional training of the pedagogical, psychological and social work personnel
- ▶ There is a chronic under-staffing of the resocialization and rehabilitation prison programs for the incarcerated

WHY 60% OF PRESENTLY INCARCERATED PERSONS IN POLAND WILL COMMIT CRIME AFTER RELEASE FROM THE PRISON?

- ▶ BEYOND THE DESIGNATED „TREATMENT UNITS” IN POLISH PRISONS, THERE IS A DRAMATICALLY POOR OFFER OF RESOCIALIZATION
- ▶ IT CAN BE JUSTIFIED BY THE FACT, THAT ONE PEDAGOGUE IS RESPONSIBLE FOR WORK AND SUPERVISION OF UP TO 100 INMATES
- ▶ THE PRISON AUTHORITIES ARE PRAISED FOR THE SAFETY AND SUBORDINANCE OF INMATES RATHER THAN FOR THEIR PREAPARATION FOR THE RELEASE AND SUCCESSFUL READAPTATION TO THE SOCIETY
- ▶ EVEN THE SPECTACULAR NUMBER OF OVER 500 NGO's THROUGHOUT POLAND with the declared assistance to the readaptation of prisoners upon their release, CANNOT solve the problem (i.a. because those NGOs have been under-subsidized by the State and rely on the meagre citizens' suport

AND, BEFORE I CLOSE, I PROPOSE A TEST...

► **PRISON A** offers diversified programs to the inmates, i.a.:

- elementary / secondary school
- multimedia library / educational audio-and video-system
- meetings of AA, NA, Al-Anon, ACOA, etc.
- therapy of chemical dependency
- re-education programs of aggressive behavior
- counseling on good parenting/marital relations
- vocational training and a variety of jobs

ALL THE INCARCERATED PERSONS are assigned to the offered programs (according to their medical/psychological diagnosis and assessment)

...and

PRISON B serves only as a punitive institution offering solely coercive measures, regardless of life history or medical, psychological, mental or social diagnoses of incarcerated individuals

- ▶ Then, please reflect and decide: what group of persons, after release from prison: **A** or **B**, would **YOU** like to move in **YOUR** neighbourhood and live next door?
- ▶ For me the answer is easy!



THANK YOU FOR YOUR ATTENTION

