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PSYCHO-MOTIVATIONAL ASPECTS OF INMATES WITH A HISTORY OF DRUG USE

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Abstract: *Drug use represents an important and complex problem for all of us. It signifies a hope or a challenge for youth, a serious problem for the family and an alarm signal for the society. Drug use takes often the form of an experience that brings together: curiosity, the desire to try something new or to experience everything, the desire to increase the intellectual performances, but many times this experience is associated with delinquent behaviors and criminal acts that lead to convictions. This theme tries to demonstrate that the specific activities carried out in prison under a careful guidance and observation have an important contribution to improve the self-esteem of the inmates with a history of drug abuse and to increase their motivation for change.*

Keywords: *drug addicts personality, inmates, motivation, social reintegration, prison*

1. PSYCHO-MOTIVATIONAL ASPECTS OF INMATES WITH A HISTORY OF DRUG USE

Drug addiction is a psycho-somatic state that results from the interaction of the individual with a specific psychoactive product, having as consequences behavior disorders and other reactions involving an invincible, permanent, continuous or periodic desire to use drugs to achieve certain psychological effects; it is a morbid habit of using repeated and increased doses of toxic substances; it is a pathological habit of consuming toxic substances (cocaine, morphine, opium etc.) that cause physical and mental degradation of the individual [5].

Drug addicts are often considered delinquents and some of them end up in prison for their criminal behavior. Without a specialized intervention throughout the entire period of sentence, the problems of these persons may exacerbate, having direct

consequences on their subsequent evolution after their released from prison.

Among the predisposing factors of drug use are: the lack of parental attachment and affection; the loss of a parent at an early age; emotional and personality disorders; immaturity and psychological instability; alcohol consumption; a disorderly life; peer groups and drug using friends.

Although there is no well established personality profile of the drug addicts, however, it can be identified some common characteristics for this category of persons: emotional dependence; separation anxiety; isolation and anxiety felt in the relationships with others; intolerance on frustrations; depression; the need for love, approval, valorization; immediate satisfaction of desires; the lack of self-confidence and passivity; shyness and hyper-sensibility.

The feelings felt by the drug users are: shame towards the civil society and family; frustration; lack of hope; lack of motivation; fear of withdrawal; fear of refusing drug

dealers; insecurity; anxiety; panic; resignation in the face of imminent death (heroin users).

Behind the drug use are presented other evidence of psychological and mental deterioration: tattoos on different parts of the body, criminal record (often due to the theft), repeated failure or school dropout and run away from home, combined with serious health problems - hepatitis C or tuberculosis. These drug users are considered to be incurably sick people, weak of character, who create many problems to themselves, their families and to the society. They commit crimes and are sanctioned with prison.

From a psychological point of view, detention causes the modification of the characteristics of each element of personality.

In terms of typological approach, the offenders with a history of drug addiction can be classified in the group of difficult offenders [2] – they have difficulties in adapting to the rigors and deprivations of imprisonment, especially because of their personality in a strictly delineated physical environment but also, because of their mental problems caused by substance abuse.

In addition to the problem of adaptation to prison life (shock of first entrance in prison; perception of punishment and detention; prisonization phenomenon; prison hierarchy and social status; aggression and violence; territoriality; frustration; stress; self-mutilations; denial of food; tattoos; suicide; homosexuality etc.), the inmates with a history of drug use may develop other psychiatric disorders due to the withdrawal symptoms: violent anxiety crises; fever; tremors; impaired perceptions; psycho-motor agitation; hallucinations; insomnia etc. All these problems require special examinations and specialized interventions.

The programs provided to the inmates with a history of drug use consist in activities of information, education, communication, awareness, skills developing etc.

The prevention measures are disposed according to the specificity of the place of detention and are carried out by the prison staff in collaboration with C.P.E.C.A, services of victim protection and social reintegration of

offenders, other public services, associations, NGOs, international organizations.

The programs offered to drug users are conducted by the personnel who provide medical, psychological and social assistance in prison, with initial or continuous training in the drug field.

The period of time spent in detention is not a “break” in the evolution of the individual. It is and must be a preparation stage for returning to the society of these persons who have committed crimes. It is focused on forming and developing those skills, attitudes and abilities that will facilitate the ex-inmates social reintegration after they are released from prison.

Education represents the most important means by which can be limited the negative consequences of isolation from community and can be encouraged all those persons who want to change their behavior and to abandon their criminal career, by providing utility to the time spent in prison, by identifying and stimulating the positive potential and by raising awareness about the new opportunities that they can benefit.

The activities carried out by the specialists from the Educational and Psychosocial Assistance Service – educators, psychologists, social workers, orthodox priest – are significant and varied, including both the activities carried out inside prison and the educational activities conducted in the community.

1. **School activity** – is integrated into the national educational system, so that after release from prison, the persons with a low educational level can perform their studies without any difficulty.

2. **Vocational training courses** – organized in collaboration with AJOFM in jobs required on the labor market, according to the collaboration protocol signed by A.N.O.F.M. and A.N.P.

3. **Educational programs and of social competences development** – literacy, education for a healthy life, preparation for release, education for a democratic society, civic education, human and child rights, forming the abilities for everyday life, improving the level of general culture,



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literature circles, courses of foreign languages, moral-religious education, introduction to computer use.

4. **Programs for psycho-behavior balancing and optimizing** – the management of conflicts, the reduction of aggressive behavior, the optimization of communication and interpersonal relationships skills, support therapies for those with a history of drug addiction.

5. **Programs and artistic and sport-recreational activities** – music, poetry, dance, theatre, mime, circles of painting, graphics and drawing, occupational workshops, sports (football, basketball, athletics, fitness, table tennis, chess, rummy, sport competitions).

6. **Activities carried out in the community** – viewing films and theatre spectacles, performing theatre, music and poetry spectacles, visiting locations with cultural, historical and religious significance, visiting institutions that provide social assistance to persons who are in difficulty.

7. **Educational and institutional partnerships** signed with institutions, NGOs, foundations, humanitarian associations involved in informal and formal education of youth.

8. **Ongoing educational projects, externally, non-reimbursable financed**, having as main objective the facilitation of social reintegration of inmates.

9. **Educational and psychosocial interventions carried out with the community participation** – interaction and communication of inmates with outside world consists in programs of maintenance, improvement, encouragement and development of social relationships.

Also, **work** is one of the most important activities during the time spent in prison to

which the detainees with a history of drug use and abuse can participate.

These activities that were mentioned before can be considered as being a powerful motivator because they produce changes at different levels of personality: behavioral, attitudinal, cognitive, volitional and social.

Motivation for change is seen as a crucial factor in any form of therapy. The motivational interview is a technique that allows the subject to recognize the problems that he/she has and to determine him/her to enter into a certain form of treatment, to continue the treatment and to be compliant with it.

The therapy of motivational increase is based on the principles of motivational psychology and it was built to induce a motivational change so that the person can abandon the drug use model, using the necessary strategies to mobilize his/she resources.

Another root of the therapy of motivational increase is the study of natural or spontaneous recovery process, knowing the fact that there are cases in which the drug addicts become abstinent for a long time without any therapy or external intervention. Prochaska and DiClemente [6] have showed that at the base of this process is a chain of changes in the motivation of the subject for change. They have described **6 different stages of change**:

1. subjects who did not take into account anything to change at themselves are in the **pre-contemplation stage**;

2. while those who are thinking that they should change, that they have a problem and how easy it will be or how much it will cost them this change are in the **contemplation stage**;

3. when these latter individuals decide to change, they are in the **determination stage**;

4. and when they start to change their behavior, they go through the **action stage**, where there are many negotiations with themselves and the environment;

5. if they succeed, they enter into the **maintenance stage** of behavior change or of the support of this new behavior;

6. if these efforts have failed, the subjects enter into the **relapse stage** and they can restart a new cycle, a new process of change.

Although many subjects leave this cycle in different phases or relapse, it is important to know that many of them repeat the cycle and some succeed to end it without relapse. As Prochaska and DiClemente have mentioned, the therapy of motivational increase aims to move the client from the pre-contemplation stage, by passing him/her through the ambivalence of the contemplation stage and bring him/her in the stage of decision and commitment for change.

The main objectives of the therapy of motivational increase are:

- the subject to realize how serious is the problem of addiction for him/her and how it affects him/her, both positive and negative; this balance is essential for the subject to pass from contemplation to determination;

- determining the subject being in the contemplation stage to assess the possibilities and the cost/benefit balance of change. This means that he/she must evaluate if he/she is able to change himself/herself and how this change will reflect upon his/her further life.

2. CONCLUSIONS

After correlation the theoretical data and the practical ones obtained through the direct observation and anamnesis interview, can be outline several concluding findings:

1. the inmates with a history of drug use, incarcerated for the first time have problems of adapting at the beginning of the execution of punishment, problems reflected at behavioral level (misbehaviors) and at their personality profile (psycho-affective disorders). These problems may increase if the detainees did not participate or have not been included in different activities carried out in prison, this fact being achieved only after a rigorous

assessment from an educational, social, psychological and medical point of view and after drawing an individualized plan of education and specific intervention that will be fulfilled throughout the entire time spent in prison;

2. in many cases the motivational structure is affected: due to consumption and due to the status of convicted person, and this fact cannot be treated from itself, but only with the involvement and the participation of the inmates to the activities carried out in prison (educational, psychosocial, school, vocational training, work, recreational) and under the supervision of the specialists involved in the social reintegration process (educators, psychologists, social workers, doctors).

3. it has been observed an improvement of self-image and an increase of motivational level of those inmates who have a history of drug addiction, who are included and participate to activities. This supports the conclusion that the specialized intervention carried out in prison is necessary for this category of inmates, because the detainees with a history of drug addiction are labeled twice in comparison with other detainees – once as drug addicts and once as convicted persons. Thus, working with these persons during their sentence is double – once to reduce the effects of addictive behavior and to prevent relapse after the detainees are released from prison and once to identify, develop and use those skills, competences and abilities to prevent recidivism;

4. to undertake an appropriate individualized plan of evaluation and educational and therapeutically intervention is desirable to consider not only the personality structure of the persons with a history of drug abuse, but also three aspects related to the motivational level of these persons: offending motivation, motivation for change and motivation or willingness of being involved in the activities carried out in prison;

5. it has been observed that the primary or physiological needs and the security ones are considered as necessary both for prisoners with a history of drug use who are at the beginning at their sentence and for those who have already served a fraction of their



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punishment and who have participated to different activities, the latter ones offering more importance to the social needs. When it comes to the needs that are in the top of the Maslow pyramid – higher needs – the inmates with a history of drug use who have participated to different activities in prison pay special attention to self-esteem and consideration;

6. regarding the motivation for participation to the activities conducted in prison, the detainees with a history of drug addiction who have attended such activities have quite high level of intrinsic motivation (the desire to participate to reintegration activities/work in order to learn/to feel useful, to have a positive opinion about themselves, the desire for social contacts, status within the group, communication with others), while the detainees with a history of drug addiction who are in the observation-quarantine period confer a particular importance to the extrinsic motivation (earning days, rewards etc.) and to the economic motivation (pay for the work done in prison);

7. also, it has been observed an improvement of the personality structure of those persons with a history of drug addiction who were included and participated to the activities conducted in prison.

In conclusion, the motivational level of the inmates with a history of drug dependence who participate to different social reintegration or working activities during the time spent in prison is considerably improved and through

the increase of their motivational level, their self-image improves, the recidivism chances are diminished and the chances of not relapsing into drug abuse after they are released from prison are increasing.

But all these measures and specialized interventions conducted in prison should be supported and continued by other psychosocial measures, provided to the inmates after they are released from prison by different institutions and organizations involved in the social reintegration process of persons with a history of drug addiction who have served a custodial penalty.

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