

Women, substance use and incarceration in Massachusetts: A fact sheet prepared by the Women and Incarceration Project at Suffolk University¹

“I was in for more than a year so I lost custody. I’d used [drugs] since forever, since the doctor gave me pills for my anxiety after the rape. But I’d always kept my using under control. I made sure the children had food, clean clothes, a roof over their heads. That came first. But when I lost my children, when I got out [of MCI-Framingham] I hit the streets hard, running [looking for drugs].” (Boston area woman, cf. Sered & Norton-Hawk, 2015).

A majority of incarcerated women grapple with substance use. Drug-related arrests of women nationally increased 216% over the past decade, compared to a 48% increase for men (Herring, 2020).

During 2007–2009 (the last years for which data are available) approximately 7 in 10 women in state prison or jail met the DSM-IV criteria for dependence or abuse, as do about 6 in 10 men in state prison or jail (Bronson et al., 2020). Massachusetts does not release numbers for the Commonwealth, but anecdotal reports suggest that the rates for substance misuse among incarcerated women may be even higher. Incarcerated and formerly incarcerated women in Massachusetts often describe their drug use as “self-medication” (Sered & Norton-Hawk, 2015).

Criminalization of substance use. Substance misuse is described by the American Medical Association, the World Health Organization, the American Psychological Association and other expert bodies as first and foremost a medical issue that requires treatment (cf. Robinson & Adinoff, 2016; Volko et al., 2017).

Massachusetts, however, like many other states, continues to criminalize use of certain pain-reducing and mood-altering substances such as heroin and cocaine. While punishment for simple possession is less harsh than punishment for selling drugs, the line between the two is easily crossed by many women who sell substances to support their own drug needs or who are forced to sell or hold onto drugs by boyfriends or traffickers (Sered & Norton-Hawk, 2015).

Gender, abuse and pain. Women in the United States experience higher prevalences of childhood physical and sexual abuse than men and are more likely than men to experience gender-based violence as adults. Women also are more likely than men to report serious psychological distress, post-traumatic stress and pain owing to reproductive and sexual issues as well as to a greater prevalence of chronic conditions such as arthritis and fibromyalgia. While not

¹ Corresponding author: ssered@suffolk.edu. For additional facts sheets on women and violent crime, alternatives to incarceration, and opposition to building a new women’s prison in Massachusetts go to the [Women and Incarceration Project website](#).

all pain and distress are directly related to gender-based violence, the association between sexual abuse and chronic illness is well documented (Terplan, 2017).

Treatment of women's pain. Women utilize more health care services, including medication, than men. Direct-to-consumer pharmaceutical ads tend to be aimed at women more than men and women receive more prescription medications and purchase more over-the-counter medicines than men (Orlando et al., 2020). This is particularly true of psychotherapeutic medications and opioids. Almost 40% of women aged 15–44 years reported receiving at least one opioid prescription in 2015 (Terplan, 2017).

The gender disparity in medication use may deflect attention from the gender discrimination and sexual violence that cause women's pain and encourage women to see themselves as flawed and in need of medical management (McHugh & Chrisler, 2015; Metzl, 2003).

Abuse and pain as risk factors for incarceration of women. Incarcerated women nationally report substantially higher rates of abuse, victimization, chronic illness, mental health challenges and use of both licit and illicit psychiatric and pain medication than either men or non-incarcerated women (Nowotny et al., 2014; see also Houser & Belenko, 2015). According to the Massachusetts Department of Correction, 67% of women under their jurisdiction had a serious mental illness (SMI) (where SMI does not include substance misuse), and 63% were on psychotropic medication (as of 12/31/2020). Among men, in contrast, only 31% had SMI, and 28% were on psychotropic medication (Cannata et al., 2021).

Women who use drugs or alcohol may be stigmatized or punished for deviating from normative feminine behavior. Portraying women who use drugs as “crack whores” or as “unnatural mothers” is frequently used to build support for punitive drug policies—including policies that hurt women (Campbell, 2000). Reflecting centuries of racist attitudes and policies, Black women are particularly stigmatized and punished for drug use (McKim, 2017).

The number of states with policies that punish women for substance use during pregnancy has more than doubled since the year 2000. About half of all U.S. states now have these policies. While these policies supposedly protect children, studies show that more infants are born with drug withdrawal symptoms in states that punish pregnant women for substance use than those that do not (Faherty et al., 2019; Stone, 2015).

Prison-based drug treatment is not effective for women. There is no evidence that prison-based treatment or coerced drug treatment is effective for women (Werb et al., 2016; Sered et al., 2021). For example, Swopes et al. (2017) evaluated a four-month integrated trauma and gender-sensitive treatment program in a women's prison. No differences were observed for posttraumatic stress disorder (PTSD) symptoms and substance-related self-efficacy, depression,

dissociation, tension reduction, or anxious arousal between the women who participated in the program and the women in a control sample. The authors conclude, “Findings are consistent with many previous studies of integrated trauma-focused treatments for PTSD-SUD that have failed to find a unique advantage over comparison groups” (Swopes et al., 2017, p. 15; see also Messina et al., 2010.)

Furthermore, drug overdose is the leading cause of death after release from prison, and the risk of fatal overdose is significantly higher among women compared to men (Evans & Sullivan, 2015).

Recommendations. A substantial body of research shows that accessible and culturally appropriate community-based outpatient treatment and harm reduction programs, together with stable housing and social support, lead to far better outcomes than incarceration for women and their families (cf. Robertson et al., 2020; Prendergast et al., 2011). These evidence-based studies can be used to develop and expand programs and services in Massachusetts at a cost far lower than the current annual cost of \$162,000 per woman in DOC custody (Cannata et al., 2021).

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