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**Drug use disorders and social reintegration among incarcerated
immigrants: A case study**

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INTRODUCTION

The number of people incarcerated for crimes related to drugs has increased in the past years. Many inmates who commit these crimes suffer from drug addiction, and among them, many individuals are both legal and illegal immigrants. Despite this situation, surprisingly little research has been carried out on the situation of incarcerated immigrants suffering from drug addiction, probably due to the difficulty in conducting research in such settings.

The current work aims at discussing the situation of people with a substance abuse disorder in jail, with a particular focus on immigrants and on their social reintegration, which, as this work will show, represents a dramatic situation. This is achieved by providing statistical data on the phenomenon of drug addiction and migration both nationally and worldwide, through *Istituto Nazionale di Statistica* (ISTAT) and International Organization for Migration (IOM) reports; by addressing the problem of stigmatization and marginalization of immigrants through a look on the history, and its relationship with mental health, substance abuse and crime, shown by research; and by discussing the main issues present in jails and the social and bureaucratic difficulties encountered by immigrants, reported in a paper by Caputo and Di Mase.

Moreover, the last chapter will describe a case study concerning the work of the internal unity for the treatment of addiction in the prison of Bollate, Milan, in which I conducted my internship. In this final chapter, a semi-structured interview administered to an immigrant inmate suffering from drug addiction is reported and discussed.

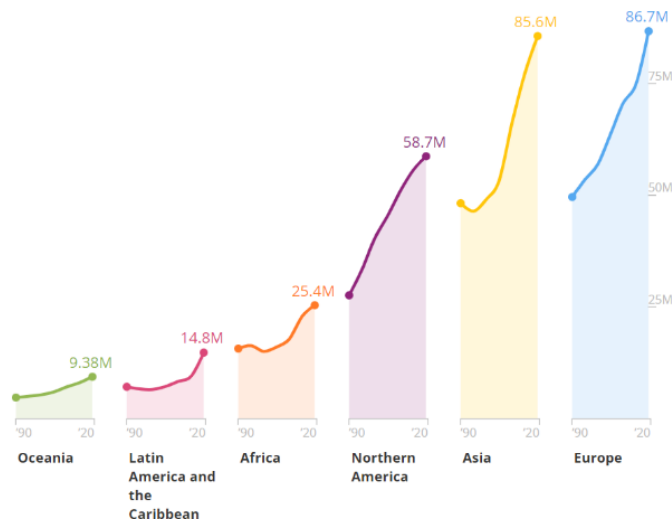
CHAPTER 1

OVERVIEW OF THE PHENOMENA UNDER STUDY

1.1 Migration: national and worldwide data

The history of mankind has always been characterized by migration, both within the same country or from one country to foreign ones. People migrate for a variety of voluntarily and involuntarily reasons, ranging from job opportunities to survival necessities. In the last few decades, because of the increase in wars, economic crisis, and environmental disasters, the global number of international migrants has increased exponentially, reaching in 2020 the total of 281 million, which equates to 3,6% of the total world population (McAuliffe & Triandafyllidou, 2021). This increase is significantly visible in Asia and Europe, which each host between 85 and 87 million international migrants, as depicted in Figure 1.

Fig. 1. Number of immigrants per continent, 1990-2020

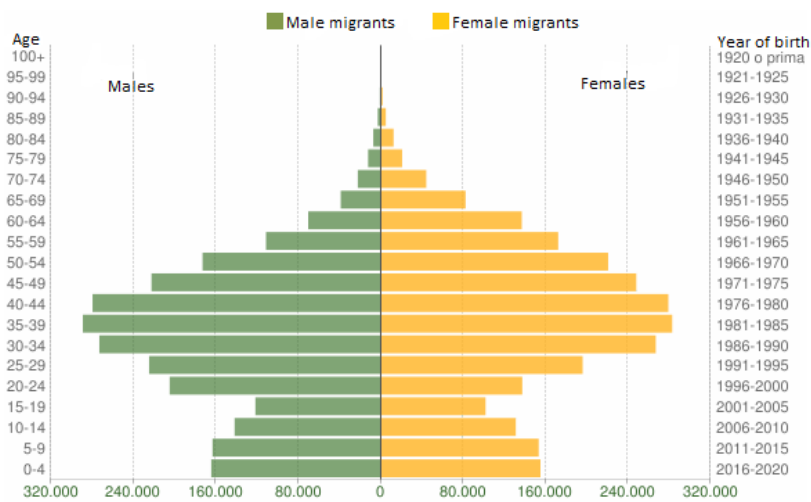


Source: IOM (2022)

In 2021 the number of international migrants decreased, probably due to the effects of Covid-19 and of the entry restrictions implemented in various countries. However, this number is still relevant.

In the last decade, Italy has been at the center of attention for its role in the reception of migrants, especially coming from Africa. In fact, migration became a huge political matter, with parties taking sides and sharing opinions regarding the management of the migratory flux. Data from 2022 show that there are almost 5.2 million migrants residing in Italy, representing 8,7% of the total population (ISTAT, 2022); the majority is composed by young adults and adults, as reported in figure 2.

Fig. 2. Foreign population per age and sex



Source: ISTAT (2021)

The situation of immigrants in Italy, their management and treatment are extremely important for their positive integration within the community and the Italian culture. Working on this aspect when they enter the Italian territory could decrease the incidence of crimes and of cases of substance use disorders.

1.2 Substance Use Disorder: national and worldwide data

In addition to the data presented before, it is relevant to introduce another set of data: those regarding drug addiction both nationally and worldwide. Addiction is a condition in which a person experiences a pathological need which leads to impairment in everyday life and to neurological changes (Hooley et al., 2017).

Usually, when talking about addiction, the focus is on psychoactive substances, such as alcohol, opiates, stimulants, hallucinogens, and anxiolytics. When a person shows an addictive behavior and becomes dependent on a substance, the most severe form, addiction, of substance use disorder (SUD) is observed. SUD is defined by the American Psychiatric Association (APA) as a complex condition, characterized by cognitive, behavioral and physiological symptoms (APA, 2013); despite the negative psychological and physical outcomes, a person with this condition keeps using the substance. The causal factors involved in this dependency are various, ranging from biological to psychosocial factors.

According to the World Drug Report (WDR, 2019), in 2019 over 35 million people suffered from SUD worldwide and only 1 in 7 people received an adequate treatment; this number reached over 36 million in 2021 (WDR, 2021). This growth could be caused by Covid-19; in fact, some reports have shown how in the United States the number of people starting to use drugs or increasing their use, in order to cope with the stress and anxiety caused by the pandemic, has raised. Such increase has also been observed in drug overdoses: in fact, in 2020, more than 93.000 deaths were reported, representing a 30% increase since 2019 (Abramson, 2021).

In Italy, during 2020, the number of individuals treated for drug addiction in the public drug dependency service units were 125.428 (Presidenza del Consiglio dei Ministri, 2021), most of them located in Lombardy region; however, this number does not represent the total, since it excludes those treated for alcohol dependence. In addition, it should be noted that there are several people who are not in any treatment but suffer from an addiction, and thus the aforementioned number must be taken as an underestimation.

1.3 The link between migration, addiction, and crime

The reasons leading an individual to start using drugs can be grouped into 3 main categories: biological, structural, and psychosocial (Hooley et al., 2017).

The first refers to the fact that drugs can activate areas in the brain responsible for pleasure and reward, such as the mesocorticolimbic dopamine pathway; if a person takes a certain substance for a significant timespan, the brain is affected to the point where tolerance and dependence on the substance develop. Moreover, research has shown how genetics and the exposure to certain agents during development influences the dependence on substances (Plomin & DeFries, 2003).

The second factor, structural changes, helps us understand why adolescence is the age most associated with risky behaviors, such as drug intake; in an adolescent's brain, the dorsolateral prefrontal cortex, associated with control and planning, is less evolved than the orbitofrontal cortex, which is involved in planning and decision making based on emotions. Hence, the former cannot efficiently control the latter, causing the

individual to engage in gratification and reward seeking behaviors, often of a risky nature, without taking into consideration all the consequences of such actions. Moreover, an increase in the release of dopamine during this period leads to a greater predisposition to dependence (Albiero, 2012; Casey et al., 2010).

The third factor comprehends a variety of aspects: peer pressure, social acceptance, family situation, parenting, psychological vulnerability, stress, and trauma. In migration these variables play a key role. In fact, when migrants, young and easily influenced, arrive in a country, they must adjust to a new way of living and settle down; this is often accompanied by a great amount of distress. Indeed, research has shown how traumatic experiences prior to, or post migration are associated with mental illness, especially with depression, post-traumatic stress disorder and personality disorders (Sangalang et al., 2019; Virupaksha et al., 2014), and these have been found to be comorbid with SUD.

People suffering from these disorders can be involved in illegal acts, therefore an important aspect to understand refers to the junction between substance addiction and crime. According to an Antidrug Policies Department report (2021), at the end of 2020 the number of inmates suffering from drug addiction in Italy was 14.148, corresponding to 26% of the total jail population. Their crimes can be divided into three types: direct, indirect, and environmental crime. The first refers to crimes committed under the direct influence of a drug, which can enhance aggression and inhibit self-control; the second relates to illegal acts carried out in order to obtain the substance, such as thefts; the last

one refers to crimes committed in a context where drug traffic and drug addiction are almost structural and become the normality.

As shown by the Antidrug Policies Department report (2021) at the end of 2020 33% of the inmates suffering from drug addiction was constituted by foreigners. The most frequent crimes were those related to article 73 of the Italian Penal Code, which refers to the production, traffic, and illicit detention of narcotic or psychotropic substances. Some immigrants start to engage with the world of drugs to cope with the stress and the cultural shock they are facing, since the migration process can be an extremely stressful phenomenon; others, if unable to obtain the documents they need and to find a job, often start in order to sustain themselves economically (Lemmens et al., 2017). In fact, most foreign inmates are illegal and do not have the required documents allowing them to stay in Italy and to work, so they unfortunately end up taking illegal jobs, especially if there is no one sustaining and guiding them through the integration into Italian society.

When discussing about this, another important aspect of the life of immigrants should be taken into consideration: the migration project. This factor is present throughout the life of the immigrant, and it is lived with a strong emotional charge (Petit & Wang, 2018.). When people migrate, they do it with the expectation to find a better life, and in most cases, they have families in their home country relying on them and hoping for a better future. Following Riva (2007), we could view the migration project as the mirror of a self-image, that was already almighty and precarious from the start, playing a role in perceived self-efficacy. Deprivation, isolation, exclusion, and

uncertainty create a difficult environment for immigrants to live in and accomplish their project. These factors, in combination with stress and violence which often form the basis for drug use and dependence, intensify its use, causing the disruption of the migration project with negative consequences for the general health of an individual.

CHAPTER 2

THE PRISON SYTEM AND SOCIAL REINTEGRATION

2.1 Italian prison system: overview and crucial issues

In Italy there are currently 189 jails of four different types: pre-trial detention institutions, institutions for the execution of sentences, institutions for the executions of safety measures, and centers of observations. Until the end of March 2022 the number of inmates with a final sentence was 54.609, for a total capacity of 50.853; 17.104 of them were foreigners (Ministero della Giustizia, 2022). Generally, the situation of inmates in Italy, as well as in other countries, is not optimal at all. The main problems revolve around overcrowding, shortage of staff and suicide rate.

As reported before, the number of inmates exceeds the number of actual places. In Italy this aspect has been a trend for some time; until July 2021, 53.637 people resulted incarcerated in Italy, for a total capacity of 50.779 (Antigone, 2021) and according to the Council of Europe (Aebi & Tiago, 2021), in 2020 Italian jails were the most overcrowded in the European Union, with 120 inmates for 100 places. Between 2020 and 2021, the association Antigone¹ visited 67 jails, and reported that in 42% of the institutes there were prison cells with window screens, which do not allow correct air and light flow, and that 31% of cells did not have warm water. Moreover, a strong discrepancy between the custody personnel, such as policemen, and the treatment personnel, such as psychologists and social workers, was observed: the average was a

¹ Antigone is an Italian no profit association dedicated to the protection of the rights and guarantees in the prison system.

prison policeman per every 1,6 inmates, and an educator per every 91,8 inmates. This has a negative impact on the rehabilitation and reintegration of inmates. 19000 inmates would have a right to access alternative measures, i.e., house arrest, probationary assignment to social services, early release and semi-freedom. However, the state does not frequently allow access to these measures (Antigone, 2021). If the state allowed it more, the overcrowding problem could be, for the most part, solved.

Jails are seen as having the aim of rehabilitating people, having the responsibility of providing adequate assistance to them, in order to have an effective social reintegration. However, when considering these data, it is evident how distant we are from an accessible physical and psychological healthcare of inmates in Italy; indeed, the incarcerated population is at higher risk of suicide, depression and infectious illnesses compared to the general population (Voller et al., 2016; Zhong et al., 2021).

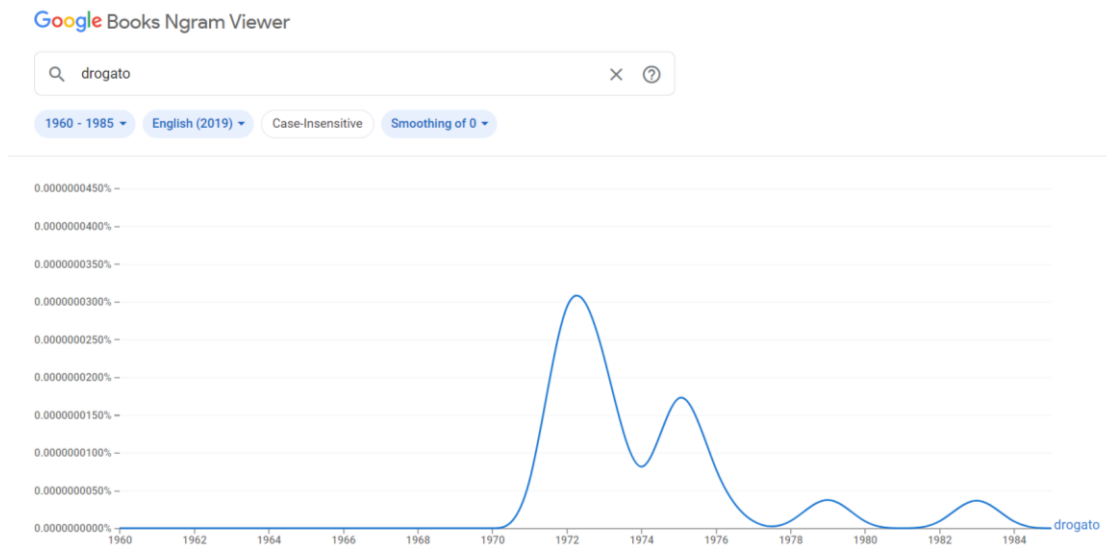
What is done in terms of helping and sustaining inmates in Italy strongly depends on the economic support jails receive from the state and from support and non-governmental organizations. The support provided by the state is insufficient, and it is mostly directed towards the sustainment of prison policemen (Brioschi, 2017). Moreover, there is a large gap between the North and the South of Italy. In the former more efficient programs are implemented in jails, and the relapse rate is lower. In the latter even though the crime rate is higher, there are fewer programs, and the relapse rate is high.

2.2 Substance addiction in Italian and immigrant inmates

In addition to the issues mentioned above, which are more of an organizational and statal nature, it is also relevant to mention social and cultural problems interfering with a positive reintegration. Every person has mental schemas and performs actions based on them; whenever someone or something deviates from these schemas and from the social norms, it is viewed as abnormal, weird, undesirable (Aosved et al., 2009). Moreover, the world we live in is characterized by the presence of stereotypes, overgeneralized and oversimplified beliefs, often of a wrongful nature, about others.

Various prejudices and stereotypes exist concerning drug addicts, inmates, and foreigners. These stereotypes lead to disinformation, stigmatization, and result in less help and care from the public (Committee on the Science of Changing Behavioral Health Social Norms, 2016). The creation of stereotypes and their reinforcement are mechanisms that occur since we are young; when we grow up, even if our family engages in and endorses an open-minded behavior, we are unconsciously and automatically exposed to them, through for example the media. The media possesses an enormous impact on how the public views drug addiction, migration, and crime (Taylor, 2008). Even if newspapers, articles, or TV shows attempt to be unbiased and objective, some words which carry a negative connotation and enhance stereotypes are still used. For example, the word “drogato” (Italian for “junkie”) is often used by the media and by books; this word has a labeling effect and reduces a person to only one aspect, i.e., her illness. The rise in the use of this word began around the 1970s when drugs became increasingly common and more easily accessible (see Figure 3).

Fig. 3. Worldwide use of the word “drogato”, 1960-1985



Source: Google Books Ngram Viewer

The social, psychological, and health effects of this exponential growth forced many politicians to act on this issue and carry on the so-called “War on Drugs”. This phenomenon saw its rise in the U.S. with President Nixon, who viewed drugs as the “public enemy number one” but was further expanded and funded by President Reagan and his wife. In fact, they made fighting drugs a main concern, and focused on its criminal punishment rather than on treatment.

The War on Drugs became a global phenomenon, and its consequences, which are prohibition, criminalization of drug users, over-imprisoning, and harsh punishment affected marginalized groups and ethnic minorities (PRI, 2013). According to the U.S. Bureau of Justice Statistics, in 2016, of the 277,000 people imprisoned nationwide for a drug offense, over half (56%) were African Americans or Latinos, constituting 29% of the total U.S. population, (Carson, 2016). In Italy, in particular during this last decade, crime and drug use have been part of the campaign of some politicians, who viewed

immigrants and ethnic minorities as being the principal factor in criminal acts related to drugs, therefore enhancing stigmatization and stereotypes towards them (Musarò & Parmiggiani, 2022).

As time passes, there is a greater understanding of mental illnesses and of their treatment, but stigma levels do not decrease (Pescosolido et al., 2010). Even if substance abuse disorder is considered an illness and not a choice, it is strongly stigmatized; in fact, many people believe that individuals choose to become addicted to a substance and choose to keep using it, ignoring all the physiological and chemical changes which come into play. Moreover, studies have shown how people suffering from drug addiction are perceived as more dangerous and blameworthy than people suffering from other mental illnesses, and how they are considered less deserving of help (Corrigan et al., 2009).

Differently from Italians, foreigners suffering from drug addiction face one additional aspect strongly judged and stigmatized by the public: the fact of being and arriving from another country. This aspect could accompany them before, during, and after the incarceration. As mentioned in the previous paragraphs, when arriving in a new country, people are exposed to prejudices and stereotyping, which make the adaptation and settling process challenging. This can create a situation of isolation and marginalization, fertile ground for the growth of crimes and drug use (Room, 2005). During incarceration, immigrants can suffer from racial judgment by other inmates and police officers; however, especially for illegal immigrants, jails unfortunately represent the only alternative to living outside without a house and with a poor livelihood.

When foreigners leave jail and return to freedom, they must reintegrate in a society which stigmatizes not only their drug addiction and their penitentiary situation, but also their being foreigners. This situation can be detrimental for mental health, especially if they do not have family or friends supporting them, and if they live in a situation of extreme marginalization. Moreover, finding a job as a drug addict or former drug addict who just left jail can be difficult, but even more as a foreigner, in particular if illegal. Therefore, it can be harder for immigrants to readjust and feel welcomed, and easier to relapse into addiction and illicit behaviors, in the form of a vicious circle (Caputo & Di Mase, 2013).

2.3 Social reintegration

In order to discuss about the treatment and rehabilitation of people suffering from substance use disorder, it is necessary, for a better understanding, to provide information on the development of public Services for Drug Addiction (Ser.T.) and on the decrees related to the situation of inmates in the Italian context.

Like in other countries, Italy experienced an increase in the use of drugs and in cases of drug abuse disorder and related illnesses in the 1970s, to the point where drug addiction was not anymore solely seen as a problem for the public order, but also as a social and health problem. This is the reason why Medical Centers for Social Assistance (MCSA) were instituted in those years; these served as centers for coordination between the already existing services for the treatment of drug addiction.

In 1990, with decree number 309 of the President of the Republic, Italy saw the establishment of Ser.Ds., that is, public institutes dedicated to the prevention, rehabilitation, and social reintegration of people suffering from an addiction. The decree is a *Consolidated text of the laws governing drugs and substances psychotropic, prevention, treatment and rehabilitation of the relative states of drug addiction*, and the 8th heading of this 309/90 DPR is dedicated to criminal acts related to drugs.

Within the latter, there are two important articles (no. 89 and 94) related to alternative measures. The first one refers to restrictive measures towards drug addicts who have ongoing therapeutic programs or intend to start them; the article states that if a person suffering from drug addiction is subject to a pre-trial detention in jail, the judge sets house arrests unless there are special remand needs. If these special needs are present, such as in the case of certain crimes, the defendant must continue the program in a residential facility for the treatment of the disorder. The second one states the same thing, but for people serving a final sentence.

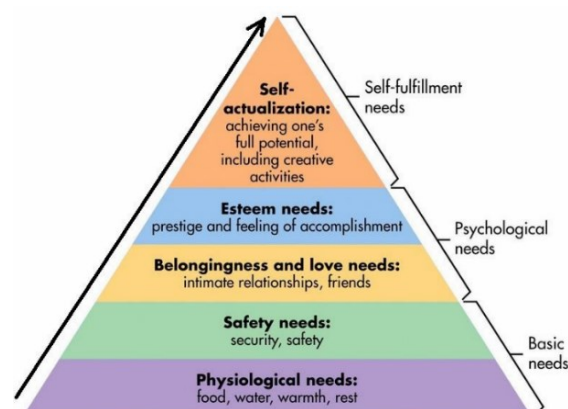
In Milan, all four extant jails have an internal Ser.D., but not all jails in the other cities around Italy have it. In this latter case, operators from the local Ser.D. take turns and visit the institute in order to monitor the situation of inmates. People suffering from drug addiction need special attention and care, both physically and mentally. Such care is not always achievable and provided in jails for the reasons stated above. Therefore, it is preferable to rely on alternative measures when possible.

A crucial problem interfering with rehabilitation and with the continuation of the treatment after jail for foreigners relates to their legal or illegal status. Whenever

foreigners enter Italy with the intention of staying for a prolonged period, they must apply for the residence permit. If they commit a crime, their permit is revoked; however, if they have recognized motives, such as an Italian wife or one with a regular residence permit, or a legal job, they can obtain back the permit and stay in Italy. If they do not have these possibilities, they are likely to be expelled as soon as the penalty ends. In order to avoid expulsion, various immigrants continue to live illegally and attempt to not get caught; in this scenario, relapsing into addiction and into crimes related to drugs, such as dealing, is easier. Local Ser.Ds., which already are in a problematic situation, do not have enough resources to help and invest in the treatment of illegal immigrants, who are left alone in dramatic circumstances, with the inability to continue a long-term treatment, which is the one most useful for treating drug addiction.

Maslow's (1954) hierarchy of needs theory (Figure 4) helps to understand the needs guiding a person's behavior; if one or more of these needs are unfulfilled, which is something extremely common among inmates, counterproductive, negative and antisocial behaviors could arise.

Fig. 4. Maslow's hierarchy of needs theory, 1954



Source: <https://www.simplypsychology.org/maslow.html>

Immigrants, in particular if they are illegal, live a precarious situation in terms of these needs and start with disadvantages (absence of family or friends, difficulty in finding a house or a job) which accompany them during their incarceration and during their release. Working on these needs during the incarceration could be essential for a positive outcome, both for the self and for others. As suggested by Caputo and Di Mase (2013), it is essential to focus on cultural mediation and train the jail personnel in interculturality issues, to better understand the needs of immigrant inmates and sustain them in their reintegration. Municipalities and regions should create and invest in programs dedicated to immigrant inmates, with cultural initiatives, voluntary work, and recreational activities in order to enhance a sense of interpersonal responsibility and to avoid the return to a harsh life, counterproductive both for the immigrants and the national state.

Programs or activities concerning the inclusion in the culture of the host country could be a source for immigrant inmates; moreover, courses on the possibilities of treatment inmates have in their country of origin could also be positive to provide them with a guide in case they will be expelled. Voluntary work, as mentioned above, represents an important tool; warning certain organizations about the situation of immigrant inmates soon to be released from jails could help them, even if for a short time.

Research has shown the importance of careful sequencing of program and service delivery in prison and the essentiality of linking in-prison services to post-release assistance (Visher et al., 2016). The treatment in jail of a person suffering from drug

addiction should consider the personal situation and create individualized programs. These programs and activities cannot be isolated and should be implemented with the participation of public facilities. In fact, a lack of system integration contributes to shorter lengths of stay in treatment in jail, infrequent continuation of care into the community treatment, and inadequate supervision of offenders (Taxman & Bouffard, 2000). This integration could represent an opportunity for immigrant inmates to establish positive contacts which could help them once they are released. This, however, is not simple, because addiction is not always seen as an illness, and therefore the state does not sufficiently invest in its treatment, least of all in that of immigrants.

CHAPTER 3

CASE STUDY: THE BOLLATE PRISON

3.1 The prison system

Bollate was inaugurated in the 2000s with three main aims: the recovery of the inmate's identity through an increased freedom of movement and personal organization and responsibility; the sharing of the organization among different institutes and public facilities; and the focus on the release from jail, meaning the implementation of work and social opportunities. At first, because of its experimental nature, the institute welcomed selected inmates from other institutions according to criteria mainly related to low social dangerousness and whether they had already taken part in a treatment program in the institution in which they were located. The practice of selection has been lost over the years, and now in Bollate you find inmates with every type of criminal history and social dangerousness.

Academic, training, and recreational courses are currently offered. Moreover, a series of initiatives are being conducted: one, specifically targeting immigrant inmates, involved the presentation of a handbook on their juridical condition. In Bollate, the relationship between personnel and inmates is direct; Bollate is a "jail with open doors", with inmates moving around more freely and frequently. This aspect is part of the reintegrative nature of the jail because it allows sharing and interaction in situations which are not limited to a formal setting (Bargna & Carcione, 2018).

There is also an internal unit for the treatment of drug and gambling addiction (Ser.D.), with psychologists, social workers and educators taking charge of patients and supporting them throughout their detention. Whenever a new inmate arrives in Bollate, one of the first steps carried out is a medical check; during this visit, the doctor asks about the use of drugs. If the inmate reports a considerable use of drugs the information is uploaded in a database. Subsequently, the Ser.D. operators of the jail contact the newly arrived person and, with her consent, fill in the official form for taking charge of the subject. The form contains biographical information about the life of the inmate, the history of the crime and detention, and drug use. Then, hair exams are carried out; if the inmate results positive the therapeutic journey, involving medical follow ups and psycho-social sessions, begins and the inmate can, if certain conditions are present, appeal for alternative measures. If the inmate results negative, the support of the internal Ser.D. can still be provided, but it is not possible to request alternative measures.

The psychological support provided to inmates suffering from drug addiction is individualized and is based on a therapeutic contract stipulated with the patient. To date, the Ser.D. of Bollate has followed 526 patients, 219 of which are foreigners. Of these immigrant inmates, only 41 have been assigned to alternative measures, compared to 186 Italians.

3.2 Interview with an inmate

During my internship in this context, I conducted a semi-structured interview with an inmate, Ozi (fictional name). The interview revolved around social reintegration and the

possibilities after jail. The main questions, from which the discussion originated and developed where: (1) “How would you describe the word “treatment”? And the word “drug addiction”?”; (2) “What do you feel like needing in order to face your problem with drug addiction? What do you expect from a therapeutic project?”, and (3) “How do you feel at the idea of starting a therapeutic project? What do you think are your possibilities? Do you see a continuity after the project?”

Ozi is 30 years old and arrived in Italy in 2015 from Morocco; he started using cocaine one year later. He had a residence permit for asylum, expired in 2018 when he was arrested. At the time of the arrest his cocaine consumption was high (i.e., daily use). He transferred to Bollate in April 2021, and his end of sentence is in April 2023. Currently, he is followed by the internal Ser.D. of the Bollate jail for his problem of drug dependence.

According to Ozi, drug addiction is something terrible, which disrupts your life and which you cannot control. It takes control over your mind and body, to the point where nothing else matters. Instead, treatment is “maintaining a calm situation”, where you are no longer surrounded by people who use drugs and there are no stimuli leading into relapse. The main factors Ozi viewed as important in treating drug dependence were being able to work to maintain oneself, and a support from psychologists, social workers and people who already passed through his situation. This last factor helped him to understand more about himself and others, in a situation of mutual confrontation and sharing.

One issue reported during the interview was the difficulty to adapt to a new culture: he stated that knowing the Italian culture on a deeper level would be useful for him, because it would help him to increasingly understand and avoid certain dynamics, which are the same ones that were present when he started to use drugs. During the interview, Ozi underlined several times the collapse of his migration project: “*I arrived here to build, but now I am ruined*”; he reported that he could have never imagined this, and that he arrived in Italy with the aim of changing his already precarious life into something more positive. Instead, everything turned into something “*terrible*”.

The last part of the interview was aimed at discussing the existing possibilities according to the inmate. In his situation, which is similar to numerous others, he highlighted two possibilities: either you enter a community for drug addiction, get help, listen and learn, and find a job, or you are “*screwed*”. In fact, without a regular job, relapsing into old behaviors, such as dealing and consuming, results extremely easy. Moreover, Ozi reported that a person without a residence permit is a person “*without a head, without a brain*”. This situation leads the person to act without ponderation and in an impulsive manner, which in turns causes the subject to relapse into the same counterproductive behaviors. Ozi also compared this condition to “*living in a house without a roof*”, without any protection.

3.3 Analysis of the interview

While conducting the interview with Ozi, it was noticeable how in his life there were four important changes. The first occurred when he arrived in Italy from Morocco, the

second when he was introduced to drugs and started abusing them, the third when he was incarcerated, and the last one, which has not yet happened, when he will leave jail.

The first change represents both a positive and a negative aspect for the inmate; an improvement from the previous life, but the fear of leaving the family and the previous life behind. The second change, the approach to drugs, represents something negative; at the beginning, the life Ozi conducted with drugs was fun and entertaining, but it soon became the opposite. The third change, from freedom to jail, had the positive aspect of drug treatment and detachment from that debilitating life, but also involved the fear and the unsettlement coming from life behind bars. The last change could represent a moment of only positivity: treatment for drug addiction outside bars. This could come with challenges, represented by the reintegration into society and the possibility of relapsing. However, Ozi viewed this last change as an extremely good opportunity. If no community accepts him, the situation reported above will take place. This is something which preoccupied Ozi and that he wished to avoid; however, he was afraid that he would not be able to if he does not obtain the residence permit. He, like many others, lived in a limbo; he wanted and aspired for a continuity of the treatment after jail, but he was afraid of expulsion from the country.

During the interview, one of the most prominent aspects was the possibility to obtain a job and to be surrounded by people that could help him in the search for a job; in fact, when he was speaking about treatment, the word job was almost always associated with it. From this, it emerges the idea that treatment for drug addiction is consumed in the obtainment of job. However, without the discussion of the clinical

element related for example to the migration project, to the bond and the absence of the family, to the expectations and failures, to guilt, every reintegration seems precarious.

It is common in jails to minimize this, and to exclusively think of socio rehabilitative and professional elements. This dramatic situation is experienced by many immigrant inmates, and is associated with anxiety, distress, and helplessness. It is important to provide various treatments and support in prisons; this is valid especially for immigrant inmates, who will not always be able to continue it once outside.

CONCLUSION

This work showed the dramatic situation many immigrant inmates suffering from drug addiction face. Without an accurate integration and help from communities, the migratory project which they previously developed and fought for is at risk from the beginning. In fact, at arrival, many, mostly of a young age, struggle with stigmatization and with prejudices which can negatively impact their job search and their mental health, leading to the failure of the migration project. This, in turn, can create a sense of guilt and helplessness, causing them to engage in certain illegal actions and lead to drug consumption.

The stigmatization many of them face continues during incarceration, and especially after incarceration. Most immigrant inmates with an addiction are illegal and cannot continue treatment once outside because of difficulties in obtaining the residence permit; this renders their social integration extremely difficult. Many of these inmates, when about to be released, possess an extremely low self-efficacy. The period they spend in jail is crucial for their positive integration and should be a period of rehabilitation and repair; courses, initiatives, such as lectures on the Italian culture, meetings on job opportunities and on their possibilities, and psychosocial treatment should be provided and encouraged. Although the concepts of rehabilitation, reintegration and treatment are now at the base of the Italian judicial system, much should be improved and carried on to sustain and help immigrant inmates suffering from drug addiction. In particular, psychologists have a crucial role in this context as

they provide inmates with the possibility to express themselves without external judgement, situation which they probably have never lived before. In fact, as I observed during my internship in Bollate, the relationship between the inmate and the psychologist is important, and positive outcomes represent a constructive step both for the inmate and for the psychologist; these steps are extremely beneficial for social reintegration.

Relatively few studies have been conducted on the topic discussed, probably due to the difficulties in carrying out research in this setting. In Italy, the *Ristretti Orizzonti* journal, constituted by inmates from the penitentiary institutions of Padua and Giudecca in Venice, and the association Antigone have been extremely important in the production and diffusion of material related to prison and health of inmates. Antigone publishes every year a report on the condition of inmates across Italy, comprising data, crucial issues, testimonies, and ways to improve the penitentiary system and represents a main starting point for everyone who wishes to read and conduct research on this field.

Future research about incarcerated immigrants suffering from drug addiction should assess on a larger scale the utility of the already existing integration programs. Studies post incarceration should be for example conducted in order to address the possibilities immigrants have and the extent of the expulsion rate. Moreover, longitudinal studies would be useful to assess the efficacy of the programs, social reintegration in the long term, and relapse.

REFERENCES

- Abramson, A. (2021). Substance use during the pandemic. *Monitor on Psychology*, 52(2). <https://www.apa.org/monitor/2021/03/substance-use-pandemic>
- Aebi, M. F., & Tiago, M. M. (2021). *SPACE I - 2020 – Council of Europe Annual Penal Statistics: Prison populations*. Strasbourg: Council of Europe. https://unipd-centrodirittiumani.it/public/docs/210330_FinalReport_SPACE_I_2020.pdf
- Albiero, P. (2012). *Il benessere psicosociale in adolescenza: prospettive multidisciplinari*. Roma: Carocci.
- American Psychiatric Association. (2013). Disorders related to substances and disorders related to addiction. In *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.).
- Antidrug Policies Department (2021). *Relazione annuale al Parlamento sul fenomeno delle tossicodipendenze in Italia*. (pp.222-252). <https://www.politicheantidroga.gov.it/media/3076/rap2021pdf.pdf>
- Aosved A. C, Long P. J., & Voller E. K. (2009). Measuring sexism, racism, sexual prejudice, ageism, classism, and religious intolerance: The Intolerant Schema Measure. *Journal of Applied Social Psychology*, 39(10), 2321-2354. doi:10.1111/j.1559-1816.2009.00528.x
- Associazione ANTIGONE (2021). A partire da Santa Maria Capua Venere, numeri, storie, proposte per un nuovo sistema penitenziario. Associazione ANTIGONE. <https://www.antigone.it/upload2/uploads/docs/Rapportometaanno2021.pdf>
- Bargna, V., & Carcione, A. (2018). L'esperienza dell'operatore sociale con i detenuti tossicodipendenti all'interno della II C.R. Milano Bollate: tra mandato istituzionale e relazione terapeutica. In F. Scopellitti, R. Rizzi & R. Giove (Eds.), *Dipendenze patologiche in area penale. Interventi multidisciplinari di cura e contesti legislativi* (pp.377-388). Edizioni materia medica.
- Brioschi, F. (2017). Le risorse destinate al reinserimento nella società del condannato. Associazione ANTIGONE. <https://www.antigone.it/tredicesimo-rapporto-sulle-condizioni-di-detenzione/01-costi-del-carcere/>
- Caputo, G. & Di Mase, D. (2013). Lo straniero in carcere. *Le Dispense dell'ISSP*, 2. Ministero della Giustizia, Dipartimento dell'Amministrazione Penitenziaria.

- Carson, E. A. (2018, January 9). Prisoners in 2016. *Prisoners*. Bureau of Justice Statistics. <https://bjs.ojp.gov/library/publications/prisoners-2016>
- Casey, B. J., Getz, S., & Galvan, A. (2008). The adolescent brain. *Developmental Review*, 28(1), 62–77. <https://doi.org/10.1016/j.dr.2007.08.003>
- Committee on the Science of Changing Behavioral Health Social Norms (2016). Understanding Stigma of Mental and Substance Use Disorders. *Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change*, 2. Washington (DC): National Academies Press.
- Corrigan, P. W., Kuwabara, S. A., & O’Shaughnessy, J. (2009). The Public Stigma of Mental Illness and Drug Addiction: Findings from a Stratified Random Sample. *Journal of Social Work*, 9(2), 139-147. <https://doi.org/10.1177/1468017308101818>
- García, V., & González, L. (2009). Labor Migration, Drug Trafficking Organizations, and Drug Use: Major Challenges for Transnational Communities in Mexico. *Urban anthropology and studies of cultural systems and world economic development*, 38(2-4), 303–344. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2949286/>
- Hooley, J. M., Butcher, J. N., Nock, M. K., & Mineka, S. (2017). *Abnormal Psychology* (17th edition). Boston: Pearson.
- ISTAT (2022). *Stranieri residenti al 1° Gennaio*. Dati e indicatori su immigrati e nuovi cittadini. <http://stra-dati.istat.it/#>
- Lemmens, P., Dupont, H., & Roosen, I. (2017). *Migrants, asylum seekers and refugees: an overview of the literature relating to drug use and access to services*. European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). https://www.emcdda.europa.eu/system/files/attachments/6341/EuropeanResponsesGuide2017_BackgroundPaper-Migrants-Asylum-seekers-Refugees-Drug-use.pdf
- Maslow, A. H. (1954). *Motivation and personality* (1st ed.). New York: Harper.
- McAuliffe, M., & Triandafyllidou, A. (2021). *World Migration Report 2022*. International Organization for Migration (IOM). <https://publications.iom.int/books/world-migration-report-2022>
- Ministero della Giustizia (2022). *Detenuti presenti* – aggiornamento al 31 Marzo 2022. https://www.giustizia.it/giustizia/it/mg_1_14_1.page?facetNode_1=0_2&facetNode_2=0_2_10&facetNode_3=0_2_10_0&contentId=SST374273&previousPa

ge=mg_1_14

- Musarò, P., & Parmiggiani, P. (2022). La mediatizzazione del fenomeno migratorio. In P. Musarò & P. Parmiggiani *Ospitalità mediatica. Le migrazioni nel discorso pubblico* (pp. 43-71). Milano: FrancoAngeli
- Pescosolido, B.A., Martin, J.K., Long, J.S., Medina, T.R., Phelan, J.C., & Link, B.G. (2010). “A disease like any other”? A decade of change in public reactions to schizophrenia, depression, and alcohol dependence. *American Journal of Psychiatry*, 167(11), 1321–1330. <https://pubmed.ncbi.nlm.nih.gov/20843872/>
- Petit, V., & Wang, S. (2018). Mental Health in International Migration (K. Booth & Alexandra P. O’Neill Trans). *Revue Européenne des Migrations Internationales*, 34 (2-3). <https://journals.openedition.org/remi/14302>
- Plomin, R., DeFries, J. C., Craig, I. W., & McGuffin, P. (2003). Behavioral genetics. *Behavioral Genetics in the Postgenomic Era*, 3–15. American Psychological Association. <https://doi.org/10.1037/10480-001>
- PRI (2013). The unintended negative consequences of the ‘war on drugs’: mass criminalization and punitive sentencing policies. *Penal Reform International*. https://cdn.penalreform.org/wp-content/uploads/2013/05/PRI_war-on-drugs-briefing_March-2013.pdf
- Room, R. (2005). Stigma, social inequality and alcohol and drug use. *Drug and Alcohol Review*, 24(2), 143-155. <https://doi.org/10.1080/09595230500102434>
- Sangalang, C.C., Becerra, D., Mitchell, F.M., Lechuga-Peña, S., Lopez, K., & Kim, I. (2019). Trauma, Post-Migration Stress, and Mental Health: A Comparative Analysis of Refugees and Immigrants in the United States. *Journal of Immigrant Minority and Health* 21, 909–919. <https://doi.org/10.1007/s10903-018-0826-2>
- Stuart, T. (2008). Outside the outsiders: Media representations of drug use. *Probation Journal*, 55(4), 369-387. <https://doi.org/10.1177/0264550508096493>
- Taxman, F. S., & Bouffard, J. A. (2000). The Importance of Systems in Improving Offender Outcomes: New Frontiers in Treatment Integrity. *Justice Research and Policy*, 2(2), 37–58. <https://doi.org/10.3818/JRP.2.2.2000.37>
- Virupaksha, H. G., Kumar, A., & Nirmala, B. P. (2014). Migration and mental health: An interface. *Journal of Natural Science, Biology, and Medicine*, 5(2), 233–239. <https://doi.org/10.4103/0976-9668.136141>
- Voller, F., Silvestri, C., Martino, G., Fanti, E., Bazzlerla, G., Ferrari, F., Grignani, M.,

Libianchi, S., Pagano, A. M., Scarpa, F., Stasi, C., & Di Fiandra, T. (2016). Health conditions of inmates in Italy. *BMC Public Health*. <https://doi.org/10.1186/s12889-016-3830-2>

World Drug Report (2019). Executive Summary. Conclusions and Policy Implications. *United Nations Publication 1*. <https://wdr.unodc.org/wdr2019/en/exsum.html>

World Drug Report (2021). Executive Summary. Policy Implications. *United Nations Publication 1*. https://www.unodc.org/unodc/en/data-and-analysis/wdr-2021_booklet-1.html

Zhong, S., Senior, M., Yu, R., Perry, A., Hawton, K., Shaw, J., & Fazel, S. (2021). Risk factors for suicide in prisons: a systematic review and meta-analysis. *The Lancet Public Health*, 6(3). [https://doi.org/10.1016/S2468-2667\(20\)30233-4](https://doi.org/10.1016/S2468-2667(20)30233-4)