

# PROFILE OF SUBSTANCE USE AND PERSPECTIVES ON SUBSTANCE USE PATHWAYS AMONG INCARCERATED ABORIGINAL WOMEN

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## ABSTRACT

Although both the overrepresentation of Aboriginal women in the correctional system and the prevalence of substance abuse among them are well known, we know little about the pathways of psychoactive substance (PAS) consumption among incarcerated Aboriginal women. In a study performed in the five principal women's penitentiaries in Canada, 39 Aboriginal women were interviewed to better understand their path of PAS consumption. The quantitative results indicate that a large portion of these women described their consumption as problematic prior to their incarceration, and one in five reported having used illicit substances in prison. Use of medication during incarceration was relatively uncommon despite the high incidence of psychological disorders reported. Three themes regarding the pathways

of PAS consumption emerge from the qualitative data analyzed: 1) principal motives for initiating usage, 2) evolution of these motives and the reason given for their consumption, and 3) impacts of usage on the individual's life trajectory. Respondents believed that their consumption was chiefly linked to a need to diminish psychological suffering, whether this was the case at the start of their usage pattern or it developed during its evolution. The respondents' accounts also refer to familial and societal rifts that appear to have contributed to psychological suffering. Results support the use of early addiction prevention programs based on the acquisition of personal competencies and of integrated correctional programs during and after incarceration to target social factors that confer high risk.

**Key words:** Aboriginal women, pathways, psychoactive substances, incarceration, motives, consequences.

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## BACKGROUND

The overrepresentation of Aboriginal people in the Canadian correctional system is well-documented (Mann, 2009; Correctional Service of Canada [CSC], 2006). According to Brassard et al. (2011), the rate of incarceration of Aboriginal people is nearly nine times higher than that of the Canadian national average. Although they constitute only approximately 4% of the Canadian population, Aboriginal people constitute 20% of all prisoners. The imbalance is even more apparent among Aboriginal women. According to the most recent data from the CSC, 32.6% of women incarcerated in Canadian federal penitentiaries in 2010 were of Aboriginal origin, whereas they represent only 1.9% of the total female population in Canada (Statistics Canada, 2008). By comparison, Aboriginal people constitute 20.2% of incarcerated men (Public Safety Canada, 2010) but only 1.8% of the total male population in Canada (Statistics Canada, 2008). It is estimated that the proportion of Aboriginal detainees in the Canadian female prison population increased 131% from 1998–2008 (Public Safety Canada, 2008). Nevertheless, the incarceration of Aboriginal women remains a poorly studied phenomenon both in Canada and elsewhere (Bellet al., 2004; Brassard and Jaccoud, 2002).

Only a few studies conducted in recent decades have focused on incarcerated Aboriginal women. These studies have chiefly concluded that a high percentage of these women (90%) have experienced various types of victimization (Sugar and Fox, 1990) and that they have a higher rate of incarceration than do non-Aboriginal women (Dubec, 1982). According to data from the Correctional Service of Canada, Aboriginal women in federal custody frequently have prior offenses recorded in the justice system, and they are primarily incarcerated for crimes against persons or for violent crimes (Bell et al., 2004; Mann, 2009). Additionally, their socioeconomic profile is more precarious than other detainees, with poverty, single parenthood, and alcohol abuse frequently reported (Shaw, 1989). It would appear that the large majority of incarcerated Aboriginal women were experiencing a problem with alcohol abuse at the time of their entry into prison (Brozowski et al., 2006).

The data available on Aboriginal women's consumption of psychoactive substances (PASs) demonstrate a clear trend. According to a Canadian survey performed in 2004, 11% of Aboriginal women reported at least one episode of excessive alcohol consumption in the year preceding the study, compared to 5% in non-Aboriginal women (Adlaf et al., 2005). A comparatively large percentage of Aboriginal women consume cannabis. In a survey performed among Aboriginal people in Canada, 19.4% of women surveyed reported having used cannabis once a week in the year prior to the survey, and 5% reported daily use (National Aboriginal Health Organization [NAHO], 2006). Substance use during pregnancy is also common among Aboriginal women. In a study of 200 Aboriginal women, more than one third (36%) reported having used cannabis, and nearly two thirds (61%) reported that they had consumed alcohol during their pregnancy (Muckle et al., 2011). However, compared to non-Aboriginal women, the use of prescription medications among Aboriginal women is lower (Cormier et al., 2003).

The consequences of PAS abuse are numerous and affect multiple aspects of the lives of these women. It is known that Aboriginal women with a history of alcohol dependence have higher levels of depression, anxiety, phobias, hostility, paranoid ideations, psychoses, and obsessive-compulsive behaviours compared to those who are not alcohol dependent (Saylor and Daliparthi, 2005). They are also at greater risk of sexual and physical abuse (Saylor and Daliparthi, 2005). Additionally, there is a higher incidence of new human immunodeficiency virus (HIV) infections among Aboriginal women intravenous (IV) drug users compared to non-Aboriginal users (Hawkins et al., 2009; Wood et al., 2008). Between 1998 and 2003, 67% of HIV-seropositive Aboriginal women had been infected through the injection of PASs (Poole and Dell, 2005).

Although the literature reports the remarkable rate of incarceration and the precarious mental and physical health of Aboriginal women (particularly related to the consumption of PASs), we still know very little about the pathways of drug use among incarcerated Aboriginal women. Furthermore, to our knowledge, no study to date has evaluated the con-

sumption of PASs by Aboriginal women during their incarceration in penitentiaries. This article proposes to explore the profile of PAS consumption before and during the incarceration of Aboriginal women detained in correctional facilities that are reserved for persons sentenced for longer than two years. Our respondents were interviewed in the context of a larger exploratory study dealing with the trends of PAS consumption before and during incarceration (Plourde et al., 2007). That study also describes the use of prescription medications during incarceration and presents a mental health profile of these women. Although we could have chosen to compare the profiles of our respondents to those of non-Aboriginal women from our sample, we have resisted this temptation because it is not the aim of the present exercise, which is to better understand the situation of incarcerated Aboriginal women. As an additional goal, this article focuses on the women's views regarding the main motivations for their PAS consumption prior to incarceration and the consequences that they link to their consumption.

## METHODS

This study was conducted in the five principal federal women's correctional facilities across Canada between 2004–2006.<sup>1</sup> At the time of recruitment, the cumulative total population of these establishments was 377 detainees. After excluding women held in isolation, those with severe mental disorders, or those released daily for participation in a social reintegration program who were not readily accessible, we solicited participation from 338 detainees and obtained a response rate of 52.1% (176 women). These women were recruited on a volunteer basis at the time of our visit to their facility and therefore represent a convenience sample (Babbie, 1990). Although the response rate may appear low, it is relatively close to the response rate of 65% that is normally expected in a general adult population (Trudel and Antonius, 1991).

Among the group of respondents, 39 (22.2%) self-identified as being of Aboriginal descent and composed the subsample that will be studied in this

article. The median age of Aboriginal participants was 35 years (range: 20–54 years), the median length of their sentence<sup>2</sup> was 44 months (range: 24–300 months), and the median time elapsed since their entry into the prison was 11.5 months (range: 1–294 months). With regards to the main crime linked to the current incarceration, 71.8% of the participants were incarcerated for crimes against persons, 15.4% for property crimes, and 12.8% for narcotics violations.

During a one-to-one interview performed by a female interviewer as required by the CSC, the women were invited to fill out a questionnaire regarding their PAS consumption patterns prior to and during incarceration. This questionnaire took an average of 30 minutes to complete and consisted of questions drawn from validated instruments such as the Alcohol Dependence Scale ( $\alpha=0.95$ ) (Horn et al., 1984), the Mandatory Drug Testing in Prisons scale ( $\alpha=0.90$ ) (Edgar and O'Donnell, 1998), and the psychological scale from the Addiction Severity Index ( $\alpha=0.72$ ) (Bergeron et al., 1992).

With the subjects' written consent, we reviewed their medical files, which included a list of their prescribed medications for the past 30 days. Clinic notes regarding the administration of these medications by the medical staff were consulted to determine the usage proportion of the identified medications.<sup>3</sup> We did not attempt to evaluate a deviation from prescribed dosage, but rather to determine which prescribed medications were not used at least once during the study period. The categorization of the medications registered in the files of the women prisoners was sorted using the *Compendium of Pharmaceuticals and Specialties* (CPS, Canadian Pharmacists Association, 2005) based on the principal effect of each medication. The research team (composed of a psychiatrist, a pharmacist, a nurse, and researchers) came to a consensus for the classification of certain medications that could have multiple pharmacological effects. For example, *Epival*, and *Tegretol* were classified as psychotropics because prescribing physicians frequently use them for this

1. Necessary ethics-related approvals were obtained from the Correctional Service of Canada and from the ethics committee of the Université du Québec à Trois-Rivières (CD-03-79-04-05).

2. The length of "life" or "perpetual" sentences is assumed to be 300 months.

3. It is common practice in correctional facilities to leave prescriptions in the file as a "preventive" measure, before the actual clinical need arises.

purpose, and *Gravol* was classified as an antihistamine, although it can also have a sedative effect.

The participants were also asked about the pathway of their PAS consumption in a semistructured, qualitative interview (Poupart et al., 1997) that lasted an average of 30 minutes. The notion of a “pathway” is used here to describe a dynamic dimension that places the person at a decision point and implies the presence of external and internal determinants that change over time. A pathway refers to the specific conditions of a system in time, which are connected as a function of the decisions and subjectivity of the actor. The framework that the researchers follow comes from the subjectivist or interpretative tradition (Giordano, 2003, p. 20), in which the individual is an “interpreting subject, and his interpretations are specific to him, because they are intimately linked to his personal experience of the world.”

The interviewer followed a guide composed of open-ended questions about the initiation of PAS usage, the pathway of usage prior to and after incarceration, and any consequences linked to usage. The method used to reduce the collection of transcribed interviews consisted of a thematic content analysis (Deslauriers, 1991) and, in particular, a sequential thematic organization (Paillé and Mucchielli, 2003). A vertical analysis of each interview was completed with a cross-sectional analysis to identify visible trends in the respondents’ accounts (Deslauriers, 1991). We analyzed the manifest contents of the interviews and attempted to relate the accounts and views of the participants as accurately as possible, without falling into an “intellectual trap” and losing sight of the profound meaning of the accounts by bringing in the usual explanations.

## RESULTS

### QUANTITATIVE RESULTS

#### *PAS consumption habits prior to and during incarceration*

More than three quarters of the participants (76.9%) reported regular<sup>4</sup> consumption of alcohol during their lives, beginning at a median age of 13 years (range: 4–27 years). During the three months lead-

ing up to incarceration, 82.1% of participants drank alcohol at least once, with a median quantity of 9 drinks<sup>5</sup> (range: 1–63 drinks) per occasion. Among the participants, 59.0% believed that they had a problem with alcohol consumption during this period. A total of 81.6% of the participants reported regular consumption of drugs other than alcohol at any point during their lifetime. The median age of initiation of regular consumption of drugs was 15 years (range: 8–31 years). During the three months preceding incarceration, 66.7% of participants reported having consumed drugs at least once. Cocaine (75%), cannabis (42%), and opiates (34%) were the most frequently reported substances. A total of 29% of participants also reported using benzodiazepines, and 13% reported using hallucinogens. We also found that 17% of these Aboriginal women reported using methadone in the three months prior to incarceration. More than half of participants (52.6%) reported having injected a PAS in their lives, and 100% of these had shared a needle. Finally, 60.5% of participants described their consumption of drugs as being problematic prior to their incarceration.

When asked about their consumption of alcohol and use of other drugs during the last three months of their current incarceration, 21.1% of women reported having consumed PASs in the prison, with cannabis being the most frequently reported substance. A large proportion of Aboriginal women (84.2%) were also using prescription drugs under medical supervision. The average number of prescriptions in the medical files that had been prescribed during the prior 30 days was 6.59 medications per file (median: 4; range: 1–21 medications). It was observed that 35.5% of the women had been prescribed at least one medication for the treatment of a general health problem (e.g., *Colace*, *Lanoxin*), 12.3% were receiving an antibiotic (e.g., *Pen-Vee K*, *Amoxil*), 7.6% had a prescription for a nonsteroidal anti-inflammatory drug (NSAID) (e.g., *Naprosyn*, *Motrin*, *Bextra*), and 6.6% had a prescription for corticosteroids (e.g., *Nasonex*, *Flovent*). In keeping with the goal of our study, we paid particular attention to psychotropic medications, which are medications that directly affect cerebral activity (Garnier and

4. Regular consumption = once weekly for at least one month.

5. One drink = wine (5 oz), beer (341 ml) or spirits (1.5 oz).

Delamare, 2004). Among the participants, 20.4% of them had at least one prescription for a psychotropic medication in their files.

### *Mental health profile*

The self-reported lifetime prevalence of psychological disorders in the sample was relatively high. First, 81.6% of participants reported difficulty controlling violent behaviour, 73.7% suffered from depression, and 65.8% had anxiety disorders. Nearly two-thirds reported suicidal ideations, and 60.5% had attempted suicide at least once in their lives. More than half reported difficulty concentrating (55.3%) and with self-mutilation (52.6%), and 23.7% reported hallucinations. During the previous 30 days, however, the rates of these symptoms were much lower, which is probably consistent with the appropriate use of medication for these issues (see Table 1).

**Table 1. Presence of Self-reported Psychological Symptoms**

	<i>Lifetime (%)</i>	<i>30 days (%)</i>
Violent behaviour	81.6	7.9
Severe depression	73.7	23.7
Anxiety or stress	65.8	28.9
Suicidal ideation	65.8	7.9
Suicide attempts	60.5	0
Difficulty concentrating	55.3	34.2
Self-mutilation	52.6	5.3
Hallucinations	23.7	2.6

## QUALITATIVE RESULTS

### *Women's views regarding their consumption pathways*

The preceding section clearly demonstrates the magnitude of PAS usage among Aboriginal women prior to their current incarceration and the high prevalence of self-reported psychological symptoms. The interviews conducted with these women also highlight the difficulties they experienced during the course of their lives. Our study allowed us to place the participants' consumption pathways in the context of their lives, beginning with their first use of PAS and continuing until imprisonment. Some women even discussed their prospects for the future after their release. The following sections present the results of the qualitative analysis of these interviews. From our analysis of the material, three themes emerge that are linked to the participants'

consumption pathways: 1) the principal motives for initial use, 2) the evolution of these motives and the meaning given to drug use, and 3) the impacts of this consumption on the women's life trajectories. To facilitate discussion of each of these themes, we isolate the relevant content as much as possible. However, these themes are not truly independent; rather, they are interrelated. The point of views and perceptions of the respondents proved diverse and sometimes interspersed, illustrating the complexity of explaining to others their understanding of the situation. Therefore, the extracts selected from the statement of the Aboriginal women interviewed may occasionally deviate to a certain degree from the targeted themes. False names have been used to ensure anonymity.

### *1) The principal motives for initial use*

#### **An introduction in the setting of a difficult life...**

To understand the meaning that they assigned to their alcohol and other drug consumption, the women had to trace the timeline of their PAS use pathway by first describing the conditions that led to their initiation. The reasons offered by these women to explain their initiation of PASs were numerous but were particularly centred on a desire to experiment and to experience pleasure. Experimentation is, of course, linked to the availability of substances, which appears to have been a determining and a complementary factor, as reflected in the words of Lydia (35 years old, second federal imprisonment, 132 of 151 months of her sentence completed) and Barbara (32 years old, first federal sentence, 23 of 24 months of her sentence completed).

I began to drink alcohol when I was 12, to experiment. When my parents went into town, they brought home alcohol, and I stole it. When I was 13, I began to use marijuana and hash to experiment. I began to run away and wander the streets. All I did was drink and get high. *Lydia*

From the time I was about 5 years old, my brothers and sisters and I used to steal my father's beer and hide in the bushes to drink it ... I was a young woman; I don't know if you call that peer pressure, but I hung around. I knew guys who were using, and it was fun. My home life wasn't the best. *Barbara*

The words of some participants suggested a type of social learning of consumption (Bandura, 1986). Their words even convey a certain banality associated with the consumption of PASs in the sense that drugs were used in a social context or that using was practically the norm (Brunelle et al., 2009). For some women, this apprenticeship clearly came from the family setting, where the consumption of PASs was always present, as was the case for Claire (32 years old, first federal sentence, 57 of 63 months of her sentence completed).

My father was violent; he was really a dysfunctional father. We had a dysfunctional family. My father was a big-time dealer! Since I was brought up in the middle of that ... I didn't see it as a big deal when I began using at 13. I told myself that if my father sold drugs to others, it shouldn't be that big of a deal for us. *Claire*

For other participants, this apprenticeship occurred in a relational context outside of the family. These women began to consume to "be part of the gang" or "to be like others," as explained by Chantale (32 years old, first federal sentence, 20 of 24 months of her sentence completed) and Kate (27 years old, second federal sentence, 5 of 36 months of her sentence completed). These accounts, however, do not seem to imply submission to peer pressure.

Why did I start the first time? I did it because everyone was doing it. It wasn't with my family; I started going out to parties. I started to see more of it, so I just wanted to try it. And I tried it and I liked it, so more and more I experimented with different drugs and ways to use. *Chantale*

I grew up with a lot of violence. A lot of things happened on the reservation ... the whole community lived with an alcohol abuse problem; all of my friends drank, so I started to drink as well. *Kate*

For other women, starting to use substances played a more utilitarian role. For Cristal (23 years old, first federal sentence, 1 of 30 months of her sentence completed), for example, the beginning of her alcohol consumption trajectory was linked to a significant event for her, the loss of custody of her son. Having few financial resources, Cristal resigned herself to this difficult separation, and in a somewhat

instinctive manner, the consumption of alcohol became her "preferred" way to deal with it.

I felt as though the worst always happened to me, and I just started to drink; I drank for three years without stopping after my son left. *Cristal*

Jennifer (27 years old, second federal sentence, 2 of 30 months of her sentence completed) explained her introduction to PAS as a way to deal with psychological discomfort. What is striking in her case is how early she began to use PASs and how much she wanted to numb and forget, as her own words testify.

I started at a young age. I started taking pills and smoking pot at about age 10, and I loved how it made me feel because it made me happy, and that could help me forget the things that were not going well in my life at that time. *Jennifer*

## 2) *The evolution of these motives and the meaning given to drug use*

**The evolution of motives: escaping a difficult life**  
Although this motivation was related to their initiation, they also explain the evolution of their consumption by the need to adapt to difficult situations. Their words suggest a planned pathway that is oriented toward a search for numbing pleasure and a desire for forgetfulness, affiliation, vengeance, and self-destruction (Brunelle and Bertrand, 2010). In their own words, using alcohol or drugs allowed the women to *forget, to avoid, to relax, to not have to think, to stop suffering, to escape, to numb, to not remember, to get away, or to suppress*. This adaptive process was integrated into their behaviour and became the principal means these women used to alleviate their psychological suffering. Korhonen (2004) and Dell and Lyons (2007) argue that the consumption of PASs among Natives is their principal strategy for facing traumatizing events. As reported by Dumont (2001), coping strategies centred on the avoidance of emotions may temporarily prove useful by permitting a psychological respite when a person is not yet ready to face her problems or possibly when the circumstances do not permit her to adopt an active approach. Judy (24 years old, first federal sentence, 2 of 24 months of her sentence completed) clearly

explains the important place that substance use had in her life without reference to the negative consequences that would follow.

I escape my problems by using, and I feel safe; it's like my best friend. It has never hurt me and has never let me down, and that's the reason why I relapse. *Judy*

Multiple women mentioned abuse, mainly of a sexual nature. The lack of personal resources and aid resources in Aboriginal communities certainly played a part to perpetuate this destructive cycle of drug and alcohol abuse (Dell and Lyons, 2007). For Evelyne (54 years old, second federal sentence, 74 of 300 months of her sentence completed), consumption has become her principal strategy to cope with a life filled with adversity but also has allowed to soothe her suffering caused by the disintegration of her family environment, even though that environment was highly problematic.

I was an incest survivor and a runaway adolescent. My mother and father drank. I remember, I must have been 2 or 3 years old, maybe 4, my parents squeezed my cheeks and made me drink alcohol, every night. I was also raped and sodomized, and I went through things against my will, which were painful. The second time that I ran away from home, I felt like I had been stolen [cries]. I then had my precious life, but I felt foreign. So, I turned to drinking at 14 years of age. *Evelyne*

Other women reported drinking to diminish the symptoms of disorders linked to their mental health. For example, they spoke of depression, stress, and anxiety. Kelly (33 years old, first federal sentence, 12 of 42 months of her sentence completed) explained that her marital and family troubles led her to depression. Before seeking medical treatment, she turned to alcohol to decrease her psychological distress.

I was raising his son as well as my two children, and he [her husband] didn't want to help with anything. I was working, I would come home and make dinner and things like that, and the children went to bed. I then began to drink, and that went on and on. I was depressed. *Kelly*

The majority of women we met came from environments marred by poverty, violence, abuse, de-

linquency, and of course, drug and alcohol abuse. Therefore, some participants adopted criminal lifestyles as a response to this reality. Brochu (2006) explains that the tendency to adopt a criminal lifestyle is influenced by the individual, his pathway, and the context of his life. For Sue (38 years old, first federal sentence, 2 of 24 months of her sentence completed), the need to finance her expensive drug habits led her to a lifestyle that soon included the sale of narcotics.

I sold them, and I used them. Earn money to keep up my addiction.... To remain alert, on my feet, stay awake, and do everything I had to do. Take care of the children, go to the bars, sell drugs, wake up, take care of the children, go to work, and that's it. *Sue*

For other women, prostitution became an "easy" way to pay for their consumption of PASs, despite the psychological damage inflicted by this lifestyle. The words of Claire (32 years old, first federal sentence, 57 of 63 months of her sentence completed) describe this duality well.

When I started injecting myself with cocaine, I started to go downhill. I turned to the streets to work as a prostitute. I made money, but when you realize that you no longer think of yourself as a woman, you consider yourself a waste to society, you no longer have a life ... you end up in despair, there is no more hope. *Claire*

### 3) *The impacts of this consumption on the women's life trajectories*

#### **The price to pay**

Drug and alcohol abuse have many consequences, and the participants' words touched on many subjects, notably their physical and mental health, relationships, and legal consequences. Although some of the participants saw some positive elements linked to their consumption early on, they universally reported the negative consequences of their consumption. It is worth remembering that, at the time of the interview, the women were all experiencing the consequences of their actions in the form of incarceration. Analyzing the contents of these interviews reveals the subjective experiences of these women through reflection about their PAS use pathway, which started, or at least evolved, in prison.

However, it is important to understand that these women made these statements in the unusual context of the institutional setting that manages them. Our conceptualization of the “pathways” takes into account the concepts of interpersonal interactions as well as the context and duration in the intent of understanding the addiction; pathways are embedded in both time and space and their evolution is not necessarily regular. The responses of the women interviewed, which are reconstructions of their stories, take their meaning in the prison setting and it is quite possible that they would have been different outside of it, especially when it comes to the consequences of their drug and alcohol use. Some of the communications might also have been influenced by contact with the professionals in the prison environment.

In terms of physical health, multiple women reported having contracted hepatitis C from IV drug use or from having unprotected sex while intoxicated. Theresa (31 years old, second federal sentence, serving a 168-month sentence) explained to us just how far she went to fulfill her need to consume at all cost, without regard to the possible consequences, even death.

I got hepatitis C. I wasn't worried about sharing dirty needles; I was really disconnected from myself and from everyone. And the future? It didn't matter if you live or die, as long as you get high, and probably die. *Theresa*

For Chantale (32 years old, first federal sentence, 20 of 24 months of her sentence completed), the physical health consequences best symbolized her loss, as demonstrated by this quote:

I have HIV and hepatitis C from it. I have lost a lot of things from it. It has had a huge impact on my life. *Chantale*

For Kim (23 years old, first federal sentence, 22 of 47 months of her sentence completed), the negative effects on her physical health, both real and imagined, eventually slowed her PAS consumption.

I was coughing up blood from injecting and snorting all the time; it had begun to eat away my sinuses and my throat. I ended up vomiting blood from time to time. But even that wasn't bad enough to

make me stop. It did make me slow down and try to stop, but I just got well enough that I could keep doing it [laughs]. *Kim*

Psychological symptoms are also a consequence that the women we interviewed frequently linked to drug and alcohol abuse. They listed numerous symptoms, several of which they associated with drug use. For Chelsy (40 years old, second federal sentence, 4 of 72 months of her sentence completed), cognitive difficulties brought about by crack usage were the reason she asked her probation officer for help when she was on parole. It is interesting to note that, for Chelsy and several others, prison was perceived as a healing refuge for dealing with addiction (Plourde et al., 2007).

And I finally just said, 'I need help.' I was seeing ghosts in my house; I was having dangerous hallucinations, bad paranoia. I will be going home sober this time; I will have been sober for eight months when I get out. *Chelsy*

Some women also associated their violent behaviour with their addiction, especially when it involved alcohol. Vyann (39 years old, first federal sentence, 55 of 106 months of her sentence completed) explained to us that her violent behaviour, which was exacerbated by drinking alcohol, directly led her to prison.

I started having blackouts and becoming violent and doing stupid things, and one day, I just got too violent, and I ended up here because of it. *Vyann*

In terms of relationships, the participants especially identified their family sphere as being most affected by their consumption of PAS. They especially spoke of rifts, particularly with their own children. In multiple cases, this rift occurred long before the current incarceration. For Helen (44 years old, second federal sentence, 15 of 60 months of her sentence completed, medium-security prisoner), this rift was self-imposed to keep her children away from her substance abuse.

My daughters were so embarrassed; I didn't want them to grow up like me, although I didn't talk to them, only a little. If I saw them in the street, I just made sure that I was straight and sober before

I would talk to them. If I saw them, I ran if I was high or drunk. *Helen*

Certain women also implied that they were not meeting their own expectations in their role as a mother. The role of mother effectively lost importance because the consumption of PASs and the accompanying criminal lifestyle were central in their lives, as described by Nicole (39 years old, second federal sentence, 14 of 42 months of her sentence completed).

Get put in prison, commit crimes or get high, commit crimes, end up in prison, get out, get high, commit crimes. I lived like that for almost 20 years.... You know, I was never there for my kids; I was never there for my family. *Nicole*

The following quote from Claire (32 years old, first federal sentence, 57 of 63 months of her sentence completed) illustrates just how highly she prioritized her consumption. Her relationship with her daughter was and remains weakened.

All that mattered to me was my syringe, my spoon, my water, my little fix. The rest didn't matter, and I didn't care about the rest. Even my kids, I didn't care about them my whole life. My children always came in second. If there was a packet of coke and my child, I would take the packet of coke. *Claire*

Some women explained that their families chose to cut off all ties because of the severity of their substance use, as described by Patricia (40 years old, second federal sentence, 4 of 72 months of her sentence completed).

Even my family didn't want to talk to me because I was using way too much. You know, you don't think about your family; you don't think about calling them to get money from them. You know what I mean? The only time you call them is when you are hungry. Because you are so starved, you spent your last ten dollars on drugs instead of food. *Patricia*

In contrast, some Aboriginal women reported that they had initiated the rift to escape the environment of their substance use. Emma (35 years old, first federal sentence, 7 of 24 months of her sentence completed) explained that she had to move to another city to break her old social ties to avoid relapsing into PAS abuse.

I had a lot of friends, and everyone, practically 90% of these people were users. So, I had to reject them, and I changed towns to get a new start. *Emma*

Maria (30 years old, second federal sentence, 5 of 48 months of her sentence completed) expected that she would need to rebuild her life elsewhere to protect her family after her incarceration.

In my circumstance, I couldn't even go home because of my charges, and I have to go live somewhere else so that my family won't be bothered or harassed. *Maria*

Finally, multiple women identified their consumption of PASs as responsible for their current incarceration, and for many of them, it was also the source of multiple prior incarcerations. The majority admitted that they were intoxicated when they committed the crime for which they were incarcerated, as in the words of Emma (35 years old, first federal sentence, 7 of 24 months of her sentence completed).

I fell into a coma while I was driving my car ... a chemical reaction ... it happened from taking codeine, valium, and alcohol and cocaine, and it just went boom. I was in prison because of that. *Emma*

## DISCUSSION

Our results on PAS use in incarcerated Aboriginal women agree with other available data on the portrait of consumption for Aboriginal women in general. These women had a major problem with the consumption of PASs prior to incarceration in terms of precocity, quantity, and risk taking, such as IV drug use (Adlaf et al., 2005; Cormier et al., 2003; Wood et al., 2008). Illicit substance use during incarceration also proved to be fairly significant considering the isolated prison environment. One Aboriginal woman in five reported substance use in prison. Several studies, including those of Boys et al. (2002), Gillespie (2005), Strang et al. (2006) and Plourde and Brochu (2002a, 2002b), demonstrate that drug use prior to incarceration and alcohol dependence are strongly linked to the consumption of illicit PASs in prison. Our prior studies have also indicated a certain homeostatic effect in the prison environment, depending on the availability of medications: the

less medication there is available, the more inmates will use illicit substances, and vice versa (Plourde and Brochu, 2002c). Recall that the use of prescription psychotropic medications among the respondents was relatively low, considering the number of mental disorders they self-reported. However, it is likely that this phenomenon goes beyond the simple question of availability of substances and implies a choice that could be related to the relationship between the Aboriginal woman and traditional medicine.

The Aboriginal women we interviewed had mental health profiles that reflect difficulties with this area. Their statements demonstrate that these women view their difficulties with substance use both in terms of causes and consequences. They reported that the consumption of PASs played a major role in avoidance strategies that were intended to help the user adapt to and reduce her psychological discomfort (Dell et al., 2006; Dumont, 2001; Saylor and Daliparthi, 2005). These adaptive strategies lie on a continuum and are part of a dynamic process that is notably marked by time, context, personal characteristics, and the meaning accorded to events by the actors. We saw that the family is at the centre of collateral consequences reported by incarcerated Aboriginal women. Although this issue was not discussed spontaneously by these women, it is also apparent that personal, intergenerational, and historical trauma are factors that could influence decision making throughout their lives, as suggested by Korhonen (2004) and Dell and Lyons (2007). When faced with stress, a difficult event, or even trauma, a person will try a variety of coping strategies that are afforded by the available resources and by the person's surroundings (Lazarus and Folkman, 1984). It is clear that one of the strategies that the women in our study deployed to cope with adversity is PAS usage. Additionally, several responses reveal alcohol consumption or other utilitarian drugs.

It is important to demonstrate that the women in our study have needs that are the same as those of non-Aboriginal origin as well as other needs that are specific to addicted Aboriginal female convicts.

Having a personal arsenal of positive and adaptive coping strategies should help each woman to cope with stressful situations and other problems. In the appropriate setting, a person is capable of positively and realistically evaluating and organizing her response based on her personal and societal resources (Skinner and Edge, 1998). Integrated intervention programs, which can be culturally adapted and made available in communities, addiction treatment centres, or even detention facilities, that teach new adaptive strategies are necessary to enable these women to break free from nonproductive adaptation models. Similar to other researchers, we believe that the acquisition of new adaptive strategies would encourage resistance to using addictive substances to cope with problems (Pelissier and Jones, 2006). However, knowing how to adapt this intervention to Aboriginal cultures remains a challenge. We also believe that it is necessary to establish early interventions to prevent addiction through the acquisition of personal competencies. Recall that these women reported early initiation of substance use, with the principal goal of reducing a psychological discomfort, which is the predominant motivation along the trajectory of their substance abuse. It is surprising that the meaning these women give to their consumption of PASs remains nearly constant throughout their life trajectory.

This study contains some limitations, and it is important to remind the reader that the goals of this study are purely exploratory and that our data were self-reported by the participants. A diagnostic checklist for psychiatric symptoms should be added to prison intake interviews to confirm the presence of self-reported psychiatric disorders. Qualitative research provides access to the subjective perspectives of the individuals studied but does not allow the results to be generalized. However, these types of studies permit the exploration of phenomena as seen from the inside or, in this case, from the perspective of incarcerated Aboriginal women. Thus, this approach certainly advances the understanding of this insufficiently studied group.

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