

INTRODUCTION

Current solutions of penitentiary practice in Poland concerning addicts are the result of the evolution of ideas about institutional forms of influence on a criminal individual. On the one hand, taking therapeutic measures in conditions of isolation raises many doubts about their effectiveness, but on the other hand, it shows how important it is to find such a form of influence that will allow to change the way of thinking, attitudes and behaviour of prisoners. Polish provisions (Executive Penal Code of June 6, 1997, effective from September 1, 1998, Journal of Laws 1997, No. 88, item 553); specify that imprisonment may take place in three types of penitentiary: closed, semi-open and open. In contrast, prisoners (depending on the category) serve a prison sentence in three systems: ordinary, programmed and therapeutic. The last system is designed for addicts. In prison conditions, the number of prisoners requiring treatment is not commensurate with the number of places in addiction wards. Hence the need to prioritise the eligibility of detainees for rehabilitation treatment. The average waiting time for treatment is 10 months. Therefore, it may occur that persons with short sentences are sent to the ward, especially those who serve sentences for offences against the family (e.g. domestic violence). (T.Głowik,). Polish penitentiaries also provide activities involving short interventions of an exclusively educational nature (e.g. those informing about a particular problem, raising awareness and providing basic knowledge about addiction) and are intended for a large group of prisoners. They include: a short lecture, a theatrical performance or a film with discussion. Programmes using psycho-educational techniques are also implemented, and their aim, among others, is self-diagnosis and motivation for change. During the classes, group games, microeducation, modelling or role-playing are used.

CONVICTED ALCOHOL ADDICT

Persons serving a prison sentence enter the penitentiary with numerous problems, which do not disappear in the moment of their isolation, often on the contrary, are intensified by it. It happens, however, that it is in the conditions of the penitentiary that for the first time there will be a possibility to define the problems, and sometimes to solve them. However, before the treatment starts, those people have to solve a number of problems that may not be directly related to the addiction, but require the attention of the therapist. It should also be remembered that a convicted person - who is often an addict - is frequently a person "forced" to undergo therapy, but at the same time - which has a positive effect on its course - he or she is an accessible person, i.e. will not enter into intoxication which will result in his or her exclusion, has time to think things over, because he or she is not obliged to fulfil domestic duties, and therefore can concentrate on himself or herself - which is conducive to therapy. The programmes implemented in therapeutic wards are similar to the offers of non-detention centres, because they assume that the staff treats the convicted prisoners as patients, not criminals, but the experience of working with a person with a problem of addiction allows us to state that it is impossible to mechanically transfer all commonly used patterns of rehabilitation to prison isolation conditions. The reason is both the specificity of the patient and the place where the therapy is implemented.

THERAPEUTIC PRACTICE

In therapeutic practice, it is important to make the convicted person aware that addiction is an incurable but at the same time healable disease, which means that its progress can be stopped by deciding on abstinence, but it is impossible to cure it. A convicted person undergoing therapy in a ward must be prepared for certain differences in the course of therapy.

1. First of all, there is a different type of therapeutic relationship. In the case of a prison, the tri-polarity of the therapeutic relationship is indicated as a specific element of the therapy. It differs from the relation occurring outside the walls of the penitentiary unit, because in the traditional model these relations are bipolar. Modification of its character is necessary due to the fact that not only the patient (prisoner) and therapist are interested in the course of therapy and its effectiveness, but also the court, the penitentiary commission or the head of the penitentiary. These entities, when making a decision concerning a convicted person, take into account both his or her approach to therapy, its course and its potential effects at the time of e.g. conditional early release. Although the intimacy of the relationship is disrupted it is justified on the grounds of safety and the need to assess progress. In the case of treatment in prison, it is necessary to understand that the tri-polar relationship is inevitable, but this will not interfere with the relationship or affect therapist's behaviour towards the patient. The sooner the prisoner accepts the situation, the easier it will be for him/her to benefit from it.

THERAPEUTIC PRACTICE

2. The consent of the addict to the therapy is an important factor confirming the specific nature of the therapy provided in the prison. The current regulations clearly indicate that at the time of the sentencing, the convicted person, who is an addict on the basis of Article 62, Article 95 § 1 of the Penal Code, is directed to the therapeutic system. The therapy is theoretically carried out with his/her consent, but the lack of such consent also allows it to be carried out. This possibility is provided for in Article 117 of the Executive Penal Code, since the decision on whether an addict who has been convicted should undergo treatment is made by the penitentiary court. The obligation to undergo therapy does not create a positive atmosphere, but the legislator applied it in this case, as A. Majcherczyk writes, a constructive coercion, that will allow for work with the inmate. A referral to therapy is therefore made by way of an administrative decision, which is based on the opinion of specialists. (A. Majcherczyk).

3. The specificity of the procedure in prison in the case of referral to therapy is also that the prisoner does not choose a therapist, not to mention the prison where the therapy is to be held. This is because there are only a limited number of therapists in the prison, and we may refer it as a hard form of coercion in this case too. The sentenced person's willingness to undergo treatment may also be dictated by the desire to gain additional benefits. Convicts calculate the cost-effectiveness of treatment in the perspective of conditional early release or other immediate benefits. They can treat it instrumentally without seeing the benefits it brings. "Compulsion therefore offers the opportunity for many patients to be included in the programme, who otherwise would never have been treated or would not have had the chance to complete it." (A. Majcherczyk).

4. The specificity of therapy in isolation is also a result of the pattern of post-criminal thinking, i.e. the so-called cognitive deformations, errors of thinking that allow to justify the crimes committed. This is, for example, blaming the victim for a crime, minimizing one's own participation and minimizing its effects. At the same time, there are distortions related to addiction. They are connected primarily with justifying drinking and inability to see the effects of addiction on oneself and one's environment. Therefore, it is necessary to take into account both areas in the therapeutic work, because it is simply impossible to separate them.

5. The detainee's level of reading, writing and understanding of written information is also a factor that hinders the use of certain therapies.

6. Difficulties during therapy may arise due to problems with prisoners with the so-called double diagnosis, i.e. addiction, mental disorder or mental disability.

7. The disadvantages of the treatment include the monosexuality of the therapeutic groups, the lack of anonymity due to the fact that the prisoners know each other through their stay in prison and the constant monitoring of them as prisoners.

CONVICTS QUALIFIED TO THERAPEUTIC DEPARTMENTS STAYING IN THESE DEPARTMENTS

Specification	On the day 31.12.2018.
Total	3172
Including women	166
With non-psychotic mental disorders, mentally retarded	1552
With non-psychotic mental disorders, mentally retarded including those with sexual preference disorders	355
Addicted to intoxicants or psychotropic substances,	512
Addicted to alcohol	1108

[Source: Centralny Zarząd Służby Więziennej]

CONCLUSIONS

The therapy implemented in the conditions of a penitentiary unit is a difficult process, due to its recipients themselves, their problems that relate to both addiction and crime. This difficulty also lies in the place where it is carried out, which, after all, in addition to the function related to penitentiary impact aimed at social rehabilitation and social readaptation, in which the effects of the therapy is located, also performs an isolating function, protecting society against the criminal. Therefore, creating conditions for conducting therapy is a challenge which, despite the restrictions related to the number of places for therapy or the time it takes to wait for it, is a topical issue constantly emphasized by Polish prison officers. Convicts who use therapy create a chance to organize their lives, understand their emotions, meet their needs, as well as improve their relationships with the environment.

REFERENCES

- H. Karaszewska, E. Silecka-Marek (red.), Sytuacje trudne w perspektywie jednostkowej i społecznej, Poznań, p.98-119
 A. Majcherczyk, Specyfika terapii uzależnienia od środków psychoaktywnych w zakładach karnych, Alkoholizm i Narkomania 2007, Tom 20: nr 3/2007, s. 326.
 T. Głowik, System terapeutyczny w jednostkach penitencjarnych, Świat Problemów nr 5/2002
LEGAL BASIS: Act of June 6, 1997 Penal Code, (Journal of Laws 1997, No. 88, item 553 with changes) ; Act of June 6, 1997 Executive Penal Code, (Journal of Laws 1997, No. 90, item 557 with changes)