

ORIGINAL ARTICLE

The use of medications by incarcerated women: an exploratory study

O uso de medicamentos por mulheres privadas de liberdade: um estudo exploratório

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Maria Emília Martins Mazoni de Miranda¹ , Mara Luiza de Paiva Domingues³ , Carina Carvalho Silvestre^{1*} ¹Departamento de Farmácia, Instituto Ciências da Vida, Universidade Federal de Juiz de Fora, Governador Valadares, MG, Brasil.²Programa de Pós-Graduação em Assistência Farmacêutica, Universidade Federal do Espírito Santo, Alegre, ES, Brasil.³Universidade do Vale do Rio Doce, Governador Valadares, MG, Brasil.**KEYWORDS**Prisoners
Women
Drug Utilization
Public Health
Pharmaceutical Services**PALAVRAS-CHAVE**Prisioneiros
Mulheres
Uso de Medicamentos
Saúde Pública
Assistência Farmacêutica**ABSTRACT**

Objective: To investigate the use of medicines by women deprived of their liberty in a municipality in the east of Minas Gerais. **Method:** The research was conducted in three stages: (I) documentary investigation, (II) analysis of medical records, and (III) application of semi-structured questionnaires. Women deprived of liberty who were part of the prison system evaluated participated in the study. The research was carried out between June 2020 and June 2021. **Result:** Seventeen women deprived of their liberty participated in the study, most of them black and brown (88.24%), between 30 and 49 years old (n = 9; 52.9%), and who used a total of 56 different medications, with the psychotropic class being the most prevalent (n = 28; 50%), followed by cardiovascular system drugs (n = 15; 26.8%). **Conclusion:** The medications most used by study participants belonged to the class of antidepressants and antiepileptics. Furthermore, the women's medical records lacked crucial information regarding medication use. These data, combined with difficulties in access, highlight the importance of complying with public policies in favor of comprehensive health care for women deprived of their liberty, especially the right to access and rational use of medicines.

RESUMO

Objetivo: Investigar o uso de medicamentos por mulheres privadas de liberdade em um município do leste de Minas Gerais. **Método:** A pesquisa foi realizada em três etapas: (I) investigação documental, (II) análise de prontuários e (III) aplicação de questionários semiestruturados. Participaram do estudo mulheres privadas de liberdade inseridas no sistema carcerário avaliado. A pesquisa foi realizada entre junho de 2020 a junho de 2021. **Resultado:** Dezesetemelheres privadas de liberdade participaram do estudo, em sua maioria de cor preta e parda (88,24%), entre 30-49 anos (n = 9; 52,9%) e que utilizavam um total de 56 medicamentos diferentes, sendo a classe dos psicotrópicos a mais prevalente (n = 28; 50%), seguido de fármacos do sistema cardiovascular (n = 15; 26,8%). **Conclusão:** Os medicamentos mais utilizados pelas participantes do estudo pertenciam à classe dos antidepressivos e antiepilépticos. Além disso, os prontuários das mulheres careciam de informações cruciais sobre o uso de medicamentos. Estes dados somados a dificuldades no acesso ressaltam a importância do cumprimento das políticas públicas em prol da assistência integral à saúde das mulheres privadas de liberdade, em especial direito ao acesso e uso racional de medicamentos.

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This study was conducted at the Associação de Proteção e Assistência aos Condenados – Unidade Feminina de Governador Valadares, MG.

Conflicts of interest: No conflicts of interest declared concerning the publication of this article.

Funding information: Pró-Reitoria de Extensão e Pró-Reitoria de Pós-Graduação e Pesquisa da UFJF.

Submitted 24 Oct 2023, revised 10 Mar 2024, accepted 17 Mar 2024, published 14 May 2024

How to cite this article: Ribeiro RAL, Souza LGMG, Lulio I, Miranda MEMM, Domingues MLP, Silvestre CC. The use of medications by incarcerated women: an exploratory study. *HSJ*. 2024;14(1):e1491. <https://doi.org/10.21876/hsjhci.v14.2024.e1491>ISSN 2966-0408/© 2024 HSJ. This is an open-access article distributed under a CC BY license.
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INTRODUCTION

International literature emphasizes the importance of healthcare for people in prisons, a demographics that has expanded in recent years, alongside their health challenges¹. According to the International Center for Prison Studies², the global prison population has reached 11 million. Specifically in Brazil, as of December 2021, this population comprised approximately 850 thousand individuals, of whom around 43 thousand were women, ranking the country as the third-largest in terms of the number of incarcerated individuals worldwide.

Significant public policies concerning healthcare in the Brazilian prison system have been recently enacted. The 1984 Criminal Execution Law guaranteed the right of people deprived of their liberty to medical, pharmaceutical, and dental care. Furthermore, the National Health Plan for the Penitentiary System, approved in 2003, established actions to promote the health of the prison population and to control and reduce the prevalence of the most common diseases in this group. Additionally, in 2014, the National Policy for Comprehensive Health Care for Persons Deprived of Liberty in the Prison System was implemented, defining guidelines for integrating the prison population into the Unified Health System. This policy provides, among other actions, the guarantee of access to medicines and the promotion of effective pharmaceutical assistance tailored to the needs of people deprived of their liberty in prison units.

Pharmaceutical Assistance encompasses a range of initiatives aimed at promoting, safeguarding, and restoring health, both at an individual and collective level, emphasizing the Rational Use of Medicines (RUM). According to the Pan American Health Organization (PAHO)³, RUM entails prescribing medications that are suitable for patients' clinical requirements, in doses tailored to their individual needs, for the required duration, and at the lowest feasible cost for both the patient and the community.

For decades, the WHO has advocated increased awareness of the risks associated with inappropriate and irrational use of medicines^{3,4}. This issue becomes particularly significant when viewed in the context of incarcerated individuals, a vulnerable demographic that has been the subject of limited research. Conditions of confinement, coupled with challenges in accessing comprehensive and effective health services, contribute to the deterioration of prisoners' health⁵.

The Brazilian prison population faces significant health challenges and exhibits a high consumption of medications. Studies indicate that there are limited available data on the prison population's access to medications, particularly concerning their rational and appropriate use⁶⁻⁸. Some research suggests that the scarcity and restricted availability of medications within the prison system can be attributed to various factors, such as inadequate management, insufficient quantities of medications, and supply issues^{6,7}. According to Cardins et al.⁶, there is an inequality among different prison environments, highlighting that medication access is inconsistent across all locations. It is evident that due to medication shortages, the prison population

relies on alternative means of obtaining them, such as through family members, or they may go without them altogether, potentially leading to treatment delays and compromised health outcomes. In addition, the literature underscores the growing presence of women within the prison population, who possess distinct characteristics and health requirements compared with men⁹⁻¹¹. Consequently, given the scarcity of studies involving incarcerated women, this research aims to investigate the use of medications by this demographic group in a municipality in eastern Minas Gerais.

METHODS

This descriptive and exploratory study employed a quantitative approach and a cross-sectional design. The study adhered to the STROBE guidelines, which Malta et al.¹² translated and validated into Portuguese.

The study was conducted at the Association for the Protection and Assistance of Convicts, Women's Unit of Governador Valadares, Minas Gerais, Brazil (in Portuguese, "Associação de Proteção e Assistência aos Condenados – Unidade Feminina de Governador Valadares, Minas Gerais" - APAC/GV). APAC is a non-profit organization dedicated to assisting the justice system in implementing sentences, focusing on rehabilitating inmates, and promoting restorative justice. Established on October 29, 2005, APAC/GV officially began operations in June 2008. At the time of the study, the institution could accommodate 82 inmates, 62 in the closed regime and 20 in the semi-open regime.

The approach adopted by APAC is centered on upholding human dignity. It reintegrates incarcerated individuals, referred to as "recovering people," who are actively engaged in their rehabilitation process. Hence, in this study, we used the term "recovering woman" to denote women deprived of their liberty. Security and discipline within the institution are maintained through the collaborative efforts of recovering women, staff, and volunteers, who provide spiritual, medical, psychological, and legal support. Notably, the institution does not employ police or prison officers. The methodology used by the institution has yielded positive outcomes, including cost-effectiveness, low rates of recidivism, absence of riots, and minimal escape incidents.

The study encompassed recovering women who were present at the institution during the data collection phase, serving sentences in both semi-open and closed regimes, and actively utilizing medication. Recovering women who obtained a release permit during the study period and those who reported not using medication were excluded from the study.

The data collection comprised three stages, from June 2020 to June 2021. In the first stage, medical records at the institution were examined to identify the medications used by the recovering women and categorized according to the Anatomical Therapeutic Chemical (ATC) code up to the fifth level. The second stage involved analyzing the clinical records of the recovering women at the Family Health Strategy Unit (ESF), where they received healthcare. This aimed to gather information on medications, including name, indication, dosage, duration of treatment, route of

administration, and other pertinent details. The third and final stage of the study involved administering a semi-structured questionnaire divided into two parts. The first part focused on sociodemographic data, such as age, education, ethnicity, marital status, number of children, and family income. The second part included inquiries regarding medication access and usage, comprising closed and open-ended questions. Closed questions addressed continuous medication usage, knowledge about medications, prescriptions by healthcare professionals, guidance on usage, self-medication practices, medication adherence, initiation of medication usage post-prison, treatment interruption during incarceration, and acquisition of medications from private pharmacies or public services. Open-ended questions provided recovering women with the opportunity to express their queries or curiosity about medication usage and share their experiences regarding medication usage during their time in the prison institution.

It is essential to underscore that the study was conducted amidst the COVID-19 pandemic, which prevented researchers from physically accessing the prison institution. Consequently, virtual meetings were conducted with the administrative team of the prison institution to facilitate adequate training and guidance for administering the questionnaire to the recovering women. Due to the lack of access to computers and the internet for recovering women on-site, the questionnaires and Informed Consent Forms (ICFs) were delivered to the institution's management. Subsequently, an administrative assistant was appointed to administer the questionnaire. In adherence to recommendations for limiting visits, all eligible participants were invited to participate in the research and briefed about the study's objectives. Those who consented to participate signed the ICFs.

The questionnaires were individually administered in a designated room at the institution, ensuring the participants' privacy, with appropriate distancing measures in place and under the supervision of the administrative assistant. When participants encountered challenges in reading or comprehending the questions, they received assistance from the administrative assistant, who had received proper training on questionnaire administration.

To ensure anonymity of the recovering women, codes were assigned to identify them, consisting of the letter "R" for recovering women followed by cardinal numbers arranged in alphanumeric order. The data were organized using Microsoft Excel® software, employing double-entry techniques, and underwent descriptive statistical analysis, with values presented in relative and absolute frequencies.

This study was approved by the Research Ethics Committee of the Federal University of Juiz de Fora (CAAE n° 306780020.5.0000.5147).

RESULTS

During the study period, the institution housed 50 recovering women. Among them, 36 were taking medications during the research, as indicated in their medical records in the Family Health Strategy. However, only 15 (41.6%) records contained details regarding medication usage, specifically the name of the drug and

dosage. Other pertinent information, such as the reason for prescribing the medication, duration of treatment, route of administration, and history of prior medication usage, were not documented.

Of the 36 recovering women, 17 (45.9%) consented to participate in the third stage of the study, where they responded to the questionnaires. Table 1 outlines the sociodemographic characteristics of the sample. The total number of medications used by the recuperating women who participated in the third stage of the study was 56. When asked about the number of medications they were

Table 1 – Description of the sociodemographic characteristics of women deprived of liberty in APAC/GV, Governador Valadares, Minas Gerais, Brazil, 2021.

Sociodemographic characteristics	n	%
Age range (years)		
20-29	3	17.6
30-39	6	35.3
40-49	3	17.6
50-59	4	23.5
60 or more	1	5.9
Education (years of study)		
No education and less than 1 year of study	1	5.9
1 to 3	3	17.6
4 to 7	0	0
8 to 10	0	0
11 to 14	5	29.4
15 or more	8	47.1
Color		
White	2	11.8
Brown	12	70.6
Black	3	17.6
Other	0	0
Marital status		
Without a partner	9	52.9
With partner	8	47.1
Children		
Does not have children	3	17.6
1	1	5.9
2	3	17.6
More than 2 children	10	58.8
Family income		
No income	7	41.2
< 1 MW	2	11.8
1 MW	4	23.5
> 1 MW	4	23.5

MW, minimum wage (value in 2021 R\$ 1,100.00)

using, two (11.8%) indicated they used four medications, four (23.5%) reported using three types of medicines, and seven (41.17%) declared using two medications. Additionally, four recuperating women stated that they used one, six, ten, and twelve medications, respectively.

Among the most frequently used medications, those targeting the central nervous system were predominant (28; 50%), followed by those affecting the cardiovascular system (15; 26.8%). Other pharmacological classes accounted for 12 (21.4%) medications, whereas those related to the alimentary tract and metabolism constituted one (1.8%), as illustrated in Table 2.

It is noteworthy that 15 (88.2%) recovering women reported using medications continuously; 15 (88.2%) affirmed that they were aware of the indications for the medications; 14 (82.4%) received prescriptions from healthcare professionals; and 13 (76.5%) stated they had received guidance on medication usage. Among the recovering women, 9 (52.9%) admitted to self-medicating and 7 (41.2%) mentioned discontinuing medication independently. Additionally, 3 (17.6%) reported encountering difficulties related to medication usage, 1 (5.9%)

had ceased taking medication when feeling well, and 9 (52.9%) recovering women acknowledged instances of forgetting to take their medication.

When questioned whether they started medication usage after being incarcerated, 12 (70.6%) women responded affirmatively. Nine (52.9%) declared that they had run out of medication during their time in prison. Additionally, 8 (47.1%) recovering women stated that they obtained their medication free of charge, whereas 11 (64.7%) acquired it through a private network. Regarding whether they desired to receive information about their medications, 8 (47.1%) responded positively.

DISCUSSION

The sociodemographic profile of the recovering women who participated in this study revealed that most of them were young, black, single, and had a low level of education. These data align with information from the National Penitentiary Department (DEPEN) when consolidating data on the population deprived of liberty in Brazil. This perspective reflects the reality of many

Table 2 – Groups, pharmacological classes of medications used by women deprived of liberty in APAC/GV, Governor Valadares, Minas Gerais, Brazil, 2021.

Therapeutic Group	Pharmacological class	Medicine	ATC	n	%
A- Alimentary tract and metabolism	Proton pump inhibitors	Omeprazole	A02BC01	1	1.8
C- Cardiovascular system				15	26.8
	Calcium channel blockers	Amlodipine	C08CA01	1	1.8
		Nifedipine	C08CA05	1	1.8
	Angiotensin II receptor blockers	Losartan	C09CA01	6	10.8
	Diuretics	Furosemide	C03CA01	1	1.8
		Hydrochlorothiazide	C03AA03	4	7.1
	Beta blockers	Atenolol	C07AB03	1	1.8
		Propranolol	C07AA05	1	1.8
N - Central nervous system				28	50.0
	Antidepressants	Amitriptyline	N06AA09	8	14.3
		Desvenlafaxine	N06AX23	1	1.8
		Escitalopram	N06AB10	1	1.8
		Nortriptyline	N06AA10	1	1.8
		Trazodone	N06AX05	2	3.6
	Antipsychotics	Lithium carbonate	N05AN01	2	3.6
		Chlorpromazine	N05AA01	1	1.8
		Haloperidol	N05AD01	1	1.8
		Risperidone	N05AX08	2	3.6
	Antiepileptic	Valproic acid	N03AG01	1	1.8
		Carbamazepine	N03AF01	2	3.6
		Clonazepam	N03AE01	5	8.9
	Hypnotic and sedative	Zolpidem	N05CF02	1	1.8
Other pharmacological classes				12	21.4

young Brazilian women encountering social, familial, and economic challenges¹³. Incarceration particularly deprives younger women of various opportunities, such as education, vocational training, and employment. According to Nicolau et al.¹⁴, many women turn to crime in pursuit of quick financial success. The absence of effective public policies related to health, housing, education, and job provision can significantly contribute to women's involvement in criminal activities.

Prison conditions, disruptions in routine, stringent regulations, and separation from social and family networks render these women more susceptible to health issues^{15,16}. In this study, it was noted that most recovering women initiated continuous medication usage after entering prison. In addition, it is crucial to underscore the frequent use of psychotropic drugs, which are widely consumed by the prison population¹⁷⁻¹⁹.

Regarding the use of psychotropic drugs, a study conducted by Feitosa et al.²⁰ revealed a high prevalence of incarcerated women using these medications. It was also noted that diagnoses of psychiatric disorders were frequently associated with conditions arising from imprisonment, such as anxiety, sadness, fear, distress, and boredom. Furthermore, data from the Ministry of Health indicate that prescriptions for psychotropic medications for the prison population can reach up to 80%, indicating a high prevalence of mental disorders among prisoners and substantial consumption of this category of medication¹⁵.

Several factors can contribute to illness and mental health issues among the prison population, including social isolation, poverty, unemployment, and lack of prospects²¹. Regarding the use of psychotropic drugs, factors such as smoking, drug withdrawal, the desire to escape the harsh reality, and the need for sleep regulation may prompt inmates to engage in the indiscriminate use of these medications²². Considering these factors, it is plausible that many recuperating women resort to psychotropic drugs to alleviate depressive and anxiety symptoms triggered by the prison environment²³.

Medications targeting the cardiovascular system, such as antihypertensives, were also highlighted in this study. A study conducted in a male prison unit in Rio de Janeiro underscored the high prevalence of chronic non-communicable conditions, such as hypertension²². Another investigation indicated that the prison environment does not facilitate physical exercise and adequate nutrition. Engaging in physical activity is crucial for promoting health because it contributes to both physical and mental well-being and can aid in weight management, which can exacerbate chronic diseases. Furthermore, inadequate intake of nutritious foods and limited variety in diet can directly impact the health of individuals deprived of their liberty. Therefore, it is imperative to implement initiatives that promote physical activity and healthy eating for this population to enhance health and prevent complications arising from pre-existing diseases²².

In this study, it was observed that most participants encountered difficulties in accessing and using medications. Many recovering women reported instances of forgetting to take their medications or discontinuing treatment when they perceived improvement in their condition.

This behavior underscores the crucial role of pharmacists as part of a multidisciplinary team in a prison setting. Pharmacists play a pivotal role in promoting the appropriate use of medications, providing guidance, and raising awareness among the incarcerated population regarding the importance of adhering to pharmacotherapeutic treatment^{24,25}. In this regard, Flora et al.²⁶ advocated strengthening healthcare initiatives within the prison system and enhancing the visibility and effectiveness of Pharmaceutical Assistance. These efforts aim to restore health within a conducive environment that prioritizes safety and fosters rational medication use.

Another noteworthy aspect is the expressed interest of some recuperating women in receiving guidance regarding their medications. This underscores the necessity to implement and monitor public health policies targeted at individuals deprived of their liberty and to promote health education initiatives tailored to the prison environment. Moreover, it is imperative to foster the encouragement and training of health professionals, who play a pivotal role in restoring citizenship and promoting health within this population. In this regard, confinement conditions should be regarded as an opportunity for caregiving and health recovery²⁷.

Regarding access to medications, most women reported experiencing shortages of medicines during their incarceration. This finding is consistent with the literature, which underscores healthcare inadequacies within the prison system, constituting a violation of prisoners' rights²⁸⁻³⁰. In addition, many recovering women relied on assistance from family members to obtain medication. Regarding the procurement of medications, Cardins et al.²⁴ reported that factors such as the absence of pharmacies, the lack of pharmacists to dispense medications and provide dosage guidance, and other essential information hinder the effective implementation of health policies in prisons, particularly concerning the assurance of pharmaceutical assistance.

According to the National Health Plan for the Penitentiary System, medications must be provided to individuals deprived of their liberty in a continuous, regular, and timely manner, following the National List of Essential Medicines (RENAME), which should serve as a reference for healthcare professionals' prescriptions. These findings align with the research conducted by Cardins³¹ in prisons in the state of Paraíba, which revealed a shortage of essential and strategic medicines. The study also underscores that prisoners encounter difficulties related to medication usage and necessitate the assistance of healthcare professionals trained to work within the prison system continuously. This assistance should include educational activities that focus on medication usage.

This study provided valuable insights into the healthcare of women deprived of their liberty, mainly focusing on medication usage. However, it is essential to acknowledge its limitations, such as the small number of participants primarily attributable to the study conducted during the COVID-19 pandemic, which precluded researchers from physically accessing the investigated institution. Nevertheless, this study represents a pioneering effort

in research conducted at this institution and can serve as a catalyst and foundation for future studies in this area.

CONCLUSION

This study provided insights into the use of medications among patients rehabilitated from APAC/GV. It is noteworthy that the most used medications belonged to the class of antidepressants and antiepileptics, potentially linked to the prison environment. However, clinical records furnished comprehensive information about the health issues and medications used by patients.

The results may guide the development of public health policies targeting women deprived of their liberty, safeguarding their right to health, and recognizing their pivotal role in social reintegration. Consequently, the study underscores the importance of efficient Pharmaceutical Assistance, as recommended by PNAISP, as a fundamental component of the care of incarcerated women. This ensures adequate and safe access to and use of medicines, thereby contributing to an enhancement in the quality of life of this population.

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Data analysis and interpretation: RALR, MLPD, CCS
Manuscript writing: RALR
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Final approval of the manuscript*: LGMGS, CCS
Statistical analysis: RALR, LGMGS, IL, MRMMM
Overall responsibility for the study: RALR, LGMGS, CSC
*All authors read and approved the final version of the manuscript submitted for publication by HSJ.