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Mini Review

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Social Isolation and the Use of Psychotropic Drugs in Confinement Settings: Beyond the Deprivation of Liberty

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Summary

The experience of incarceration constitutes an extreme form of social isolation, with profound effects on mental health. This article reflects on the use of psychotropic drugs in prison settings as an institutional response to emotional suffering, especially among women prisoners. It draws on findings from research conducted using data collected during the pandemic in the city of Santa Fe, Argentina, which show an increase in the medicalization of anxiety as a therapeutic response. It proposes a critical reading that links isolation, stigmatization, and medicalization as interdependent dimensions of incarceration.

INTRODUCTION

Deprivation of liberty, the central focus of criminal punishment, should not imply the loss of fundamental rights such as health, education, or family ties. However, in practice, these rights are violated by the structural conditions of the prison system. In this context, the use of psychotropic drugs is widely used as a strategy to alleviate the emotional suffering caused by isolation. Research conducted at Penal Unit No. IV for women in the city of Santa Fe, Argentina, based on data collected during the COVID-19 pandemic, revealed a substantial increase (29%) in psychopharmacological treatments for women detained during this period associated with the presence of reactive anxiety symptoms. In conjunction with an evident deficit in the provision of care facilities, medicalization functions as a strategy to silence distress in contexts of confinement.

ISOLATION AS A STRUCTURAL DIMENSION OF CONFINEMENT AND THE GENDER ISSUE

Prison is a total institution (Goffman et al) [1], where time, activities, spaces, and relationships are regulated. Although the regulatory framework guarantees the continuity of rights, their exercise depends on the resources available in each unit and its interinstitutional connections.

In recent years, the prison population in Argentina has shown a growing trend with few fluctuations. In 2020, this trend changed, with a significant decline, justified by the COVID-19 pandemic decree, which led to the implementation of health policies at the national level. (PPN, 2021) Figure 1.

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It is important to note at this point that there is no indication that this trend will continue over time, but rather that it was an exceptional phenomenon. In 2020, the prison population fell by 6%, bringing the number of inmates to a level similar to that of 2018. It should be noted that the health measures taken during the first months of the pandemic that led to this decline were: house arrest for those with health-related vulnerability criteria, suspension of new admissions to prisons, and early release for people at risk.

The incarceration rate (number of prisoners per 100,000 inhabitants) in Argentina for 2020 was 209 [2], a figure similar to that of other countries in the region, but well below Uruguay and Brazil. This rate does not include people deprived of their liberty in police stations and other detention centers or under house arrest Figure 2.

It should be noted that the above figure presents the latest information available by country, taking into account different dates depending on the country. Those that do not appear in the official SNEEP report, such as Bolivia, have not been included.

To focus more precisely on the topic of interest, women deprived of liberty, the gender distribution in the Argentine penal system was reviewed. Although the characterization includes women, men, and transgender women and men, the latter do not reach 1 percent. The population is distributed in this sense as 96 percent men and 4 percent women.

During the COVID-19 pandemic, the suspension of visits and activities intensified isolation, leading to an increase in demand for mental health care [3]. At the same time, isolation as a protective measure in all areas was used as a means of restriction, making it impossible to guarantee the continuity of therapeutic spaces to address the clinical issues associated with this situation. It is possible that at that time the decision could be justified due to the profound health crisis that the world was going through, but its replication today as a strategic resource for control and punishment is evident in everyday practice, where the restriction of family visits is associated with the behavior of the detained person within the prison unit.

It is important to include here the gender dimension, the role of women within any family as the backbone of the institutional structure. In this regard, and based on my experience, the daily concerns of those deprived of their liberty extend beyond the progression of their criminal sentence and legal proceedings to include the care, growth, nutrition, and education of their children—fundamental factors that isolation prevents them from sustaining.

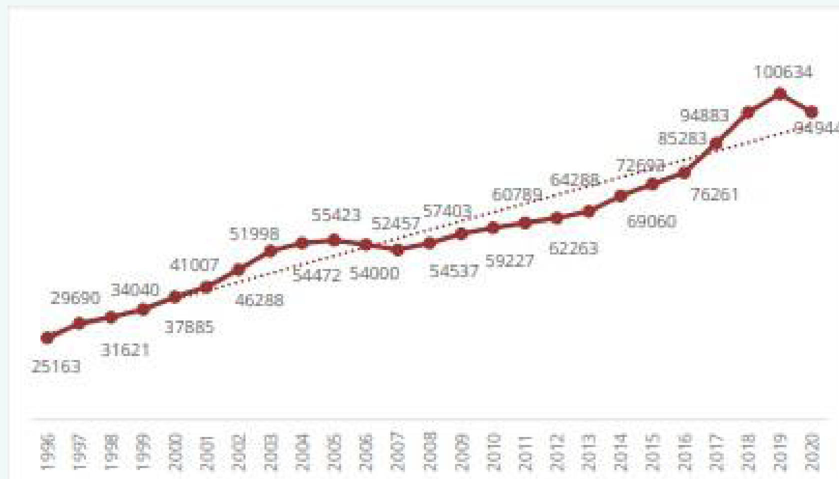

Figure 1: Historical evolution of the prison population in Argentina (1996-2020)
Source: PPN compiled based on data from SNEEP Argentina 2020

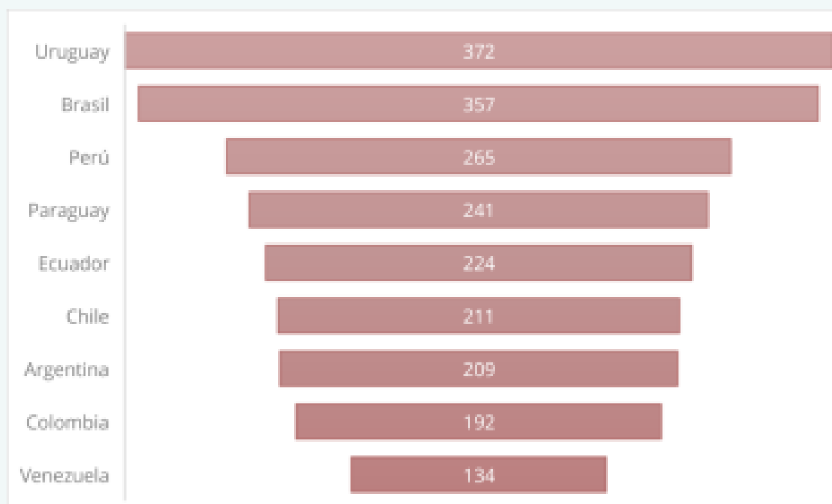

Figure 2: Incarceration rates in South American countries
Source: PPN compiled based on data from SNEEP Argentina 2020

STIGMATIZATION AND MEDICALIZATION OF SUFFERING

A criminal conviction carries a symbolic burden that goes beyond the time spent in prison. Social stigmatization hinders reintegration and access to employment and deepens marginalization, prolonging isolation beyond the completion of the sentence [4,5]. In this context, emotional suffering is often addressed from a medical perspective, reducing its social complexity to an individual dimension. Prisons are called upon to respond to mental health problems caused by conditions associated with incarceration or the worsening of conditions that existed prior to admission. The widespread use of psychotropic drugs becomes an institutional response to distress rather than a comprehensive clinical treatment [6,7].

DISCUSSION

The medicalization of suffering in confinement settings raises ethical and political questions. How can we guarantee the full exercise of rights without pathologizing distress? What non-pharmacological alternatives can be deployed in units with limited resources? The institutional response focused on psychotropic drugs reflects a logic of containment rather than care, where isolation is treated as a symptom rather than a structural cause.

It is in this context that the use of psychotropic drugs appears, either spontaneously or through medical prescription, as a means of coping with distress, anxiety, or simply loneliness. In many cases, this request does not respond to a strict clinical diagnosis, but rather to an attempt to alleviate suffering linked to the structural conditions of confinement [7-9].

CONCLUSION

The use of psychotropic drugs in prison settings must be critically reviewed. The emotional suffering of prisoners cannot be reduced to a clinical category without considering the structural conditions that cause it. Drugs function as a way of "numbing reality" in contexts where non-pharmacological alternatives—psychotherapy, education, culture, integration activities—are limited [6]. This phenomenon illustrates what various authors have pointed out as the tendency to medicalize social suffering [6]. Isolation, loneliness, and stigmatization are not mental disorders, but they often receive medical responses that reduce the complexity of the problem to an individual level. The development of interdisciplinary approaches that recognize the social nature of mental distress and promote the exercise of rights is an urgent challenge for mental health policy in prison settings.

REFERENCES

1. Goffman E. Asylums: Essays on the Social Situation of Mental Patients and Other Inmates. Anchor Books. 1961.
2. Center for Legal and Social Studies (CELS). Annual report on human rights in Argentina. 2020.
3. Canto MV. Use of psychotropic drugs in women detained during the ASPO. Master's thesis. 2024.
4. Scheff TJ. Being Mentally Ill: A Sociological Theory. Aldine Publishing Company. 1966.
5. Garland D. The Culture of Control: Crime and Social Order in Contemporary Society. University of Chicago Press. 2001.
6. Basaglia F. The Negated Institution. Siglo XXI Editores. 1982.
7. World Health Organization (WHO. Suicide prevention: a global imperative. 2014.
8. Foucault M. Discipline and Punish: The Birth of the Prison. Siglo XXI Editores. 1975.
9. United Nations. Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules). 2015.