Social and environmental factors influencing in-prison drug use

Abstract

Purpose:

There is a strong political imperative to regard the prison as a key social setting for health promotion, but evidence indicates that drug misuse continues to be a significant issue for many prisoners. This paper examines the social and environmental factors within the setting that influence individuals' drug taking.

Design/methodology/approach:

Focus groups and interviews were conducted with prisoners and staff in three male training prisons in England. The sampling approach endeavoured to gain 'maximum variation' so that a broad based understanding of the prison setting could be gathered. The data were analysed in accordance with Attride-Stirling's (2001) thematic network approach.

Findings:

The findings suggest a myriad of social and environmental factors influencing drug use. Whilst staff recognised the scale of the drugs problem, they struggled to cope with creative inmates who were not perturbed by taking risks to gain their supplies. Fellow prisoners played a major role in individuals' decision making, as did the boredom of institutional life and Mandatory Drug Testing (MDT) policies within the institutions.

Practical implications:

Drug treatment is an essential component of prison healthcare, but it only forms a small part of creating a health promoting setting. If the health promoting prison is to be fully realised, a more radical, upstream and holistic outlook is required.

Originality/value:

The settings approach is an important theoretical and practical approach in health promotion. In comparison to other settings (such as schools), however, there has been limited research on the prison as a health promoting environment.

Key words:

Prison, drugs, health promotion, health promoting prison

Paper type:

Research paper

Introduction

The focus of this paper is on drug misuse and the social and environmental factors within prison that influence prisoners' drug taking. This is a particularly pertinent issue for those working in prison health services, given that a considerable proportion of prisoners have drug related dependencies, with those who inject drugs and those addicted to opiates being overrepresented (World Health Organisation, WHO, 2003; Shewan *et al.*, 2005; Jürgens *et al.*, 2009). The impact the environment makes on drug-use demands greater attention given the effect it has on prisoners' health and also the increased attention now being placed on the role of 'settings' in health promotion discourse (Poland *et al.*, 2000; Dooris, 2009; Poland *et al.*, 2009). However, according to Djemil (2008), nobody actually knows the extent of the drugs probelm in prison even though speculative figures estimate that 75,000 drug users pass through the prison system of England and Wales annually (Wheatley, 2007).

Various political pledges, along with significant financial resources have been invested in treating and preventing drug misuse in prison settings (Djemil, 2008). The Prison Service of England and Wales offers a comprehensive range of services, including detoxification programmes, maintenance prescribing programmes, CARATs (Counselling, Assessment, Referral, Advice and Throughcare services) and rehabilitation programmes (Wheatley, 2008). They have also acknowledged drug and substance misuse issues as a key priority within their health promotion strategy (HM Prison Service, 2003) and action to promote and protect prisoners' health has been supported by the World Health Organization (WHO), particularly across Europe (Møller *et al.*, 2007; Møller *et al.*, 2009). Their recently devised 'health promoting prison' concept is being endorsed both nationally (Department of Health, 2002; HM Prison Service, 2003) and internationally (WHO, 1995, 2007) as a way to create a prison system which is generally supportive of health. Most notably, it aims to reduce prisoners' exposure to communicable diseases and provide an environment that is both 'reforming' and 'health promoting' (WHO, 2007). Nonetheless, critics have argued that health promotion in prison is a contradiction in terms (Goos, 1996; Smith, 2000), an oxymoron (McCallum, 1995; de Viggiani, 2006b) and simply incompatible (Greenwood *et al.*, 1999). Most of these critics claim that the ideology of health promotion is incongruous in a setting which curtails individual freedom, autonomy and choice. Yet, it is necessary to re-evaluate our current approach to promoting health in prisons. Douglas *et al.* (2009), for example, commenting on health promotion in the female prison estate, suggested that it was necessary to re-energise health promotion efforts.

One potential avenue for health promotion and public health in prison is to consider settings-based approaches. This approach focuses on a whole systems and ecological model of health promotion (Green *et al.*, 2000; Tones and Green, 2004; Dooris, 2005; Harris and Grootjans, 2006; Dooris *et al.*, 2007) which recognises that health and well-being is determined not only by personal attributes (attitudes, value systems etc.), but an interaction of environmental and organisational factors within the places that people live their lives and locate themselves (Dooris, 2009). The settings approach proposes therefore that health is produced outside of illness (health) services and that effective health improvements require investment in social systems (Dooris, 2004).

Application of the concept and academic critique have been situated mainly on schools (Parcel *et al.*, 2000; Denman *et al.*, 2002), universities (Dooris, 2001; Whitehead, 2004b) and hospitals (Pelikan *et al.*, 2001; Whitehead, 2004a) as well as other organisations, like workplaces; however, there has been a shortage of academic analysis into the challenges associated with the health promoting prison. A focus on the prison as a setting for health is particularly important, as there are indications in the literature that the social and environmental characteristics of the prison setting actually demote prisoners' health. As an example, and relating to this paper, prison can exacerbate, rather than lessen, individuals' inclinations to use illicit drugs (Swann and James, 1998; Stark *et al.*, 2006). Wheatley (2007) examined these issues and proposed five explanatory models to account for this. First, Wheatley proposed that drugs are used in prison as a response to the tedium of institutional life. This was reiterated by Stover and Weilandt (2007) and Cope (2003) who both highlighted that prisoners often use drugs to counteract boredom or to 'slip away' from the realities of prison life. Second, drug use can be used to pass the time. Cope (2003) demonstrated how young offenders often manipulated their perception of time in prison through using different types of substances. Smoking cannabis, for example, could make 'time fly' in prison, whereas cocaine was often avoided because of the brief high and its addictive qualities (Cope, 2000). In contrast, Hassan's (1996) observations on heroin use suggested that it was used as a painkiller which was capable of masking the realities of prison life.

The third explanatory model put forward by Wheatley is the social network model and is associated with the relationships and connections that are forged through a shared enterprise (i.e. drug use) between prisoners (Wheatley, 2007). These connections and affiliations can buffer feelings of social isolation which can be caused by imprisonment and foster inmate solidarity. Indeed, Tompkins *et al.* (2007) found that choosing to take illicit substances was frequently influenced by other prisoners; for example, being in prison at the

same time as drug-using friends or sharing a cell with a drug-user could increase people's inclination to engage in drug taking. Fourth, the status model of drug use (Wheatley, 2007) suggests that drug taking can inflate prisoners' reputation in the establishment's 'pecking order'. Sociological analysis shows that prisoners organise themselves through a constructed status hierarchy determined by the perceptions others have of them. Drug dealing, for instance, is considered a high-risk endeavour which derives intense respect from peers (Courtenay and Sabo, 2001). Finally, Wheatley's economic model is linked to status and power in the prison and suggests that some prisoners influence others to use drugs so that they can exploit vulnerabilities and make financial gains. Illegal drug distribution in prison is a lucrative business, with substances worth three to four times their street value (Crewe, 2005). A settings approach in prison, with its focus away from addressing health issues on an individual level towards a whole-system view, arguably has the potential to tackle the complex drugs issues in prison.

There are critics of Wheatley's explanatory accounts and there is also good evidence to suggest that prisons can facilitate a reduction in individuals' drug use. The findings of Shewan *et al.* (1994), for example, suggested that drug use in custody is reduced by prison walls, surveillance and a lack of availability. They argued that the security measures in Scottish prisons were effective in reducing drug supplies and consequently influenced prisoners' engagement with drugs. Furthermore, Tompkins *et al.* (2007) reported that some injecting drug users viewed being imprisoned as a time when not to use drugs and Swann and James (1998) revealed that imprisonment could be positive for initiating behaviour change, as imprisonment offered a period for reflection on life.

It is apparent from reviewing the literature that drug use in prison is a complex and multifaceted issue, but one that is clearly influenced by social and environmental factors. The present study explores drug taking behaviour in three prisons in England, during a period of significant policy emphasis concerning offender health and health promotion in prisons (Bradley, 2009; Department of Health, 2002, 2004, 2009; HM Prison Service, 2003; Rennie *et al.*, 2009; WHO, 1995, 1998, 2003, 2007). Given Djemil's (2008) claim that information on drug taking and drug use in prison is limited, this study will offer greater understanding of the specific social and environmental influences impacting on individuals' choices within the prison and will aid authorities to respond to drug issues.

Method

The study was conducted in three prisons in England. All three prisons were classified as category-C training establishments all of which held in the region of 550 and 650 sentenced adult male prisoners. Category-C prisoners are defined as:

> *"Prisoners who cannot be trusted in open conditions but who do not have the ability or resources to make a determined escape attempt."* (Leech and Cheney, 2002, p.283)

Gaining entry to prisons for research purposes is a notoriously multi-layered, convoluted and time-consuming process and this study was not exempt from these difficulties. Access was, however, negotiated through the Offender Health Research Network (www.ohrn.nhs.uk) and senior governors in each of the prisons after the aims and objectives of the study had been presented and ethical approval for the research was given by an NHS Research Ethics Committee. This process was long and arduous and further details of this have been reported elsewhere (Woodall, 2010).

Once permission was granted to conduct the research, the process used to select prisoners was important for obtaining a sample which would attempt to represent the 'maximum variation' of experiences held by those within the prisons (Sandelowski, 1995; Patton, 2002). This variation included demographic features, offence types, experiences of prison life (first time offenders, chronic recidivists) and sentence lengths. In each prison, distinct geographical areas (mainly residential areas, known as 'wings') were chosen for recruiting individuals into the research. These areas were determined in meetings with the primary gatekeepers and governors in each prison. After the areas had been identified and agreed, participants were recruited into the study using recruitment materials which were designed to draw attention to the research and provide some preliminary information as to its overall aims and general purpose. These materials invited potential participants to inform a member of staff of their interest in the study. After reading the recruitment materials and informing a member of staff of their interest in the study, a total of thirty-six prisoners agreed to participate. These men were provided with participant information and gave written consent. Nineteen prisoners took part in one-to-one in-depth interviews lasting between one and two hours and a further seventeen prisoners participated in a total of four focus group discussions lasting, on average, one and a half hours. No staff members were present during interviews or focus groups with prisoners.

Recruiting prison staff for research purposes can often be more problematic than accessing prisoners (Smith, 1996; Crawley and Sparks, 2005). A sampling framework was designed to draw staff participants from various prison departments; this was devised with assistance from the primary gatekeeper in the prisons. The framework identified individuals with

diverse job roles within the setting so that further illumination of the prison as a 'whole' institution could be achieved. Nineteen prison staff, with diverse job roles, also took part in short semi-structured interviews as part of the study.

Ethical considerations

The ethical debates regarding prisoners as research participants has been recently undergoing somewhat of a revival (Pont, 2008). Space does not permit a detailed discussion of the considerations made to ensure this was an ethically robust study. Needless to say, prisoners are a vulnerable sub-section of the population and it is obvious that extreme sensitivities were required when conducting research with this particular group (Smith and Wincup, 2002; Liamputtong and Ezzy, 2005). One particular issue concerned voluntary consent, as the extent to which those held in captive conditions can provide consent has been frequently debated and contested (Klockars, 1974; Arboleda-Flórez, 2005; Hodgson *et al.*, 2006; Freudenberg, 2007). Prisoners are traditionally inclined to contribute to research activities. This inclination is largely underpinned by their desire to occupy their time within the institution, to alleviate boredom and to spend time talking to someone that is interested in them as individuals (Moser *et al.*, 2004; Wincup and Hucklesby, 2007; Quraishi, 2008). This can mean that prisoners may become drawn into research with only scant knowledge of what participation may entail (Smith and Wincup, 2000; Wincup and Hucklesby, 2007). These types of research influences are difficult to evade, but could conceivably alter individuals' motivation for participation. Throughout this study, it was made explicit to prisoners that engagement with research activities held no advantage or disadvantage to them or their period of custody within the institution. In addition, the right to withdraw from the study, without providing any reason, was made clear. Audio resources were also developed to convey study information so that those with reading difficulties and problems in comprehending written information could be fully informed.

Data analysis

Although it has effectively become customary that qualitative interviews and focus groups are audio recorded for research purposes (Oliver, 2003), two prison governors did not permit recording equipment in their establishments due to security concerns. This is not uncommon in prison-based research and has been noted elsewhere (Noaks and Wincup, 2004; Schlosser, 2008). Where audio recording was prohibited during interviews, elements raised by participants were jotted down in the form of key words and phrases and written up in more detail after the interview had finished.

The use of thematic networks, as advocated by Attride-Stirling (2001), was adopted as a systematic way of organising the analysis. Thematic network analysis builds on key features which are predominant in other forms of qualitative data analysis, but is unique in that the aim of the analysis is to construct web-like matrices. This provides insight into the researcher's explicit processes from generating interpretation and theory from text and transcripts. Thematic networks systematically organise initial codes into basic themes. Themes often emerged from the data itself (inductive) or from prior theoretical understandings of the area under study (Boyatzis, 1998). Although researcher judgement is crucial to determining thematic categories (Braun and Clarke, 2006), Ryan and Bernard (2003) have proposed techniques for arriving at a theme. Repetition of key issues in the raw data, for example, is one of the simplest forms of theme identification. Once basic themes are identified they are grouped to form organising themes and then an overarching global theme is produced which succinctly encapsulates aspects of the data. NVivo 7 software was used to aid the analysis.

Results

Throughout the section, pseudonyms have been used to protect the anonymity of participants and direct quotations have been used for illustrative purposes and selected to support the interpretation and findings. Quotations have been shortened and merged to exclude extraneous or non-relevant material; this has been conducted in an ethical and trustworthy way to aid the reading of the quotation, rather than to obscure meaning or manipulate findings. Only in instances where quotations and notes have mentioned names or places have they been edited so as not to identify individuals or organisations.

Drug availability and supply

Drugs were reported to be 'rife' in the system, with prisoners describing the menu of illegal substances that were available in all three prisons. Most men commented upon the ease of obtaining drugs and the general availability of illicit substances. Prison staff (particularly those working on the wings) concurred, suggesting that the amount of drugs in prison had become a substantial problem. Some staff, such as Gordon, suggested that the drugs situation in prison mirrored wider society where drug misuse had become far more common. Michael (prison officer) claimed that prisoners could be creative and inventive in bringing drugs into the prison and this made the task of security management more difficult. Insufficient staff numbers, usually as a result of prison overcrowding or staff being on long-

term sickness absence, could also be a contributory factor which placed increased pressures on staff:

> *"Sometimes you can be down to the minimum staffing levels, so you are running about like a headless chicken."* (Tim, prison officer)

Indeed, prisoners themselves recognised that prison staff had an impossible task on their hands to eradicate the supply of drugs coming into the establishment.

Prison visits were confirmed by staff and prisoners as one o the usual routes for drug supplies to enter the institutions. Although heavy surveillance was in place, like CCTV and sniffer dogs, respondents suggested that family and friends could continue to supply substances to prisoners in the visits hall if they wished. Substances were also commonly supplied by contacts in the community who would throw items over the perimeter fence or wall of the prison to be later collected by the men inside the prison walls. Usually, this would be an intricately co-ordinated event, often planned using mobile telephones which had been illegally obtained and used in the prison. Jim (prisoner) also explained more elaborate means in which some prisoners obtained and subsequently distributed and sold subutex (a prescription opiate substitute for heroin). He described how those men prescribed subutex would simulate swallowing the pill in front of healthcare staff, only to conceal the substance under their tongue. These men would later dry the subutex pill on their cell radiator:

> *"It's very, very hard because they [drugs] come in through visits or through the medical hatch where they are supposed to swallow the subutex tablet, but they don't. They put it under the tongue, come back, dry it out on their pipes and sell it on."*

The scale and changing pattern of drug use

There was a shared feeling from many long-term prisoners that a shift had occurred in the types of drugs available in prison. Heroin, for instance, was reported to have superseded cannabis as the regular drug of the prison population. Alan, a long-serving prisoner, discussed the changes he had witnessed both in terms of the amount of drugs in prison and also the nature of substances being used. He reflected on the situation during the mid to late 1980s:

> *"They've got a bigger drug problem in prison now. When I was in [name of high security prison], there wasn't heroin in the jails, it was all cannabis and ninety-nine percent of the prison population were using it."*

Jim (prisoner) proposed that prisons now contain a far higher proportion of drug addicts with a sharp rise taking place over the past decade:

> *"Ten, fifteen years ago there would have been about thirty-percent addicted to drugs, now it's like seventy."*

Steve also acknowledged the scale of the drugs issue, suggesting that heroin was being used more regularly. However, drug availability was also contingent upon the geographical location of the prison. From his experiences and observations, *"subbies"* (subutex) were commonly used in prisons in the North East of England; whereas, in prisons located in the southern part of the country, *"weed"* (cannabis) was more commonly used:

> *"The main drug is the smack and it's rife throughout every prison, especially here at the moment, it's a big problem…the main ones are your smack, weed and subbies, they must be a North East thing your subbies because down in [name of prison], subbies wasn't a thing it was just weed and gear, in [name of prison] it was just subbies a bleeding epidemic of subbies. You'll go down south and it'll just be weed or gear, they won't even know what a subby is."*

Peer pressure

There were strong influences from peers in relation to drug misuse. Adam took par in a one-to-one interview and seemed resolute in treating his drug addiction whilst in prison. He claimed, however, that the availability of drugs within the prison was an inhibiting factor for his rehabilitation. Many other prisoners recognised that their treatment programmes in prison represented a feasible way of becoming drug free; yet, several were not resilient enough to cope with the free and easy availability of drugs. In some cases, the wing in which prisoners were living could have implications as to whether individuals were able to abstain from drugs. Alan found that being on a wing with a high majority of drug users perpetuated his need to use substances due to the availability and the visible nature of drug use on the wing:

> *"…if you are trying to get away from drugs and on a wing of twenty people, there might be five of you that are trying to keep away from it and fifteen people using it. It's very hard to keep away from it when it is in your face all of the time. It is hard coming off drugs, I know because I've tried umpteen times and had a heroin habit for thirty years. So it is difficult and when I first came I was using because I couldn't get away from it, but when I was moved off that wing to a different wing I found it much easier because more people were away from it."*

Several prisoners found it difficult to resist drugs whilst in prison, especially if they had a history of substance misuse in the past. Alan acknowledged that individuals have some choice as to whether or not to take drugs, but using drugs whilst in prison could improve a person's mood, their sleeping pattern and increase productivity in accomplishing tasks and chores:

> *"Well everyone has a choice, don't they? It's then down to the individual and where their mind set is. No-one has got a gun to their head saying you will take this drug, but when it is in your face and you have a drug habit and you're feeling pretty rough and someone has a bag of heroin in front of you, it's pretty hard to say no when you haven't slept for a week, you know that that little bit of powder will get you to sleep, you can do your washing, write your letters. It can be a strong motivator."*

Alan also claimed that those individuals who were successful in treating their drug addiction would often be enticed to re-use substances by drug dealers in the prison:

> "...if someone sees you coming off drugs, they will do everything they can to get you back on drugs, because if you can get off them then there is no reason that they can't. If they can't then it's their weakness not the man that's come off the drugs, he's the one that is strong…it doesn't bother me anymore, I'll just tell them to fuck off basically."

Angela, a governor grade officer, reiterated Alan's point. From her observations, drug dealers in prison were prone to using various tactics to preserve the number of drug users within the institution to maintain their lucrative business and keep profits high:

> "Say, for example, someone wanted to come off drugs, and they got in the mindset that they wanted to turn their life around and make something of themselves, then it takes another person out of the system and if you're a drug pusher then you're not going to be able to push to them and make money 'cos they want to change their life. So they are going to keep them in the drugs arena because it's fodder for them."

Staff noted that peer pressure also manifested itself within certain prisoner groups or cliques. Several staff suggested that it was not uncommon for prisoners to become part of groups or gangs when they started their time in prison – this was usually in order to avoid alienation. However, 'breaking out' of these cliques in order to fulfil personal development needs or address substance misuse issues could go against the group's social norms:

> "There's a lot of peer pressure in prison especially in certain cliques…if one person wants to break out of that clique to try and better himself then the rest of them in that clique will try to wear him down. You do see a bit of that." (Steve, prisoner)

"People take drugs because they're bored"

Occupying vast quantities of 'prison time' was problematic for some men. *"Bang up"* – the colloquial term for individuals being locked and confined within their prison cell – was considered tedious and boring and was often reported by prisoners to cause psychological deterioration, as well as physical harm through muscle soreness, aches and pains. Frequently, prisoners were unable to purposefully use the time afforded to them by the regime and, in some instances, turned to drugs to fill the void. Paul (prisoner) suggested that drugs were used to counteract the boredom of prison life as they provided an escape. Drug use also provided a sense of purpose to the day as individuals would have to acquire the funds necessary to pay their dealer:

> "I think that's a problem for a lot of people on drugs who just get fed up and bored, so they're looking for an outlet, or something to do and drugs is a big stop gap. Because if you're on drugs you get up on a morning and your first thought is where do I get drugs from and your whole day is geared to getting the money to get the drugs."

Bryan (prisoner) criticised the lack of occupational provision and suggested that this contributed to the high rates of drug misuse:

> *"On the wing where I am, there is nothing to do, one little snooker table for one hundred people, that's why people take drugs because they're bored and have nothing better to do but take drugs."*

Overcrowding was continually mentioned by prisoners and staff as the root of this problem.

Restricted access to drugs and alcohol

There were prisoners who suggested that drug availability was overstated and that the amount of drugs in prison was minimal. Derek (prisoner), for example, suggested that where drugs were available in prison, they were often in relatively short supply and unable to meet the demands of hardened drug users. Many prisoners had capitalised on the restricted access to drugs and alcohol. Stu, for example, was nearing the end of his prison sentence and had been reasonably successful in avoiding drugs and alcohol and had controlled his drug problem through treatment, but he was increasingly apprehensive about his impending release from prison and how he would adapt and integrate back into the community. He suggested that being in prison was like living a *"false reality"* and that the pressures from the 'outside world' could cause drug and alcohol relapse. He suggested that prisons simply fail in their attempts to prepare individuals adequately for the *"real world"*, where offenders would return to communities and social situations where drug taking is the norm. Terry reiterated Stu's comments:

> *"The big test will come when I get out, this is a false reality really, you stay clean of drugs like but when you get out you're in a different world."*

Mandatory drug testing

Whilst staff suggested that Mandatory Drug Testing (MDT) is an initiative used by the Prison Service to deter individuals from using drugs, many of the prisoners in this study held these policies accountable for creating addicts and encouraging men to use *"hard"* drugs. For example, most prisoners classified cannabis as a low risk substance but claimed that MDT encouraged prisoners to use far riskier substances (particularly heroin), as this was more difficult to detect in the body during testing. Adam (prisoner) suggested that he had seen a number of young men who entered prison with *"recreational"* drug habits, predominantly cannabis smoking, and yet left the prison as hardened and addicted drug users. Although Adam's position may have been extreme, other prisoners supported his claim. Jim, for instance, spoke of a number of cannabis users that he knew that had used the substance in prison to relax or combat the stresses of imprisonment. He suggested that many of these men would be identified through MDT procedures and punished by the authorities. This resulted in prisoners switching to heroin use, as this was detectable in the body for a far shorter period of time.

Discussion

The accounts of prisoners and prison staff have highlighted a series of social and environmental factors influencing in-prison drug use in three category-C prisons in England. The data, albeit derived from a relatively small scale study, suggests that drug use remains problematic and that additional 'upstream' intervention (i.e. not only interventions concerned with treatment) may be required to tackle the issue.

A central theme to emerge from prisoner and staff perspectives was the availability and convenience of locating illicit substances and the impact this was potentially having on individuals' treatment processes and attempts to withdraw from drugs. Although the availability of drugs is not an exclusive issue for prisons in England and Wales, the previous Government admitted that it was difficult to determine, with any certainty, the amount of drugs currently circulating in the prison system (The Centre for Social Justice, 2009). In this study, some men suggested that the amount of drugs circulating in prison was overstated, though most implied that drugs were commonplace. The latter observation resonates with some commentators who have alluded to the fact that more drugs are in prisons today than ever before (Djemil, 2008). Prison staff often recognised the scale of the drugs problem and admitted that they were fighting a losing battle against creative and resourceful inmates who were highly organised and focussed. This was highlighted through meticulously planned drug exchanges with accomplices in the community using mobile telephone communication. From a staff perspective, it seemed that the availability of drugs was attributed to a growing prison population without adequate staffing and sufficient resources to cope. Budgets within establishments have, for instance, been stretched and staff recruitment has not increased in line with the expansion of the prison population (Penfold *et al.*, 2005). Given the wide-scale cuts in public services and the implications for the Prison Service, it is difficult to see this changing in the short-term (HMIP, 2010); yet, front-line staff are essential in any prison and clearly play a prominent part in creating the WHO's vision of an environment that is 'reforming' and 'health promoting' (WHO, 2007).

According to prisoners and prison staff, drugs predominantly entered the prison through visits via family and friends. Although previous research suggests that staff are aware that drugs can be passed through family visitation processes, the methods available to staff to detect drugs (i.e. sniffer dogs and CCTV) are often unreliable (Djemil, 2008; Dixey and Woodall, forthcoming). Moreover, simply reducing the number of visits or stopping them completely would be inhumane and counterproductive as visits are "an essential component of the rehabilitative process" (Shafer, 1994, p.17) and are advantageous in terms of

prisoners' mental health and future resettlement (Bales and Mears, 2008; Codd, 2008; Niven and Stewart, 2005; Woodall *et al.*, 2009).   As others have noted, prison staff play a prominent part in the dynamics of visiting, but a balance is required in their role between ensuring security and yet allowing prisoners and their family to reconnect without feeling under constant surveillance and scrutiny (Dixey and Woodall, forthcoming).

The data presented in this study suggests that as the health promoting prison concept develops, it is critical that MDT policies are reconsidered given the implication it has on prisoners' reported drug-taking. Prison policy, specifically in relation to MDT, was reported by several prisoners to have caused some individuals to shift to using class A drugs, as these would be more difficult to trace in the body than cannabis. One of the overarching criticisms of MDT policies by the respondents was that it pressurised prisoners, once content with smoking cannabis, into using other substances, like heroin, which can cause more personal and social damage. More in-depth research, coupled with a detailed policy analysis, is needed in this specific area to validate the findings shown here. However, there are other criticisms made of MDT policies in the literature, Hughes (2000) for example, highlighted how prisoners could contaminate urine samples supplied for MDT and Djemil (2008) found that testing regimes were too predictable in prison which allowed prisoners the opportunity to evade detection. Furthermore, MDT policies are expensive and, to date, evidence does not fully demonstrate that such interventions are effective in reducing drug use in prison (Wheatley, 2007).

The tacit and overt pressure to conform, acquire social approval and make drug choices which were coherent with the majority of other prisoners was also suggested to be overwhelming and those that dismissed conformity could find themselves isolated from the rest of the wing. Previous research shows that using the same drug as one's peers facilitates entry into a group and encourages trust (Ramsay, 2003) and de Viggiani (2003, p.197) has reported similar issues, suggesting that it could be difficult for prisoners to *"opt out"* of social norms and to project their true identities in public. In this instance, it is clear to see parallels with Wheatley's (2007) social network model of drug use and the shared connection created by a joint enterprise between prisoners.

In a few instances, the setting could also be stabilising and beneficial for some individuals. For these men, the prison was couched as being 'restorative rather than punitive' (Crewe, 2005) and offered them a venue to recover from the drug problems they had previously faced in the community. This form of 'regaining control' was evident, as the prison provided a viable opportunity for prisoners to address their health:

"The depressing irony, then, is that while some prisoners find drugs a respite from prison, others find prison a respite from drugs: a chance to improve their physical and psychological health, to recover some status and to repair the state of their personal relationships." (Crewe, 2005, p.474)

The concern is that once released from the relative protection of the prison, the majority of these men will return back to communities where there inclinations to use drugs are heightened.

In conclusion, this study examined drug use during imprisonment in three category-C English prisons during a period where health promotion policy in this setting has never been as prominent. A myriad of factors, including MDT policies, boredom, the availability of substances within the prison and peer pressure, were shown to influence prisoners' motivation to use drugs. Further research should explore the extent to which the same picture emerges in other categories of prisons or whether a difference is found in remand institutions, female prisons and young offender institutions. The concept of a settings approach has a strong role to play in promoting the health of prisoners. Whilst a settings approach concerns the development of personal competencies, there is also a focus on re-shaping environments, fostering partnerships and building healthy public policy (Whitelaw *et al.*, 2001). In their current guise, prison policy remains overly concerned with individually centred lifestyle interventions or disease prevention activities; this is somewhat disconcerting, given that this particular criticism has been apparent for a decade (Smith, 2000; de Viggiani, 2006a). There remains an over-simplification of the determinants influencing prisoners' health, perhaps embodied none more so than through the Prison Services' own strategy for promoting health (HM Prison Service, 2003). In terms of addressing health, there is an overemphasis on the individual to the exclusion of broader social and structural processes that are at work both in prison and wider society. Based on these findings presented here it is proposed that if the health promoting prison is to be fully realised, a more radical, upstream and holistic outlook is required. As an example, the notion of a prison setting should be reconceptualised, moving away from a purely instrumental view which considers the prison as a convenient venue for addressing the treatment needs of offenders, towards making health integral to the institution's culture. Whilst health care and treatment within prisons is essential, it is only one small aspect of creating health promoting prisons. Greater focus should be given to considering architecture, policies, prisoner-staff relationships and how these impact on individuals. Practical 'upstream' examples drawn from this study to reduce drug-misuse could, therefore, consist of ensuring that sufficient occupational activities are provided for prisoners, creating

more drug-free wings and reducing the amount of illegal drug supplies that are smuggled through visits through better staff training.

Listening to the views of prisoners and staff offers a number of significant benefits in understanding health issues in settings. The WHO have been proponents of the importance of listening to the views of prisoners and prison staff in order to meet their needs through health promotion strategies and this must continue. To date, there have been significant developments in the health promoting prison movement, but if the WHO are to fulfil their vision then tackling the drug problem inside institutions must be prioritised.

References

Arboleda-Flórez, J. (2005), "The ethics of biomedical research on prisoners", *Current Opinion in Psychiatry,* Vol. 18 No. 5**,** pp. 514-517.

Attride-Stirling, J. (2001), "Thematic networks: an analytic tool for qualitative research", *Qualitative Research,* Vol. 1 No. 3, pp. 385-405.

Bales, W. D. and Mears, D. P. (2008), "Inmate social ties and the transition to society? Does visitation reduce recidivism?", *Journal of Research in Crime and Delinquency,* Vol. 45 No. 3**,** pp. 287-321.

Boyatzis, R. E. (1998), *Transforming qualitative information. Thematic analysis and code development,* Sage, London.

Bradley, K. (2009), *The Bradley report. Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system,* Crown, London.

Braun, V. and Clarke, V. (2006), "Using thematic analysis in psychology", *Qualitative Research in Psychology,* Vol. 3**,** pp. 77-101.

Codd, H. (2008), *In the shadow of prison. Families, imprisonment and criminal justice,* Willan Publishing, Cullompton.

Cope, N. (2000), "Drug use in prison: the experiece of young offenders", *Drugs: Education, Prevention and Policy,*Vol 7 No 4**,** pp. 355-366.

Cope, N. (2003), "'It's no time or high time': young offenders' experiences of time and drug use in prison", *The Howard Journal of Criminal Justice,* Vol 42 No 2**,** pp. 158-175.

Courtenay, W. H. and Sabo, D. (2001), "Preventive health strategies for men in prison", Sabo, D., Kupers, T. A. and London, W. (Eds.) *Prison masculinities,* Temple University Press, Philadelphia, pp. 157-172.

Crawley, E. and Sparks, R. (2005), "Hidden injuries? Researching the experiences of older men in English prisons", *The Howard Journal of Criminal Justice,* Vol 44 No **,** pp. 345-356.

Crewe, B. (2005), "Prisoner society in the era of hard drugs", *Punishment & Society,*Vol. 7 No. 4**,** pp. 457-481.

de Viggiani, N. (2003), *"(Un)healthy prison masculinities: theorising men's health in prison",* Unpublished PhD thesis. *Faculty of Social Sciences, School of Policy Studies.* Bristol, University of Bristol.

de Viggiani, N. (2006a), "A new approach to prison public health? Challenging and advancing the agenda for prison health", *Critical Public Health,* Vol. 16 No. 4**,** pp. 307-316.

de Viggiani, N. (2006b), "Surviving prison: exploring prison social life as a determinant of health", *International Journal of Prisoner Health,* Vol. 2 No. 2**,** pp. 71-89.

Denman, S., Moon, A., Parsons, C. and Stears, D. (2002), *The health promoting school: policy, research and practice,* Routledge, London.

Department of Health (2002), *Health promoting prisons: a shared approach,* Crown, London.

Department of Health (2004), *Choosing health: making healthier choices easier,* The Stationary Office, London.

Department of Health (2009), *Improving health, supporting justice: the national delivery plan of the health and criminal justice programme board,* Department of Health, London.

Dixey, R. and Woodall, J. (forthcoming), "The significance of 'the visit' in an English category-B prison: views from prisoners, prisoners' families and prison staff", *Community, Work & Family.*

Djemil, H. (2008), *Inside out. How to get drugs out of prison,* Centre for Policy Studies, London.

Dooris, M. (2001), "The "Health Promoting University": a critical exploration of theory and practice", *Health Education,* Vol. 101 No. 2, pp 51-60.

Dooris, M. (2004), "Joining up settings for health: a valuable investment for strategic partnerships?", *Critical Public Health,* Vol. 14 No. 1, pp. 37-49.

Dooris, M. (2005), "Healthy settings: challenges to generating evidence of effectiveness", *Health Promotion International,* Vol. 21 No. 1, pp. 55-65.

Dooris, M. (2009), "Holistic and sustainable health improvement: the contribution of the settings-based approach to health promotion", *Perspectives in Public Health,* Vol. 129 No. 1, pp 29-36.

Dooris, M., Poland, B., Kolbe, L., Leeuw, E. D., McCall, D. and Wharf-Higgins, J. (2007), "Healthy settings. Building evidence for the effectiveness of whole system health promotion - challenges and future directions", McQueen, D. V. and Jones, C. M. (Eds.), *Global perspectives on health promotion effectiveness.* Springer, New York.

Douglas, N., Plugge, E. and Fitzpatrick, R. (2009), "The impact of imprisonment on health. What do women prisoners say?", *Journal of Epidemiology and Community Health,* Vol. 63 No. 9**,** pp. 749-754.

Freudenberg, N. (2007), "Health research behind bars: a brief guide to research in jails and prisons", Greifinger, R. B., Bick, J. and Goldenson, J. (Eds.), *Public health behind bars. From prisons to communities*, Springer, New York.

Goos, C. (1996), "Perspectives on healthy prisons", Squires, N. and Strobl, J. (Eds.) *Healthy prisons a vision for the future.* The University of Liverpool, Department of Public Health, Liverpool.

Green, L. W., Poland, B. D. and Rootman, I. (2000), "The settings approach to health promotion", Poland, B. D., Green, L. W. and Rootman, I. (Eds.), *Settings for health promotion. Linking theory and practice.* Sage, Thousand Oaks.

Greenwood, N., Amor, S., Boswell, J., Joliffe, D. and Middleton, B. (1999), *Scottish Needs Assessment Programme. Health promotion in prisons,* Office for Public Health in Scotland, Glasgow.

Harris, N. and Grootjans, J. (2006), "The potential role of ecological health promotion in progressing healthy ageing", *Ageing International,* Vol. 31 No. 4, pp. 276-282.

Hassan, P. (1996), "Drugs and Imprisonment: challenging misconceptions and some general observations", *Prison Service Journal,* Vol. 107**,** pp. 2-6.

HMIP (2010), *Annual report 2008-09,* The Stationery Office, London.

HM Prison Service (2003), *Prison Service Order (PSO) 3200 on health promotion,* HM Prison Service, London.

Hodgson, P., Parker, A. and Seddon, T. (2006), "Doing drug research in the criminal justice system", *Addiction Research and Theory,* Vol. 14 No. 3, pp. 253-264.

Hughes, R. (2000), "Drug injectors and prison mandatory drug testing", *The Howard Journal of Criminal Justice,* Vol. 39 No. 1, pp.1-13.

Jürgens, R., Ball, A. and Verster, A. (2009), "Interventions to reduce HIV transmission related to injecting drug use in prison", *The Lancet Infectious Diseases,* Vol. 9 No. 1**,** pp. 57-66.

Klockars, C. B. (1974), "Professional researchers and prisoner subjects: some ethical problems and practical solutions", *The Prison Journal,* Vol. 54, pp. 34-42.

Leech, M. and Cheney, D. (2002), *Prisons handbook,* Waterside Press, Winchester.

Liamputtong, P. and Ezzy, D. (2005), *Qualitative research methods,* Oxford University Press, Oxford.

McCallum, A. (1995), "Healthy prisons: oxymoron or opportunity?", *Critical Public Health,* Vol. 6 No. 4**,** pp. 4-15.

Møller, L., Gatherer, A. and Dara, M. (2009), "Barriers to implementation of effective tuberculosis control in prisons", *Public Health,* Vol. 123 No. 6**,** pp. 419-421.

Møller, L., Stöver, H., Jürgens, R., Gatherer, A. and Nikogosian, H. (2007), *Health in prisons. Copenhagen*, WHO, Copenhagen.

Moser, D. J., Arndt, S., Kanz, J. E., Benjamin, M. L., Bayless, J. D., Reese, R. L., Paulsen, J. S. and Flaum, M. A. (2004), "Coercion and informed consent in research involving prisoners", *Comprehensive Psychiatry,* Vol. 45 No. 1, pp. 1-9.

Niven, S. and Stewart, D. (2005), *Resettlement outcomes on release from prison in 2003. Home Office Findings No. 248,* Home Office, London.

Noaks, L. and Wincup, E. (2004), *Criminological research. Understanding qualitative methods,* Sage, London.

Oliver, P. (2003), *The student's guide to research ethics,* Open University Press, Maidenhead.

Parcel, G. S., Kelder, S. H. and Basen-Engquist, K. (2000), "The school as a setting for health promotion", Poland, B. D., Green, L. W. and Rootman, I. (Eds.), *Settings for health promotion. Linking theory and practice*, Sage, Thousand Oaks.

Patton, M. Q. (2002), *Qualitative research & evaluation methods,* Sage, Thousand Oaks.

Pelikan, J. M., Krajic, K. and Dietscher, C. (2001), "The Health Promoting Hospital (HPH): concept and development", *Patient Education and Counselling,* Vol. 45 No. 4, pp. 239-243.

Penfold, C., Turnbull, P. J. and Webster, R. (2005), *Tackling prison drug markets: an exploratory qualitative study. Home Office Online Report 39/05*, Home Office, London.

Poland, B., Krupa, G. and McCall, D. (2009), "Settings for health promotion: an analytic framework to guide intervention design and implementation", *Health Promotion Practice,* Vol.10 No. 4**,** pp. 505-516.

Poland, B. D., Green, L. W. and Rootman, I. (2000), "Reflections on settings for health promotion", Poland, B. D., Green, L. W. and Rootman, I. (Eds.), *Settings for health promotion. Linking theory and practice.* Sage, Thousand Oaks, pp. 341-352.

Pont, J. (2008), "Ethics in research involving prisoners", *International Journal of Prisoner Health,* Vol.4 No. 4**,** pp.184-197.

Quraishi, M. (2008), "Researching Muslim prisoners", *International Journal of Social Research Methodology,* Vol. 11 No. 5, pp. 453-467.

Ramsay, M. (2003), *Prisoners' drug use and treatment: seven research studies. Home Office Research Study 267.* Home Office, London.

Rennie, C., Senior, J. and Shaw, J. (2009), "The future is offender health: evidencing mainstream health services throughout the offender pathway", *Criminal Behaviour and Mental Health,* Vol.19 No. 1**,** pp. 1-8.

Ryan, G. W. and Bernard, H. R. (2003), "Techniques to identify themes", *Field Methods,* Vol. 15 No. 1, pp. 85-109.

Sandelowski, M. (1995), "Sample size in qualitative research", *Research in Nursing & Health,* Vol. 18 No. 2**,** pp. 179-183.

Schlosser, J. A. (2008), "Issues in interviewing inmates. Navigating the methodological landmines of prison research", *Qualitative Inquiry,* Vol. 14 No. 8**,** pp. 1500-1525.

Shafer, N. (1994), "Exploring the link between visits and parole success", *International Journal of Offender Therapy and Comparative Criminology,* Vol. 38 No. 1**,** pp. 17-32.

Shewan, D., Gemmell, M. and Davies, J. B. (1994), "Prison as a modifier of drug using behaviour", *Addiction Research and Theory,* Vol. 2 No. 2**,** pp. 203-215.

Shewan, D., Stover, H. and Dolan, K. (2005), "Injecting in prisons", Pates, R., McBride, A. and Arnold, K. (Eds.), *Injecting illicit drugs*, Blackwell, Oxford, pp. 69-81.

Smith, C. (1996), *The imprisoned body: women, health and imprisonment.* Unpublished PhD thesis, University of Wales, Bangor.

Smith, C. (2000), "'Healthy prisons': a contradiction in terms?", *The Howard Journal of Criminal Justice,*Vol. 39 No. 4**,** pp. 339-353.

Smith, C. and Wincup, E. (2000), "Breaking in: researching criminal justice institutions for women", King, R. D. and Wincup, E. (Eds.), *Doing research on crime and justice.* Oxford University Press, Oxford.

Smith, C. and Wincup, E. (2002), "Reflections on fieldwork in criminal justice institutions", Welland, T. and Pugsley, L. (Eds.), *Ethical dilemmas in qualitative research.* Ashgate, Aldershot.

Stark, K., Herrmann, U., Ehrhardt, S. and Bienzle, U. (2006), "A syringe exchange programme in prison as prevention strategy against HIV infection and hepatitis B and C in Berlin, Germany", *Epidemiology and Infection,* Vol. 134 No. 4**,** pp. 814-819.

Stöver, H. and Weilandt, C. (2007) "Drug use and drug services in prison", Møller, L., Stöver, H., Jürgens, R., Gatherer, A. and Nikogosian, H. (Eds.) *Health in prisons.* WHO, Copenhagen, pp. 85-112.

Swann, R. & James, P. (1998), "The effect of the prison environment upon inmate drug taking behaviour", *The Howard Journal of Criminal Justice,* Vol. 37 No. 3**,** pp. 252-265.

The Centre for Social Justice (2009), *Breakthrough Britain: locked up potential,* The Centre for Social Justice, London.

Tompkins, C. N. E., Neale, J., Sheard, L. and Wright, N. M. J. (2007), "Experiences of prison among injecting drug users in England: a qualitative study", *International Journal of Prisoner Health,* Vol. 3 No. 3**,** pp. 189-203.

Tones, K. and Green, J. (2004) *Health promotion. Planning and strategies,* Sage, London.

Wheatley, M. (2007), "Drugs in prison", Jewkes, Y. (Ed.), *Handbook on prisons*, Willan Publishing, Cullompton, pp. 399-422.

Wheatley, M. (2008), "The prison drug worker", Bennett, J., Crewe, B. and Wahidin, A. (Eds.), *Understanding prison staff*, Willan Publishing, Cullompton, pp. 330-348.

Whitehead, D. (2004a), "The European Health Promoting Hospitals (HPH) project: how far on", *Health Promotion International,* Vol. 19 No. 2, pp. 259-267.

Whitehead, D. (2004b), "The Health Promoting University (HPU): the role and function of nursing", *Nurse Education Today,* Vol. 24**,** 466-472.

Whitelaw, S., Baxendale, A., Bryce, C., Machardy, L., Young, I. and Witney, E. (2001), "'Settings' based health promotion: a review", *Health Promotion International,* Vol. 16 No. 4, pp. 339-352.

Wincup, E. and Hucklesby, A. (2007), "Researching and evaluating resettlement", Hucklesby, A. and Hagley-Dickinson, L. (Eds.), *Prisoner Resettlement. Policy and practice.* Willan Publishing, Cullompton.

WHO (1995), *"Health in prisons. Health promotion in the prison setting. Summary report on a WHO meeting, London 15-17 October 1995",* WHO, Copenhagen.

WHO (1998), *"Mental health promotion in prisons. Report on a WHO meeting"*, WHO, Copenhagen.

WHO (2003), *"Moscow declaration: prison health as part of public health",* WHO, Copenhagen.

WHO (2007), *"Health in prisons. A WHO guide to the essentials in prison health",* WHO, Copenhagen.

WHO (2008), *"Background paper for Trenčín statement on prisons and mental health",* WHO, Copenhagen.

Woodall, J. (2010), *"Control and choice in three category-C English prisons: implications for the concept and practice of the health promoting prison"*, Unpublished PhD thesis. Faculty of Health and Social Sciences, Leeds, Leeds Metropolitan University.

Woodall, J., Dixey, R., Green, J. and Newell, C. (2009), "Healthier prisons: the role of a prison visitors' centre", *International Journal of Health Promotion and Education,* Vol. 47 No. 1**,** pp. 12-18.