Reconceptualizing Heroin Use in Prisons

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In Western nations, prison has always been perceived as an environment populated by the “scum” of society, convicted criminals. This population is also largely categorized as “at risk” for many stigmatizing illnesses and behaviours. For example, conditions such as HIV, sexually transmitted diseases, and hepatitis are found in greater numbers among incarcerated persons (Seal, et al. 2004). Furthermore, inmates at correctional institutions in the United States and the United Kingdom have much higher rates of drug use than the general population; one study found the prevalence of heroin use to be forty times that of the general population (Boys, et al. 2002:1558). In regards to the use of drugs, this might lead one to wonder, why such high use-rates? This article will examine this question, specifically focusing on the use of heroin within the prison environment and prisoner culture. After describing the issue within sociological terms, a critical perspective will be employed, arguing for a reconceptualization of the issue as essentially anthropological and ethnomedical, in opposition to the biomedical perspective that is legitimized largely by the dominant political, economic, and cognitive structures.

Prisoner culture and drug use

There exists within prisoner culture a “code” that protects inmate interests and is supported by subgroup loyalty (Winfree, et al. 2002). This code is passed on to the inmates through a process called prisonization or the “taking on in greater or lesser degree of the folkways, mores, customs and general culture of the penitentiary,” (Winfree, et al. 2002:214). This process has been found to emphasize a similar social system within prisons on an international scale, while variables such as age, gender, race, ethnicity, and nationality have been found to have little influence on the process.

Through a more emic view of the inmate subculture and the social code that accompanies prison, we can attempt to understand or empathise at least partially with their perspective, which focuses on three central values (Winfree, et al. 2002). The first and foremost aspect of the inmate code is respectability, or the specific qualities that inmates value in their peers. The second aspect addresses inmates’ attitudes and orientations toward crime and criminals, because criminals are not all “created equal”. For example, there exists an inmate elite who are seen as more intelligent and sophisticated, and separate themselves with other offenders, mainly participating in relations with each another (Winfree, et al. 2002). For example, murderers and robbers are highly respected whereas rapists and child molesters are usually loathed. Finally, prisoners adopt a negativistic, anti-institutional code. However, the extent to which individual prisoners adopt this perspective does vary somewhat, whereas “inmates with histories of pre-prison drug use exhibited higher levels of prisonization and opposition to the organization of
power,” (Winfree, et al. 1994:283). In addition to these criteria, drugs, and more recently heroin specifically, have become a fundamental aspect of the prisoner social system and culture.

The prevalence of heroin use within the prisoner culture is far from random. As Crewe notes, “mandatory drug testing (MDT) [actually] accelerated heroin’s ascendance in the prison system,” (Crewe 2005:462) because it can only be traced up to three days after use. In the United Kingdom, where the MDT program has been implemented, this caused many prisoners to switch from cannabis use, which can be traced for up to twenty-eight days. This emphasis on heroin is directly noted by many prisoners, who claim “that they and their peers had never used heroin until they entered prison, and that their decision to use heroin rather than cannabis were directly related to the MDT regime,” (Crewe 2005:462). This demonstrates that the structure of drug-prevention initiatives within prisons actually induces prisoners to take up heroin use.

The users of heroin are stigmatized and its dealers are given considerable influence and power. This is because heroin users are forced to deviate from the inmate code, stealing from others to sponsor their consumption while dealers gain power over users as well as money and influence in the process. Drugs in prison cost three to four times their street value (Crewe 2005). The prisoner community believes that the “dependency, desperation and degenerate physical state,” (Crewe 2005:468) of users cause their collective dignity to be compromised. The stigmatization of users is further illustrated through the disparity between prisoners' public disapproval of heroin, and their confessions of personal involvement given in private.

On the other hand, dealers may achieve status and satisfaction from their “hustle” of the drug, which can be exhibited through displays of control, wealth, and knowledge (Crewe 2005). Furthermore, the crimes that inmates enter prison for are a form of achieved status, where drug dealings are identified as second only to robbers (Winfree, et al. 2002:218). Therefore, although users are generally stigmatized by prisoners, dealing:

...carries considerable kudos as an organized, entrepreneurial, high-risk and potentially very lucrative endeavour. Inside prison, there is no question that, through the cost and desirability of their product, drug dealers can be extremely influential and comfortable figures. [Crewe 2005:469]

That being said, the dealers are not necessarily considered well-integrated into prison culture (Winfree, et al. 1994). This is because the drug distribution system, symbolically attached to heroin, is also symbolically attached to the stigma attributed to the effects of heroin on prisoners and prisoner culture. This stigma is reflected in the belief drug dealers have contributed to the erosion of a formerly more solid inmate culture, while simultaneously altering, “the prison social world into one of exploitation, manipulation, and self interest,” (Crewe 2005:477). Thus, while the drug culture, and heroin more
specifically, is intimately related to the inmate culture, it is not a fundamental aspect of it.

Generally, motivation for drug use in prison is related to four major thematic clusters: opportunity, mental escape, celebration, and addiction (Seal, et al. 2004:779). Specifically, drugs are valued by users as celebratory and as means of escape from the circumstances of their confinement. With regard to heroin, aside from being the least detectable drug in prisons, users describe its use as extremely therapeutic considering their circumstances. Users cite its value “in the way that it ‘kills time’, alleviates anxiety and allows the user a temporary escape from reality,” (Crewe 2005:463). This capacity for a temporary release was found in multiple studies (Crewe 2005; Seal, et al. 2004; Wilson, et al. 2007). Boys and colleagues (2002) found that heroin helped users to halt their dwelling on problems, allowed them to loosen up and relax, while simultaneously relieving boredom. As was established earlier, MDT encourages prisoners to use heroin as opposed to drugs such as cannabis based on the drug’s detectability (Boys, et al. 2002; Crewe 2005). Paired with this is the finding that the longer an individual has spent in prison, the greater the likelihood that the individual will have used cocaine or heroin (Boys, et al. 2002:1556). Furthermore, having served time previously upon entry to prison has a greater correlation to heroin use than cocaine use. An inmate with a high rate of recidivism was much more likely to use heroin in prison, more than eight times compared to first time convicts (Boys, et al. 2002:1556). This seems to hint towards the possibility that there are structural factors at work here. Boys and colleagues concluded that “the more times an individual had been in prison, the more likely they were to have tried [heroin], to have used [it] while in prison and to have initiated use while in prison,” (Boys, et al. 2002:1559) leading them to propose a “broader” risk prevention strategy to decrease heroin initiation in prison.

Currently in the United States, almost two-thirds of prisoners that arrive with pre-existing drug problems receive some form of help or treatment while in custody (Ramsay, et al. 2005:269). Given this, it is not surprising that a primary goal of programming in prison seeks to reduce post-release drug problems, and indeed, the number of prisoners with drug problems upon release has been reduced from the entry levels (Ramsay, et al. 2005:282). Nevertheless, prison services internationally confront an extremely challenging task in the delivery of drug services. McIntosh and Saville (2006) have identified three fundamental challenges to the delivery of drug treatment in prison. They are summarized as:

...first, the custodial imperative within the prison service exerts a major influence on the way in which treatment is conducted and the context within which it takes place. [...]Second[,] the custodial imperative also appeared to constrain the extent to which officers were able and willing to engage with prisoners in a therapeutic model. [...]Finally[,] the prison population may also be inherently more difficult to deal with
than those in community-based treatment programmes. [McIntosh and Saville 2006:240-241, 243]

Given these challenges, those with their mind set on therapeutic mode of treatment within prisons have their work cut out for them.

**Drug-use as problem or drug-use as response**

The description of the issue thus far is telling; however, it seems to have been created through an etic perspective, whereas an ethnomedical system should be viewed with an emic perspective. Thus, in light of the aforementioned prison culture, is it not ethnocentric to impose this conceptualization and categorization of the prisoners’ situation, based on a biomedical perspective, without considering their own values, beliefs, and perspectives? Furthermore, do we not create the very environment that is subsequently classified as “high-risk”, and is there not a relation between these people’s drug “problems” and their position in the political and economic structures in which they are immersed prior to incarceration (Boys, et al. 2002; Seal, et al. 2004)? Are we not being ethnocentric if we judge and classify through the perspective of the Western values, beliefs, and symbols when the reasoning that motivates prisoners' specific behaviours—for example, heroin use—is based on different values, beliefs, and symbols? A contradiction is apparent, and Seal and colleagues illustrate it best, noting that “it is ironic that the punishment for illicit drug use is incarceration in a setting in which substance use [is] reported to be widespread and the sale of illicit substances constitutes a cornerstone of an underground prison economy.” (Seal, et al. 2004:787). This is why a critical anthropological analysis of the taken-for-granted approach to examining drug use among prisoners is required, filtered through a critical cultural relativist lens that conceptualizes the issue ethnomedically.

If someone were to spend an extended amount of time in contact with this subculture, one might expect, reasonably, that there is a possibility of “going native”. Indeed, this does occur, because even though it is officially illegal in the larger context, personnel working in corrections unofficially sanction and accept substance use (Seal, et al. 2004). Crewe noted that “drug taking and dealing were accepted by officers and prisoners as inevitable, almost banal, features of the inmate world,” (Crewe 2005:461). Interestingly, once officers become involved in the process of the drug trade within prison, their status is altered in accordance with the prisoner code through interaction. Seal and colleagues (2004:787) found that despite the commonly perceived dominance of correctional personnel, a more complex relationship is apparent where social influence is bidirectional. This was because “correctional personnel were portrayed as central to the acquisition of drugs, either directly through the sale of drugs or indirectly by ‘looking the other way’,” (Seal, et al. 2004:779). Furthermore, the prison institution’s dual emphasis on a custodial role and a harm reduction strategy causes a dilemma, where an officer's action of confiscating a needle from a prisoner that will subsequently force the prisoner to share...
needles with other users if he/she decided to continue using, leading to increased health risks (Wilson, et al. 2007).

The challenges noted by McIntosh and Saville (2006) are based on goals determined by a socially constructed reality—one in which a politically-, economically-, and socially-select few dominate the many. In this “capitalist democracy” some people are relatively deprived of the so-called “legitimate” means to receive biologically necessary and socially prescribed ends. Persons may be brought up lacking food or in a situation where their learned behaviours include stealing; the former may be seen as breaking the law out of biological necessity and the latter due to socialized patterns of behaviour. Thus, they commit “crimes”, some of subsistence, some which violate constructed criteria. However, when there is a lack of cultural congruence between an individual and what the agents of socialization dictate as desirable (such as ample food, material goods, or even happiness), one might suspect learned behaviours associated with illegal activities to eventually lead to prison.

Researchers have explicitly acknowledged their poor understanding of the psychological, interpersonal, and situational factors involving drug use, as well as their interaction (Seal, et al. 2004; Wilson, et al. 2007). This is because the perspectives employed lack cultural relativism. If we consider the inmates of a prison as a subculture, then the use of heroin is not an illness, it is a healing practice. Inmates of a prison are cultural prisoners; the circumstances of their social and cultural existence are dictated to them and they must somehow cope. The smoking or injecting of heroin is an escape from the structural and cultural limitations placed on prisoners by the dominant culture; it is a healing of the self.

Previous studies have omitted a perspective emphasising a critical cultural relativism. This standpoint would lead to asking who accepts the use of heroin and why, while simultaneously asking who this practice could harm or help. A useful analogy can be contextualized through the outbreak of AIDS in the late 1980s. Similar to the use of heroin in prison, AIDS victims were stigmatized, not simply because of the physiological effects of the disease, but due to its implied social basis. The HIV virus was linked to homosexuality, and the stigma, although still dependent on the disease itself, was conceptualized as something resulting from homosexual activities considered “deviant” at the time. AIDS and the socially constructed concept of homophobia were intimately linked. There is a similar socially constructed stigma attached to heroin use which, like homophobia, conveys heroin use as “wrong” based on a culturally constructed set of values. Consequently, in both circumstances individuals refused to empathise with the stigmatized.

Heroin use is a “risky behaviour” but many biomedical healing instruments, such as medication, also come with risky side effects that could cause the ethnomedical aspect of biomedicine to be perceived as “wrong”, yet it is not. Is there a difference, from a critical cultural relativist perspective, between someone taking medication to cope
with depression and a prisoner taking heroin to cope with imprisonment, aside from the legitimization provided by the capitalist culture? If the heroin users in prison have positive reasons for their use, which they do, as noted earlier, then it is my argument that this use is an aspect of an ethnomedical system and therefore cannot be questioned without being ethnocentric. Although heroin’s biomedical effects may be perceived as severe, it is up to the using members of the prisoner culture to determine if the benefits outweigh the costs.

There is a difference between biomedical cures and the ethnomedical use of heroin, because heroin use in the context described is influenced by the large-scale political and economic structures of a capitalist society that cause individuals, mainly the impoverished, to be put in circumstances (prison) that influence them to seek remedies to cope with their situation (Boys, et al. 2002; Seal, et al. 2004). Biomedicine is also influenced in these ways, but of course heroine use lacks a veil of legitimacy that other medicines, also potentially harmful and addictive, possess.

Heroin use is structurally influenced in several ways. First, it is the optimal form of “release” because it leaves the individual’s system hastily, allowing prisoners to avoid detection structures. Second, it is the very institutional circumstances that provide inmates with a need to cope with their situation, as explained by the exponentially increased probability of heroin use initiating within the prison environment (Boys, et al. 2002). Finally, individuals entering prison, as a classifiably poor population, have generally similar historical and political factors shaping the behavioural patterns and life choices that, in the perspective of the capitalist culture, determine that these individuals belong in prison, when the story behind such behaviour is more structural than an exclusively agency-based view might have it.

Given these structural determining factors, one might question the epistemological perspective of the studies cited in this paper that base their analysis on the “fact” that heroin use is inherently bad and subsequently should be addressed and healed. From the perspective of the inmates using heroin, it clearly is seen as a way to cope with a situational illness that is, to a large extent, structurally determined.

Is heroin use within prison a self-destructive act that is fundamentally negative and damaging, or is this socially-constructed account of reality just another aspect of an ethnomedical healing system that cannot empathise with the user’s mental and cultural dilemma of being an underprivileged member of capitalist society incarcerated within a total institution? I believe that to stand firmly within the logic of the former is to practice a form of ethnocentrism that is difficult to detect because it happens in culturally diverse and economically stratified societies. It is this author’s opinion that the difference between antidepressants and heroin is the legitimization provided by their politically, economically, and socially situated distributors.
Conclusion

These questions could potentially be dealt with if medical anthropology became more involved with this issue because it is clear that there are anthropological questions that require further engagement. One of the most difficult issues facing the medical anthropologist would be the reconciliation of biomedical differences in a critical culturally relativist perspective between, for example, biomedical ethnomedical treatments and the use of heroin within the prison culture. Is heroin more harmful than beneficial to this group? Is there a better way for this healing to take place given the context? This leaves anthropologists with a difficult conundrum. The dominant conceptualization is that heroin use within prison is a “problem” that needs to be addressed and is one that is associated with negative “risks”. On the other hand, although the prison culture stigmatizes heroin to an extent, its use within prison is largely accepted as mundane and inevitable, as a mechanism for coping with structurally-induced mental states. It is important, as critical anthropology teaches us, to question established epistemologies while simultaneously attempting to empathise with the individuals involved within them. Thus, one needs to look closer at the structural factors causing heroin users in prison to legitimize their use when, for example, users claim they have “nothing to lose” (Wilson, et al. 2007; Winfree, et al. 1994). Do we discount the heroin user population within prisons as ignorant or deviant members of a larger capitalist culture or do we credit their own constructions of their actions, which are clearly influenced by larger societal forces and structures?

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