DRUGS & PENAL PAINS

By Marleen Arends

Advisors: Marie Lindegaard & Dirk Korf
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Introduction

1.1 Drug and penal pains

The prevalence of drug use problems among prison inmates is disproportionately high in comparison to the general population. Clearly, there is a link between drugs and ‘penal pains’. On the one hand, this can be contributed to the fact that drug use can make people commit criminal activities in order to fund their drug use. In this way, drug use can result in the ‘penal pain’ imposed by imprisonment. Pains of imprisonment involve subjection to the strict penal regime, while being locked up in a small prison cell the majority of the time. On the other hand, ‘penal pain’, which restricts freedom and personal autonomy, can lead to the start or maintenance of drug use during imprisonment as a means to cope with the penal rules and regulations. In effect, little is known about the effect of imprisonment on drug use problems.

1.2 The birth of this study

Having had years of experience working in addiction care I encountered upon the fact that many people with drug use problems also had a criminal record. The question raise in what ways imprisonment and drug use problems are related. While in the Netherlands recidivism\(^1\) rates amount to almost 75% after 7 years (DJI 2006), about half of the prison population reports regular substance abuse until imprisonment (Oliemeulen et al 2007). I wondered what the relation could be between the high recidivism rates and substance use problems. Equipped with medical anthropological methodologies gained during the University of Amsterdam’s Medical Anthropological Master’s program, I developed the desire to view drug use problems from the perspective of imprisoned problematic drug users themselves, from the emic point of view. This resulted in a study that explores how imprisonment affects the way inmates experience their drug use problems.

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\(^{1}\) Recidivism is defined as a pattern of repeated sentencing and incarceration.
1.3 Statement of the problem

Research indicates that in the Netherlands approximately half of the prison population consists of regular substance abusers, while approximately one third is considered substance dependent (Health Council of The Netherlands 2002/08, Oliemeulen et al 2007). This is a significantly higher prevalence of drug addiction in comparison to the general adult population in the Netherlands. Comparative patterns of higher prevalence among inmates have been found in other countries (Crewe 2005, Fazel et al 2006). These figures correspond with the fact that drug addiction is associated with a large proportion of criminal offending (Crewe 2005, Oliemeulen et al 2007). The relation between imprisonment and drug use problems, however, has been understudied.

In the Netherlands, some explorative and cross-sectional quantitative studies combined with structured qualitative interviews have been carried out in order to gain insight into addiction problems among the prison population (Oliemeulen et al 2007). Nevertheless, a review of Dutch studies on the effects of imprisonment on criminal behaviour (Nieuwbeerta et al 2007) shows that almost all Dutch studies merely present recidivism rates of ex-prisoners. Only two quasi-experimental studies examined the causal effects of imprisonment, pointing out that first-time imprisonment is associated with a significant increase in criminal activity following release. The available research largely neglected to explore possible theoretical mechanisms explaining the effect of imprisonment, which is a major knowledge gap. Therefore, this study aims to gain theoretical insight into the effect of imprisonment on problematic drug use among offenders in the Netherlands, while this is the first ethnographic in-depth addiction research performed in the Dutch prison system.

During imprisonment, penal authorities acknowledge that total abandonment of substance use is not realistic, even though penal policy aims to prevent the use of drugs as much as possible (CBO 2008). Former ethnographic research in the UK on the influence of drugs on the prisoner’s social world (Crewe 2005) showed that drug use in prison has different meanings for different inmates, ranging from inmates starting or sustaining drug use in prison on the one hand to the experience of feeling supported by imprisonment in quitting their drug use on the other hand. Crewe concludes that social relations with inmates, prison staff and social relations outside prison all influence the social position of an inmate and the way he

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2 A literature search did not show any publications on ethnographic research carried out in Dutch prisons.
experiences drug use during imprisonment in a complex manner. While Crewe mainly concentrated on the effect of drugs on the social relations inside prison, this study will particularly focus on a group of inmates experiencing problematic use of illegal drugs who are aiming for drug desistance, while elaborating on how the social relations of these inmates contribute to their drug use problems.

This study also explores how imprisonment-induced changes of the social relations of inmates with drug use problems affects their perception of self in relation to their drug use. Various studies implicate that self-change plays a crucial role in recovery from drug addiction and drug use management, pointing out that recovery from drug addiction entails a transformation of self-perception towards a non-addict identity. The social position of a person and associated social relations mediate the ability to experience self-change during recovery (Radcliffe & Stevens 2008, Granfield & Cloud 2001, Walters 1996). To emphasise the dynamics of social relations and positions, this study incorporates the notion of social positioning which involves the way in which people position themselves and how others position them through discourse, whereas consequently, the perception of self adjusts to the different social positions that occur within a specific situation (Davies and Harre 1990).

In addition to observational data of prison life, in-depth interviews were held with non-first-offenders\(^3\). This group was chosen as they have experience with the development of their social relations following on former imprisonment. While primarily the experiences of the present imprisonment is analysed, the insights gained by this study could secondarily contribute to illuminating factors leading to sustenance of addiction and crime after release from prison, based on previous experiences of the recidivist interviewees. In addition, this study is related to a 3-year prospective quasi-experimental longitudinal study by the Dutch Institute for Criminology and Law Enforcement (NSCR). The exploration of this study aims to raise theoretical notions concerning the effect of imprisonment in relation to problematic drug use, which could possibly be adopted in the longitudinal study to further research the findings of the present study.

\(^3\) Non-first offenders are recidivists in criminal activity that have had one or more previous prison sentences.
1.4 Objectives and research questions

Study objective
To explore how the social position due to imprisonment of drug addicted recidivist inmates at an addiction-support unit affects the inmates’ perception of self in relation to their drug use problems, with a broader aim to gain more insight into the effect of imprisonment on drug use problems and recidivism.

Main research question
How does the social position due to imprisonment affect the way drug addicted recidivist inmates perceive themselves in relation to their drug use problems?

Sub-questions
1. How does imprisonment affect the social networks of addicted inmates?
2. What kind of relationships do addicted inmates have with their fellow inmates?
3. What kind of relationships do addicted inmates have with the prison staff?
4. What kind of relationships do addicted inmates have outside prison?
5. How do the social networks of addicted inmates inside prison influence the way they position themselves and perceive themselves in relation to other inmates?
6. How do the social networks of addicted inmates outside prison influence the way they position themselves and perceive themselves in relation to other inmates?
7. How did addicted inmates perceive themselves in relation to drug use before imprisonment?
8. How do addicted inmates experience drug use problems in prison?

1.5 Outline of the study

The different findings of the study all seemed to revolve around the central theme of ‘autonomy’, in other words having the power to decide on how to live your own life. Analysis of interviews with inmates, experiencing drug use problems with illegal drugs, showed that initiation of drug use can be seen as an autonomous performance while contrastingly at a certain stage drugs can also been seen to take over their autonomy. In the first place, in trying to overcome their drug use problems, the inmates encounter a drug-related struggle for
regaining autonomy. In addition, inside prison, the inmates face another autonomy struggle. Their autonomy is reduced by the penal policy, while the inmates struggle to resist this penal policy in several ways in order to gain some personal autonomy.

Furthermore, the data suggests, that this ambivalence surrounding autonomy both before and during imprisonment affects the social relations of inmates with drug use problems in terms of trust. Before imprisonment these inmates encounter distrust in social relationships as the other drug users turn out untrustworthy because of the fact that they have lost their autonomy due to the drugs. During imprisonment it is hard for inmates to trust people when experiencing a reduced autonomy due to subjection to penal policy. In addition, after imprisonment, the inmates describe encountering a societal position that is characterised by being stigmatised as an ex-detainee. This can be seen to additionally reduce the autonomy in their lives particularly in terms of occupational relations.

This ambivalence surrounding autonomy, relating to both their imprisonments as well as aiming to overcome problematic drug use, could affect how inmates with drug use problems position and perceive themselves in relation to their drug use problems. This thesis explores how these autonomy struggles influence the by these inmates desired transformation of positioning oneself from an ‘addict’ towards a ‘non-addict’ while intending to defeat their drug use problems. After drawing on the theoretical lens of the study, the contextual background and research methods, the following chapters elaborate more on how this central theme of autonomy relates to drug use problems, penal policy, social relationships and the social position of the inmates. In essence, this study reveals information on how imprisonment and addiction seem to share a common struggle for autonomy, which is argued to relate to a vicious circle of relapse into drug use and recidivism.
Theoretical Lens

2.1 Terminology

Drug use problems

In the introduction, in line with the literature referred to, different terms such as ‘substance abuse’, ‘substance dependence’ and ‘drug addiction’, were used when addressing drug use problems. This commonly used expert terminology on drug use problems will be discussed further in Chapter 5. As the concepts ‘addict’ and ‘addiction’ often have negative connotations, in the rest of this thesis the terms ‘drug user’ and ‘drug use problems’ or ‘problematic drug use’ are used as much as possible. Here ‘drug use problems’ or ‘problematic drug use’ refer to the fact that the drug use is seen as a problem from the inmates’ point of view.

Commonly the terms hard drugs (such as heroin and cocaine) and soft drugs (such as cannabis) are used. Hard drugs are by law more harmful which is reflected in its harsher penalty (Trimbos Institute 2009). However, these terms are politically initiated, while societal policy determines whether a substance is harmful or not (Wanigaratne et al 2007, Singer 2005). Therefore, this thesis deliberately avoids talking about hard drugs in discussing the accounts of the study’s interviewee informants, who all experience having problematic use of the illegal drugs heroine and/or cocaine. While historically there has been a discussion around the moral connotations around the use of the terms illegal or illicit, here it is chosen to refer to ‘illegal’ drugs as this term seems more neutral, just addressing the fact that handling these drugs is punishable by law. In order to not emphasise the illegality of the drugs, the information that the drug use problems of the interviewee informants concern illegal drugs will not be repeatedly mentioned throughout this thesis. The aim is to keep away from moral judgement in the terminology used to describe drug use.

Social positioning and self-perception

Social positioning and the perception of self in prison

Most of the available literature on addiction uses the concept of identity to address perception of self. Identity is defined as the perception of self that evolves from an ongoing interaction
between the individual and his or her social environment (Radcliffe & Stevens 2008, Granfield & Cloud 2001, Walters 1996). However, there is much analytical and methodological confusion around the concept identity. After having been developed as a concept in the Western academic discourse, identity became a globalised concept, which is now part of various political, judicial and popular discourses (Walters 1996, Sökefeld 2001). The existing literature defines the terms identity and social environment in various ways depending on the theoretical orientation of the researcher. Therefore, to unpack this ‘black box’ of ‘identity’, this study uses the terms social positioning and the perception of self in relation to other people to specify how the social environment of the inmates affects their perception of self.

Instead of applying the widely used concept of social capital to analyse the social environment, the use of the concept of social positioning (Davies & Harre 1990) in this thesis enables us to elaborate on the ongoing dynamics of the social networks of inmates with drug use problems in relation to the perception of self. In contrast, in the literature generally social networks are referred to as social capital, describing static individual characteristics within different social networks that help people to gain goals they can benefit from in their lives (Granfield & Cloud 2001). This thesis will elaborate on social relations through the notion of social positioning as defined by Davies and Harre (1990), as this concept emphasises the dynamics of social interaction in relation to the perception of self.

Social positioning, according to Davies and Harre, involves the way people position themselves and are positioned by others through discourse. Discourse is defined as a ‘multifaceted public process through which meanings are progressively and dynamically achieved’ (1990:44). Subsequently, the perception of a person’s social identity is discursively constructed consciously and unconsciously, while a person perceives himself from the perspective of the various social categories in which the person is positioned. Instead of having a static role, a person is a capable subject, creating meaning according to a personal understanding and sets of emotions connected to the shifting social positions. The recognition of self includes emotional and moral commitment to the social categories the person belongs to, while changing social positions entails changes of perceived selves associated with different social categories (Davies and Harre 1990).
In case of the social category of prison inmate, imprisonment intends to rewrite the character of inmates by changing the way they become positioned (Rhodes 2001). The “formation of self and “others” proceeds at multiple levels within the hierarchical structure of prison” (Rhodes 2001:73). These multiple levels - individual, social and structural – refer to life inside and outside the prison and need to be interpreted in the context of pre-incarceration biography (Crewe 2005).

The perception of self in relation to others

“In fact, the modern notion of the individual self is of recent historical origin, even in the West” (Lock & Scheper-Hughes 1996: 51). This Western perception of a self, that is unique to the individual and stable through the life span until death, however, is rather unique to Western societies. The ‘individual self’ could be regarded as a Western ‘myth’, while sociocentric conceptions of the self have been widely documented for many parts of the world, pointing at the change of one’s perception of self according to the social context (Lock & Scheper-Hughes 1996). From the latter point of view, the perception of the individual self is one side of the coin, while on the other side of the coin is the social self, which is what one presents to others. Accordingly, the perception of self is always seen in relation to the social context. Similarly, Davies & Harre (1990) point out that the perception of self is closely related to the social positions one has. Likewise Bourdieu (1985) argues that the perception of the social world implies an act of construction, while the social world can be represented as a social space in which individuals define themselves and are defined by their position in that field.

2.2 Theoretical framework

From a critical-interpretive medical anthropological perspective, this study explores in which manner the social position of inmates is interconnected with their perception of self and how this affects the inmates’ experience of drug use problems. While Good (1994) argues that a meaning-centered interpretive approach sheds light on the ‘native’s point of view’ of a disease, this thesis uses an interpretive lens in order to gain insight into the meaning and understanding of drug use problems by inmates at an addiction support unit. However, the way an individual constructs meaning is affected by social and societal factors. Therefore, a critical medical anthropological approach is used as it also considers historical, political and economic forces on a structural level, while additionally addressing power relations (Good
While this thesis explores how the perception of self in relation to others affects the experience of drug use problems, the process of social positioning of inmates with drug use problems is considered at three levels: a micro, meso and macro level.

On an individual micro-level, the study takes into account the moral norms and attitudes of the individual that influence the way an inmate positions himself, while keeping an awareness that moral orders are constructed within a social discourse on a social and structural level (Davies & Harre 1999). Davies & Harre describe how an individual has autonomy in the process of social positioning: the shifting nature of social positions results in several possible selves, which can be internally contradictory or contradictory to each other. Subsequently, we make sense of them in terms of our own particular experience creating a sense of continuity of a unitary self (Davies & Harre 1999).

In addition to an individual micro-level, the process of social positioning takes place on a meso and a macro level referring to a social and a structural level (Walters 1996, Davies & Harre 1999). In this study, the social meso-level refers to the dynamic social positioning of inmates within different social networks inside and outside prison, such as a family network, a drug user peer network or a criminal network. While the power relations within social networks play an important role in drug use dynamics (Singer 2006), power relations between the inmates and between the inmates and the prison staff in prison also affect the social positioning and subsequent perception of self of inmates with drug use problems.

On the structural macro-level the notion of addiction and the concept of an individual self have developed within the historical and societal context of the Western consumer society (Bailey 2005, Reith 2004, Lock & Scheper-Hughes 1996). Additionally, criminalisation of drug use and penal policy was constructed within this societal context. Penitentiary regulations have a significant impact on the social position and the perception of self of inmates with drug use problems (Waldram 1998, Rhodes 2001). For example, during imprisonment inmates are confronted with a lack of personal autonomy, while after imprisonment they often encounter stigmas such as social exclusion from certain professional activities. The time limitations of this study do not allow an extensive analysis of structural level factors. However, during this study, structural factors - such as inmates’ experiences with penal policy - that emerge from the collected data will be addressed as contextualising...
the other two levels. Predominantly, the fieldwork of this study focused upon the individual and social levels during imprisonment.
Methodology

3.1 Type of study

This qualitative ethnographic study aims to capture the inmates’ emic point of view on the perception of self and experiences of drug use problems. Ethnographic research is ideal in order to generate possible theories about the effect of imprisonment on drug use problems. It entails the combination of different research methods to gather data to optimise validity, while also looking at the spontaneous existing diversity within the prison environment (Nanda & Warms 2007). As very little anthropological research has been performed on this topic, this is an exploratory study. The fieldwork of this small-scale study was conducted within a period of seven weeks.

3.2 Study location

The fieldwork was performed at a male penitentiary institution in the Netherlands with a specialised addiction support unit (VBA). As 94% of the Dutch detainees are male (Dirkzwager et al 2009), the study took place at a male prison. In order to obtain a good impression of the emic views of inmates who experience having drug related problems while aiming for drug desistance, this research took place at the addiction support unit (VBA) in which inmates are housed that voluntarily seek support for their drug use problems. This research is conducted at an addiction support unit at a prison regime rather than at a remand house, because at a prison regime the inmates have already been sentenced. Carrying out this study at the addiction support unit of a remand house would be unsuitable, since inmates that stay there have not been sentenced yet. Inmates at a remand house tend to experience insecure times and could be released from the prison at any moment. Within the short duration of the fieldwork, the aim of the present study, to obtain in-depth information on the inmates’ self-perception in relation to other inmates during imprisonment, would be hard to realise within a fast changing remand house population.
3.3 Gaining access

In order to gain access to the prison setting official permission was granted by Ministry of Justice and the director of the prison. However, informal gatekeepers are just as important, in that the researcher is reliant on their goodwill to carry out the fieldwork (Green & Thorogood 2004). Fortunately, the prison director verified the willingness of the unit manager of the addiction support unit to welcome the performance of this research at the unit, before giving the permission for the study. Especially in the prison setting, close cooperation with the unit manager and prison staff is essential, as the researcher is not able to move entirely freely at the prison unit for safety reason: “In prison the gatekeepers literally guard gates” (Waldram & Saskatchewan 2009: 4). Before entering the field, the researcher introduced herself and shortly explained the purpose of the study at a prison staff meeting of the addiction support unit in order to reach optimal collaboration with the staff during the research period.

During the fieldwork, in practice, the researcher was gradually able to move freely in the prison and at the department. This was possible as she received a penitentiary identity card and basic keys\(^4\) for entering the prison corridor system while wearing an alarm beeper for security and after some time she got to know her way in the prison corridors. Moving around at the department independently developed gradually as well. Hanging out with inmates in their cells was also possible while the guards were at a distance somewhere else at the department.

3.4 Status of researcher

In the field the researcher presented herself to her research participants as a student of medical anthropology. At first stance, she did not mention her professional background as a medical doctor. As within this study the experience and perception of the informants independent of the biomedical framework is central, the presentation of the researcher as a biomedical clinician could influence the way informants present themselves to the researcher. Therefore, the researcher planned that if questions about professional background would come up during

\(^4\) As the researcher works for the police being responsible for the medical care of people taken into custody, she already went through an antecedent investigation for receiving a police identity card. Therefore, the prison director regarded it as an obvious possibility that the researcher could receive a penitentiary identity card and basic keys for the prison corridor system during the research period. This was considered as pragmatic for the prison staff as well, as the researcher did not need to be continuously accompanied during the research period.
the fieldwork, she would reveal her background as a medical doctor. When one of the inmates asked what occupation the researcher exactly performed within addiction care one and a half weeks before the end of the fieldwork, the investigator mentioned her medical background. The researcher explained to the inmate why she did not mention this from the beginning: the intention of this study is to look beyond the biomedical perceptions of drug use problems. At this stage of the field work period the inmates’ knowledge of the medical background of the researcher did not seem to interfere with the inmates freely elaborating on issues beyond the biomedical explanation of their drug use, most likely because the inmates had already got to know the researcher as a conversation partner discussing issues within a wider context than biomedicine.

The presence of the researcher as a female in a male prison did not seem to have disturbed conducting the study. In some instances the inmates addressed the researcher as a woman, for example when entering a door commenting that women go first. The researcher positioned herself in a neutral way, reacting that they did not need to treat her as a woman and that she felt more comfortable if they would treat her the same. Being female may possibly have prevented the inmates from expressing themselves in an aggressive way in her presence. However, this did not seem to be the case, though some of the inmates tended to apologise for their aggressive expressions if the researcher witnessed this, for instance when telling each other rough stories with swearing all along.

Moreover, the researcher approached the inmates with an open attitude, staying non-judgemental towards the life and drug use of the inmates. The researcher will openly describe how she develops her argumentation based on the accounts of the inmates and her own observations. She previously worked with ex-detainees with drug use problems within a biomedical setting. Conscious of the fact that she has tended to have a critical view on the biomedical outlook of drug use problems, the researcher aimed to interpret the data with an open-minded approach, while being aware of her role in obtaining the data. In performing the fieldwork she withheld herself from expressing her own views and let the inmates speak out while using open questions in aim not to steer their reflections. The transparent performance of the researcher reflecting on how ethical and moral considerations are tied to both the role as a researcher and her personal identity, aims to optimise the ethical conduct of the study (Goodwin et al 2003).
3.5 Ethical considerations

Informed consent

In principle, informed consent requires that the participation of the informant is voluntary and that the informant has a full understanding of the implications of his participation (Green & Thorogood 2004). However, in prison the penal authorities give permission for observation of the setting, while “prison inmates in general are characterised by their official lack of power, personal autonomy and freedom” (Waldram 1998: 238). According to penitentiary officials, the inmates as a collective are not seen as having a voice to deny or grand permission for research. However, this is contradictory to today's anthropological codes of ethics (Waldram 1998). In order to empower the inmates optimally in the choice for participation in the study, the researcher introduced herself and the aim of the study to the inmates at the beginning of the research period, clearly pointing out that the information given would be treated confidentially. Furthermore, the researcher respected the inmates’ personal space within their prison cell, such as only entering or looking into their cell if the inmate invited the researcher to do so. Before conducting an interview, the researcher obtained the inmates’ written informed consent before starting the interview. The consent contained information about the content and purpose of the study, while the signature of the researcher confirmed confidential processing of the data. By keeping confidentiality and ensuring cooperation with the prison staff in performing the research, the researcher took care that the inmates would not experience any negative consequences from participation in the research.

Protection of the privacy of informants

Names and other identifying characteristics of the informants are not used in the thesis in order to assure privacy. The pseudonyms are chosen according to the preference of certain names by the inmates. In order to protect the privacy of the informants optimally, the research site is kept anonymous as well. The study data is treated as strictly confidential and the collected data is stored separately from the identifying names of the informants. Accordingly, the information obtained from the inmates was not discussed with the prison staff.

Participation of informants in study

Giving the participants the feeling that they are part of the research process, the researcher shared the interview transcripts with the interviewees. When ending the fieldwork the researcher thanked all the inmates of the department personally for their willingness and
openness towards her during the research period. To show them her respect and gratitude, it was possible to arrange patisserie for all of the inmates on the last day of the fieldwork.

3.6 Data collection techniques

A Participant-observation
In addition to in-depth interviews elaborating on the topic of research, participant observation explored whether people “do what they say they do”, as an observational method allows the researcher to access some essential “truths” about social life by gaining data from naturally occurring situations in prison (Green & Thorogood 2004, Nanda & Warms 2007). Participant-observation can provide actual information on how the inmates position themselves in relation to each other and give insight into the social networks that exist in prison. This can provide insight on their presentation of self, and help uncover to what extent the inmates’ self-image corresponds with the often-unconscious self-image they wish to present toward others and themselves (Bourdieu 1999).

The researcher performed the role of observer as participant as much as possible in the prison setting. As this is an ethnographic study, the researcher participated in the life of the inmates on the VBA (Green & Thorogood 2004). As an introduction, the first two weeks the researcher joined the daily routine of the prison staff. In addition, during the total two months of fieldwork the researcher accompanied the inmates in their daily lives in prison as much as possible within the limitations of the prison context. The researcher joined life at the prison department, hanging out with the inmates in the recreation areas or in their cells. Moreover, the researcher joined day programme points outside the department, such as airing, labour hours, sports, education, library visit, visiting hour. Besides joining in prison life during weekdays, the researcher was present in a weekend and at a celebration day, whereas on those days, except for airing, the inmates do not have a day program and instead all day is ‘recreation time’. In addition to the interviews, numerous informal conversations with the inmates and the staff took place at different locations within the prison.
B Interviews

After the first two weeks, besides participant observation, open-ended in-depth interviews took place with six key informants who had drug use problems. The interviews were conducted in a quiet, separate room that allowed for privacy. The room was at the prison unit where the inmates were housed, as the inmates would be likely to feel most at ease if interviewed within the social space of the prison that they are accustomed to. The interviews included a focused life history paying particular attention on the development of social relationships, substance dependence and criminal activities previous to imprisonment.

During the interviews there was a relaxed atmosphere. All interviewees expressed that they appreciated being interviewed, as it was pleasant to talk to an outsider about their drug use and life confidentially without consequences. The nature of the interviews was open-ended in order to create the opportunity for respondents to “explain themselves in the fullest sense of the term, that is, to construct their own point of view both about themselves and about the world and to bring into the open the point within this world from which they see themselves and the world, become comprehensible, and justified, not least for themselves” (Bourdieu 1999: 615). This study aims to gain a rich impression of how the inmates perceive themselves.

C Informal conversations and group discussions

Informal group discussion could generate additional information on the position of inmates towards each other. These group conversations were not organised as focus group discussions, as this format would not be suitable due to the complex hierarchical dynamics of the closed prison community of inmates (Crewe 2005). In addition, informal conversations with prison staff adds to the richness of the data, as the view of prison staff can provide additional insight on how the inmates’ perception of self is constructed.

D Visualised data technique

As an alternative to direct questions in the interviews, a vignette was used. The use of a vignette was useful for grounding a discussion in a concrete case rather than abstract views (Green & Thorogood 2004) on possible enhancement of criminal activities and drug use due to imprisonment. In addition, the use of a vignette was helpful in approaching possible

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5 Lawyers interview the inmates at a separate unit in prison. To enter this separate visitor’s unit, the inmates have to undergo a strict drug control. This entails complete undressing and making three knee bends, while the prison staff checks the anus of the inmate for drugs. This is an additional reason to conduct the in-depth interviews for this study at the unit the inmate houses.
sensitive topics, as the vignette enabled participants to reflect upon fictional others rather than directly drawing from their personal experience (Green & Thorogood 2004).

**Existing background information of respondents**

Information from the penitentiary files of the inmate provides a different discourse and is used as a point of comparison to the collected data, as the files reflect the view of the prison staff. In order to enter the interviews and the field of observation with an open mind, the files were consulted in the last phase of the fieldwork period after the interviews had already been conducted.

### 3.7 The sample

In this study, the interview informants were selected through convenience sampling out of the 24 inmates housed at the addiction support unit of the prison, while the informal conversations and the participant-observation included all 24 inmates of the department next to prison staff members. At the beginning of the fieldwork, the researcher presented the aim and content of the study to the inmates of the prison unit during a joint meeting with all inmates of the department present. The interview informants were selected from the inmates who showed interest in participating in the study. To produce intensive information on inmates’ experiences with imprisonment within their life history, in addition to informal conversation with all inmates of the department, six inmates were interviewed in-depth. As the informants used in this study are a small sample, this study does not aim to be able to generalise the results. Instead, this will be an exploration of the possible effects of imprisonment on the perception and experience of the significant criminological factor of drug use problems. While choosing the interviewee sample, there were no restrictions on age, ethnicity or religious background, in order to explore the possible effects of imprisonment on drug-addicted inmates on a broad scale. Inclusion criteria for the interview respondents with drug use problems were: 1) Willingness to participate in this study 2) Fluent speakers of Dutch or English to aim for optimal verbal communication, yet this was no barrier during the study period 3) Recidivist inmates in order to approach respondents who had experience with and therefore could reflect on their former institutionalisation in prison and the period after

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6 The National Agency of Correctional Institutions of the Ministry of Justice gave written permission for access to the files of the respondents of study.
former imprisonment as well. The interview informants joined in the study without the use of incentives.

The interviewees

The interview informants deliberately consisted of a sample of outstanding cases aiming for a wide range of information-rich cases for in-depth study (Green and Thorogood 2004). While voluntarily placed at an addiction-support-unit, all interviewees have experienced drug use problems with illegal drugs and decided to desist their drug use. They have all been problem users of mainly heroin and/or cocaine, which resembles the fact that the most recent systematic review on Dutch literature showed that it is mostly heroin and cocaine that are abused by addicted detainees (CBO 2008). The age of the interviewees ranges from 38 to 54. All interviewees mentioned the factor of aging in their decision in wanting to quit their drug use. While continuation rates on the use of all substances generally decline with age (Frisher 2006), in this study all interviewees spontaneously reflect upon aiming to make something out of their lives before it is too late. Furthermore, most of the interviewees came from a disadvantaged background since youth, such as a history of experiencing problems at home together with the divorce of their parents during their youth, while two of the inmates lived at public boarding schools for years as their parents did not manage to take care of them. This is in line with the literature findings stating that problem drug users in prison mainly have disadvantaged backgrounds (Frisher 2006).

The interviewees Joost, Jason and Robbie started using heroin or cocaine in their late teenage years or their beginning twenties, where after they got into criminality to be able to raise money to pay for their expensive drug use habit. Although they all finished occupational education, they could be said to have ended up with a current disadvantaged background as two off them have hardly any work experience in the legal sphere, while the other recently lost his house due to imprisonment. The other interviewees, Michel, Adam and Lex, became involved in criminality at a young age, whereas drug use came in at a later stage in life. Two of them have no occupational diplomas. They came into contact with drugs in the context of certain social relations in the criminal sphere, while Adam first started using illegal drugs during one of his former imprisonments.

It should be taken into consideration that the interviewees are part of a specific group of problematic users of illegal drugs. This group does not represent drug users who manage to
self-regulate their drug use, while drug users who are able to quit drugs on their own are not recorded in health or criminal justice systems. Drug users of illegal drugs who manage to regulate their drug use may have a self-perception that is affected in a different way to how the interviewees described. However, the vast majority of problematic users in the criminal justice system are from disadvantaged backgrounds (Frisher 2006). This group of interviewees is therefore likely to resemble the majority of problematic drug users within the prison system.

3.8 Validity and reliability

The use of different study methods, different study locations in prison and different types of informants has allowed for triangulation of data on three levels, therefore enhancing the reliability and validity of the data. While the same person may stress different aspects of their identity within different social environments (Green & Thorogood 2004), the researcher encountered the inmate individually in his prison cell and in a private interview room, as well as within the group of inmates at the prison unit. In addition, to optimise the reliability of the data collection of the interviews, the interviews were audio taped and transcribed.

In qualitative ethnographic studies the researcher is the main research instrument, and so self-reflexivity on the account of the researcher is an important tool to enhance the validity of the study. While the research relationship is an asymmetric social relationship, with the investigator assigning its objectives and uses (Bourdieu 1999), the researcher consciously reflects on the recognition of the researcher being part of the process of producing data and their interpretation. During the fieldwork the researcher aimed to absorb herself into the lives of the inmates, as much as possible establishing a symmetrical relationship with them, being people on an equal level hanging out with each other:

I was hanging with the inmates at the department visiting them in their cells. An outsider shortly visited the prison department once and I saw her from a distance. One of the guards told me afterwards, that the visitor asked him in a surprised way how it was possible that one woman was detained on a department with only men. The guard said to her that this was an exception, and the woman seemed to believe him, he told me. He was laughing at the fact that the woman did not seem to know anything about this prison, as women are never imprisoned here. Later that day, some inmates were joking I was like one of them but I went on evening leave every day. “Well, we will be locked in after 16.30, that’s a difference,” one of them said while some others were
laughing. I told them that it felt strange for me when they were locked in their cells and I was going home afterwards.

While trying to join their lives at an equal level, the researcher seemingly succeeded in ‘going native’ to a certain extent. This enhances the validity of the interpretations of the fieldwork as the researcher experienced the inmates’ life from inside, though being conscious of the fact that the social relations with the inmates evolved within the prison environment with penal policy ruling. Reflexivity of the researcher entails awareness of the fact that the data results from interaction between the researcher and the researched within the social setting of the research itself, while historical and penal policy context shape the data as well (Green & Thorogood 2004).

While exploring the perception of self of the detained informants, it is important to keep in mind that people are forever constructing their perception of self through social interaction, even as we similarly construct our notion of others (Borland 2006, Davies & Harre 1990). The researcher should be aware that interpretation of the data is a process of social construction on itself. Therefore, the researcher conducted ‘respondent validation’ with some of the respondents by letting them read their individual interview transcripts including notes with interpretations of the researcher and observed body language, in order to check the interpretations of the researcher with the emic view of the inmates and obtaining a second reaction of the inmates concerning the discussed issues during the interview (Borland 2006, Green & Thorogood 2004). While not raising additional information, this respondent validation confirmed the reliability of the content of the interviews and therefore enhanced the validity of the interview data.

3.9 Data analysis

After digitalisation of the audio-recordings and field notes, the aim of the data analysis was to identify major themes, including the perception and presentation of self and the social positioning of the informants. With thematic content analysis, key elements of the respondents’ accounts were categorised and coded according to recurrent or common themes, where after the relationship between the themes and the context of particular codes was examined. In addition, the data was compared to the theoretical perspectives on the
individual, social and structural level. After a first stage of open coding of relevant emerging themes, a code list of major themes was composed. This code list guided the analysis of the newly collected data, though space remained to add newly emerging relevant themes. The final data analysis was supported by the use of the software package Atlas-Ti, to optimise systematic application of the coding procedure (Green & Thorogood 2004).

To give an impression of the background of the prison environment in which the study was situated, in the following chapter a short overview of the Dutch penitentiary context will be given. Information regarding the occurrence of inmates with drug use problems will also be discussed.
4.1 Dutch penitentiary study context

General information

The Netherlands is exceptional for its highly differentiated penal system. In addition to the regular penal regimes, there are about 20 special detention regimes. This differentiation is based on either care intensity or safety risks, or both. The total cell capacity of over 15,000 places (2007) includes about 2,300 multiple person cells. The level of safety and control measurements divides the different penal institutions in categories ranging from very limited or limited, to normal, high-level and extra security. The intensive care regimes approximately have 700 places (CBO 2008). The penitentiary institution in which the study detailed in this thesis took place, houses male adult inmates and consists of a remand house and a prison regime. The fieldwork for this study took place at the addiction support unit of the prison regime of a high-level security penitentiary institution in the Netherlands.

An impression of the prison of study

Like other work-related visitors, as a researcher, I could enter the prison through the staff entrance. When coming into the prison, a visitor first has to identify him- or herself with a formal identity card. Work-related visitors receive a temporary visitor’s penitentiary identity card, while staff members have a permanent one. After identification, the guard at the prison entrance opens the first door through an electronic mechanism. At a second office window the staff can log on with their identity card and can ask for a key to a little locker where they can put their mobile phone. I was told by the guards, that mobile phones are not allowed to be taken inside the prison as they could interfere with the alarm system of the prison and to prevent the risk of inmates taking possession of the phone if it was lost inside the prison. The guards were wearing uniforms. Next a metal detector should be passed while belongings pass through a scanner. Nothing should go inside or leave the prison without notice. The next door entering the prison corridor system can only be automatically opened by the guards as well. Next a telephone alarm must be retrieved for safety reasons. It felt like stepping into a different world outside of society behind closed doors. Getting to the department of study was a walk passing many locked doors. Some doors can only be opened by key, others are automatically steered by guards at distance while communication takes place through cameras, intercoms and

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7 Penitentiary institutions can be divided into two head categories in matter of purpose: remand houses and prisons. Prisons only house people who already have been sentenced, while in remand houses offenders stay awaiting a sentence (preventive custody).
doorbells. The door of the prison departments can only be opened automatically at distance by a central guard post.

The department of study consists of 24 cells housing 24 inmates. The cells are organised on two floors around a middle square. A pool table, a table tennis table and a few fitness machines are located at the middle square. Next to the cells and the middle square, the department consists of two recreation spaces downstairs and upstairs, equally two shower spaces and two pay card telephones. The guard post is upstairs. The guards are either in their post with the door open or can be found somewhere in the department for surveillance. The prison cells are about ten square meters in size. Next to a bed with a plastic covered mattress, there are a small desk and some open cabins. Above the desk hangs a notice board which the inmates can use to stick up personal things. In the corner to the right is an open metal toilet without toilet seat. The window cannot be opened and is covered with bars on the outside. Most inmates have a mini fridge and a television in their cell, which they can rent. A water tap is located above the toilet while the toilet functions as a basin.

**Jail entry for a detainee**

When entering the penitentiary institution the detainee first has to be registered at the ‘Registry Office’ of the institution after the detainee had a check-in at the ‘BATH-department’. This department is still called ‘BATH’ as before all detainees had to take a bath when entering prison. The ‘BATH’ department arranged administrative things around transport of detainees to and from the institution, the prison staff explains to me. In the first place, at entrance the detainees first go to the ‘BATH’ where they have to undress completely to make three knee bows for inspection of the anus on possible drugs sticking out. This procedure, which is called ‘visitation’, also takes place after every transport of the detainees outside the prison and after visiting hours. Besides, everything the detainee has with him is checked.

At the Registry Office the detainee is signed in at the penitentiary institution and receives a detainee identity card. At entry the detainee has to hand in a couple of personal belongings: identity papers, mobile phone(s) and keys. This detainee also has to hand in his camouflage pants, while the employee of the Registry Office tells that clothing associated with uniformisation (in this case military) is not allowed for inmates. To me it seemed that the ‘fresh’ inmate had to undo himself from his outside identity receiving a new identity as an inmate. The employee explains to me as a researcher, that at this department also information about sentences comes in, the post of the detainees is checked and the financials of the detainee bank account is arranged. The outgoing and incoming post of the detainees is opened and checked for suspicious messages i.e. concerning a plan for escape or information about criminal activities. During imprisonment, the inmates can have access to money through a detainee account. They can spend money on telephone cards and order groceries at the prison shop through one of the fill-in forms available at the prison department.
A typical day in prison

During weekdays, the inmates can follow a strictly organised day program. Day program points are visiting hour (one hour a week), educational hour (one hour a week), library visit (half an hour a week), sport hours (one hour twice a week), airing hour (one hour daily). Labour hours are obligatory. If they choose not to join a part of the day program which all inmates are scheduled in for, they are locked in during the particular time in the day program that that activity takes place. The inmates are normally locked in their cells from 16.30 in the afternoon until 7.30 in the morning and during lunch time from 12.00 until 12.30. In the weekend these times shift to about one hour later. In between the scheduled activities in the day program, some extra hours of the time the inmates are not locked in, they can decide themselves what to do. These hours are called ‘recreation hours’ within penal policy.

When calamities take place the alarm button can be pushed by the prison staff, whereas the alarm goes off on all alarm telephones and a text message is displaced on the screen saying the location of the calamity. All staff members move as fast as possible towards that location, while the inmates are locked in for the time being, as at that moment no staff will be available at the departments. The day program points during those moments are cancelled, except for airing hour. The inmates have the right for one airing hour a day. Visiting hours are preserved as much as possible as well. In practice, the strict day structure including the recreation time of the inmates is “like an air bell” that breaks up as a lot of unexpected things take place in the penitentiary institution, such as calamities, sudden replacements or unannounced transports.

Within penal policy, replacement and transport of the inmates is often not previously announced to prevent possible escape plans of the inmates. For example, an inmate is not told beforehand when they will go to hospital if a need for visiting a specialist is approved by the medical department. Although the inmates do have ‘recreation time’ and they can choose to join the day program to a certain extent, it can be concluded that their day is overall ruled by penal policy.

House rules

Penal policy is pointed out to the inmates through a thick document of house rules accessible at the prison department for perusal. Also, a one-page summary of the house rules is available as a hand-out (see Appendix). The house rules mention that they inform the inmates about the
penal regulations next to the rights the inmates have within the system. Informing the inmates about the day programme, it is stated that they are obliged to follow the instructions of the prison staff at all times. The rules and regulations are formulated in a friendly way although presenting strict regulations. The inmates are to dress decently and clean their cells properly. Not being ready in time for day programme activities means being locked in the cell and excluded from taking part in that activity. Moreover, the inmates are subjected to cell controls and urine controls on drug use.

_Urine controls on drug use_

The house rules prescribe that all inmates are ought to cooperate with urine controls on drugs use. Their urine is screened for the use of opiates, amphetamines, cocaine, cannabis and benzodiazepines (which is medication that can lead to dependency). At regular prison departments every detainee is checked every six weeks, while at the addiction support unit this takes place every week. Urine controls can be performed more often if there is an indication for it, i.e. when the staff suspects drug use of an inmate because of changes in his behaviour. Which detainees are to have their urine checked on a particular day is decided randomly. The inmate is to deliver his urine in a little plastic box, while urinating under supervision of a guard in a special urine control chamber with a big mirror on the ceiling in order to give the guard optimal overview of the procedure. If the inmate is not able to produce urine within 4 hours, the inmate is suspected of having used drugs and will be isolated outside of the department until he has produced enough urine for the test. Before this isolation procedure, a ‘visitation’ takes place.

_Isolation regime_

If the inmates do not follow the house rules the prison staff can make an official report. Depending on the content and/or amount of the official reports the inmate can get sanctioned in the form of isolation. Common reasons for isolation are aggressive behaviour or a positive urine test showing the inmate used drugs during imprisonment. Isolation could be issued ‘at cell’, whereas the inmate will be isolated for a certain amount of days in his own cell. The takes place in case of minor violations of the house rules. The prison director decides on the content of the sanctions.

Isolation in general means placement at the isolation department. This is a separate department in the penitentiary institution with isolation cells:
One of the guards shows the researcher the isolation department and one of the empty isolation cells. It is a small space of about 3 \(\frac{1}{2}\) square meters without a look through window. In the corner is a metal toilet. The inmate in isolation regime has to wear greyish-green penitentiary clothing, which resembles a nightgown. In here, the inmates are not allowed to keep something of their own with them. For one hour a day the inmates can go airing individually in an outside cage.

**Drug discouragement policy**

In the management of substance abuse, the National Agency of Correctional Institutions acknowledges that total abandonment of substance use in penal institutions is not realistic. Methods with the aim to reduce substance use inside prisons as much as possible include cell inspections, urine tests on drugs and sanctions. Given the large number of inmates with drug use problems, the National Agency of Correctional Institutions recently issued a new Drug discouragement policy aiming to decrease the amount of drugs used within Dutch prisons (DJI October 2008). The renewed policy measures aim to broaden the policy by starting to improve education of prison staff concerning drug use problems, changing the organisation of the visitor space and the use of tracker dogs in penitentiary institutions. The prison of study was in the preparation phase of implementing these new policy measures when the fieldwork took place. Repressive isolation sanctioning will continue. There are guidelines for sanctioning on positive urine testing, but the director always has the final decision. The guidelines divide sanctioning between soft and hard drugs. The use of hard drugs implicates more days of isolation. Repeated drug use results in a longer term of isolation. The sanctioning can have also consequences for the detention phasing of an inmate, such as postponement of replacement to a low security prison at the end of the prison sentence of the inmate.

**4.2 Addiction support unit**

This study was carried out at an addiction support unit (VBA). Addicted inmates are detained at this regime on a voluntary basis, aiming to seek help for their drug use problems. The addiction support unit at the prison of study incarcerates twenty-four inmates. This is a small department when compared to the general regimes in the prison which house about 60 inmates each. In the Netherlands, eleven addiction support units (VBA’s) exist in which inmates house voluntarily to be directed to extramural addiction treatment after release from
prison. Evaluation research at two of the VBA’s showed that the inmates mainly abused cannabis, cocaine and heroin (Van den Hurk 1998). In Dutch prisons, the addiction support units are the only space in prison in which inmates are placed, that are voluntarily motivated not to use drugs. In general enforced urine tests on substances at this regime hardly ever show drug use, while at other departments these urine tests regularly turn out positive. If a urine test shows drug use at a VBA, in principle the inmate is placed back to the regular regime.

As an addiction support regime is an intensive care regime, the inmates normally receive support for their addiction problems in the form of group meetings and individual counselling. Being an intensive care regime, the inmates at the addiction support unit are accommodated in single prison cells. However, in the prison of study, due to organisational reasons, the counselling part of the program at the addiction support unit was not carried out at the moment the study took place\(^8\). None of the inmates placed at the department during the research period had experienced the intended group sessions or individual counselling at the department. The collaboration with the regional addiction care institution has been recommenced recently. As the implementation of this renewed cooperation will take time, the expectance is that the addiction support counselling program will start running again at the beginning of next year. The fact that the counselling program did not take place at the department of study is not expected to influence the study results, as the study does not aim to evaluate the addiction support facilities at the department.

4.3 Statistics on detained addicts

Dutch data

Similar to finding in other countries, in the Netherlands inmates have a significantly higher prevalence of drug addiction problems compared to the general adult population in the Netherlands (Health Council of The Netherlands 2002/08, Crewe 2005, Fazel et al 2006). In the Netherlands, almost half of the drug-addicted detainees come from one of the four major cities (Amsterdam, Rotterdam, The Hague and Utrecht). The majority of addicted detainees have been poly-substance abusers for years (Health Council of The Netherlands 2002/08, Oliemeulen et al 2007). Interestingly, a recent national study in Dutch remand houses found

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\(^8\) It is chosen not to elaborate further on this point in order to maintain anonymity of the prison in which the research took place. This background information about the fact that no addiction support program was run at the department of study is mentioned though, as this possibly had an effect on the social relations at the prison department. Without the existence of an addiction support program, the inmates at the department of study did not share their experiences of drug use problems in group sessions.
the longest criminal career and the highest number of registered offences among problematic users of illegal drugs, while the number of registered offences is higher for poly-substance abusers (Oliemeulen et al 2007). In addition to these Dutch findings international literature also indicates a clear association between drug addiction and criminal offending (Crewe 2005).

Nevertheless, the statistics on addiction should be considered with precaution because data on alcohol and other drug use among detainees are not systematically registered and the figures are based on self-report on drug use up to imprisonment. It is also important to note that different studies used different definitions for addiction (Oliemeulen et al 2007). Only one systematic international review (Fazel et al 2006) is available, but in some aspects it is not applicable to the Netherlands due to differences in law systems concerning drug use policy. However, the available research data points out that drug use problems are substantial among inmates with for about 50% of the inmates stating to be regular substance users, while 30% fulfil the criteria of substance dependence (Health Council 2002/08, Oliemeulen et al 2007).

**Figures in the prison of study**

To get an impression of the prevalence of drug use inside the prison of drug use, the figures on the results of the urine control tests of 2008 were analysed. This analysis entailed calculations of the researcher based on the registration of urine control tests kept by the penitentiary institution of study.

<table>
<thead>
<tr>
<th>Positive urine tests at all prison departments⁹:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>19.8%</td>
</tr>
<tr>
<td>Soft Drugs</td>
<td>17.4%</td>
</tr>
<tr>
<td>Hard drugs</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

At the prison of study, almost 20% of the urine tests performed at all the prison departments in total over the whole year of 2008, turned out to be positive on drug use. These figures should be regarded with caution, as these numbers do not represent the number of inmates that use drugs. Besides, these numbers do not fully reflect the amount of drugs that are used in the prison, as regularly fraud or manipulation with urine controls occurs. This contributes to

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⁹ In total, average 125 urine controls monthly took place in the prison of study.
the fact, that the percentage of positive urine tests is relatively low in comparison to the national statistics on drug use problems among inmates. Manipulating the results of the urine tests, the inmates mentioned that it is a common habit to plan drug use not around expected urine control. Hard drugs are only detectable in the urine for a couple of days, while soft drugs can be detected for weeks after drug use. Therefore, it is easier to plan hard drug use around urine controls, than the use of soft drugs, seemingly resulting in the low percentage of positive urine controls on hard drugs. Moreover, the fieldwork of this study revealed that the inmates practice different kinds of fraud on urine controls. For example, a guard told the researcher, that he once caught an inmate with fraud, using somebody else’s urine by distributing the urine in the plastic urine box with a small line connected to a small reservoir under the clothes. Another way, the inmates described, is putting a chloride tablet in the urine.

Although it is difficult to determine the exact prevalence of addiction problems inside prison and following imprisonment, based on the self-report data up to imprisonment as stated in the available literature, it is evident that drug use problems are common among inmates. The following empirical chapters will dig into how inmates at the addiction support unit studied, perceive and experience their drug use problems in relation to imprisonment. First of all the concept of addiction will be explored.
Addiction

5.1 Expert and popular discourses

While at the beginning of the 19th century opium consumption was a socially acceptable ‘habit’, the negative concept of addiction emerged roughly a century ago. The meaning of the concept has changed since and seems to be parallel to historical changes in the conceptualisation of identity (Bailey 2005, Reith 2004, Cohen 2000). Cohen (2000) states that the church lost credibility during the Renaissance, due to the discovery of Galileo’s worldview in contrast to the past religious worldview. This proved the previous belief in church invalid. Structuring right and wrong subsequently became a more individual activity (Cohen 2000). In late modernity, Reith (2004) furthermore points out, that the state’s gradual withdrawal on regulation of public life caused a shift from external to internal regulation of self-government. The concept of the individual emerged, who was supposed to be able to self steer, be independent and entrepreneurial, where after loss of control was regarded as evil (Cohen 2000). As a result, the freedom of personal choice paradoxically became both a desire and an obligation, whereas subjective loss of control by individuals became described as ‘addict identities’.

During the last decades, various ‘addict identities’ emerged in affluent Western consumer societies, connected to several ‘consumer pathologies’ from drugs and alcohol to activities like gambling and shopping. Increasing forms of consumption became pathologised and criminalised, while consumer capitalism and subsequently the concept of addiction proliferated on a global scale. The interplay of the dominant socio-economic and political power relations influenced the emergence of the concept of addiction. Loss of control was considered as a threat to the moral and political order of industrial society. In addition, the medical profession introduced a new concept of pathology: ‘the will’ could be diseased (Reith 2004). Soon after, in expert discourses the deviant identity of the ‘addict’ was born.

From then on, the term ‘addiction’ became part of various forms of popular discourse that are often in tension with expert discourse. As in dominant expert discourses the helpless diseased addict has no power over his/her behaviour, many popular discourses see addiction as inherent to the person, who is actively engaged in their own behaviour, and therefore has the capacity to stop (Bailey 2005). On the other hand, within the biomedical expert discourse contradictions occur as well. The present worldwide-recognised definitions of the ‘Diagnostic
and Statistical manual of Mental disorders’ (DSM-IV, APA 1994) and the ‘International Classification of Diseases and related health problems’ (ICD-10, WHO 2007) on addiction are rooted in relatively subjective criteria. While they present the currently most influential Eurocentric or Northern Hemispheric values, they claim universality (Wanigaratne et al 2007, Reith 2004). However, the distinction on whether a substance is harmful or not, is determined by society (Wanigaratne et al 2007, Singer 2005). Furthermore, these international biomedical classification systems that identify ‘pathological’ behaviour are based on a range of non-medical criteria, such as tolerance and withdrawal, which are socially and culturally relative concepts, and therefore ultimately subjective (Reith 2004, Cohen 2000). While the development of expert and popular discourses influence each other back and forth, the expert discourse of addiction has never achieved epistemological hegemony, although its influence is dominant in addiction terminology (Reith 2004). After explaining different expert definitions of addiction, it will be elaborated on how the current expert discourse relates to the popular discourse on addiction existing among the inmates at the prison department of study.

5.2 Definition of addiction

In general, substance dependence is considered the prototypical addiction and the medicalisation of the term is paramount. The term ‘addiction’ as such is not mentioned in the psychiatric diagnostic classification systems used worldwide. Both the ‘Diagnostic and Statistical manual of Mental disorders’ (4th revision) of the American Psychiatric Association (DSM-IV, APA 1994) and the ‘International Classification of Diseases and related health problems’ (10th revision) of the World Health Organisation (ICD-10, WHO 2007) only describe substance use disorders. The definition of both classification systems are similar, but in the Netherlands DSM-IV is the standard system used for classification. DSM-IV describes ‘substance dependence’ as a pattern of unadjusted use of a substance that causes significant limitations or suffering.

The DSM-IV, the generally used classification system in the Netherlands, defines substance dependence as a pattern of unadjusted use of a substance that causes significant limitations or suffering as shows from three (or more) of the following characteristics, which occur at a random moment in the same period of twelve months: (1) tolerance (increased amount of substance needed for the same effect and/or reduced effect of the same amount of substance with continued use); (2) abstinence symptoms (withdrawal); (3) the substance is often used in higher amounts for a longer period than planned; (4) persistent wish or few successful attempts to reduce or control the use of the substance; (5) a major amount of time is spend to activities to retrieve the substance, to use the substance or to recovery of the effect of the substance; (6) important social, professional or leisure activities are abandoned or reduced because of the substance use; (7) the use of the substance is continued although recurrent physical or psychological problems are likely caused or increased as result of the substance use.
If problematic drug use does not fulfil the criteria for dependence, but causes significant problems, DSM-IV addresses to it as ‘substance abuse’.

The European Monitoring Centre for Drugs and Drug Addiction, having the task to provide the European Union and its member states a common European information framework to support the drug debate, reformulates the DSM-IV definition while emphasising neurobiological research findings. “Drug addiction is a behaviour characterised by the individual exhibiting a loss of control over their consumption. Addicts may wish to stop, but find it difficult to do so, despite often experiencing negative consequences” (EMCDDA 2009). The centre adapted the dominant medical view on addiction and states that modern neurobiological developments now provide strong scientific grounds to view drug addiction as a psychiatric disorder, generally described as a ‘chronic relapsing brain disease’.

However, most of the available literature on addiction and identity applies a broader formulated definition for addiction: “persistent and repetitive enactment of a behavioural pattern the person recurrently fails to resist and that consequently leads to significant physical, psychological, social, legal, or other major life problems” (Walters 1996:10). In contradiction to the other definitions (APA 1994, EMCDDA 2009), following Walter’s definition, addiction can not occur without major life problems. Clearly ambivalence exists around the concept of addiction in both expert and popular discourses. Therefore, this study gives voice to inmates who experience drugs use problems themselves. All interview informants can be defined by the classification systems as having an addiction, but how do they perceive and explain it themselves? The following sections of this chapter will explore the definitions of the inmates themselves and how they correspond to the formerly described ambivalent discourses on addiction.

5.3 Emic views of inmates on their drug use

During the interviews with part of the detainees in the prison department of study, the perception of their drug use and their view on what addiction is was discussed in depth in order to grasp their emic view. The interviewees all requested to be placed on the addiction support unit because of regarding their own drug use as problematic. They fulfil the DSM-IV criteria for addiction, as they all meet three of the seven characteristic needed to make the diagnosis (see Note 10).
Let us have a look at the way these inmates describe addiction:

*Addiction is to be dependent of a product that fucks your life up, which ruins you and not only you but also the people around you. I am addicted for life. I tasted the forbidden fruits. I know how it tastes. But I know I should not eat from it anymore, because then my life will be fucked up again. But in the back of my head I know that cocaine is so good, and that is the forbidden fruit. For me it is cocaine that is the forbidden fruit. I should not eat it anymore, because I don't want to go through I went through before, but it is a delicious juicy sweet fruit... At the moment that your drug use starts to influence your daily pattern, then you are addicted... (Robbie)*

*I was every day in that heroin stuff, all day long, day in day out...It was just after those drugs and just be like that. (Jason)*

Robbie considers someone to be addicted from the moment that drug use starts to change your daily pattern, and in the end it “fucks up” your life. Also Jason describes the period he was addicted as every day the whole day being busy with the hunt for drugs. As in the definition suggested by Walters (1996) where the experience of major life problems is obligatory in classifying drug use as an addiction, Robbie’s and Jason’s views also describe major life problems, in this case the social problem of taking over your daily pattern, as being dominantly essential for defining addiction in their descriptions. They both come up with a description of addiction primary emphasising the social problems their drug use caused. Besides, Robbie mentions he will be addicted for life, sustaining the view of addiction as a chronic condition (EMCDDA 2009), as the drugs will stay tempting for the rest of his life like forbidden fruits.

When talking about addiction, Joost emphasises, the physical implications of being hooked to drugs:

*Because for me it is not really nice anymore, but it is that I cannot function without anymore. That I just don’t manage, because I become very sick [of heroin detoxification]... I began to realise that addiction indeed is a very serious disease, because you cannot just stop it...Those shitty drugs, those gave me also an overdose a couple of times. (Joost)*

Taking drugs does not really give Joost a good feeling any longer, he just needs it in order not to feel sick. He started regarding his drug use as an addiction after discovering he was not in control of it anymore, even though the use of drugs almost killed him repeatedly. This destructive ‘loss of control’ comes back in all previously discussed definitions of addiction (APA 1994, Walters 1996, EMCDDA 2009). Similarly, Adam, who started using drugs during
a former imprisonment short after his brother died while he was in prison, tells that the drugs took over at a certain moment:

_You drop with your head down and three hours later you wake up again. Then he still enjoyed it, missing time, suddenly half a day is gone. Then you think, the days pass by fast like this. It helped. It did help me may be. This stops after a while though. Then it turns against you. You have to start using more to reach a little bit a goal. So, that goes automatically...Then you don’t use it because you like it anymore, but just because you just want to function. Then you have to use that rubbish everyday to function._ (Adam)

Initially it helped him through the days. But gradually as Adam points out, you need increasingly larger amounts to reach the same effect of the drugs. This effect is referred to as ‘tolerance’ in DSM-IV (APA 1994). Like Joost, Adam describes that eventually he just needed the drugs to function. While this aspect is minimally absorbed in the DSM-IV definition as ‘withdrawal’ (APA 1994), however, in all the different expert definitions (DSM IV/APA 1994, Walters 1996, EMCDDA2009) it is not mentioned as such that the continuation of drug use can be based on the urge to feel better again. Instead, the definitions talk about continuation despite negative effects of the drug use.

Another aspect which the prevalent definitions of addiction do not address is the loss of the sense of self. Michel describes how he lost himself to drugs, not taking good care of himself anymore:

_You lose yourself...You live in your own world and you ruin yourself...So you don’t have appetite and you need to get something inside, so I just ate chocolate custard. Even if you have money you don’t feel like eating. You eat really irregular and you neglect yourself. Poor sleep, poor eating._ (Michel)

All interviewees addressed changing as a person when hooked to the drugs, whereas this seemingly important aspect of problematic drug use is not accounted for in the definitions (APA 1994, Walters 1996, EMCDDA2009).

Central in all the informants’ statements is loss of control at a certain stage; “being dependent on the drugs” (Robbie), “all days only going after drugs” (Jason), “not able to just stop it” (Joost), “turning against you automatically using more and more” (Adam), “never becoming really clean, so never get full control back over drug use” (Lex). The drugs take over the autonomy of their lives at a certain stage. These inmates express the drugs causing social and
physical problems, as well as personal problems. The interview informants generally agree with the present expert definitions on addiction, although these definitions do not touch upon both the positive effects of drug use attracting the inmates and the effects on self-perception which the inmates describe. In addition to the positive effects of feeling good by using the drugs, the inmates also portray another positive effect of drug use; the social world around the use of illegal drugs, which can be attractive to them on its own. The latter will be addressed in chapter 7, a chapter that elaborates on the social relationships of the inmates. Here the relation between drug use problems and self-perception will be examined further.

5.4 Addiction and the perception of self

*Drug addiction you can better not have. You start looking shitty. It costs you money and it costs you probably your friends, your girl friend. It costs me everything. A drug addiction breaks you literally and figural. Plus you change too. If I smoke coke, then I am a very different person. In a negative way, you become senseless. You don’t have conscience, your conscience gets ruined...You just want drugs and at a certain moment your life only turns around those drugs. (Adam)*

*It is the best thing on earth. It is nicer than sex. Only, yeah, it is life threatening, because you ruin yourself completely. Basing takes away everything you value in life, even your dignity and your respect it takes away from you. It takes away everything from you. You go over dead bodies. You don’t care about anything and you don’t think. You make a lot of mess because of your use of drugs. It makes your life a complete mess. (Robbie)*

The quotes above show how drug addiction can change the self-perception of a person, and a transformation into an ‘addict-identity’ takes place. Adam elaborates on how the drugs take over, changing who he is as a person, becoming senseless, someone without conscience. Things that were important are not important anymore, he stopped caring about others. Robbie explains how cocaine made him have no dignity and respect, losing everything and going over dead bodies, not caring about anything other than the drugs. Adam points out that the only thing that counts is drugs and Robbie discusses making a mess of his life; they both became socially isolated, living the life of an ‘addict’ outside the mainstream society.

Currently in the biomedicalised expert discourse, the generally accepted view on the term addiction is to perceive it as a chronic brain disease (EMCDDA 2009). On the one hand, this medicalisation approach to addiction can help to destigmatise an addict-identity as it claims addiction is not the responsibility of the addict, but the result of a disease a person suffers
from. On the other hand, the disease conceptualisation tends to regard addiction as a static unchangeable chronic, addict-identity. However, research has shown that the changeability of an addict-identity seems to play an important role in recovery from drug use problems. In a recent study on therapeutic drug users services (Radcliffe & Stevens 2008), interview data on opiate users show that the management of their addict-identity is essential while, similarly to Walters’ (1996) review on identity and addiction, describing a transformation of identity during recovery towards a non-addict identity. This involves a balancing act between the individual’s own sense of addict-identity (micro-level) and the perceived relationships to both the moral community the person belongs to and communities the person is not part of (macro-level). The macro-level which Walters (1996) describes, can be divided into a societal and a social level. While on a macro-level criminalisation of opiate use sustains a spoiled ‘junky’ identity (societal level), the participants of Radcliffe & Stevens’ study (2008) mentioned meeting old street or prison mates in treatment settings (social level) as factors, which may hinder the construction of a ‘non-addict identity’ on an individual level.

To take up this discussion on addict-identity, the inmates with drug use problems that participated in this study did indeed describe how the drugs changed the person they were, turned them into an ‘addict’. On the one hand they accept the biomedical view of addiction as the former paragraph showed that they all describe a loss of control and tolerance for the drug, stating that their drug use is an addiction. Some express that they stay sensitive to the possibility of relapsing into drug use in line with the chronic aspect of the biomedical concept of addiction:

\[
\text{And yes, you can always get a little setback that makes you relapse. That you can not predict. But the longer you stop with it, the easier it is to stay away from it [silence and serious look in his eyes]. And you will never become really clean. Mentally you will always keep problems with it. That is what they say. (Lex)}
\]

Lex’ elaboration agrees with the biomedical view on addiction as a chronic disease (EMCDDA2009) to the extent that he describes quitting drugs as something that becomes easier the longer you are off it. However, he expresses that his view has been influenced by health care personal that told him. This biomedical institutional thinking of the health care personal reflects societal influences on the perception of addiction, referred to by Walters (1996) as a macro-level effect on the perception of the own sense of addict-identity (micro-level). Lex’ description of not being able to predict a relapse, could be associated with having a ‘diseased will’ (Reith 2004) contributing to a chronic state of addiction. Mentally it will be a
temptation that will continue to be a challenge to resist. At the same time, he does believe in his capacity to stop drugs pointing out that this will get less difficult with time. Also Robbie expresses that he believes in the recovery from his addiction and changeability of his addict-identity:

Every day you don’t use is a day of gain for your future. Do you get it? That sense of craving ebbs away. So with me this is totally gone now. If I see it lying now, than it would not do me anything. I would see it as misery. When I would use it one time it would give me misery. (Robbie)

The quotes of Lex and Robbie steer Bailey’s (2005) argument on popular discourse representing a person who takes responsibility for his own behaviour with the aim to transform their former addict-identity to a non-addict identity. Furthermore, the inmates pointed out that this transformation entails regaining autonomy over their lives. The relation between autonomy and addiction will be explored further.

5.5 Autonomy and Addiction

From what we have seen in the previous paragraphs, elaborating on the inmates’ perception of addiction, losing the sense of autonomy over their lives turned out to be a central theme. In line with the definitions used in the expert discourse (APA 1994, Walters 1996, WHO 2007, EMCDDA 2009), they express losing control. One could say their autonomy becomes ‘imprisoned’ by the drugs. However, above they described as well that initially they perceive only pleasure from the drug, while initiation of drug use or relapse often seems to be an autonomous act as a consequence of their social relations. Influenced by social relations, they autonomously decided to start using drugs:

I had been in the criminal circuit for longer before I started using hard drugs. I never wanted anything to do with it and then at once I thought, let’s try it out. I saw all my friends do it and thought, oh well. And then it slowly creeps in. (Michel)

I am not going to blame anyone, you know. The guilt is with me. You are with friends, you know, but the greatest blame is on me. (Jason)

Michel had been involved in criminality for some time before he initiated illegal drug use. He always wanted to stay far away from it. Then at a certain moment, he decided to try it out some time, as by then all his friends used it. Also Jason started drugs under the influence of friends around him, while he puts the responsibility on himself, showing that he considers the
initiation of his heroin use as an autonomous action. Yet, the inmates described how the drugs take over at a certain moment, it was no longer an autonomous act. When having an addiction, it is not possible to stop to using drugs despite experiencing negative consequences like neglecting themselves and their environment while focussed on the drugs.

The views of the interviewed inmates with drug use problems could be said to reflect the tension between the expert and popular discourses. The inmates describe ‘addiction’ similar to the expert definitions as losing autonomy over their drug use. The subsequent loss of autonomy over their lives together with losing themselves, transforming into an ‘addict-identity’ is however not addressed in the expert definitions. While the most widely used biomedical expert definitions consider drug addiction as a chronic brain disease, the inmates seem to steer this chronic view of addiction by describing a chronic temptation for relapsing in drug use for the rest of their lives. Yet, instead of defining it in terms of a brain disease, for the inmates the chronic aspects of addiction seem to contain a never-ending attraction to the short-term positive effects of drug use. At the same time the interviewees of this study express believing in the changeability of their ‘addict-identity’. They decided to quit drugs and believe they can change this habit, in other words they can transform towards perceiving themselves as having a ‘non-addict identity’.

Ambivalence exists surrounding autonomy in the lives of these inmates who are experiencing drug use problems. At a certain stage they express losing control on the regulation of their drug use and the drugs began to rule their lives completely, while social relations with drug users seem to be an important influence on an autonomously chosen (re)start of the use of drugs. While all interviewed inmates in this study fulfil the criteria of the psychiatric classification systems for addiction (DSM-IV/APA 1994; ICD-10/WHO 2007), it could be argued that the drug addiction problems extend to the social world around the problematic drug use accompanied by a struggle for autonomy.

Other data from this study, discussed in the following chapters, will elaborate further on how wider contextual factors, like the position of inmates with drug use problems within social networks at a personal and a societal level, play a role in self-perception. While the inmates interviewed in this study aim to quit their drug use, the way imprisonment influences the manner in which the inmates manage to incorporate perceiving themselves as having a ‘non-addict identity’ is explored. How the inmates experience the social world of the prison
environment will be elaborated on in the following chapter, describing their struggle for autonomy continues after entering prison.
6.1 The history of current prison life

As shown in the previous chapter, the inmates with drug use problems describe experiencing a change of self-perception accompanying their drug addiction alongside losing autonomy over their lives. Moreover, it was pointed out how, historically, perceiving oneself as an individual autonomous ‘self’ evolved together with the emergence of the concept of addiction. Interestingly, the historical developments around autonomy reduction in prisons and the appearance of the concept addiction both occurred in the end of the 19th century parallel to changes in the conceptualisation of identity (Franke 1990, Bailey 2005, Reith 2004, Cohen 2000). According to Franke (1990), in this period penitentiaries emerged in Western Europe in the light of the societal processes concerning a shift from external to internal control. Personal conscience should keep people on the right path, making it an individual activity. Sin and evil became a more individual responsibility (Franke 1990, Cohen 2000). From the end of the 19th century on, the confrontation of prisoners with strict discipline and order in penitentiaries was believed to teach them resistance to impulsive desires for satisfaction. The core aim of imprisonment became enhancing internal control to reach for socially acceptable behaviour, with the expectation of subsequent future crime reduction. The principle of cellular imprisonment instead of communal prisons, was that alone in a cell the prisoner, facing a struggle of conscience, will gain insights (Franke 1990). This resulted in the present structured prison life hold by strict regulations for the prisoners, suppressing the autonomy of the inmates.

However, using Franke’s term (1990), an emancipation process of the prisoners evolved aiming at socialising prisoners towards good conduct. Increased attention was given to the treatment of prisoners and their rights. At the end of the 20th century, through participation organs and detainee committees, opinions of detainees started to play a role in decisions about their treatment (Franke 1990). This is illustrated by the text of the Fundamental Attitude Penitentiary Institution, presented at a wall board as well as at the entrance and in an elevator in the prison of study stating:
The PI is characterised by an open, sound and positive organisation that makes the assumption of the human dignity. The organisation is focussed on a humane working climate and expansion of everybody. In a creative and flexible way is cooperated efficient and effective, whereas the qualitative needs of all parties concerned are central. Everybody has the right to express wishes and ideas and influence the decisions to be taken. The different subdivisions can – within the given limiting conditions – independently give the setting of task a personal interpretation.

The text on the wall board claims that the inmates have the right to influence the decisions made. Surprisingly in the elevator, the words put in italics above in the presented text were scratched out. As the elevator is meant for staff use only, one could conclude prison staff scratched out these words. Possibly, while the cleaning of the common spaces in the prison is done by a group of prisoners accompanied by a work chief (staff), a prisoner cleaning the elevator could have done the scratching at a brief unattended moment. Anyhow, the abandonment of the words ‘open’, ‘humane’ and ‘right’, either by staff members or detainees, represents dissatisfaction with current penal policy and could implicate tensions between the staff and the detainees. While Franke (1990) described a development of detainees contributing to decisions on how they are treated, the mysterious wall board in the elevator makes one doubt that this is common practice in the prison of study. How is the situation in the present prison reality in a Dutch prison? To what extent do the inmates have the power to create personal autonomy over their life in prison? It could be questioned if the inmates are able to create a sense of power over their lives or whether they are left powerless, while encountering subjection to penal policy suppressing their autonomy.

6.2 Penal policy and autonomy

Strict rules and regulations

Imprisonment seems to be characterised by a reduction of autonomy. Inmates are subordinated to a range of rules and regulations, resulting from former historical developments as Franke (1990) pointed out. An enormous amount of house rules prescribe how the inmates ought to behave. Folders with a detailed description of the house rules are available at the guard post at the department. The introduction of the detailed folder starts off with the following condition:

The governor has the right to give you orders where this appears desirable for the maintenance of good order or to ensure the safety within the prison, or in order not to disrupt the pursuance of your sentence. It is your duty to obey these orders.
This passage reflects that the inmates have to follow the prison regulations; their autonomy seems to be reduced to the last word of the prison director. The house rules pose restrictions on a range of different issues mainly including rules next to a description of the right of the inmates. A summary of these house rules is used as hand-out for first offenders, the staff explained (see Appendix). Examples of the repressive regulations illustrate the curtailment of autonomy the inmates face: having to obey the directions of the staff at all times, follow a structured day programme, cooperate with cell control and urine controls on drug use and possibly prone to being sanctioned to an isolation regime if they do not follow the subscribed regulations.

Inmates’ perception of imprisonment

With regard to autonomy, the inmates perceive restriction in several ways. Prison life lives their lives for them:

In prison they think for you, you don’t have to think, it is done all done for you. The door opens and closes when it is time, it is just prison. They only make you brain dead here. (Adam)

In prison they restrict your will, everything is arranged for you. (Punch)

Adam and Punch point out how the imprisonment takes away their independence. In prison they cannot choose what to do and how to do things. They are not allowed to decide on things, feeling like being made brain dead (Adam) and encountering a suppression of will power (Punch). The inmates also express feelings of powerlessness:

My sister was getting married when I was imprisoned and then I was disappointed I could not be there…At that moment I felt powerlessness. (Michel)

Often replacements take place. Detainees have no say. That is difficult. It is a horrible feeling to be randomly replaced, you have to start over again organising your cell, find your way with the new group detainees. (Luke)

Not being able to visit family outside when they are important for him, made Michel feel like he was losing autonomy, while Luke describes the experienced of powerlessness with the common often suddenly enforced replacements. Moreover, Joost mentions that he feels treated like a child at times:

You can be treated as a little boy now and then. (Joost)
In line with Joost’s comment, the prison staff generally referred to the inmates as ‘boys’, while the inmates also talked about ‘the boys’ referring to themselves. This could be a reflection of the re-education thought steering prison policy. These informants comments do not give the impression that the policy aim of increasing the internal control of the inmates to prevent future crime (Franke 1990), is close to being reached. Having had their autonomy suppressed in prison, they express being made passive not being able to arrange things themselves. From here it will be discussed how their subjection to prison policy involves the presence of power relations between the inmates and the prison staff.

6.3 Power relations between staff and detainees

Information penitentiary files
Foucault (1983) addresses prison structure as a form of institutionalisation of state power with its own regulation, hierarchical structures and a relative autonomy in functioning, resulting in power relations between prison staff and detainees. Information from the penitentiary files of the interview informants gives a reflection of the institutional empowerment of the staff towards the detainees. The functioning of the inmates in the institution forms an important part of the information in the files. During imprisonment the prison staff is expected to assess and correct the behaviour of the inmates. In the records attention is put on correctness of the inmates towards the staff, being in time for and participation of day programme activities, correctionality, keeping the house rules and personal care (body and environment). Joost was corrected for his dietary behaviour in the prison of stay before he was replaced to the present prison. To illustrate, some passages from his penitentiary file:

He is correct towards the staff. He is always late for the activities though… The concerned does keep the house rules, but not the rules made with him at the medical department…During recreation time, the staff keeps an eye on his diet habits. He is on a diet and fatty food is not allowed. When he does eat this, the staff has to make report of this, because he otherwise has the risk not to survive. Recently he had a report on this and at the moment he is put on measure. He can not withhold himself and eats too much, although he says himself he does not eat too much…

When I asked Joost about this event, he expressed that he felt forced to be on that diet. He looked away when we started talking about it and had a sad look in his eyes. He is obese, and such obesity runs in his family. He does not see the point that they make report on that. While this strict order and discipline aims at transforming inmates into people with good conduct (Franke 1990), Joost instead seems to be forced into something he does not agree with.
From the inmates’ perspective

In the eyes of the inmates, they are subjected to and dependent on the guards:

The guards prescribe what we do here. If I have to do a UC, then I will just get a UC. And people tell you that if the alarm goes off, that you have to go inside again and in the evening you are just pulled out once a while for a fire exercise. (Adam)

You are always dependent, because you have to ask the guards. We have to play everything through the guards…but you pull however on the shortest end. You should not forget you are prisoner. In the end, it is like that, something you wish not to feel that often, but in the end we are prisoners and if something goes wrong, you will be the sucker, because if you are inside, you have to play everything through the guards. (Joost)

Adam explains how the guards rule the lives of the inmates: the inmates must follow all instructions from the prison staff. The evident dependency on the staff makes Joost aware of being a ‘prisoner’ at times. The inmates experience the guards always standing a step higher than the inmates; the guards have more power. Jason reflects on this issue as well:

When something is wrong they will not say, Jason, let’s first listen to your story before I will write my report. That won’t happen. I am anyhow the victim and you stay a victim of the system. You have nothing to say. It is power misuse what they do, power misuse you know. (Jason)

Jason has felt treated unfairly by the guarding staff. He expresses not having any power and this, in his opinion, is misuse of power. The inmates have to deal with reduced autonomy as a consequence of penal policy.

Partly the inmates deal with it by bending with the system and taking the situation as it is:

With the guards too, you have to learn to deal with those people. With those people you should not have dispute or conflict. From those people you should only ask what you need and for the rest you should leave them in peace, don’t ask, don’t harp, don’t whine. You have to bend with them. If they say, you have to walk on the right, then you should walk on the right and without saying why not walk on the left. No. Inside here, he is my boss, only inside here [with emphasis in his voice]. You have to just listen to what he says, because that is his work. There are also boys that say, no, I want to walk on the left. But then you get shit, then you get hassle. (Robbie)

Look it is a whole system you could say and you can make it as easy or as hard for yourself as you wish. But if you kick against everything, then the guards are not that easy anymore. They think then also, suit yourself, he keeps whining on everything and stuff. The person does it himself and in the end he got himself. (Joost)
According to these quotes, a certain amount of passivity seems to be effective in coping with the enforced disempowerment they experience. Following the instructions of the guards is the wisest thing to do while dealing with this situation in prison. Robbie emphasises that this is only for the time being. Only inside here he will keep quiet while letting the guards boss him. He does this in order to stay out of trouble. Inside prison it is your own responsibility to make it as easy for yourself as possible, Joost also states. Michel and Lex explain how they deal with the staff in functional terms of getting the best out of it:

*And with the guards it is like that, that you can go that far and with others that far, that you all learn. Until here and not further.* (Michel)

*The hits of the whip, you have to know how you should play on them. That is in your advantage sometimes, you know how to deal with staff...You are dependent of other people here...You have to pick out the people. This I learned fast during my first imprisonment. You search for the people and look how they are and you know who you should go to [in order to get something done]. You have to take advantage from that sometimes. Yeah, you have to, because you can not do something else. You are dependent on those people. And, then you have to pull out as much as possible [silence]. Yeah, I am honest...It is passing your own time as best as possible.* (Lex)

Being dependent on the guarding staff, the inmates learned to find a mode to approach the staff in a certain way. They discovered the most optimal strategies for dealing with their subjection to the staff. While current penal policy aims at enhancing internal control capacities of inmates to improve their behaviour in society (Franke 1990), indeed the inmates express that they change their behaviour in order to cope the prison system. However, the by the inmates described bending strategies to deal with the situation for the time being in prison, give the impression that it is questionable that this yielding with the imprisoned subjection to the prison staff could be regarded as enhancement of ‘internal control’. Instead, it could be called a temporary bending with the external penitentiary autonomy opposed on them. This conscious act of just bending with the system while trying to get the best out of it, could be a form of resistance as well. In a way, by temporarily seen manipulative strategies, the inmates resist their subjection to the system. It is only for the time being. Resembling Foucault’s proposal to analyse power relations through investigating forms of resistance (1983), in the next section it will be explored further how the inmates cope with the reduction of their autonomy.
6.4 Inmates’ empowerment strategies

Creating one’s own structure

Struggling with the experience of reduced autonomy in prison, the inmates at the prison department studied show different ways of resistance against their submission to penal policy. In order to generate some personal autonomy within the enforced penal day programme, the inmates seem to create their own structure to a certain extent.

A guard has to call someone to account...Your cell does not look good, does not look clean...In here, I make my own day structure. I have my structure. I don’t want staff to call me into account. Jason, this is the third time I call you. The least possible, for me you don’t have to call you know. (Jason)

Jason indeed was always ready in time for day program activities and frequently cleaning up his cell. His penitentiary file record on his behaviour is also in line with this: “he deals well with the instructions he gets [from the staff] and does not need [correctional] steering until now.” All the inmates seem to have their own way of trying to live an own structure within the penal structure. An observational example is that Lex and Stefan often played a board game together, starting a game shortly just before the lunch time enclosure. They left the half played game on the table in the recreation room when going to their cells to be locked in during the lunch. After lunch, right after the guards opened the cells, they went to play the rest of the game. This seemed to be a strategy of being in charge of part of their day within the obliged programme. It could be said that for them this is a way of creating some personal autonomy within being subjected to the structure of the penal regulations.

Other subtle forms of resistance, which could be regarded as creating a personalised structure within prison, were encountered during the fieldwork. To give an impression two examples will be detailed: As the labour hours are part of the enforced part of the day programme, an inmate told that he deliberately made mistakes and did not work effectively. Furthermore, instead of eating the prison meals the inmates cook as much as possible themselves, to the extent they are able to buy food at the prison shop depending on their financial capacities. Cooking their own meal and resisting the enforced prison labour, they can create a feeling of deciding on what to do at a day in prison. This could be seen as creating their own structure within the obligations of the prison day program. Another strategy of resisting penal policy aiming to create personal autonomy, according to the inmates, is ‘wearing a mask’.
Wearing a mask

Explaining how they cope with prison life, the inmates mention ‘wearing a mask’ in a two way manner addressing different meanings. Firstly, they mask certain feelings in order to carry on. Not expressing their feelings could be regarded as mental coping of the inmates for gaining some personal autonomy. The social relationships among inmates and between the inmates and the staff seemed to be superficial. As prison policy denies their autonomy to a great extent, controlling the inmates’ lives day in day out, it is tough for them to survive mentally:

You cannot be yourself and that does not work well mentally, when the alarm goes off you have to go to your cell, if you do something you should not do you get a report, if you are 2 minutes late for a day programme part, you cannot go anymore and you are locked up. (Punch)

Punch describes how he is not able to be himself while being ruled all day by the prison regulations. As it is hard to cope mentally, the inmates describe the tendency to symbolically wear a mask to survive prison life:

Prison is mental attack, 9 of the 10 detainees wear a mask, you cannot be yourself, you are punished for that. (Luke)

If you are yourself you are punished for that, Luke tells. It could be argued that not expressing their feelings, ‘wearing a mask’, is a type of resistance against their subjection in prison.

Secondly, Jason furthermore points out how inmates tend to ‘wear a mask’ in order to hide that they are not changing internally, masking that they are pretending:

It is a puppetry where people wear a mask, people do not change in prison; nobody can force me, I have to do it myself (Jason)

Penal policy can not force him to change his life. That is something he has to do himself. Through pretending to bend with the system, ‘wearing a mask’, inmates try to maintain self-government. By not being themselves, while not expressing their emotions, the inmates can be seen to create personal autonomy. Foucault (1983) elaborated on how a struggle of resistance within the experience of subjection is in fact the practice of a technique of creating power.
The above mentioned study data could support Foucault’s additional statement that resistance “marks an individual by his own individuality, attaches him to his own identity, imposes a law of truth on him which he must recognise and which others have to recognise in him” (1983: 212). By practicing resistance against their subjection the inmates struggle for some individual autonomy which attaches the inmate to his own identity apart from being an inmate with suppressed autonomy. Yet, moreover, Foucault argues that the struggle of resistance aiming to generate power - which involves in case of the inmates gaining personal autonomy within the penal system - will always be overshadowed by the dominant state power and subsequently by state institutions such as penitentiary institutions. Besides, while Franke’s (1990) historical analysis brings to light that failure of the effect of penitentiary punishment on recidivism is repeatedly assigned to implementation and aftercare issues, Franke seemingly correctly states that the hard reality is that imprisonment does not create ‘better’ people. Conversely, the data suggests that the inmates act differently to the way they believe themselves to be inside, wearing a mask, to secretly protect their own identity.

**Drug use in prison**

Using drugs can also be regarded as a form of personal autonomy. Ethnographic studies among drug dealers and consumers in the USA and Sweden showed how drug use can occur in search for self-government, in other words autonomy (Bourgois 1995, Lalander 2008). Adam initiated the use of illegal drugs in prison:

*I started with hard drugs in prison 13 years ago...My oldest brother died...If your brother dies, you have nowhere left to go inside [prison] and then I came into contact with hard drugs, that is the story. I started sniffing brown [heroin]...It helped.* (Adam)

During one of his former imprisonments Adam used illegal drugs for the first time to self-govern while coping with the death his older brother during imprisonment. It could be said, that Adam used heroin in order to give himself some personal autonomy, in that sense that he decided to take the drug to be able to deal with the loss of his brother while being subjected to the position of prisoner. In line with Foucault’s argumentation on resistance (1983), Adam’s initiation of drug use in prison was an act of resistance aiming for self-government in order to give him power to survive his imprisoned situation. However, Adam’s statements which have been discussed earlier describing how he experienced his drug use at latter stage, pointed out that he faced a loss of control over his drug use and a subsequent loss of autonomy over his
life. His initial autonomous act of resistance against his subjected situation in prison ultimately turned against him. This long-term effect could be said to support Foucault’s view that resistance reproduces the dominant power that is resisted. To create a broader overview of the power relationships the inmates experience inside prison, this thesis will next look at the institutional empowerment strategies meant to give a certain amount of autonomy to the inmates to enhance their ‘internal control’ capacities.

6.5 Institutional empowerment of the inmates

Besides the formerly discussed inmates’ own struggles of resistance which can be seen as empowerment strategies, in the scope of the by Franke (1990) described historical process of prisoners’ emancipation institutionalised empowerment measures of inmates exist. Some institutional regulations aim to empower the inmates to a certain extent. Examples are detainee committees and complaint committees through which the inmates can claim their rights. These committees aim to let the opinions of detainees count with decisions about their treatment in prison (Franke 1990). Furthermore, the inmates have the optional possibility to follow education for free. Although there is a limited range of education levels the inmates can accomplish, the inmates have a free autonomous choice in being involved in education or not.

However, the inmates expressed feelings of powerlessness, always being dependent on the staff. These institutional empowerment strategies exist within the strictly structured disciplinary prison environment the inmates live in. Luke explains his frustrations with the situation of the inmates in prison:

_I believed in the rights of the detainees before and was GEDECO¹¹. Now it frustrates me. The penitentiary institution is unjust for detainees. Now the penitentiary system has to do cutbacks nationally and the inmates will get less facilities, such us sterilised milk, less bread for lunch. At the same time the management department gets new furniture in their offices! That costs much more money than those cutbacks for the inmates._ (Luke)

¹¹ Every department in a penitentiary institution has a GEDECO, who is representative of the inmates of the department in the detainee committee. Every month this detainee committee has a meeting with the prison director, where organisational issues about the treatment of detainees are discussed. The GEDECO represents the rights of the inmates.
Luke describes experiencing the rights that are given to the detainees as unjust. In the end the prison system has the last word, which means that overall the inmates do not really have their own autonomy. Yet, they have personal empowerment strategies of resistance, including not being themselves, ‘wearing a mask’, bending with the system while internally not changing. In the short-term the inmates do experience some personal autonomy, stimulating them to continue resisting their subjection in several ways as discussed in this chapter. These finding could be said to contradict Foucault (1983), who explains all forms of resistance as reproduction of the dominant power. It can be questioned if the resistance of the inmates indeed does lead to empowerment.

6.6 Persistent imprisonment of autonomy

Autonomy struggles in prison
There seems to be a paradox around autonomy. On the one hand, the empowerment strategies can give a short-term sense of autonomy stimulating the inmates to continue their strategies of resistance. However, on the other hand both the inmates’ empowerment and institutional empowerment strategies could be regarded as ‘sham empowerment’, because ultimately the inmates experience powerlessness within the dominant power of penal policy. Foucault (1983) could be criticised for not making a distinction between the short-term and long-term effects of resistance strategies. Indeed at the short-term the inmates do experience gaining some personal autonomy, which Foucault does not account for. Yet, the long-term effects described by the inmates do support Foucault’s view.

The inmates’ attempts to live out their own structure within the structured prison environment always stay limited within penal policy. They are regularly confronted with unexpected prison measures like locking-in during an alarm phase due to calamities or sudden replacements. In those cases, their own structure falls apart. Moreover, the possible resistance strategy by bending with the system not being yourself with a general suppression of the expression of feelings, are also experienced by the inmates as a mental attack simultaneously. The inmates do not gain autonomy over their lives in the long term through this strategy of resistance. Instead of producing power affirming their own identity, like Foucault (1983) pointed out, it could be argued that eventually bending with a system not being yourself can be that hard to cope with mentally. This strategy of resistance seems to undermine their identity in the end, while the inmates ultimately are left with a feeling of powerlessness.
Prisoners of drug addiction

In line with the results of Crewe’s study (2005), the inmates show a wide range of attitudes towards their drug use problems in prison. Some of the inmates described how they initiated or relapsed into drug use inside prison. This could be seen as a resistance strategy against penal suppression. Additionally, all the interviewed inmates pointed out how the drugs took over their lives leading into a drug addiction. In the long run drug addiction occurred and their autonomy was taken over by the drugs, being ‘prisoners of their drug addiction’. At present, the interviewees voluntarily choose to be at an addiction support unit (VBA), stating that they no longer want that life of recurrent imprisonment. They described as well that imprisonment gave them time to think whereas they started realising that they wanted to quit drugs.

However, already struggling with regaining autonomy over their lives when aiming to overcome their drug use problems, in prison, on top of that they are confronted with penal policy suppressing their autonomy. While the aforementioned strategies of resistance, according to the inmates generate some personal autonomy, the interview data suggests that overall they can not ultimately overcome the power of the penal policy. This ultimate feeling of powerlessness resulting from their struggle for autonomy within the penal policy could complicate their pre-existent drug-related struggle for regaining autonomy. To examine this more, first, we will have a closer look at how the social relations of the inmates unfold during imprisonment to gain more insight into the influence of prison life on inmates with drug use problems.
7.1 The social world of addiction

Social aspects of drug use problems
In order to further explore how the experience of inmates’ drug use problems is embedded within social relationships, the inmates’ social world before and at the time of imprisonment will be examined. When discussing addiction, as shown in chapter 5, all interview informants describe that their drug use occurred as a consequence of certain social relationships. Among the inmates, drug addiction reaches further than the dominantly argued biomedical grounds as pointed out by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA 2009). Next to individual identity-seeking motives for drug use, collective motives seem to play a role.

Grund (1993) regards drug use ritualisation as a form of modern tribalisation in a globalising world. In his ethnography on drug taking rituals of regular users of heroin, cocaine and other psychoactive substances in Rotterdam, the Netherlands, he links the ritual activity within drug use and the emergence of drug use subcultures to the disappearance of the former traditional formal tribes during the rise of a globalising industrialised society. Interestingly, interviewees of the present study point to these collective motives for drug use, mentioning that the social world of drug users on its own is something that is incredibly attractive to them:

*For me that was so much kick, all those people, steal together, do things together, do everything together, use together, together look for a place to sleep, everything together, you know.*  (Robbie)

*It is just a nice world, nice and easy make money, experience exciting things if at night you go scoring, do burglary, that all belongs to it... The biggest problem I always had with the drugs is the world around it. The world around it, that is what attracted me. That is what kept me in so long... That is the whole problem, the world around it. You can quite drugs but the world around it will always attract you. It is like a sort of black hole, it always pulls you back, you can swim as hard as you can but mostly you will be sucked back anyhow*  (Lex)

For Robbie and Lex doing everything together with other drug users is an appealing component of being addicted. The hunt for drugs in the outback of illegality creates bonding and is exciting. As Grund (1993) argues, the collective life around the drugs could be regarded as a ritual activity in a niche of our society. Furthermore, Lex experiences this world
around drug use even as a bigger problem that the drug use itself. It is easier to quit drugs than stepping out of that world. The world will keep on attracting him.

To conclude, this study data suggests that social relations can play a prominent role in the experience of drug addiction. Based on the elaboration on their social relationships before incarceration, it could be argued that addiction can be seen as a social phenomenon in the first place. The social world of users of illegal drugs can be experienced as attractive as or even more attractive than the drugs itself.

‘Dope’ relations before imprisonment

However, while social relations seem to play a motivating role in the initiation and continuation of drug use, all interviewed inmates express that the social relations in the illegal drug users’ world are not real friends. Before imprisonment all interviewed inmates encountered distrust within the social relations among drug users. They described that they cannot really trust them as the drugs are number one. The drugs took over the autonomy over their lives. If the other needs drugs, the drugs are more important than anything:

> Addicts never have friends. They are acquaintances or very vague acquaintances…The drugs are at the first place, not hold your appointments…Even if you have a lot of money, if you are outside it is fun but if you sit inside [in prison] then you are not there anymore. Then they drop you. That is it with addict, they forget everything…Addicts are only dope relations or dope friends…Then it only turns about the drugs or about money. You never have a normal friend contact, like enjoyable going out together or what ever…You never have real friends. At that moment you regard them as friends, but you know, it are no friends. Unconsciously you know that. Because the dope is the most important at that moment. Because if you are sick, then you can rob your own friends, if it is necessary [short silence, looking away]. I encountered it with people. Then they were really good friends of each other, then one was sick and just stabbed the other, only for his drugs [silence]. It is a weird world but a nice world. (Lex)

> Nobody anymore actually, everybody did withdraw a little bit…They wanted to come here a couple of times, but then something comes up, then it was not on, one got married and the others have methadone or they use and then mostly it is a problem to come here all the way or they have an excuse again, so I said, well leave it. (Joost)

These inmates describe becoming isolated from the societal accepted social networks and only hang out with other addicts, mainly living outside the mainstream society. The addicts just hang around with each other because of the drugs; they are not friends but vague acquaintances. They can rob each other if they are in need of drugs, you cannot count on them. They are not to be trusted as they are not reliable. You can not have confidence in those
‘dope friends’, as Lex describes them. During imprisonment, these two inmates experience that drug user friends often do not visit them in prison, you cannot rely on them or trust on their support. At that time, during a period of using drugs, they regarded them as friends. Gradually Lex and Joost started realising that those friends are not real friends, although for Lex the excitement of the world of illegal drug users still stays attractive. The data on social relations among these drug users supports that drug addiction problems extend to the social world around the inmates, implicating the importance of a broader holistic anthropological perspective taking social and societal influences into account (Nanda & Warms 2007).

Concluding from the elaborations of the inmates with drug use problems, digging into the situation of the drug user world around them, distrust seems to be a prominent characteristic of social relations among ‘dope’ users prior to imprisonment. This could be linked to the loss of autonomy over their life that accompanies their drug use problems. Because the drug took over the autonomy of the drug users, they are not reliable; you cannot have confidence in them, you cannot trust them. The informants interviewed in this study decided to quit drug use and do not wish to identify themselves with an ‘addict-identity’ anymore (Walters 1996, Radcliffe & Stevens 2008). They aim at building up a life without drugs reclaiming their autonomy. They discovered their social position among ‘dope’ people is not what they want. Meanwhile they are accustomed to being part of a largely isolated social world of drug users, used to not being able to rely on and subsequently not able to have confidence in others. The other drug users are not to be trusted, defining ‘trust’ as being able to have confidence in a person or a thing. It could be questioned to what extent trust, plays a role in having faith in succeeding to regain the autonomy over their lives instead of drugs taking over. In prison they face a different social world ruled by penal policy. It will be elaborated on how the inmates experience the social relations inside prison and how this could affect their process of overcoming their drug use problems.

7.2 Social relations in prison

Between detainees
The social contacts between the inmates are generally described as functional. You make friends if you need people for something:

No, I don’t have friends. I can make a chat. I don’t have friends; I don’t need back-up.
(Jason)
So that is the only one that stayed, that really has good heart... That we not just have contact for something or the other, but just friendship. He is the only one that I have left from a former detention. (Joost)

Jason explains that he does not need friends, because he does not need back-up as he can manage on his own. Joost still is friends with one mate from a former imprisonment, which is the only exception. In general the inmates hang out with each other to pass time, while the social contact between them is normally just in order to arrange certain things easier in prison. This is illustrated by the following situation:

When the researcher hang out at Joost’s cell, Sam and Jonathan came in right from the gym machines at the department with their shirt wet of sweat. While the researcher is sitting at one of the two chairs, Sam takes a seat at the other chair and Jonathan sits down on the bed next to Joost. The atmosphere is relaxed. Hey, ‘Uncle Josie’, where are your cigarettes? Joost passes Sam the cigarette box and tells me that it is okay that they smoke his cigarettes, because he knows that he can always pass with them if he needs to borrow something.

Joost takes it for granted that the two other inmates smoke his cigarettes, because he knows he will get things in exchange for it if needed at a later stage. This functionality in the social relations between inmates is accompanied by commonly superficial conversations:

If you put 10 stories next to each other here, then 8 are that nice exaggerated. Those boys have everything outside, but if you know them, you know they don’t have anything outside, do nothing… You always here stories like yeah I have such a nice car, I have such a big house, I have my money and they then have only 2 or 3 Euro on their account here. (Lex)

And then another weirdo comes with odd stories, or big stories. I hate that, yeah, I have two cars, yeah, I have three houses and ten minutes they come to get a roll-up. And then I then think, just sell a car then, bullshit things, it makes me a bit depressed. Look, I have little too, and then go and tell big things? (Adam)

The inmates usually hang up big stories instead of talking about how they feel. Lex and Adam express that many of those stories are not reliable, not to be trusted. It is argued here, that not feeling able to trust other inmates and staff could be the reason for keeping conversations and social relations inside prison superficial. Adam furthermore describes how fake the contacts between the inmates are from his point of view:

I don’t know you, you don’t know me, we laugh with each other, but we don’t know shit about each other. We act like we are friends, but if it comes to it, then we drop each other like a hot brick. (Adam)
While acting nicely towards each other, Adam experiences that if it comes to it the other inmates are not reliable. Not being reliable means that he cannot have confidence in them, he cannot trust them.

However, some of the inmates do consider other inmates as friends. Robbie disclosed he had a group of four friends at the department:

*Because this is a small department, you have more contact among each other and you get to know each other better. That is also important for your personal development, because you see mirrors of yourself in others. And you talk about the same feelings you have. Everybody here has to do with drugs, so if you talk about the past, then it is good to talk to somebody who went through the same. That person understands it and can think with you about certain things...We had a group with Morgan in it before, but Morgan is gone. Morgan and I were the oldest residents here before. Waters is the oldest, together with Punch. There after he comes, and Michel. Because they stay here that long, they know each other well. We know how far we can go, know much of each other, we talk a lot to each other. You have deep conversations too, about family, about outside, about religion, about criminal activities. You talk about all kinds of things. (Robbie)*

Exceptionally, Robbie refers to talking about feelings with other inmates, describing how it is supportive to talk with other inmates who went through the same feelings concerning drug use problems. As this prison department is small, in comparison to a big department on regular regime, the inmates have more contact, while those that stay longest at the department get to know each other better, Robbie explains. They trust each other to a certain extent by telling each other personal stories when talking about their lives, which seems to support them in coping with prison life. Yet, at the same time Robbie also states that the prison system hardened him, he will never really let other people come close to him emotionally anymore:

*You become a different person if you are imprisoned [he talks soft and looks sad]. Yeah, you are hardened, hardened by the system. I will not let somebody really close anymore. I would not like to be hurt by somebody again, by nobody...I don’t want to give myself totally anymore. (Robbie)*

By being imprisoned repeatedly, Robbie talks about how he became a different person never really trusting other people anymore. While he describes how he does share his feelings with other inmates, at the same time he expresses not having the trust in other people to let people really close to him. It could be said that he will always stay suspicious of other people possibly hurting him. This touches upon another aspect of ‘trust’, as when we have confidence in other people, trust them, we may expose ourselves in a way that could enable them to take advantage of our vulnerabilities while expecting that they will not do so. Robbie
explains that his repeated imprisonments hardened him in a way that has caused him not to trust people enough and put himself in a vulnerable position.

It could be argued that the inmates, all being together in the ‘same boat’ of being subjected to imprisonment would experience bonding as a group against the prison staff. In this study the inmates did not express bonding in such a way. This could be contributed to the fact that the inmates with drug use problems, as previously described, came out of a social world of drug users, largely isolated from mainstream society which was interwoven by distrust. Encountering the prison situation in which it seems hard to trust people, this group of inmates feels especially reluctant to open up for trusting other inmates on a personal level. The accounts of these inmates with drug use problems suggest that in the social relationship between these detainees distrust seems to overrule trust.

*Between staff and detainees*

The relationship between the detainees and the prison staff also seems to be functional in general. In the preceding chapter the inmates were given voice in telling how they experienced their subjection to the instructions of the staff. The staff is in power and the inmates are made dependent on them. Therefore, distance is kept in their relation with the staff as all the inmates of the department of study describe:

*Staff is only to ask to make a phone call for you...Staff you do not have anything with.*  
[He suddenly talks with a soft voice] (Robbie) During the fieldwork period, in the presence of the researcher, he did make chats with the guards joking around, playing with their authority to check how far he could go. Once he came standing with the guard and the researcher during airing hour outside, joking that he came to keep an eye on the guard. Another time he threw a ping pong ball at a guard, seemingly to play around with the guards’ authority. At other times, the researcher encountered him asking for practicalities such as information about his upcoming replacement to a half open penitentiary institution. His contact with the guards seemed indeed superficial and practically based.

*I do not talk to the guards about these kinds of things. The guards are occupied with that I keep the rules, so I keep the rules. It does not concern them how I look at the world. I talk with you about it now because you are an outsider. I also don’t talk about these things with other detainees* (Luke)

Robbie explains that his relation to the staff is based on getting the staff to do things that need to be done for him. Like Luke, he maintains a superficial functional relationship with the staff. When Luke told me about his past, his family life and future plans, he points out that he does not tell the guards really personal things as the guards are just occupied with him.
keeping the rules. Adam explains that he does not take the staff into confidence, does not trust them, as it is their job to compose official reports if the staff perceives it as necessary\textsuperscript{12}. Worrying about his future, Adam feels thrown upon his own resources. He does not share his worries with both the staff and other inmates, while he tends to withdraw into himself coping with the prison situation:

\begin{quote}
I don’t feel like laughing around with those people at all and to listen to those messy stories, with detainees and staff, both. I worry everyday about my future, I am very occupied with that in my head…I just know, that if they know something they just have to give report. Those people just do their work. But with detainees I have that also.
(Adam)
\end{quote}

From the guards’ point of view, the guards do acknowledge that the inmates are reluctant to take them into confidence, while at the same time, the guards themselves feel distrust towards the inmates as well:

During a conversation with one of the guards, he spontaneously told the researcher that the inmates do not tell certain things to the guards. The thing is, that if you know something about a violation of the prison rules, as a guard you have to assign a report on it. Also it is risky to become close to an inmate, as then it is possible they will start manipulating the guards, the guard mentions. If a guard would feel too much sympathy for an inmate, the inmate will start to claim certain privileges such as not taking part of the obliged part of the day program. If a guard makes an exception once, the inmates will keep on trying to get more privileges. He knows this from some exceptional stories about the experiences of colleague guards. This keeps up the ‘we-them’ situation between the staff and the inmates, he explains. Some other time, another guard points out to me that you can never really trust the inmates. They all can suddenly react aggressive, you always have to be on your guard, he explains.

This is a complex situation where distrust seems to be a mode of coping with prison life for both the inmates and the staff\textsuperscript{13}. The power relations between the staff and the inmates, in which the detainees are subjected to the instructions of the staff, seem to be interwoven by mutual distrust.

\textsuperscript{12} If the staff observes that the inmates do not follow the penitentiary house rules, the inmates can be given an official report. This report could lead to sanction measures such as isolation, depending on the content of the report. The prison director makes the ultimate decision on enforcement of sanctioning measures.

\textsuperscript{13} Talking about prison staff the inmates seem to automatically address the guarding staff, as they have far less contact with other prison staff. The guarding staff is present in their lives 24 hours a day, while other staff members have short consultation moments with the detainees. With other prison staff generally the inmates experience a similar power relation steered by penal policy. Therefore, in analysing the social relations between staff and detainees, the relation with the guarding staff is likely to represent the relation of the inmates towards the prison staff in general.
7.3 Trust in social relationships

Resembling the findings of the explorative study of Gaum et al (2006) in a South African prison, imprisonment seems to make it difficult for the inmates to trust other people. While their autonomy is subjected to prison policy, the inmates survive by the exact opposite of trust. While current prison policy aims to socialise inmates towards good conduct (Franke 1990), penal policy reduces autonomy by the practice of strict rules and regulations creating power relations between staff and detainees, whereas the staff has the power to rule the lives of the inmates while enforcing the penal policy regulations. The social relations between staff and detainees, as encountered during the fieldwork, suggest that the power relations between staff and detainees do not leave space for trust and seem to create a mutual distrust. On the one hand, the inmates described that they are not able to trust the staff as the staff has the job to enforce the penal regulations upon them, and the power to make a report on them if they violate these rules. On the other hand, the staff also experiences distrust towards the inmates. The staff aims to keep a certain distance from the inmates so as not to be manipulated by them nor be the recipient of possible sudden aggressive outbursts from the inmates. This mutual distrust seems to be related to the context of penal policy.

As discussed in the previous chapter, the data suggests that not trusting others seems to be a coping strategy used to handle the reduced autonomy which results from the penal policy. Generally these processes seem to result in superficial social relations inside the prison, as within prison it is difficult to experience trust within social relationships. While distrust exist in the relations between the staff and the detainees, the inmates with drug use problems described how they do not have the trust to put themselves in a vulnerable position within the social relationships with other inmates. The prominent existence of distrust within the relationships of the inmates with drug use problems before imprisonment – relationships in the social network of drug users they were largely isolated in - could play a role in how these inmates experience the social world inside the prison. With the inmates previously having a history of experiencing distrust with the people around them, when facing prison life and the penal suppression of their autonomy, there does not seem to be space for the inmates to develop trust in other people. This could be argued to complicate their process of overcoming their drug use problems, while not being able to have confidence in people could possibly affect their capability of having confidence in themselves and the future.
8.1 The Junky

To get an impression of how imprisonment affects the process of overcoming drugs, the social positions of inmates with drug use problems before, during and after imprisonment will be explored respectively. While this study focuses on inmates with drug use problems, first of all, their social position as drug users prior to imprisonment will be addressed. In addition to the fact that, at a certain stage the drug took over the autonomy in the lives of the inmates with drug use problems, while at the same time the inmates describe a transformation to an ‘addict identity’ (see Chapter 5). At an individual level they started to perceive themselves differently (Walters 1996, Radcliffe & Stevens 2008). Some inmates expressed that the social world around their drug use on its own was a thing that attracted them (see Chapter 7) and their drug use problems seem to be embedded in a wider social context. Michel mentions that this change of self-perception was influenced by the people around him, who noticed him changing before he did himself:

No, I did not see myself as an addict, but others did see it. If you use drugs, you don’t see yourself as an addict, but others do see it better of course. Hey, he is using every day, he is tripping every day. And you say, it not that bad. You don’t see it, you push it away. Oh, it is not that bad, while it is bad indeed…Of course, if I think back to it, of course I was addicted. (Michel)

As other people told Michel that he was an addict, now he himself believes he was an addict as well. During this imprisonment, he decided to change his habits of cocaine use and aims for a transformation to a ‘non-addict identity’ (Radcliffe & Stevens 2008, Davies and Harre 1990). The social positioning of the inmates with drug use problems as an ‘addict’ before imprisonment is influenced at a meso and macro level (Walters 1996). It is argued here that at a social level, driven by the social context, inmates position themselves as ‘addicts’, while social relations of the inmates also position him as an ‘addict’. However, users of illegal drugs are generally labelled as ‘junk’ at a societal level, being referred to as ‘junkies’.

Some of the interview informants expressed that they preferred not to regard themselves as an ‘addict’ because of the stigmatisation connected to the term. A loss of control is stigmatised in
modern society, while in Western cultures illegal drugs are regarded as symbols for moral failing (Reith 2004, Cohen 2000). Joost pointed out that he never wanted to be associated with an ‘addict’, although he now believes he has a drug addiction:

*I never regarded myself as an addict, because I am no junky. I am indeed addicted, but I never wanted to look at it like that before. Well, I look at it like that, because I cannot do without and I know that. I will not say that to others, because I don’t want to show it preferably. As soon the people know or hear, he uses heroin, he is addicted. Then you already drop immediately. Tjuung [sound of sliding down]. Then they are afraid to do things [business] with you, because in general people think and say, addicts you cannot trust. They are on heroin, they do everything that is forbidden.* (Joost)

Joost does not want to see himself as a ‘junky’, because people in general distrust addicts. In the past, he refused to consider his drug use as an addiction so as not to associate himself with being an addict, with being a junky. Being hooked on illegal drugs, addicts are supposed to do everything that is outlawed. Therefore, Joost tried to hide his addiction in order to avoid being stigmatised. Additionally, Jason explains why he does not want to use ‘that other word for drug user’:

*I don’t want to use that word…I don’t want to show them that I am a ‘junky’…That word I don’t want to say, because that is not what I am…Because of drugs I came into contact with Justice. But if I don’t use drugs, then I am no criminal, you know.* (Jason)

He resists using the negative connotation of ‘junky’ for himself as a drug user and contributes his criminal activity to his drug use. He does not consider himself as a criminal, but positions himself as an addict in need of money. Joost’s and Jason’s reflections both suggest stigmatisation of drug users at a societal level. Literature suggests this stigmatisation could hamper the construction of a ‘non-addict identity’ at an individual level when a drug user aims to overcome their drug use problems (Walters 1996, Radcliffe & Stevens 2008).

**8.2 The prisoner with drug use problems**

As discussed in the previous chapters, during imprisonment, inmates with drug use problems encounter additional autonomy suppression enforced by penal policy on top of their experience of the drugs taking over their autonomy. Within the hierarchical structure of prison from the moment of imprisonment onwards, penal policy aims to transform their identity into a person with good conduct (Rhodes 2001, Franke 1990). Instead of their formal identity card, they receive a ‘detainee pass’ with a detainee number to identify themselves with inside the prison. They are treated like ‘boys’ that have to be trained towards moral behaviour (Franke
Through different forms of resistance against the subjection to penal policy in order to generate some personal autonomy, the inmates seem to aim to create a sense of continuity of a unitary self (Davies & Harre 1999) by resisting the social position of prisoner.

Moreover, within prison the firm repression policy against drug use among inmates could be said to reflect the societal stigma on the use of drugs. On the one hand, inmates with drug use problems face strict measures aiming to prevent drug use problems within the detainee population, such as urine controls, visitations, cell controls and an isolation regime in case of drug use. On the other hand, inmates with drug use problems who aim to quit their drug use habit seem to have a difficult position at a regular department:

*At other departments that is not possible. Then it goes on constantly anyway and the boys laugh at you. You know, you become outcast. Because I want to quit and they just want to go on with that rubbish [using drugs].* (Robbie)

Robbie explains that at a regular department you are laughed at by other inmates, as using drugs is part of the game. You become an outsider, while other inmates continue using drugs. At the addiction support unit Robbie feels supported by the other inmates who aim to quit drugs as well.

Inmates with drug use problems who aim to stop using drugs seem to have a complex position inside prison. Already facing a struggle for regaining autonomy over their drug use problems, in prison they encounter additionally penal policy suppressing the autonomy over their lives. Besides, the inmates describing coming out of the distrustful sphere of drug users, experience that the prison environment makes it difficult to allow trust within social relations. The additional experiences of suppression of their autonomy within penal policy accompanied by distrust in social relations seem to problematise the aimed transformation of these inmates towards a ‘non-addict identity’.

### 8.3 The criminal

After imprisonment the inmates face the societal label of being a ‘criminal’ carrying with them a criminal record for the rest of their lives. Having a history of imprisonment hooks them up to the social position of criminal at a societal level:

*I am in jail and then you are a criminal, you know...Then you cannot say you are a neat citizen...That is the section where I belong to. When I come outside again later, I*
Adam points out here that being an ex-detainee connects them to being a criminal, while society decides that ex-detainees are not to be trusted. Michel describes that after former imprisonment he encountered not being able to take any job he would like to do:

*I applied at the employment office for becoming a train conductor, but that was not allowed because he had a criminal record. You cannot work everywhere anyhow. But you rather can work with a courier service, do cleaning, a butcher, a bakery or house painter. But for government employee and the like, then they search for your background mostly.* (Michel)

While Michel expresses motivation to find work mentioning the jobs that are left to do, Jason experiences that he is tangled in having a stamp of society and not being able to find a decent job:

*Even if you do your best, you don’t want to get in contact with Justice anymore. You have a stamp, once a thief always a thief…Who is going to believe you, you are a criminal! You are a drug user, so you are rough. But I was and now not anymore…You have a stamp you know…Those drugs is not the problem. Those drugs I can get rid of. Those drugs I can step away from…If you apply for a job, they ask, did you come into contact with Justice.* (Jason)

The history of imprisonment in the lives of these inmates with drug use problems has a clear influence on their lives in terms of societal status. The inmates describe struggling to find a way within the legal spheres of society. While a criminal record has consequences for gaining autonomy over life in future at a macro level, at the same time these inmates with drug use problems struggle with regaining autonomy over their drug use and subsequently their life course. Next to this struggle at a societal level, at a social level Lex explains that he experiences it as difficult to build up social relations within the legal sphere:

*I would like to make that step, but you know all the ways you walked before and then it is not so easy to get in contact with people that are not familiar to that world, to take them into confidence and tell them about who you are. So, yeah, for example you just walk with a group of friends from work or colleagues through town and then you meet a couple of [drug] users that know you and they come up to you to greet you. Then it does take you aback for a moment. Try to explain that [long silence]. Difficult to explain. And if you then explain, then you have the chance of, yeah body, we don’t want anymore more to do with you [silence]. You live in two worlds; the past will always hunt you [silence].* (Lex)

Lex emphasises the problems he faces as an ex-addict instead of finding a job in the legal sphere. For different inmates, different aspects count heavier in the struggle for regaining
autonomy over their lives when aiming to continue desisting drug use after imprisonment. Overall, imprisonment affects the social positioning of inmates with drug use problems aiming to move away from using drugs in several ways, conflicting with transforming from an addict-identity into a non-addict identity.
Discussion and Conclusions

9.1 Outcome of the study

Drug use problems as a social phenomenon

While expert discourse mainly focuses on the biomedical management of addiction, the elaborations of the inmates on their drug use problems and the concept of addiction revealed the importance of regarding drug use problems as a social phenomenon as well. The psychiatric classification systems, DSM-IV and ICD-10 (APA 1994, WHO 2007), which are used worldwide to determine whether the drug use of a specific drug user is regarded as a problem, only briefly mention social aspects of drug use problems. However, to classify drug use as an addiction disorder, these social aspects are not a necessity. In contrast, in Walters’ definition (1996) the experience of major life problems is obligatory in classifying drug use as an addiction. The statements of the interview informants of this study about their views on addiction, showed that social aspects played a major role in getting hooked on drugs, supporting the emphasis on social problems in the definition stated by Walters (1996) contrary to the other definitions (APA 1994, WHO 2007, EMCDDA 2009). On the one hand, all informants explain how the social relations among drug users (using illegal drugs) are not real friendships. The drugs took over their autonomy. As the drugs are number one in their lives, they are unreliable. Therefore, they cannot trust each other. On the other hand, some of the inmates describe how the communal life of drug users was attractive on its own, which seems to be in accordance to Grund’s (1993) point of view that a shared ritualised life around drugs can be collective motives for drug use.

In addition, when discussing addiction, the inmates described a change of self-perception after experiencing that the drugs took over their autonomy. The inmates state that a sense of losing themselves - becoming senseless and losing their conscience in addition to even their dignity and respect - entails a transformation to an ‘addict identity’. This change of self-perception going hand in hand with the drugs taking over their autonomy is not addressed in the dominant biomedical definitions on drug addiction (APA 1994, WHO 2007, EMCDDA 2009), while Walters (1996), in reviewing the relationship between addiction and identity, uses a broader definition addressing major life problems as the core of addiction. The oral
accounts of the interviewees confirm earlier research findings that conclude that the changeability of this addict-identity plays an important role in overcoming drug use problems (Radcliffe & Stevens 2008, Walters 1996).

Moreover, all interviewees mentioned a loss of autonomy over their drug use and subsequently their lives at a certain stage. This experienced ‘loss of control’ is in line with all of the expert definitions previously discussed. Nevertheless, not addressed by these expert definitions, the informants in this study describe that initiation and continuation of drug use occurs in the context of certain social relations, while at first stance the inmates describe that their drug use starts as an autonomous action. As this study focussed on inmates with drug use problems that choose for desisting drugs, trying to quit drugs, these inmates experienced a struggle for regaining autonomy. After the drugs have taken over their autonomy, to desist drugs in the first place entails a process of stabilising their lives while they struggle to recapture the autonomy of their lives. Here, it is argued that in addition to the biomedical management of drug use problems, the process drug users face in struggling for renewed autonomy over their lives - a process embedded in a social context aiming for a non-addict identity - is an essential part of the process of overcoming drug use problems.

Imprisoned autonomy

Adjacent to the aforementioned drug-related struggle for regaining autonomy over their lives, the study data suggests that imprisonment seems to create an additional struggle for autonomy in relation to the penal policy restrictions. Before imprisonment, inmates with drug use problems already experienced ‘imprisoned’ autonomy, as the drugs took over their autonomy. During imprisonment, on top of that, their autonomy is imprisoned by strict penal regulations, while the inmates, by resisting their penal suppression in several ways, struggle to gain some personal autonomy. The roots of this two-fold struggle for autonomy faced by these inmates can be traced in historical developments that are parallel to the emergence of the concept of the individual self.

Interestingly, from a historical point of view, the concept of addiction and penitentiary imprisonment evolved together with the concept of the individual, whereas a loss of individual control came to be regarded as ‘evil’ (Franke 1990, Bailey 2005, Reith 2004, Cohen 2000). While ‘addiction’ became pathologised and criminalised (Cohen 2000, Reith
2004), during penitentiary imprisonment detainees with drug use problems face strict
discipline that aims to enhance their internal control in order to teach them resistance to
impulsive desires (Franke 1990). However, this historically based marginalisation of ‘loss of
control’ seems to have adverse consequences. Instead of enhancing the well-being of an
individual experiencing drug use problems, pathologising and criminalising a ‘loss of control’
with the aim of creating individuals with good conduct capable of having autonomy over their
lives, on the contrary, seems to create individuals experiencing restricted autonomy due to a
marginalised position in society as ‘addict identities’ and ‘criminals’.

Besides, the medicalisation of addiction rules the dominant expert definitions on the concept.
While the commonly used biomedical expert definitions tend to destigmatise the addict-
identity by claiming that addiction is the result of a chronic brain disease, this view inclines to
maintain the existence of an unchangeable static position of ‘addict’ (APA 1994, WHO 2007,
EMCDDA 2009). Yet, the inmates in this study, in addition to confirming the chronicity of
the temptation for drug use and relapse, express believing in the capacity to overcome their
drug use problems and the possibility of transforming back into a non-addict identity. The
latter finding corresponds to the point of view of changeability of an addict-identity towards a
non-addict identity within the process of reaching drug desistance (Radcliffe & Stevens 2008,
Granfield & Cloud 2001, Walters 1996). This supports the popular discourse on addiction as
pointed out by Bailey (2005). Whereas the views of these inmates with drug use problems
reflect the tension between the expert and popular discourses on addiction, the changeability
of self-perception in relation to drug use - in other words the transformation of an addict-
identity towards a non-addict identity - seems to be a prominent aspect in their vision of the
management of drug use problems.

Aiming to overcome their drug use problems, the study’s interview informants’ goal could be
seen as transforming their self-perception into that of a non-addict identity. This entails
regaining autonomy over their lives. This drug-related struggle for regaining autonomy
involves resisting drug use in order to reverse the fact that drugs took over their autonomy. In
addition the data of this study suggests that inside prison, on top of that, they struggled for
some personal autonomy through resisting the subjection of self-government enforced by
penal policy. Although the empowerment strategies the informants enact themselves create a
short term experience of autonomy, in the long term the inmates ultimately express feeling
powerless. While Foucault (1983) can be criticised for not differentiating between short term
and long term effects of resistance strategies against submission to power, in the long run these findings from the prison environment support Foucault’s argument.

However, Foucault ignores the short-term effect of the inmates’ empowerment strategies, which motivate the inmates to continue their performed strategies of resistance. What is in line with Foucault’s argument is that the study data puts forward that on a long term basis the inmates experience staying powerless within the penal policy. Eventually the resistance strategies of the inmates seem to reproduce the power enforced by penal policy. With regard to institutional empowerment regulations for the inmates, although Franke (1990) states that these regulations are intended to be part of the emancipation of inmates, the study findings suggest that these measures in the long run reproduce the domination of the power of penal policy. The practice of institutional empowerment regulations in part aiming to dismantle the inmates’ own empowerment strategies, like Foucault argues, indeed seem to eventually reproduce the dominant power of penal policy. The study data suggests that penal suppression overrules the autonomy of the inmates.

**Social relations and trust**

According to the accounts of the inmates with drug use problems, who were often isolated in the world of illegal drug users before imprisonment, their social relations were already predominantly characterised by distrust. Having lost autonomy over their lives, drug users could not rely on each other. After entering prison, the data reveals that (again) distrust seems to be interwoven in the social relationships inside the prison, resembling the findings of the prison study of Gaum et al (2006). This could be related to the penal suppression of their autonomy, leaving little space for trust. Within prison policy, autonomy is reduced by strict rules and regulations tangled within power relations between staff and detainees. The inmates’ own empowerment strategies of resistance against suppressed autonomy and the institutionalised empowerment strategies both seem to be ‘sham empowerment’, as the staff ultimately has the last word and the inmates express feeling powerless after all. It is difficult to experience trust within social relationships inside prison.

While a loss of autonomy could be perceived as making people unreliable and therefore not trustworthy in the drug-users-world before imprisonment, during imprisonment the inmates experience an additional suppression of their personal autonomy, which can be seen to
prevent them from being able to trust others inside prison. The other way around, not being able to have confidence in other people could affect their capability of having confidence in themselves and the future. In this way experiencing trust in social relations and consequently being able to have confidence in future, could be said to be a condition for inmates regaining autonomy over their lives. This complex interrelation between trust and autonomy within these inmates’ social networks could have important implications for their future. As the interviewees all decided to quit drug use, they face the struggle to regain autonomy over their lives. The inmates’ ability of experiencing trust within social relationships could be supportive in regaining autonomy over their lives. Learning to trust could be regarded as an important part of regaining this autonomy.

**Imprisonment and social positioning**

With regard to the social positions of inmates with drug use problems before, during and after imprisonment, the study shows that inmates with drug use problems already experience marginalisation before imprisonment, due to the fact that they are stigmatised as an ‘addict’. Problematic users of illegal drugs are often referred to as ‘junk’, calling them ‘junkies’, which suggests that they are outcast, ‘societal rubbish’. The interview informants therefore explain that, they prefer not to be associated with being an addict, while literature suggests this stigmatisation could thwart the transformation into a non-addict identity when trying to overcome their drug use problems (Walters 1996, Radcliffe & Stevens 2008, Granfield & Cloud 2001). During imprisonment, inmates with drug use problems are faced with the strict regulations of the drug discouragement policy in addition to general penal regulations. The authoritarian penitentiary aim for abandonment of drugs could be said to reflect the societal stigmatisation of ‘loss of control’. On top of the previously described drug-related suppression of autonomy, an additional suppression of autonomy is imposed by penal policy. Accompanied by distrust experienced within social relations before and during imprisonment, this seems to hamper the aimed transformation of the interviewees towards a non-addict identity.

While a loss of control is stigmatised in modern society, ‘addicts’ already encounter the stigma of being a junky. In addition, ex-detainees are stigmatised as criminals, illustrated by the saying “once a thief always a thief”. This stigmatised position could be said to reduce their possibilities to have autonomy over their lives even more, as for example, for someone with a criminal record it is more difficult to get certain jobs. Stigmatising could make it harder for
them to move from the social position of an addicted criminal to the position of a non-addict. The data suggests that inmates with drug use problems go through a process of regaining autonomy when aiming for drug desistance, while the earlier stage of loss of autonomy created distrust within social relations on both a social and a societal level. Distrust on a societal level could be said to be expressed in the historically based stigmatisation they experience, for having lost control over their behaviour.

As the self-perception of these inmates evolves from their continuous interaction with the social environment they experience - before, during and after imprisonment - the inmates perceive themselves in relation to their social context (Radcliffe & Stevens 2008, Granfield & Cloud 2001, Walters 1996, Rhodes 2001, Bourdieu 1985, Lock & Scheper-Hughes 1996, Davies & Harre 1999). The account of the inmates with drug use problems revealed information on how they position themselves and how they are positioned by others in relation to their drug use at three levels: an individual, social and structural level (Davies & Harre 1999, Walters 1996, Rhodes 2001, Lock & Scheper-Hughes 1996). The perception of self is adjusted to an inmate’s different social positions in specific situations (Davies & Harre 1999, Bourdieu 1985). Besides, social and societal factors influence how the inmates construct their perception of self either categorising themselves as an ‘addict’ or a ‘non-addict’ (Good 1994, Singer 2005). Experiencing distrust and powerlessness within the social relationships, before and during imprisonment, these inmates could experience an obstruction of a transformation from an addict-identity towards a non-addict identity. Moreover, after imprisonment, stigmatisation as an ex-detainee with a criminal record - in particular in terms of job-related relations - could reduce the autonomy of these inmates with drug use problems with regard to their capability of transforming into a ‘non-addict’.

On an individual level, affected by the social and societal influences mentioned above, the inmates tend to reach for the continuity of a unitary experienced self struggling with the diversity of experiences, in aim for producing a story of themselves which is unitary and consistent (Davies and Harre 1999). Feelings of powerlessness, together with an experienced loss of reduction of autonomy due to imprisonment and drug use problems, could be said to obstruct the construction of a unitary self with a non-addict identity. From this study, it can be concluded that imprisonment seems to enhance the autonomy struggles inmates with drug use problems face, being complicated by distrust in social relations and stigmatisation. This could be regarded as preventing the transformation of an addict-identity towards a non-addict
identity. Here, it is argued that these intertwined processes play a role in repeated relapse in drug use and recidivism.

9.2 Conclusions

Through exploring how the social position due to imprisonment affects the way recidivist inmates with drug use problems perceive themselves in relation to their drug use problems, the results of this study suggest that the penitentiary policy incorporates an intrinsic dilemma concerning the approach of inmates with drug use problems. Penal policy is characterised by the suppression of the autonomy of the inmates, while inmates who aim to overcome their drug use problems already struggle to regain autonomy over their lives, after having experienced that the drugs took over their autonomy. While penal policy aims to reduce the probability of recidivism, it is argued here that intrinsically, by seemingly enhancing the autonomy struggle of inmates with drug use problems, the penal policy could actually contribute to the existence of recidivism and drug use problems.

In addition to the dominant biomedical management of drug use problems, the study findings show that supporting inmates with drug use problems in the process of regaining autonomy in their lives seems to be essential. The accounts of these inmates show recovery from drug use problems entails a transformation of self back towards a non-addict identity. While inmates struggle with regaining autonomy over their lives after drugs took over their autonomy, during imprisonment they encounter an additional autonomy struggle in order to create a sense of personal autonomy. The data suggests that this seems to complicate their pre-existent drug-related autonomy struggle, as the inmates struggling for gaining some personal autonomy express that they feel powerless within the penal policy restrictions in the long-term.

While the findings of the study all seem to revolve around the theme of ‘autonomy’, two other themes overarched the data. Both the themes of ‘trust’ and ‘stigma’ seem to be mutually interrelated in their struggle for autonomy. Discussing how trust is involved in the process of regaining autonomy, the inmates with problematic use of illegal drugs prominently express experiencing distrust in their lives. Often isolated within a social network of only drug users prior to imprisonment, the inmates experienced these social relationships as unreliable and not
trustworthy as drugs took over their autonomy and that of their fellow drug user peers. While inside prison being subject to the autonomy suppressing penal policy, these inmates found it difficult to trust others in prison. Here it is argued that these inmates’ experience of distrust in other people seems to have negative implications for their capability to have confidence in their capacity to regain autonomy over their lives.

The accounts of the interviewee informants also seem to suggest that the experience of stigma has a two-way relation to the theme of autonomy. On the one hand a loss of autonomy is stigmatised in modern society, and on the other hand stigmatisation can contribute to encountering a reduced autonomy within society. Besides experiencing stigmatisation previously as an ‘addict’, additionally ex-detainees encounter a stigmatised position as a ‘criminal’, which further reduces their possibilities to have autonomy over their lives. Stigmatisation could make it harder for them to move from the social position of ‘addicted criminal’ to the position of a non-addict. It is argued that by complicating the transformation from an addict-identity towards a non-addict identity, the autonomy struggles of these inmates along with the interrelated distrust in their social relations and encountered stigmatisation, could be regarded to contribute to a recurrent pattern of relapse in drug use and recidivism.

This is a small-scale study focused on a specific group of recidivist male inmates experiencing problems with the illegal drugs heroine and/or cocaine, who aim to quit their drug use. More research is needed to confirm and expand upon the outcome of this study. Besides a study following a larger number of informants over a longer period of time, a wider range of informants could also be studied. Such informants could include non-first-offenders and female inmates.

9.3 Recommendations

Although more research is needed to confirm and expand upon the results of this small-scale explorative study, a careful recommendation is formulated here. The struggle for autonomy was found to be a central theme among the inmates experiencing drug use problems in this study. Therefore creating awareness of these autonomy struggle processes among this group could be recommended. For example, group session for interested inmates could be organised. Someone from outside the prison - preferably specialised in drug use problems or a ‘hands-on’ expert – could be in charge of the discussions during the sessions. As somebody from
outside the prison system would not be part of the power relations between prison staff and inmates, information given by such a person could be considered more reliable by the inmates. In addition to other approaches concerning the management of drug use problems among inmates, these group sessions could be constructive in bringing into awareness the processes of suppression of autonomy and the possible influence of imprisonment on drug use, while making these issues debatable. In order to stimulate inmates to face the facts and feel supported, feasible solutions to and management of problems experienced when aiming for drug desistance could be discussed among the inmates in the sessions. Discussing such difficult and often hidden issues could lighten the emotional burden of being in prison, as well as facilitating the formation of trusting relationships and shared experiences within a group session, could possibly contribute to break out of a vicious circle of relapse and recidivism.
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APPENDIX

Summary House Rules PI

For you lie the summarised house rules of this Penitentiary Institution. In this summary your rights and duties are represented in short. This summary does not hold all important rules but only the most important regulations for you. The complete house rules are found on approval at the staff room of the department you stay at or in the library.

**Day programme:** The day programme you can find at your department of stay and to ask for at the staff.

**Phoning:** You can make phone calls during the personal care moments. You can check at the day programme of your department when these moments are. You have the right to make telephone calls for 10 minutes a week.

**Visitors:** When you wish to receive visitors you have to request this yourself. You are to use the request form for this and this can be obtained from the department staff. If you wish so, the present staff can help you with this. You have the right to receive visitors 1 hour a week. During the visit you are not allowed to receive of give out things.

**Contact lawyer:** In writing you can freely contact your lawyer. When you wish to have contact with your lawyer by telephone, then you are to do this during the personal care moments. You have to arrange stamps and/or phone cards yourself.

**Alarm:** In case of an alarm situation you need to follow the directions of the staff directly. When you hear the staff call the words “close in everything”, then you are to stop with your activity and go to your own cell or another lockable space at the department as soon as possible.

**Toilet requisites:** Requisites like razor blades, shampoo, soap, toilet paper and the like, you can retrieve with the department staff during your personal care moments.

**Cell inventory:** From the moment you signed for the cell inventory, you are responsible for the present furnishings and damage or loss. The sealing devices in your cell are to stay intact; also from you own devices. In case of damage or loss a report will be made and the costs will be recouped from you.

**Notice board:** The notice board should not be written on and is the only place where things can be hung up. These things can not be bigger than the notice board and can not be provocative.

**Cell controls:** Cell controls take place at random moments. You must always cooperate with these controls (these control can also take place when you are not present).

**Urine controls:** The use of soft/hard drugs is not allowed in the institution. In case of use or suspicion of use, a urine control test will be taken. You are to hand in a measurable amount of urine. If the urine control turns out that you used drugs or if you do not cooperate in the urine control, a written report will be made, where after you possibly will be sanctioned.

**Instructions of staff:** You are to follow the directions of the staff at all times.

**Physical care:** You are compelled to perform your outward appearance and physical care properly and dress decently at all times. It is not allowed: to walk at the department with undressed upper body or a towel around your middle; when leaving the living department it is not allowed to wear open shoes and/or shorts, this is only allowed in your own cell or at the airing space; to wear head covering or hair nets or sunglasses, this is only allowed in your own cell or at the airing space; the use of clothing, headwear and/or footwear with provocative texts or similar to staff clothing.

**Outset activities:** You must be ready on time for an activity (see day programme). When you are not ready on time, your cell door will be closed again (remand house), where after you will be excluded from the activity you were ready for too late.

**Leave of cell:** When you leave your cell you have to take care that the light, television and music are off.

**Noise nuisance:** Causing noise nuisance is not allowed. Think of the sound of your television or radio/cd player as well as talking loudly or screaming. The sound should not be heard outside your cell, as well in an open as in a closed situation. This concerns evening and day time.

**Unlawful leave of department:** It is not allowed to leave the department without permission of the guards.

**It is not allowed to:** talking to fellow detainee through the cell shutters or closed cell doors is not allowed; to touch the electricity boxes that are located next to the cell door; on cell of a fellow detainee to cut hair or shave; come into the staff post.

**Complaint:** When you do not agree with a decision of the director, you can make a complaint at the complaint committee of the Commission of Surveillance. You can do that by means of a complaint letter (to ask for with the staff) that you put in a closed envelope in the post box.

**Spoken language:** You talk – when possible – in Dutch language.
The prevalence of drug use problems among prison inmates is disproportionately high in comparison to the general population. This study explores, how the effect of imprisonment on an inmates’ perception of self relates to the drug use problems experienced by inmates, who aim to overcome their problematic drug use. For this purpose, the study considers what role the social relationships of inmates experiencing drug use problems, have in their perception of self. To this end, this ethnographic study was carried out at an addiction support unit in a high-level-security prison. The findings of the study all seem to revolve around the theme of ‘autonomy’, in other words having the power to decide how to live your own life.

Analysis of the interviews with inmates experiencing illegal drug use problems, points out that initiation of drug use can be seen as an autonomous performance and how on the contrary drugs can be seen to take over their autonomy at a certain stage. In addition to experiencing a drug-related struggle for regaining autonomy when trying to overcome their drug use problems, once inside prison, the inmates’ autonomy is reduced by the penal policy. The inmates struggle to resist this penal policy in several ways trying to gain some personal autonomy. The data suggests that this ambivalence surrounding autonomy is reflected in the social relations of inmates in terms of trust, as it is hard to trust people when experiencing a reduced autonomy. Besides, after imprisonment, the inmates describe encountering stigmatisation as an ex-detainee, which again reduces autonomy in their lives particularly in terms of occupational relations.

This ambivalence surrounding autonomy accompanying both imprisonments and the aim to overcome problematic drug use, relates to how inmates with drug use problems position themselves and perceive themselves in relation to their drug use. As the autonomy struggle becomes more intense, imprisonment could complicate the positioning process of transformation from an ‘addict’ towards a ‘non-addict’. The study reveals how imprisonment and addiction share a common struggle for autonomy. It is argued that by complicating the transformation from an addict-identity towards a non-addict identity, these processes - entailing autonomy struggles as well as the co-occurring experience of distrust in social relations and encountered stigma - contribute to a vicious circle of relapse in drug use and recidivism.