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# Self-detoxification, embodiment and masculinity: a qualitative analysis of dependent heroin users' experiences of coming off drugs in prison

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## ABSTRACT

Not all heroin users that enter the prison estate continue to use heroin or access opiate maintenance or detoxification treatment programmes. Some prisoners decide to self-detoxify. The literature on self-detoxification is thin and focuses on the decisions and practices of self-detoxification in community settings. Less attention has been given to the role of the body and the lived experience of self-detoxification in prison settings. The aim of this paper therefore is to examine the process of self-detoxification in prison, with a particular focus on the role of the body, embodiment and prisoner social relations. This paper draws on Drew Leder's (1990) absent body theoretical framework and the literature on prison masculinity to analyse qualitative interviews with recently released prisoners. It shows how the decision to self-detoxify can be understood as part of the masculine performance of keeping a low profile. Keeping a low profile helped the participants minimise the risks of victimisation. The self-detoxification techniques the participants used were underpinned by an awareness of the body as poisoned by heroin, suffering because of its presence, rather than its absence. This study has implications for prisoners' access to opiate maintenance and detoxification treatment programmes and harm reduction services upon release.

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## Introduction

In his ethnographic study of the prisoner society, Ben Crewe (2005) observed how some individuals who enter prison with a heroin dependency viewed their time in custody as an opportunity to come off drugs. Prisons respond to the needs of this group by providing access to opiate maintenance and detoxification treatments (HM Prison and Probation Service, 2019). Studies of prisoners' treatment experiences, however, have found inconsistencies in treatment delivery. Some report a lack of choice regarding whether they receive methadone or buprenorphine as part of a maintenance or withdrawal treatment programme and also delays in receiving treatment (Alam et al., 2019; Webster, 2017). An overlooked group of prisoners, who are the focus of this paper, decide not to participate in prison drug treatment and instead manage their detoxification within the social environment of the prison. These prisoners undertake what is referred to as self-detoxification, which is defined as a deliberate attempt to achieve abstinence for more than 24 h without the support of a medical practitioner (Gossop et al., 1991; McDonnell and Van Hout, 2010). The evidence base on self-detoxification is thin and focuses on the rational and cognitive dimensions of it in community settings and overlooks the role of the body and embodiment in the self-detoxification process in prison settings.

Drawing on interviews with recently released prisoners, and informed by Drew Leder's (1990) theory of the absent body and literature on prison masculinity (Crewe, 2005; de Viggiani, 2018), this paper develops a theoretical explanation of the process of self-detoxification in prison. It aims to understand how the prison social environment impacts upon the decision not to use drugs and what meanings and techniques prisoners utilise in managing their bodies during the self-detoxification process. The paper will argue that the decision to come off drugs in prison can be understood as part of the masculine performance of keeping a low profile. Furthermore, the self-detoxification techniques used by the participants were directed towards a meaning of the body as poisoned by heroin, suffering because of its presence, rather than its absence. The paper begins with an overview of the research literature on self-detoxification, patterns of heroin use in prison and prison masculinities. It then details Leder's (1990) absent body theoretical framework and the conceptual tools that informed the analysis of the empirical data.

## Self-detoxification and changing patterns of heroin use in prison

Self-detoxification is common among dependent heroin users. Ray (1961), for example, claimed it was frequently practiced and McDonnell and Van Hout (2010) went as far as to

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claim that among heroin users self-detoxification is normalised. The reasons why dependent heroin users self-detoxify include wanting to stop using heroin; long waiting lists and lack of access to medical assistance; not wanting to take any medications; concerns about mental and physical health; pressure from family and partners and involvement with the criminal justice system (Gossop et al., 1991; McDonnell and Van Hout, 2010; Noble et al., 2002). Self-detoxification in prison has been acknowledged (Gossop et al., 1991), but it has been generally overlooked. For instance, research on prison-based drug treatment acknowledges that maintenance and detoxification programmes are not always available to prisoners (Stallwitz and Stover, 2007; Stöver et al., 2019), but what such prisoners do without treatment, apart from engage in high risk drug use, is left hanging. Making such an examination permits new insights into the practice of self-detoxification in prison.

The relationship between the social and physical characteristics of prison and heroin use has been previously observed. Crewe (2005) noted that motivations and patterns of heroin use can change when a person enters prison. These changes are linked to the characteristics of prisoners, such as the biographical, psychological and social characteristics that they enter prison with, or to the institutional context and social environment of the prison. The pains of imprisonment such as coping with the burdens of time, fear for personal safety, the deprivation of liberty and loss of privacy have been identified as reasons for continued heroin use (Crewe, 2005; Mjaland, 2016). Heroin use in prison can, however, worsen the pains of imprisonment and sometimes create new ones. Crewe (2005) and Jewkes (2005) have observed that prison heroin users are at an increased risk of becoming victims of aggressive and violent behaviour due to the accumulation of drug debts or hostilities from other prisoners. Their victimisation has also been linked to their stigmatised and subordinated position within the prisoner social hierarchy; a hierarchy based on excessive displays of masculinity (Sloan, 2016; Jewkes, 2005).

Masculinity looms large in analyses of the link between drug use, institutional context and male bodies in prison (Crewe, 2005; Sloan, 2016; Ugelvik, 2014). Dependent heroin users occupy a stigmatised and subordinated position within the prisoner social hierarchy due to the extent to which their masculine bodies deviate from the images of strength and muscularity associated with the hegemonic male prisoner (Crewe, 2005; Ugelvik, 2014). Labels such as “smackheads”, “smackrats” or “bagrats” are used by prisoners to symbolise the prison heroin user’s lack of masculine self-respect, strength, dignity and self-control (Crewe, 2005, p. 468). For Ugelvik (2014), the recreational use of drugs in prison can give some prisoners a sense of victory over a system that forbids drug use and can be a marker of masculinity. However, dependent heroin users are generally viewed with contempt by prisoners. Both Sloan (2016) and Ugelvik (2014) note how the appearance of the drug dependent body can reveal these weaknesses to other prisoners. This type of masculine presence increases the risk of victimisation by those prisoners who are looking to exert their dominance and strength (Jewkes, 2005). Crewe (2005) has claimed that these are reasons why some prisoners avoid heroin. However, the

conceptualisation of masculine performance upon which analyses of heroin use or avoidance pivot bears further investigation.

The hierarchical nature of prisoner social relations and the expectations on male bodies within the prison social environment is viewed in the literature through the conceptual lens of hegemonic masculinity (Crewe, 2005; Maguire, 2019; Maycock, 2018). Masculinity is understood within this framework as “configurations of practices that are accomplished in social action” (Connell and Messerschmidt, 2005, p. 836). The focus on social action shifts attention away from personality traits or biology and onto what male bodies do in practice. The hegemonic masculine body prioritises aggression, power, control, competition and emotional suppression in social action (Maycock, 2018). Hegemonic masculinity symbolises “the currently most honoured way of being a man” and it requires “all other men to position themselves in relation to it” (Connell and Messerschmidt, 2005, p. 832). The social status and position of prisoners are structured by this masculine value system and masculine performances are accomplished within a system of domination and subordination (Crewe, 2005; de Viggiani, 2018; Maguire, 2019). The masculinity of prison heroin users is constituted through these values as a subordinated masculinity. On a critical note, the concept of hegemonic masculinity can overlook the complex position of drugs within prisoner social relations. For example, Crewe (2005) found that some heroin users acquired status, power and position in the prisoner social hierarchy through selling drugs. Also, Mjaland (2014) identified a culture of sharing drugs that supported the development and maintenance of prisoner social relations.

Nevertheless, male prisoners position themselves in relation to the prisoner social hierarchy by engaging in different masculine performances (de Viggiani, 2018; Jewkes, 2005). The masculine performance of muscularity, physical strength and toughness of the male body has received the most attention (Maguire, 2019; Maycock, 2018). These visible features of hegemonic masculinity are viewed as key signifiers of masculine power and shows other prisoners that they are someone not to get into conflict with (Jewkes, 2005; Maycock, 2018). In contrast, some prisoners minimise their bodily presence by keeping their head down and maintaining a low profile around other prisoners. This masculine performance involves “projecting an uncontroversial, unemotional and confident façade, concealing weakness or potential vulnerabilities” (de Viggiani, 2018, p. 114). Maintaining a low profile assumes a less noticeable body than the visible body of the hegemonic male. It is performed by prisoners for the purpose of positionality and the avoidance of unwanted attention from other prisoners (de Viggiani, 2018). In this paper, I focus on the practice of keeping one’s head down by applying Leder’s (1990) conceptual framework of the absent body.

### **The absent present body: Social survival and prisoner masculinities**

Leder (1990) conceptualises the body as a corporeal absence. Absence is an ordinary and desired state for the lived body. The body is absent in that when it is engaged in day-to-day

activities its appearance, inner regions and movements disappear from conscious awareness into what he refers to as the corporeal background. For example, we do not need to be fully aware of the different parts and regions of the body and mechanical skills necessary to walk or see when we are engaged in the act of walking or seeing. Leder (1990) contrasts his notion of the lived body with the Cartesian body in which the material body is separate to the immaterial mind. For Leder, the self and body are integrated in the materiality of the lived body. The lived body is that through which we interact and experience the world around us and come to know our bodies as both subjects and objects. The lived body can disappear into the corporeal background when we are engaged in inter-subjective relations with other people (Leder, 1990). A body that conforms to cultural and social norms, for instance, is less likely to stand out and demand attention from other people than one that deviates from such norms. Leder claims (1990, p. 97) that such negative attention can force the individual to experience their bodies “as assumed in the Other’s project”.

Leder (1990) conceptualises these problematic types of bodily awareness as physical and social dys-appearance. He uses the prefix ‘dys’ to indicate the ways the body dysfunctions physically and socially. Physical dys-appearance refers to occasions when the lived body is affected by conditions such as pain and disease. These conditions force that particular body part into self-awareness (Leder, 1990). Social dys-appearance, on the other hand, refers to situations when the body is forced into self-awareness by the negative or hostile attention received from other people. In such problematic states, Leder (1990, p. 4) claims, we “experience the body as the very *absence* of a desired or ordinary state, and as a force that stands opposed to the self”. Prison heroin users, as will be demonstrated later in this paper, experience social dys-appearance due to the way their bodies are objectified by the masculine values of the prisoner social hierarchy (Crewe, 2005; Sloan, 2016; Ugelvik, 2014).

In response to physical and social dys-appearance, the body becomes a target of “hermeneutic and pragmatic” effort directed towards re-establishing its absent presence (Leder, 1990, p. 86). The hermeneutic work the individual undertakes to make sense and give meaning to dys-appearance shapes bodily awareness, or what Leder (1990, p. 90) refers to as “bodily thematisation”. The meanings used to make sense of the body’s problematic reappearance are drawn from the symbolic resources available in the cultural and social environment. As Leder (1990, p. 92) explains, social dys-appearance “arises out of the corporeality of other people and their gaze directed back upon me”. For prison dependent heroin users, the symbolic resources available to them come from the prisoner social hierarchy in which they occupy a stigmatised and subordinated position (Crewe, 2005). Social dys-appearance can affect lived experience by producing a split between the self and body. As a result of this split, the objectified body emerges as an alien object to both the self and others within the social context where it occurs. The final aspect of the absent body framework is that based on the type of awareness or bodily thematisation,

individuals pragmatically respond to re-establish the body’s absence.

Nettleton et al. (2011) have utilised Leder’s absent body framework to understand how recovering heroin users respond to dys-appearance. Their analysis is not focused on self-detoxification but they conceptualise heroin withdrawal, a significant hurdle in the process of self-detoxification, as type of physical dys-appearance. The problematic symptoms of withdrawal, for Nettleton et al (2011), force the body into conscious awareness. The heroin user interprets this disruption as caused by the lack of heroin in the body and responds by using heroin to restore bodily absence. However, although not a focus of their paper, Nettleton et al. (2011) overlook how withdrawing from heroin can be affected by the social environment. In her analysis of heroin withdrawal, Koutroulis (1998) found that heroin users make sense of, and respond to, withdrawal through the subject positions of dirty and slaved. Similarly, Walmsley (2016) has argued that meanings of heroin withdrawal have been shaped by historical events. In particular, and important to the analysis of the participants’ responses to their detoxing bodies, is the meaning of the addicted body as a poisoned object and withdrawal as a form of poison removal.

## Methods

Between 2015 and 2016, I recruited ten recently released male prisoners from a community-based drug treatment organisation in the South West of England to participate in qualitative interviews. The organisation was chosen because of its close working relationships with three local prisons and the willingness to support research of this type. A member of senior management from the organisation was approached soon after an application to access serving prisoners from a local prison was rejected. Initially, the researcher had an informal agreement with the governor of the prison to access participants, but this was later withdrawn due to the low staff numbers in the prison and concerns with researcher safety. Furthermore, the recruitment of participants from the drug treatment organisation was cut short by the local authority’s re-commissioning cycle. The service used to access participants, delivered by a local organisation, was awarded to a national organisation that was, at this time, not willing to support the research. This meant that the recruitment of participants concluded prematurely. Although the sample size of ten participants is a limitation of the research, the paper provides empirical data and theoretical insights on an under researched phenomenon.

Drug treatment workers handed out information sheets to service users recently released from prison. These included information about the research and how to contact the researcher. Prior to the interview, the researcher met with the participants who expressed an interest in the study to talk through the research and the nature of their participation. Self-detoxification was not the focus of the research,<sup>1</sup> though there were occasions during the interviews when the participants described a type of detoxification similar to that described in the literature (Gossop et al., 1991; McDonnell

and Van Hout, 2010; Noble et al., 2002). Self-detoxification was identified in the first two interviews, and recognising the limited knowledge on self-detoxification in prison settings, questions on it were added to the interview schedule. The exploratory approach used in this study allowed for unexpected topics to be further explored (Strauss and Corbin, 1998).

The ten participants were all male, White British and in their late 30s and 40s, and one was 50 years old. Each participant had served multiple prison sentences, ranging from two to ten and the participants had, within the last three months, finished serving sentences that ranged from three months to two years. The duration of their heroin dependencies ranged from eighteen to twenty six years, with most reporting short and long periods of abstinence in both prison and community settings. The majority of the participants had attempted self-detoxification at least once in prison. The qualitative interviews lasted approximately one hour and focused on the events prior to imprisonment, the arrest, the time spent in the police station and court and their imprisonment. Each participant has been given a pseudonym to protect their anonymity.

All of the interviews were audio-recorded and transcribed in full. The analytic strategy of the research involved applying both inductive and deductive approaches to the transcribed interviews, a common strategy used in qualitative analysis (Strauss and Corbin, 1998). The interview transcripts were read for an initial impression and then a line by line coding technique was used to help organise the data (Strauss and Corbin, 1998). In the initial reading of the data, it was observed that types of bodily awareness and masculinity were important to the decision to avoid heroin in prison. It was at this early stage in the analysis that Leder's (1990) absent body theory was introduced to provide a framework through which the data on bodily awareness could be conceptually linked to the data on the decision and practice of self-detoxification. Leder's (1990) conceptual framework and the literature on prison masculinity (de Viggiani, 2018) provided an analytical framework with sensitising concepts (Bulmer, 1984) to guide the identification and explanation of themes. The concepts included physical and social dys-appearance, bodily thematisation, masculinity and self-detoxification.

## Findings and discussion

The themes of embodiment, dys-appearance and masculinity were identified in the participants' narratives as important to the process of self-detoxification. Initially, the participants' explanations for coming off heroin appeared to be an attempt to conform to normative expectations and performances outside of prison. Matt and Jason, for example, viewed prison as an opportunity to distance themselves from drugs and repair damaged relationships with parents, siblings, partners and children. Prison was a temporary space where they could transform their stigmatised and damaged bodies in order to look "clean and healthy" (Jason) and "not like a dirty smackhead" (Matt) on prison visits with families, partners and

children. Prison visits and normative expectations outside of prison, in this respect, were motivators to keeping their bodies clean during their prison sentences. As Frank et al. (2015) observe, coming off drugs in prison can be viewed by prisoners as a pre-requisite for living a normal life after prison.

On the other hand, the participants occasionally digressed from these explanations to reveal the subtle, albeit overlooked tensions between prison heroin use and masculine performances not captured by it. From this perspective, their decisions to come off heroin came either during the journey to prison or shortly after they had arrived there.<sup>2</sup> In particular, the anticipated and actual interactions with other prisoners on the journey from arrest to prison, in the reception area and the prison wing prompted an embodied sense of vulnerability to victimisation. Entering the prison estate, according to prison researchers, is a time when most prisoners feel at their most vulnerable. In these early days of a prison sentence, prisoners position themselves in relation to the highly masculinised prisoner social hierarchy (de Viggiani, 2018; Sloan, 2016).

The analysis will show how the decision to come off heroin can be understood as part of the masculine performance of keeping a low profile. In making this claim, this paper will reveal new ways of thinking about the body's relationship with drugs, heroin withdrawal, detoxification, institutions and masculinity. In particular, it will show that despite the desire to keep a low profile in prison certain things such as an ageing body and the appearance, movement and smell of heroin dependent bodies and participation in prison drug treatment can reveal a person to others. For heroin users, their 'presence' among other prisoners can create an additional burden to an already difficult experience of doing prison time. The analysis will conclude by showing how a particular awareness of the detoxing body as an object poisoned by heroin was central to the participants' self-detoxification techniques.

### *Coming off heroin: the withdrawing body, vulnerability and avoiding unwanted attention*

McDonnell and Van Hout (2010) conceptualise the decision to self-detoxify from heroin as a pragmatic response to legal, psychological and social circumstances. Similarly, Koutroulis found that withdrawing from heroin was often "entertained at moments when the body (which otherwise has receded from direct awareness) becomes a focus of negative qualities" (1998, p. 222). Locating the body at the centre of this decision, Koutroulis draws attention to the ways in which cultural and social meanings shape how heroin users reflect upon and pragmatically respond to their bodies under certain social conditions. The highly masculinised prison environment is important to understand how the participants formed and responded to an awareness of their bodies not as dirtied or enslaved by heroin (Koutroulis, 1998), but as vulnerable to victimisation.

Similar to that reported in the prison literature (Crewe, 2005; de Viggiani, 2018), a sense of vulnerability was



reported by most of the participants at the start of their custodial sentence. For example, Matt, a 37 year old heroin user, had recently finished an 18-month prison sentence for burglary. Walking on to the prison wing was a “shock to the system” and fear of other inmates had worsened as he got older. Matt had served multiple prison sentences over an eighteen year period and during this time had noticed an escalation in violence around the prison drug culture. Like the other participants, Matt talked about violent exchanges between him and other prisoners over heroin and buprenorphine during his last few prison sentences which made him reluctant to participate in the prison drug market. His repeated use of the phrase “prison is a young man’s game” indicated that his experience of vulnerability was linked to the subordinated position of ageing bodies, as well as heroin dependent bodies, within the prisoner social hierarchy.

The experience of physical dys-appearance was apparent in the participants’ explanation of why they decided to come off heroin upon arriving at prison. Matt, for example, begins his explanation for his decision by describing the experience of dependent heroin use in prison as creating an additional burden to the already heavy burden of doing prison time:

I thought there is no way I’m going to be clucking for like two days and then alright for a couple of days and then clucking for another. I just thought fuck that I’ll just do the cluck now and then I’ll be nice for the rest of the sentence that’s why I done it (Matt).

Matt described similar experiences of oscillating between “clucking” and “alright” in the community in which he responded by committing crime to buy heroin. Clucking is colloquial term for heroin withdrawal used by dependent heroin users. In prison, however, he responded to this type of bodily dys-appearance by avoiding heroin, although he had access to it. The experience of oscillating between “clucking” and “alright”, characteristic of dependent heroin use inside and outside of prison, was a reason reported by most of the participants for avoiding heroin in prison.

Dan, a 50 year old heroin user who had been in and out of prison since his early 20s, told me that in previous prison sentences he had continued to use heroin but in recent sentences he realised that he was spending “more time clucking than using”. He described an aspect of this experience in the following terms:

Yeah for a start you are up constant ... so you are doing twice a day anyway because you are round the clock you don’t sleep, forget sleep. Anyone who tells you they’re sleeping when they are clucking, they aint clucking (Dan).

On the one hand, being awake and fidgeting all night, Dan explained, created tension and on occasion had resulted in aggressive exchanges with the person he shared a cell with. On the other hand, when “clucking” he experienced the problem of what he, and also Mark, a 43 year old heroin user, referred to as “doing double prison time”. It produced changes in their temporal experience in that they felt, when withdrawing, they were doing twice as much prison time as other prisoners. This is because, as Mark explained, prisoners do their prison time during the day, not during the night when most prisoners are sleeping. In addition to drug

withdrawal, researchers have observed how age, gender and mental health can shape prisoners’ experiences of time (Cope, 2003; Medlicott, 1999; Moran, 2012). These bodily experiences of withdrawal were shaped not simply by the lack of heroin in the body, but by the physicality and sociality of the prison environment. The participants responded to these dys-appearances by avoiding heroin rather than finding ways to buy and use it.

The theme of vulnerability to victimisation was found throughout the participants’ descriptions of withdrawing from heroin in prison and why they avoided it. Walking from the prison cells to collect meals or anywhere else in the prison the participants became aware of their bodies as targets for victimisation. This particular type of bodily awareness limited their ability to keep a low profile and move around the prison as absent-present male bodies. As Matt explains:

If someone sees you walking around half clucking you’re a target basically a victim and you know from previous from going prison from a young age before I even got onto heroin and stuff if you are a victim on day one you are a victim forever ... don’t get me wrong, I aint no victim that’s not what I am saying. When you’re clucking you aint doing shit to anyone ... people will take advantage of that ... I can’t be fucked with that shit just wanna keep me head down and get on with me sentence (Matt).

The withdrawing body in prison is not simply a body without drugs, as it mostly was for Matt and other participants in the community, but in prison it was constituted through a masculine system of subordination and domination (Crewe, 2005; Ugelvik, 2014). In prison, Matt experienced his withdrawing body as a vulnerable object; a vulnerability exacerbated by the visible signs and vulnerabilities of age. Responding to this type of bodily awareness was given priority over the view of his body as an object lacking in heroin. Apart from Tom, a 37 year old heroin user, and Mike, a 43 year old heroin user, craving heroin was mostly absent from the participants narratives. Instead, heroin entered the conversation as a material object that needed to be avoided.

### *The body betraying itself*

Some of the participants described how their drug dependent bodies misrepresented their self to the wider prisoner community by situating them at the bottom of the social hierarchy. For Leder (1990, p. 96), this internalization of the Other’s gaze can cause the individual to become aware of their “self as an alien thing”. It introduces a “radical split ... between the body I live out and my object-body, now defined and delimited by a foreign gaze”. For example, Matt’s reluctance to accept his victim status is suggestive of such a radical split between self and body. Here, the “clucking” or withdrawing body within the prison social environment became “an obstinate force interfering with our projects” (Leder, 1990, p. 84); for the participants, their project was surviving the social environment of the prison. The noticeable signs of withdrawal on, and in the movement of, the participants’ bodies differentiated them from other drug users in prison, most notably recreational heroin users. This distinction between the two types of heroin user is important within a social environment where dependent heroin users

are denigrated, stigmatized and victimized (Crewe, 2005; Ugelvik, 2014).

In prison, the signs of heroin withdrawal are multiple, social and communicate meanings of positionality, masculinity and vulnerability to other prisoners: symbolism specific to the prisoner social hierarchy. For example, Jason, a 39-year-old heroin user, explained that when he was withdrawing from heroin in prison he became aware of the communicative aspects of this particular bodily state:

I mean when you're clucking you look different, you look rough as fuck ... skin is grey ... you're sweating like fuck ... you can't walk properly cause you're clucking ... you stand out (Jason).

Similarly, Mike mentioned that prisoners who use heroin stand out because when they are withdrawing from it they appear to the prisoner community as bodies out of sync with the economy of movements typically found among prisoners:

you can see smackheads in jail because they are always in a rush ... especially in the morning when they come out of their cell hair all over the place ... like you don't need to walk from here to there fucking 100 miles an hour do you ... for fuck sake you're in jail you don't need to rush anywhere (Mike).

Withdrawing bodies, according to some of the participants, were noticeable to other prisoners because of their olfactory presence. Withdrawing bodies smelt different to other bodies in prison. Leder (1990) overlooks the role of smell or olfactory presence in producing social dys-appearance. Heroin, Jason claimed, comes out in your sweat when you are withdrawing from it. The drug has a distinct smell that most users and ex-users recognise; "You can smell heroin on people if you been an ex-user". Jason described a couple of situations when a prisoner paused as he walked past his prison cell, and in response to the smell emanating from it, called him a "fucking smack rat". Here, smell can be understood as part of the symbolic order of the prisoner society (Maycock, 2018). The smell of heroin on the body is an additional way that bodies reveal their subordinated masculinity to other prisoners. Despite Jason's attempt to keep a low profile, the smell of his body betrayed him to others. This was further compounded by the fact that he avoided showering for fear of victimisation in what he viewed as an unsupervised area of the prison. The experiences of Matt, Mike and Jason raise important considerations regarding the multisensory ways in which the body comes into and recedes from the self and others and its implications for understanding the body's relation with drugs. The role of the senses in prison culture also has implications for sensory criminology (Herrity, 2020; McClanahan and South, 2020). Like smell, Herrity (2020) has observed how sound shapes the social life of prisoners. It also enables surveillance at a distance by prison staff.

### **Maintaining a low profile in prison drug treatment**

According to Leder (1990), social dys-appearance is avoided or minimised by adopting pragmatic and creative strategies. Here, the participants adopted the masculine performance of keeping a low profile. On a practical level, this involved limiting the amount of time spent within the social spaces of the

prison and making subtle changes to how the body appeared, moved and smelt within these spaces (Maycock, 2018). The participants utilised certain techniques of the body to reduce their presence when moving from their prison cell to another area of the prison. Jason, for example, described how he kept a low profile by managing eye contact. The position of his eyes in relation to the eyes of other inmates became important. Avoiding and limiting the extent of eye contact with others and looking through and not at people were used to help maintain an absent-presence within prisoner social relations. Importantly, the desire to be an absent body by keeping a low profile impacted upon their willingness to engage with opiate substitution or detoxification treatments.

The decision not to participate in treatment was related to a perceived entanglement between prison drug treatment and the prison drug market. This entanglement has been observed by Tompkins (2016, p. 151) who claimed "prison drug treatment provision inadvertently created a new dimension to the prison drug market as it widened the demand for certain medications and influenced supply routes as prison pharmacies became a source of illicit medications to illicitly trade". These medications are diverted by prisoners to the prison drug market. The medication is concealed in the mouth, dried out and then exchanged within the prison drug market for money or canteen items (Bi-Mohammed et al., 2017). Tompkins (2016) claims that some prisoners are vulnerable to being harassed or assaulted by other inmates for their medication. Mjaland (2015), on the other hand, has found that diverted buprenorphine can provide some prisoners with a source of power and status and a way to earn symbolic rewards with other prisoners.

The majority of the participants commented on the popularity of buprenorphine misuse among prisoners and the increased risk of harm for those participating in this type of treatment. The reluctance to participate in buprenorphine maintenance or detoxification treatment was a point made by most of the participants. The walk to and from the prison wing to the prison pharmacy, according to the participants, was a public spectacle. It was an occasion when dependent heroin prisoners were visible to other prisoners. Matt described numerous situations when he was approached by prisoners to sell his buprenorphine and diazepam while he was on his way back to his cell. He explained;

it's not like walking to Boots in town to pick up your script you know, everyone on the wing can see you ... walking back onto the wing some prick is gonna come in a try get it off you ... (Matt).

His experience of buprenorphine treatment in prison was fundamentally different to his experience in the community. In the community, Matt had greater control over when he collected his medication and if he used it for the reason it was prescribed. Similar examples of self-regulation in deciding when and how to use opiate substitute medications have been identified by Havnes et al. (2014). In the community, Matt could avoid collecting his medication at times when he knew it would be unsafe to collect it. According to the participants, being hassled by other prisoners or being put under

pressure to sell or hand over medications was a growing problem. It was the cause of much prisoner on prisoner violence, and it was an important part of their decision to detoxify from heroin without medical support.

The institutional process of collecting medications and returning to your cell and the smell that bodies omit can reveal a person no matter their desire to keep a low profile. For the participants, their bodies became a place of vulnerability to both the biological factors of heroin withdrawal and the social dynamics of prisoner relations and hegemonic masculinity. This type of vulnerability was arguably an important consideration in their decision to avoid heroin while in prison.

### ***Thematising the body in self-detoxification: poisoned body techniques***

The avoidance of heroin and prison drug treatment somewhat reduced the social dys-appearance reported by the participants, but such avoidance strategies did not eliminate the challenges of detoxing from heroin in the confines of a prison cell. In this final section, my aim is to reflect on the participants' comments on how they responded to their withdrawing bodies during the self-detoxification process.

As noted by Woodall et al (2014), there is a tendency to conceptualise prisoners as passive recipients of prison healthcare. Thinking about the agency of prisoners in this way obscures how they manage their bodies in the social spaces outside of prison healthcare. The research on self-detoxification suggests that heroin users are not passive in response to withdrawal symptoms but pragmatically respond via a range of psychological and pharmacological techniques (Gossop et al., 1991; McDonnell and Van Hout, 2010; Noble et al., 2002). Physical activities and exercise, watching television, staying inside, healthy eating, hot baths, cannabis and alcohol are all techniques used by heroin users to alleviate the suffering of withdrawal. However, before a dys-appearing body can be responded to, the source of the disruption must become an object of thematic attention (Leder, 1990). With this in mind, it is important to consider bodily thematisation during the process of self-detoxification.

Heroin withdrawal symptoms are typically understood as caused by key regions of the brain readjusting to the unfamiliar state of abstinence (Koob, 2015). The link between withdrawal symptoms and abstinence, once commonly known as the abstinence syndrome, has been traced to the emergence of addiction science in the early twentieth century (Walmsley, 2016). There are echoes of this way of thinking about withdrawal symptoms as caused by heroin's absence in the self-detoxification literature (Gossop et al., 1991; McDonnell and Van Hout, 2010; Noble et al., 2002). The participants' narratives, in contrast, were underpinned by a view of heroin withdrawal as caused by the heroin's presence in the body rather than its absence. This way of thinking can be traced to the end of the nineteenth century to an interaction between the discursive fields of toxicology and addiction in which the addicted body emerged as a poisoned object (Walmsley, 2013). At this time, treatment practices

were primarily concerned with removing poison from the body through an active process of detoxification rather than managing the abstinence symptoms. This particular awareness of the body as poisoned by heroin offered the participants a pragmatic response to their withdrawing bodies. In the prison environment, prisoners have limited access to the range of self-detoxification techniques commonly used by heroin users (Gossop et al., 1991; McDonnell and Van Hout, 2010; Noble et al., 2002) due to the restraints of the physical, institutional and social environment of the prison.

In the following quote, Matt describes a type of bodily awareness during his detoxification experience in which he was preoccupied with withdrawal pains in his knees. He responded to this dys-appearance by tying socks around his legs to restrict the circulation of blood and minimise its disruptive presence. He associated the pain in his 'withdrawing knee' with heroin's continued presence in the blood, rather than its absence:

I just thought ... well I'll stop the blood because obviously it's the opiates in the blood what's making you suffer so I thought if I stop the blood going to my legs a little bit because, I always, my problem was when I clucked off heroin and I sort of like had a you know like coming off it, it was always my knees that were the worst. Some people don't suffer like that everybody's different (Matt).

In the short term, many of the participants responded to their dys-appearing bodies by focusing on a particular body part that demanded immediate attention. For Matt and also Mark, their spatial awareness during the early stage of detoxification was constricted to the pain in their knees. For, Carl and Dan it was stomach cramps<sup>3</sup> and Mike it was withdrawal pains and sensations in his forearms and wrists. Jason and Tom initially struggled to describe their heroin withdrawal experiences. Tom used a familiar cultural reference; "you seen that film *Trainspotting*", whereas Jason initially said "well, you're clucking aren't you ... you know what I mean" and then "it's like you've been on a long bike ride ... bicycle legs it's called" to indicate pains in his legs. In response, Carl lay stomach down on the cold floor of the prison cell and Mike talked about hitting his wrists against the wall. The participants used their bodies and the physicality of the prison cell to create new bodily experiences with the aim of moving the problematic body part back into the corporeal background, if only for a moment. These experiences of heroin withdrawal resonate with what Leder (1990) refers to as spatio-temporal constrictions. Characteristic of dys-appearance, it refers to moments when we "are no longer dispersed out there in the world, but suddenly congeal right here. Our attention is drawn back not only to the body but often to a particular body part" (Leder, 1990, p. 75).

The self-detoxification practices described by the participants were focused on the removal of heroin-as-poison from the body via its material wastes, primarily urine and sweat:

I remember someone saying to me, sweat it out ... there is something cleansing about it ... getting all that crap out of you (Carl).

flush that shit out of you ... you need to drink as much as you can. It does it does help (Tom).



I'm over the worst still got the rest of it and it was hard to think hard to you know so I started doing a lot of running and a lot of exercises to make me sweat and within six weeks I was back to normal (Mike).

The participants described a range of activities to increase the amount they urinated and sweated, with the objective of removing heroin-as-poison from the body as efficiently and quickly as possible. A common technique was "cell circuits"; the colloquial name for exercise routines, either solo or with the prisoner they shared the cell with. The routines included press-ups and sit-ups and running on the spot. Physical activity and exercise are mentioned in the self-detoxification literature as common techniques used to distract the mind from withdrawal symptoms (Gossop et al., 1991; Ison et al., 2006; McDonnell and Van Hout, 2010). For the participants, these techniques were part of the strategy for removing 'heroin-as-poison' from the body. Instead of distracting the mind from the body, these activities actively engaged bodily wastes for the purpose of removing heroin from the body.

Body fluids were also significant to monitoring the self-detoxification process. For example, Matt talked about how he could smell heroin coming out of his pores, and that there was "something satisfying about smelling it coming out" of his body. The olfactory presence of heroin points to a moral ambivalence regarding the smell of heroin in prison. In the semi-private space of the prison cell, bodily smell was satisfying because it meant heroin was crossing the boundaries of the body. However, when he was around other prisoners, bodily smell reinforced their stigmatised, subordinated and marginalised social position (Maycock, 2018). In this respect, bodily smell was spatially differentiated. Smell was an aspect of the body that could betray itself to other prisoners and cause social dys-appearance. Interestingly, Carl used urine to monitor his self-detoxification. Monitoring the colour of his urine, he explained, allowed him to determine if he was drinking enough water to cleanse his body. In the early stages of detoxification, his urine was usually a darker colour because of "all that crap" coming out of his body. After a few days his urine started to turn a lighter colour which indicated he was drinking enough water to remove heroin-as-poison from his body.

## Conclusion

This aim of this paper was to understand how the prison social environment impacted upon the decision to come off drugs and the meanings and techniques prisoners used to reflect upon and manage their bodies during the self-detoxification process. Drawing on Leder's (1990) absent-body framework and the prison masculinities literature (Crewe, 2005; de Viggiani, 2018; Sloan, 2016; Ugelvik, 2014), this paper has demonstrated how the decision to come off drugs in prison can be understood as part of the masculine performance of keeping one's head down (de Viggiani, 2018; Jewkes, 2005). A key objective of keeping one's head down was the avoidance of victimisation, intimidation and violence experienced by some heroin dependent prisoners. Consequently, this meant reducing one's presence

around other prisoners and, in response to the entanglement of prison drug treatment and the prison drug market (Tompkins, 2016), avoiding opiate medications. Importantly, coming off drugs in prison for most of the participants was not a recovery project that continued upon release, but it was a pragmatic response to the corporeal and social challenges of being a man in prison. It was a way of adapting to the social environment (McDonnell and Van Hout, 2010) that for some ended when they returned to heroin soon after release.

Leder's (1990) absent body framework opened up the analysis to an appreciation of the implicit meanings and techniques that some dependent heroin users employ to assist them with detoxifying their bodies. Reflecting on the detoxifying body as a poisoned object provided the participants with an important symbolic and material resource through which to make sense of, and manage, the physical and social challenges of withdrawing from heroin in prison. This imagination of the body as poisoned enabled the self-regulation of the detoxification process within the confines of the prison cell. The role of the body and bodily awareness in the process of self-detoxification has not been recognised in the self-detoxification literature (Gossop et al., 1991; McDonnell and Van Hout, 2010). The analysis therefore contributes to our empirical and theoretical knowledge of the self-detoxification process. It shows how the process of self-detoxification can be understood as a complex interaction between the body, drugs, heroin withdrawal, social relations, institutions and masculinity.

The analysis of self-detoxification has implications for prison drug policies and practices. First, the dispensing of medications to heroin dependent prisoners was found to increase their risk of victimisation. This increased risk was linked to the way in which the practice of dispensing medications produced the unintended effect of increasing the visibility of a victimised, stigmatised and marginalised group (Crewe, 2005; Ugelvik, 2014). A group of prisoners that prefer to keep a low profile as part of their strategy to successfully navigate prisoner social relations and survive the prison experience. Previous research on the dispensing of opiate medications in prisons (Mjaland, 2015) and community settings (Radley et al., 2017) has linked such interventions to stigma. Second, the risk of relapse following a successful self-detoxification attempt in a community setting (McDonnell and Van Hout, 2010) is particularly relevant given the risk of overdose in this group of prisoners soon after release (Marsden et al., 2017). These prisoners are not in contact with prison drug treatment services and therefore are unlikely to receive harm reduction interventions, such as access to naloxone (Sondhi et al., 2016), as they transition from prison to the community. Prisons should examine how and where vulnerable drug dependent prisoners are deterred from accessing important harm reduction services.

## Notes

1. The main focus of the study was the experiences of heroin dependent individuals' transitions from the community to prison.

2. Individuals do not simply arrive at prison. The journey to prison for some begins when they are arrested by the police and taken to a police station, where they are locked in a cell until their court appearance. From the police station they are transported in a secure vehicle to court, in which they are locked in holding cell with other prisoners, only separated by dividing walls. At court they are likely to be locked in a cell with another individual, until the conclusion of their court appearance and they are taken to prison. The journey from the crime scene or police station following arrest can take several hours or days.
3. Carl's stomach pains during heroin withdrawal were intensified by his irritable bowel syndrome (IBS). His dys-appearing stomach produced a complicated social experience in which his body became a source of shame and embarrassment due to his lack of control over his bowels and the physical and social organisation of his prison cell. The lack of privacy and no separation of the toilet from the social space of the cell meant that he had to use the toilet in front of his cell mate.

## Disclosure statement

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