Queen Margaret University

EDINBURGH

Division of Nursing

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EXPLORING THE RELATIONSHIP BETWEEN LIFE EXPERIENCES AND EARLY RELAPSE AMONG IMPRISONED USERS OF ILLEGAL DRUGS IN OMAN: A FOCUSED ETHNOGRAPHY

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A Thesis Submitted in Partial Fulfilment of the Requirements for the Degree of Doctor of Philosophy

QUEEN MARGARET UNIVERSITY

2020

CONTENTS

LIST OF ABRIVATIONS

1	United Nations International Drug Control Programme United Nations of Drug Control Program	UNDCP
2	World Health Organization	WHO
3	The United Nations Office on Drugs and Crime	UNODC
4	European Monitoring Centre for Drugs and Drug Addiction	EMCDDA
5	National Committee of Narcotic and Psychotropic Substance	NCNPS
6	Royal Oman Police	ROP
7	Ministry of Health	MOH
8	Ministry of Information	MOI
9	Ministry of Justice	MOJ
10	American Psychiatric Association	APA
11	National Institute on Drug Abuse	NIDA
12	Randomized Control Trials	RCTs
13	Offender Rehabilitation Act	ORA
14	Government Accountability Office	GAO
15	United States of America	USA
16	United Kingdom	UK
17	Gulf Cooperation Countries	GCC
18	Sultan Qaboos University Hospital	SQUH

ACKNOWLEDGEMENTS

I am grateful to the Almighty Allah for granting me this opportunity and giving me the patience and the health to work hard to achieve my aim in completing my PhD degree. I would like to express my gratitude to the Ministry of Health (Oman) for giving me the opportunity to pursue my higher degree.

I would like to especially acknowledge the untiring efforts of my team of supervisors, Dr David Banks, Dr Fiona Kelly ang Dr Philippa Derrington, for their supportive roles at every stage of this research work. I appreciate the unquantifiable contributions of the administrative staff of Queen Margaret University, Edinburgh in making my stay in the University worthwhile. I pray that the Almighty Allah will bless all of you individually and collectively.

I would like to express my sincere thanks to Royal Oman Police administration of Oman Central Prison, the chief of prison, administration staff, police guides including all the sections starting from the main gate guides to the recruitment registration department, the initiation to participate actively in my study.

It is my great pleasure to thank and to express my gratitude towards my lovely participants for their cooperation and initiation to participate actively and support during the data collection phase in my study.

My lovely mother, and my only sister Shamsa, my lovely children, and my brothers for their support and encouragement throughout my PhD journey, I pray that Allah blesses them all.

THIS THESIS IS DEDICATED TO ALL YOUNG OMANIES STRUGGLING WITH SUBSTANCE ADDICTION AND THOSE WHO HAVE LOST THEIR LIVES AS RESULT OF DRUG OVERDOSE

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ABSTRACT

Background:

Illegal drug use is a rising problem that affects Omani youth. This research aimed to study a group of young Omani men who were imprisoned more than once for illegal drug use, focusing on exploring their lifestyle experiences inside and outside prison and whether these contributed to their early relapse and re-imprisonment. This is the first study of its kind from Oman conducted in a prison setting.

Methods:

19 Omani males aged 18–35 years imprisoned in Oman Central Prison were recruited using purposive sampling. Focused ethnography was conducted over 8 months to explore the drug-related experiences outside prison and during imprisonment. Face-to-face semi-structured interviews with the participants yielded detailed transcripts and field notes. These were thematically analysed, and results compared with the existing literature.

Results:

The participants' voices yielded new insights into the lives of young Omani men imprisoned for illegal drug use, including their sufferings and challenges in prison. These included: entry shock, timing and boredom, drug trafficking in prison, as well as physical and psychological health issues. Overall, imprisonment was reported to have negatively impacted the participants' health, personality, self-concept, emotions, attitudes, behaviour and life expectations. The participants reported how their efforts to reintegrate into Omani community after release from prison were rebuffed due to stigmatisation and rejection from the society and family. They also experienced frequent unemployment, police surveillance, accommodation problems and lack of rehabilitation facilities. The immensity of the accumulated psychophysiological trauma contributed to their early relapse and reimprisonment.

Conclusion:

This thesis concludes that imprisonment is largely ineffective in controlling drug use in Oman. Urgent action is required across multiple sectors to improve the lives and prospects of users of illegal drugs within and outside prison to minimise factors contributing to early relapse.

Key Words:

illegal drugs, drug users, Oman, addiction, Omani culture, prisoners, relapse, re-imprisonment, qualitative research, ethnography

STRUCTURE OF THE THESIS

Chapter One offers an introduction to the topic of drug abuse, both in an international context and then specifically with regards to the Arab world, focusing primarily on the situation in Oman and nearby Gulf countries. Drug abuse in Oman is highlighted in detail, along with the various factors that have a direct or indirect impact on drug abuse and users of illegal drugs in Oman.

Chapter Two offers a description of old prison literature.

Chapter Three comprises a systematic review of the literature relevant to the study and its objectives. The systematic search strategy, involving both national and international databases, is reported in detail in order to provide an in-depth overview of evidenced-based research in the fields of imprisonment and drug abuse.

Chapter four outlines the methods and methodological concepts utilised in the performance of this study, as supported by relevant literature, followed by a description of the actual field work undertaken, including the setting and population of this study and the processes and unique challenges involved in recruiting study participants from a prison setting.

Chapter Five describes the participants and study setting in more detail.

Chapter Six presents the results of this study, including the themes which emerged from an analysis of the participants' responses. Exact quotations have been included in order to highlight important themes and sub-themes.

Chapter Seven summarises the research findings according to the themes identified in the preceding chapter and in response to each of the research questions outlined earlier.

Chapters Eight encompass conclusion of the findings, strength and limitation and suggested further research of the study. In addition, specific recommendations and dissemination of the findings of the study have also been highlighted .

1. CHAPTER ONE: INTRODUCTION

1.1. Overview

Psychoactive drug abuse refers to recreational consumption of psychoactive substances controlled under the international drug control conventions. World Drug Report (2018) published by United Nations International Drug Control Programme (UNDCP) terms all these substances collectively by the term "drug," and this thesis will follow the same terminology. Drug dependence is characterised by persistent drug seeking behaviour which can lead to a cycle of treatment, recovery, and relapse, frequently occurring for many decades (Van 2015). World Health Organization WHO (2008) views drug dependence as a chronic relapsing disorder. The United Nations Office on Drugs and Crime (UNODC) (2019) estimates that worldwide approximately 275 million people, representing 5.6% of 15–64 olds consumed drugs at least once during 2016. Among them 31 million individuals suffer from drug use disorders that need medical attention.

The United Nations of Drug Control Program (UNDCP) has undertaken a mission to eradicate illegal substance use, production, and distribution, with the aim of making it a drug free world (UNDCP 2018). The UNODC (2016) points out many countries have attempted to overcome drug use by using prison as a means of stopping or decreasing the escalation of users of illegal drugs in communities. However, the report also points out that the period immediately after release from prison is associated with high mortality rates due to drug overdoses or other drug-related causes. The paradox is that many prisons, particularly in the United States, have become places where drugs are often readily available and trafficked among inmates due to various security breaches and corruption among prison guards, that Washington Post (2014) pointed out: "our prison system does little more than teach addicts how to be better addicts".

Unfortunately, this seems to be the case other parts of the world also. The Royal Oman Police (ROP) reported that the country's central prison recorded an increase in drug use over the past five years (ROP 2015). Historically the Arabian Peninsula, despite its geographical centrality, remained quite insulated from external cultural influence, and consequently was free from drug problems. One reason was the Islamic

traditions, and the strong social traditions of the region prevented such practices from taking root. Even tobacco, which the Oman Empire had adopted in most Islamic countries took half a century to be accepted in "rejuvenated forms" in the Arabian Peninsula (Maziak et al. 2014). However, the South Eastern region of the Arabian Peninsula traditionally chewed *khat*, a mild drug (Elarabi 2013). Another benign drug of Arab origin was coffee, consumed ceremonially in the Arab world in a bitter and dark form *kahwa*, many centuries before Westerners even heard about it (Alsanosy et. Al. 2013).

In Oman this cultural isolation and relatively drug-free existence began to change in the 1970s following petroleum discoveries in Oman, and with increasing influx of foreign workers, the country had no choice but to open up to acculturation (Allen 2016). In the past several decades Arabian Gulf states including Oman, with their large migrant populations (comprising mostly young male contract workers), have become entry points for drugs over the years. The fact that all the Gulf Collaboration Countries (GCC) states have free trade ports and container transhipment centres have made the region a lucrative transportation hub for drugs (Al Adawi 2014). This area has been of interest to researchers in the substance abuse field and to international organizations such as the U.N. and the United States Drug Enforcement.

In Oman, the rising illegal drug use is of great concern, despite which research in the area has been minimal. The few available current studies to have assessed illegal drug use examine the factors contributing to drug use and why it remains a furtive activity (Al Adawi 2014). Oman's increasingly strict drug laws and the fear of imprisonment, for example, may deter addicted individuals from disclosing their drug use and seeking treatment. In addition, Islamic religious laws prohibit the use of intoxicants (Ali 2014). Thirdly the collective nature of Omani society values social conformity and has low tolerance for deviant behaviour. Together they form significant barriers against the individual drug user seeking professional help for his rehabilitation. A rehabilitated person needs community support to prevent relapse, but the society tends to see the ex-addict as the "other" and stigmatises them. This increases the possibility of the newly rehabilitated person returning to his old drug-related environment and becomes readdicted. An examination of the epidemiology of use

including social attitudes towards drug addiction is warranted to inform measures to eradicate abuse.

Omani society has undergone extremely rapid and dramatic changes over the past fifty years which catapulted it from being a subsistence economy to a modern affluent one with great improvements in healthcare, technology, transportation, and standard of living (Al Adawi 2014). However, this has led to massive increase in the population both due to high birth rates and rapidly growing expatriate population. The economic globalisation that started in the 1980s gave additional freedom to private businesses which included less stringent controls on imports and exports. Thus, Oman became more vulnerable to smuggling, distribution and easier availability of illegal drugs (Al Wahabi 2019). Oman's criminal laws were traditionally benign, but as the drug menace increased the government was forced to tighten its criminal laws against drug traffickers and users. At present any individual caught for drug related crimes could face a minimum sentence of one to four years in prison for using illegal drugs and much greater consequences for individuals facing up to life sentences, and in serious cases death penalty, for trafficking drugs (ROP 2015).

Scheduled psychoactive drugs obtained without a prescription in Oman attracts imprisonment and fines (ROP 2015). Admitting to substance use in Oman is associated with admitting to criminal activity. In this context the country has witnessed high rates of incarceration for substance possession, production, or trafficking (ROP 2015). Bokjo et al. (2016) argue that people who use drugs undergo cycles of imprisonment-release-imprisonment. The deterrent effect of the recently tightened laws is likely to be preventing many young Omanis from experimenting with illicit drugs. On the other hand, there is the question of how the fear of criminal conviction may prevent those who are already dependent on drugs to voluntarily seek treatment and rehabilitation. It is not easy to find a balance between the two.

1.2. Critical Examination of Key Concepts

The key concepts used in this study were critically examined. In most of the Arabic literature including Oman the terms, drug, drug abuse, drug misuse and dependence or substance abuse are used according to guidelines used by the major institutions in these

countries. For example, previously, Oman Ministry of Health (MOH) was referring to drug addiction and drug abuse in all official communications and diagnosis descriptions, these terms were replaced with substance misuse in 2013 in accordance with DSM-5. However, some departments under MOH, such as the National Committee for Narcotics and Psychotropic Substances (NCNPS), rely on different terms such as drug addicts or illegal drugs users. On the other hand, the Sultan Qaboos University Hospital (SQUH), which is under the Ministry of Higher Education, uses both DSM-5 and ICD-10 systems to come up with provisional diagnosis on drug use.

To avoid confusion this thesis will follow the nomenclature and definitions specified by DSM-5 and UNDOP.

1.3. Drug Types

According to the United Nations International Drug Control Programme, the term 'drug' can be defined as any substance that when ingested modifies perception, mood or consciousness (UNODC 2019). In this study, all substances defined as psychoactive drugs described above will be defined as **illegal drugs** and to avoid being judgmental, the term **users of illegal drugs will be used to describe my participants**. Psychoactive drugs are classified into three as follows:

1. The central nervous system (CNS) depressants: These include opium, morphine, heroin, codeine, sedatives (Barbiturates and tranquilizers), solvents and alcohol.

2. CNS stimulants: These include cocaine, synthetic stimulants like amphetamines, ecstasy, kola-nuts (contain caffeine, kolanin, and theobromine), nicotine, and caffeine.

3. Hallucinogens (psychedelics): These include lysergic acid diethylamide (LSD), 3,4-methylenedioxy-methamphetamine (MDMA), dimethyl terephthalate (DMT), psilocybin, and tetrahydrocannabinol (THC) and its variations (in cannabis and its derivatives).

Illicit drugs: Drugs that that are not necessarily specifically banned under law, but not socially approved or may be under non-specific prohibition for example alcohol in Oman.

Illegal Drugs: are drugs that are specifically banned under the relevant law and not socially approved and prohibited under the local law. In Arabic Language illegal drugs are called *Mukhadarat*. (Most countries follow the recommendations of UNDOP specifications of drugs but there are marginal variations between countries for example cannabis is legal in some countries.

Soft drugs: are considered officially to be milder drugs such as cannabis, *khat*, etc, in Oman.

Hard drugs: are considered officially to be drugs such as cocaine, heroin, LSD, amphetamines, etc, in Oman.

1.4. Revision of Classification of Drugs

The prevailing classification of drugs as hard and soft and criminalising them all is a practice followed by most countries of the world including Oman.

- Drug Use

UNODC (2019) described the term ‘drug use’ to the ways people use drugs such as occasional and regular use of drugs which may not cause physical or psychological harm; in contrast, excessive or inappropriate drug use is widely thought to have harmful effects.

- Drug Misuse and Abuse

The terms Drug misuse’ and ‘Drug abuse’ are used inter-changeably in the research and practice literature. Drug Misuse is usually defined as the excessive or inappropriate use of licit and illicit substances in such a way that it may result in harm to an individual. Drug abuse is considered to be a stronger term that describes a pattern of psychoactive substance use that causes damage to mental or physical health (National Institute on Drug Abuse (NIDA) 2020).

- Dependence and Addiction

Previously the terms ‘drug dependence’ and ‘drug addiction’ used to indicate the same meaning. According to NIDA (2020) the term ‘addiction’ is defined as ‘a condition brought about by the repeated administration of any drug such that the

continued use of the drug is necessary to maintain normal physiological function, and discontinuance of the drug results in definite mental and physical symptoms. On the other hand, in 2013 the American Psychiatric Association (APA) suggested addiction to drugs as a chronically relapsing disorder that is characterized by a compulsion to seek and take a drug (loss in control in limiting intake), and impairment in social and occupational functions (NIDA 2020).

In 2013 APA Expert Committee adopted the term 'dependence' instead of addiction. Drug Dependence was defined as: A cluster of physiological, behavioural and cognitive phenomena of variable intensity, in which the use of psychoactive drug (or drugs) takes on a high priority. The main characteristics to describe the two terms are preoccupation with a desire to obtain and take the drug and persistent drug-seeking behaviour. However, drug dependence problematic consequences may be biological, psychological or social, and usually interact.

According to the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5) drug dependence is 'A maladaptive pattern of drug abuse, leading to clinically significant impairment or distress, as manifested by three (or more) of the following occurring at any time in the same 12-month period:

1. **Tolerance, as defined by either of the following:**
   - Substantially increased amounts of the substance to achieve the desired effect.
   - Markedly diminished effect with continued use of the same amount of substance.
2. **Withdrawal as manifested by either of the following:**
   - The characteristic withdrawal syndrome for the same substance (refer to criteria a and b of the criteria sets for withdrawal from specific substances).
   - The same (or closely related) substance is taken to relieve or avoid withdrawal symptoms.
   - The substance is consumed in larger amounts or over a longer period than was intended.
   - A persistent desire for the substance and unsuccessful efforts to control its use.
   - Much time and effort are spent to obtain the substance (e.g. Visiting multiple doctors or driving long distances), use the substance (e.g. Chain-smoking), or recovery from its effects.

- Important social, occupational, or recreational activities are given up or reduced because of substance use.
- The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

The WHO definition of drug addiction sometimes refers to polysubstance use as the use of several substances which causes harm to the individual primary take it and to the society leading to behaviours that are "long standing" and involving "variable usage". However, this definition did not specify which combination of drugs/substances is involved or whether this drug is illegal drugs or over the counter prescribed illicit drugs (WHO 1994). The terms polydrug and polysubstance misusers refer to those problematic drug misusers and primarily take a combination of Class A drugs. Polysubstance are those who use multiple classes of drugs in combination such as Class C drugs (e.g. cannabis) and Class B drugs, (e.g. amphetamines). Polysubstance users also take combinations of prescribed medication, such as the benzodiazepine, temazepam to either come down or get high (West and Brown 2013). Meanwhile, polysubstance users take a combination of illegal drugs and illicit drugs or other substances that might not be illegal but are controlled, for example alcohol.

1.5. Statement of Problem and Motivation for Choosing this Study

The motivation to choosing this topic for study arose from my experience as a mental health nurse. I have been working with drug users since the establishment of hospital service for drug users at Al Masrah Hospital (formerly Ibn Sina Hospital) in Muscat in 2003. In my opinion the issues related to individual illegal drug users in Oman have not received sufficient attention at micro level. Measures so far taken appear to have been mostly based on moral and law-and-order points of view without giving sufficient weightage to individual differences. Blame was placed on the addict, with insufficient attention paid to the role of physical, psychological and emotional vulnerabilities which pushed the individual to addiction and whether there is possibility of rectifying these vulnerabilities so that individual had a chance to recover and reintegrate with the society.

Indeed, the government has taken strong measures against proliferation of illegal drugs in Oman such as issuing laws for drug related problems and dramatically increasing the quantum of drugs seized at entry ports and within the country and incarcerating those responsible. However, in spite of this, the problem of drug use and its associated pathologies is increasing in Oman day by day as it is happening in the rest of the world. My argument is that drug use issue in Oman is still not handled properly at the individual (addict), family or community level. The drug addict in Oman seems to be left to helplessly struggle with his addiction, socially stigmatised and rejected on the one side and fearful of seeking treatment on the other, due to fear of being incarcerated. Therefore, the individual, even if he manages to overcome the social and psychological barriers that lie in the path of his seeking treatment, has to wait too long to have himself treated, and in the meantime slide back to the same shady circle of addicts he belonged to.

Recently the government increased very stiff penalties on any issue related to illegal drugs. This has resulted in increasing number of users of illegal drugs in Omani prisons than before ROP (2017). People are being jailed for simple drug use or possession for personal use with very stiffer penalties such as serving up to three years for re-entry with fine. However, that has not reduced the drug use or controlled its fallouts. According to ROP (2017) there has been an increase in the number of users of illegal drugs who returned to prison within very short periods of being released after serving time for drug related offences. Although it is evidenced in literature that drug users are known as the hidden population, it is necessary to explore their individual life experiences and their behaviour underpinning their early relapse and re-imprisonment within a short time (Drake 2015).

1.6. Rationale for this Study

The primary goal of this doctoral project is to explore users of illegal drugs' life experiences specifically regarding the prevalence and factors that have contributed to abuse and early relapse in Oman.

1.7. Aim of the Study

The aim of this study is to explore the relationship between the life experiences of users of illegal drugs in Oman which led to early relapse, resulting in reconviction within a very short time (less than one year) from the last period of imprisonment.

The Main Objective is:

- To explore the factors contributing to early relapse and resulting in the reconviction of users of illegal drugs in Oman.

The specific objectives of this study are:

- To explore the relationship between life experiences following release and the early relapse users of illegal drugs.
- To explore the effect of imprisonment on users of illegal drugs in Oman.

Research Questions

The Main Research Question of this Research is:

- What are the factors contributing to early relapse and resulting in the re-entry of users of illegal drugs in Oman?

The Sub Questions of this Study are:

- What is the connection between life experiences following release and early relapse into using illegal drugs?
- What is the effect of imprisonment on users of illegal drugs in Oman?

1.8. Drug Use in the Context of Changing Omani Society

1.8.1. Introduction

Social problems emerge from conflicting interactions between individuals and the society. Most people react positively to various social, economic and political upgrades to their society provided these are not too disruptive to their sense of well-being and expectations (Bandurin 2015). However, in modern times the changes in Omani society

(and all Arab-Islamic societies) have been very fast and disruptive (Peterson 2004). For many Omanis, such disruptions have been extremely stressful.

According to Peterson (2004) fast economic growth of a society will increase inequalities which can lead to conflicts within families. Even though there were inequalities within traditional Omani society, these were accepted and acknowledged by people. Unprecedented economic growth caused the traditional (accepted) inequality patterns to be disturbed (Peterson 2004). Education, for example, became a major new disruptor. Education brought jobs which were located in urban areas. This caused migration of educated youth in search of employment, which in turn weakened the joint family system. As of now Omani population is 90% urban, resulting in deep fissures in the traditional social structure. It was inevitable that many young people and their families felt bitter about this. Thus, before examining the factors contributing to early relapse among drug users in Oman, it is first necessary to examine the society itself, particularly its geographical location, culture, and the effects of social change on social behaviour and social cohesion.

1.8.2. Geographical Location

Oman is located in Arab Gulf in the Middle East, covering an area of approximately 309,500 km², it occupies a geopolitically strategic location and has traditionally been a gateway to Arab countries. Omanis had a long seafaring tradition and trading connections with the Indian subcontinent, East Africa, Iran and Iraq. In fact, in the 19th century "Muscat and Oman" was an empire stretching from the Zanzibar Coast in Africa to Baluchistan in Pakistan. To the south, modern Oman shares a border with Yemen. Saudi Arabia is in the East and United Arab Emirates is located in the North East. Oman has long coastline of approximately 1,700 km². The coastal area is connected with the Arabian Gulf (also known as the Persian Gulf) and Arabian Sea, which is part of the Indian Ocean, where Iran, India, Pakistan and Afghanistan are located. The capital city is Muscat which is located in the extreme north. The Sultanate of Oman is divided into nine governorates: North and South Al Batinah, Al Wusta, North and South Al Sharqiyah, Al Dakhilia, al Dhahira, Musandam, al Janubiya. Oman's climate varies from one region to another due to its different terrains and the

influence of high tropical air, however, in general most of the country has a hot desert climate.

Like its fellow GCC countries, the economy of modern Oman is based on its petroleum resources. Oman's oil was first exported in 1967, and currently the oil and gas industry comprises 70% of the national income (Ministry of Information, 2002).

1.8.3. The Omani Population

According to the National Centre of Statistics and Information (NCSI) (2018) population of Oman is 4,847,855 only half of whom are Omani nationals. The remaining comprise the expatriate contract workers. At the turn of the century the expatriate population in Oman comprised Asians (97%), Arabs (2%) and Europeans (1%) (Ministry of National Economy, 2000). The expatriate population who earns above an income limit are permitted to bring their families on residence visas. There are several private schools that cater to expatriate children. About 72.7 % of the population is urban, where there is a high concentration of expatriate population. The gross median age in Oman is 29.3 years, which falls to 24 years if expatriate population is eliminated. Thus, Omanies form a very young demography.

Figure 1. Map of Oman indicating various governorates.

The strategic location of Oman in the Indian Ocean is historically important in terms of geopolitical relations and the international routes between Africa and the Indian subcontinent. This is of particular significance with regard to drug production and trading from what has been termed the "Golden Crescent" or "Drug Belt" countries of Southeast Asia (Al Harthy and Al Adawi 2002). The coastal boundary of Oman gives access to almost all of its interior regions, hence its long history as a hub for international trade (Narconon International 2016). On the other hand, globalisation and the oil trade have also had a particular impact on transhipping and the Gulf labour supply chain, with contract workers of different nationalities from all over the world. The geography and history of Oman are significant actors in the trafficking and consumption of illegal drugs by Omani citizens and other residents (Al Adawi 2014).

1.8.4. Social Changes in Omani Society

In order to understand the reasons for the increase in drug-related problem in Oman society, this study will examine the social context to review the social change in Oman.

Phillips and Hunt (2017) stated that Oman's developmental trajectory is a ‘positive outlier’ to most post-colonial states, particularly those with significant natural resource reserves. Its trajectory confounds many of the usual expectations surrounding the impact of rentier incomes on conflict and inclusive development (Allen 2016). In short, Oman’s socioeconomic transformation was relatively a healthy one. The reason was prudent management as explained below.

Modern Oman, known formally as the Sultanate of Oman, is a monarchy headed by Sultan Qaboos bin Said since 1970. Prior to 1970, Oman was an underdeveloped country in terms of economy, modernity and social life. For instance, before 1970 Oman had only six miles of paved road. Nor did the country have any diplomatic representation anywhere in the world (Landen 2015).

Sultan Qaboos made his first efforts to introduce radical changes by creating a new era in Oman. He involved the Omani people in the establishment of a modern Oman taking its place in the world arena (Phillips and Hunt 2017). In his first speech to the Omani people in 1970, he pledged to make Oman a modern state: 'I promise you … a new dawn which will give its people a new life and New Hope for the future. With God's help and blessings, we will fulfil this promise together.' (Ministry of Information 2000a: 58).

Before the economic revolution 90% of Omani people lived in rural areas, there after the main change was noted in the social sector (Funsch 2015). The young Sultan put all the emphases on the development of the social infrastructure such as services: roads, water, electricity, hospitals, and schools (Allen 2016). Health care and education were provided free. According to Kharusi (2012) his majesty encouraged the Omani Arabs who were being ousted after the 1964 revolution in Zanzibar (on the East African coast, once part of Omani Empire) to return to Oman. Within a decade the economy improved and the standard of living increased (Phillips and Hunt 2017). This trend continued in the subsequent decades as well, and currently Oman’s per capita income and Human Development Index (HDI) are at par with the developed economies of the world.

Omani society changed dramatically after 1970, which resulted in rapid growth in per capita income (Allen 2016). The Omani traditional extended family structure was based on its rural and subsistence economy. As Omanis became increasingly educated and well off, they moved to cities where nuclear families were the norm. Consequently,

these changes promoted individual independency resulting in the decline of paternal authority, and women gained social rights such as the right to education and to work alongside men (Al Adawi 2014). This, along with the rising per capita income of Omanis may have increased the tendency for polygyny in Omani society. A Muslim man is allowed to have four wives simultaneously provided he is able to do equal justice to them and the offspring from such marriages (Al Adawi 2014). Previously, poverty had forced most Omanis to remain monogamous. Newly prosperous, Omani men (mostly older men) started going abroad to India and Egypt to find younger women as their new wives. In some cases, the wife comes from a country where drugs are widely used, such as India and Pakistan. According to the Ministry of Social Affairs and Labour (2017) this type of marriage can have negative effects on the behaviour of children. For example, multiple wives and increasing numbers of children within the household can result in some of the children being ignored either because their father is too old to cope or because there is conflict between his wives, who may be from very different cultural backgrounds. Consequently, the siblings do not experience family bonding although they live in the one household. Another example, the father or the husband in most cases may die sooner leaving the young wives struggling with raising their independence children and facing problems with the older son-in-low from previous marriages. These traumatised childhood experiences and unresolved family conflicts has resulted in increasing illegal drugs addiction problems in Oman (Al Adawi 2014).

The rising affluence caused Omani citizens to seek Western styles of entertainment, and during summer holiday many men holidayed to international tourist centres with their bars, nightclubs, dancing places, and easy drug availability (Al Adawi 2014). Sudden socioeconomic transformations are always disruptive. It took only two generations for Oman to be transformed from an impoverished region into one of the world's richest. Phillips and Hunt (2017) mentioned that although positive economic changes have the potential to enhance development and enrich culture, unregulated acculturation could disrupt the social structure without providing a sustainable alternative. The national policymakers had anticipated such danger and they actively promoted Omani culture and traditions without condemning or blocking the incoming culture (Allen 2016). Thus, Omani society seems to have managed to keep its traditional

identity amidst the rapid changes in wealth, education, technology and acculturation. However, there were also Omanis who were less able to adapt to the fast pace of change (Phillips and Hunt 2017). A few of them may have been tempted by the increasing availability of alcohol and psychoactive drugs (Al Adawi 2014). This led to an underground drug culture which promoted illegal behaviour that engaged in drug and alcohol trafficking where both Omanis and expatriates participated (Ministry of Social Affairs and Labour 1997). The social changes that followed the oil income created a new group of people with substantial wealth in Omani society. They began to display their wealth, which in turn led to dissatisfaction among the ordinary Omanis.

In general, since such social changes have taken place with great speed, it was inevitable that the Omani people should mix with people of many other cultures. This resulted in different norms and types of life and habits being acquired. These rapid changes in society are considered to be one of the main reasons behind the introduction of Illegal drugs into Oman (Al Adawi 2014). Oman society was very conservative before 1970, new changes were very dramatic in both positive and negative ways. The transition from a restrictive society to an open society resulted in young Omanis being exposed to addictive behaviours and substances, with little or no restraints, so they were more exposed to risky and addictive behaviours. Parental styles have moved from godfather (elderly man in the family) as having the control of the family to their children consequently becoming independent. Unfortunately, young men having easy access to money from their wealthy parents to spend on drugs, made them an easy target for drug dealers, with inevitable consequences in terms of drug addiction.

1.9. How Omani Community Perceives Users of Illegal Drugs

1.9.1 Omani Culture

Culture as a part of Omani society represents beliefs, common language, religion, identity, food traditions, rituals, norms shared by Omani people. In this context, McElwee and Al-Riyami (2003) characterised Omani culture as any culture that shares the total of beliefs, values, and practices that are common in any population or society. At present the majority of Omani families are moderately to extremely wealthy (Allen

2016). Thus, the problem is that of economic inequality between these extremes and its negative influence on lifestyles. Traditionally Omani families have followed the joint family system where three generations or more live together (Al-Barwani and Albeely 2007). Nowadays most Oman families reside in single residences in urban areas; however, the joint family is still important (Peterson 2004). Though physically separate, members keep in constant contact with each other through either daily visits or regular telephone calls.

The definition of family in Oman is linked with many factors such as the relationships between father and sons (including uncles and male cousins) which is considered to be the backbone of the family. Omani families are known to be men dominant in all aspects and perspectives for years and this has not changed despite the new developments and increased modern lifestyle. The attachment between Omani family members is strong and linked to the collective nature of Omani culture which is further supported by Islamic principles. For example, Quran makes it mandatory to obey and respect one's parents.

> *And We have enjoined upon man [care] for his parents. His mother carried him, [increasing her] in weakness upon weakness, and his weaning is in two years. Be grateful to Me and to your parents; to Me is the [final] destination. [Quran 31:14]*

There are common rituals that are shared by majority of Omani families. For example, when greeting each other, the members have to enquire about the health of the person and his family, neighbours and all people around (Allen 2016). Omanis take care not to directly confront or express anger during conversations, even in conflicting situations. The culture itself is designed to avoid face to face conflict situations which has spilled over to modern settings as well and these customs are still the case in the 21st Century (Valeri 2013). For example, visitors' chairs in Omani offices are arranged parallel to the official's desk, not facing it. The purpose of this is to discourage personal conflicts triggered by face-to-face arguments.

Families in cities return to their ancestral homes during weekends which serves to keep the joint family system alive. All family members have to join the gathering especially men as a pride to their parents as all men will join the elderly men in family

and women will be sitting in a separate room . Attending a funeral is a religiously and culturally highly practiced even if the dead person was not a family member; here, men have to attend the ceremony in the graveyard whereas women cannot attend. Women usually stay in house of the deceased for three days.

Gender differences between members plays important role in Omani family, having boys being considered the pride of the family, boys are so much sought after, which leads to one reason for Omani men's tendency for polygyny. This may also be the main reason for the families being large in Oman, where the husband would have more than one wife and children from each of them.

Like the many traditional Middle Eastern societies (both Arab and Semitic), a deep thread of tribalism runs through Omani social structure. (The ancient roots of Middle Eastern tribalism have been made famous by the Biblical description of the Twelve Tribes of Israel.) Almost all native Omanis have strong tribal ancestries and are encouraged to learn by heart their family tree going back several generations. Both paternal and maternal tribal history are acknowledged but it is the paternal history that carries real weigh. Thus, married Omani women will continue to be known after her father's name and tribe and not by their husbands'. There are many prominent tribes in Oman such as Al Said, Al Harthy, Al Kharusi, Al Riyami, Al Busaidy, and so on, each represents certain regions of the Sultanate (Allen 2016). In these areas, each tribe will have their own place of gathering or practicing religion. In the case of marriage, the tribal issue has great influence for the approval and success of the marriage. For instance, if the proposed man is less culturally standard (his tribe is not among the well-known Omani tribes in the community) the proposed bride's family will not approve the marriage and likewise for the women.

Tribe-centred societies have many positive socio-political and economic features. However, it has also made consanguineal marriages the norm, particularly marriage between first cousins. The native Omani population is vulnerable to several genetic conditions. It is not known whether this has an impact on patterns of genetic vulnerabilities and resistance to addictive personality. This needs to be investigated so that Omanis who are genetically vulnerable to drug addiction could be identified and guided from youth.

One characteristic of societies with strong tribal structure is their honour culture. The honour of the family, the joint family and the tribe must be protected at all costs (Allen 2016). Drug addiction, like all other forms of deviant behaviour, brings intense shame to the addict's family and community itself (Al Naseri 2018). The shame causes the family to hide the member's addiction and when it becomes uncontrollable, to ban him. The community also rejects him as his presence dents their own honour and is additionally perceived as corrupting to youth. Being rejected by one's family and community is much more traumatic for an Omani than for a western individual because here one is trained from one's childhood to sacrifice his individual selfhood to the collective self of the community (Al Ghaidani 2014). Thus, when he is no longer part of the society, he has lost his identity. It is not surprising that such a person will seek to lower his pain in any manner possible, the most direct route being more drugs. In return the whole family will be affected by shame and stigma. Unfortunately, people affected by substance addiction form one of the most frequently stigmatized population groups in Oman regardless of their social status (Al Ghaidani 2014). For example, fear of being seen as an "addict" or even an "ex-addict" or his family will start hiding and not socializing because of having a drug user as a family member (Boyle 2015). In Oman drug users and their family as a whole will experience discrimination that clearly limits the stigmatized person's ability to be part of Omani community including avoidance of the "other" in social situations.

I would hypothesize the following impacts on the users of illegal drugs as an individual and as family:

- The users of illegal drugs and his or her family will lose most of the Oman socialization rituals such as weekly family gatherings or attending Mosque religious functions.
- In terms of marriage, any proposal will be rejected if his use of illegal drugs is known. His family reputation having fallen, his siblings' marriage ability will be reduced.
- It is possible that if the person's extended family will also suffer the loss of reputation, and if there are more known users of illegal drugs in the community, that affects the social standing and reputation of the community as a whole.

- In view of these dire consequences the most "cost-effective" option for the family may be to cut ties with the addict.

Here, it must be pointed out that all over the world addicts are stigmatised by their societies (Boyle 2015). The difference may be in the extent of such rejection and the loss of identity. As far as I know no literature exists that has quantified the relative impact of such rejection between various societies in the world and compared them with Omani society.

1.9.2. Religion

Oman is an Islamic country where the overwhelming majority of people have traditionally been Muslims. For Arab society Islam is the most natural religion which fits with their ancient social structures, customs and values. Islamic roles and principles permeate every aspect of Omani daily life, and thus permeate every aspect of Omani State as well. However, the state and society have a benign attitude towards other religions of the world, and they are permitted to build their houses of worship and practice their faith.

1.9.2.1. Islam's Attitude Towards Drugs

According to Islamic beliefs, health is a blessing which has been bestowed to an individual by God and, as such, should not be misused or squandered. One particular *hadith* (canonical saying) of the Prophet Muhammad (PUH) states: "There are two blessings which many people lose: health and free time for doing good" (Hadith no. 6412). This *hadith* can be considered to represent a directive Islamic principle on any intentional act that may have an adverse effect on health, such as drug abuse.

Another *hadith* asserts: "Every intoxicant is *khamr* (alcohol) and all *khamr* is *haram* (unlawful or not permitted)". Muslims are thus forbidden from using or consuming substances such as non-prescribed drugs which would cause them to become intoxicated, lose control of their faculties or escape from reality, as they cannot serve Allah while under the influence of these substances. The *Qur'an* similarly discusses intoxicants (*khamr*) and, more specifically, alcohol. Under *Sharia* law, ethics and theology, the production and consumption of mind-altering substances such as alcohol

and illegal drugs is clearly prohibited (Gilliat-Ray et al. 2013). Indeed, the *Qur'an* is very specific regarding the immorality associated with alcohol, referring to it as the "handiwork of Satan" ([Abdul Halim 2005], al-Ma'ida 5:90).

In turn, the Prophet Muhammad gradually forbade the consumption of alcohol in three distinct phases [Al-Tabari 2000], as a result of witnessing the effect of alcohol on a person's cognitive abilities and the resulting social consequences. Prophet Muhammad provided his companions with *Qur'anic* guidance: "They ask you [the Prophet] about intoxicants (*khamr*) and gambling: say, 'There is great sin in both, and some benefit for people: the sin is greater than the benefit'." ([Abdul Halim 2005], al-Baqara 2:219). After this verse was revealed, during the first phase of restriction, many of Prophet Muhammad's followers refrained from drinking alcohol; however, some continued.

The second phase of prohibition began when the leader of a prayer, after a heavy drinking session, recited the *Qur'an* so incorrectly that the recitation itself amounted to blasphemy [Al-Tabari 2000]. The *Qur'an* states: "You who believe, do not come anywhere near the prayer if you are intoxicated, not until you know what you are saying..." ([Abdul Halim 2005], al-Nisa 4:43). This verse marks the second phase of prohibition, wherein believers were still permitted to drink provided they were sober during prayer times.

Ultimately, the final phase, in which all alcohol was strictly prohibited for Muslims, was established following this verse: "You who believe, intoxicants (*khamr*) and gambling, idolatrous practices, and [divining with] arrows are repugnant acts—Satan's doing—shun them so that you may prosper. With intoxicants and gambling, Satan seeks only to incite enmity and hatred among you, and to stop you remembering God and prayer. Will you not give them up?" ([Abdul Halim 2005], al-Ma'ida 5:90–91).

Strict religious prohibition thus shuts out religious succour also to users of illegal drugs. This includes not being allowed to attend prayers in mosques or being present in various Islamic religious gatherings and communal prayers. According to Islamic rules an individual who is in a state of mental disorientation due to intoxication is not allowed to pray or be present the mosque for group prayers or during Quran recitation. Thus, the users of illegal drugs develop feelings of guilt and shame at being rejected by God in addition to their family and community.

Omani communities have a belief that drug addiction is a punishment from Allah or that his addiction is the result of his being disconnected from Allah by not performing his prayers and other religious duties. Omani community believe that users of illegal drugs need to seek forgiveness from God, in other words, they should be treated spiritually rather than medically. Another popular belief in rural Oman is that problems of the mind (addiction and mental diseases) are the results of black magic or possession by evil spirits. All these factors have resulted in the emergence of religious facilities for users of illegal drugs such as Islamic healing centres that offer intense prayers, and various Islamic exorcism rituals, which tend to be a mix of Islamic and indigenous cultural traditions specific to that particular region. The effectiveness of such methods in cases of addiction needs to be established by ethnographic (and if possible quantitative) methods which are still at their infancy in Oman. Despite all these prohibitions, it has not stopped some Omani people from using illegal drugs.

1.10. Treatment services of Users of Illegal Drugs in Oman

In 2004 the MOH established a new department for users of illegal drugs within the existing psychiatric Hospital (Ibn Sina Hospital) with capacity for ten beds: five for detoxification and five for rehabilitation. The first official registration for illegal drug users in Oman was in 2003 (MOH 2004).

As a result of the increasing number of registered cases, the MOH established a new psychiatric hospital in 2013 – the Al Massarah Hospital – expanding on the ten beds provided in 2003. This hospital has a 245-bed capacity, of which 50 beds are reserved for users of illegal drugs patients. 25 of them are for detoxification and 25 are for rehabilitation, in addition to the halfway houses that accommodate 30 patients (MOH 2010).

However, these measures were seen to be minimal compared to the proliferating drug problem in Oman. In recent years (2010 to 2015) there have been controversial discussions relating to illegal drug users in Oman (National Committee of Narcotic and Psychotropic Substance (NCNPS) 2015). Many criticisms have been raised by the media and the Omani community as to whether the ministry of health is trying to minimise the problem of drug addiction. The Times of Oman (2015) – the largest

English newspaper in the country pointed out, – 'the ministry of health is unable to cover even 20% of treatment of drug users in Oman'.

The government appears to have heeded the criticism, evidenced by the new drug detox facilities currently in construction in different urban centres. The number of beds dedicated for drug cases have also been increased to 50 beds.

1.11. Conclusion

In order to examine the nature of illegal drug users in Oman, it was important to examine the source of the problem and why it proliferates. Drug problem is a social problem arising from the interaction between the individuals and the social, economic, political, and cultural aspects of a society (Boyle 2015). Social factors are perceived as the main reason for the escalation of illegal drug use In Oman. Oman has undergone dramatic changes since 1971, people's lives have changed rapidly. In this context, the changes in Oman have negatively affected the behaviour of some people, especially those unable to adapt effectively to changing times. Many people shifted from isolation into an era of openness including foreign influences. The social ties and social control mechanisms of Omani families have reduced, particularly the effects of the family, customs and traditions.

The geographical situation of Oman offers a fertile environment for drug trafficking and drug dealing. The funds and manpower saved could be reallocated towards educational and deaddiction facilities. Oman's experience, however, is not unique and can be seen in the context of a worldwide trend in drug use which can be traced to antiquity, although it has been manifested in new ways and is increasingly destructive in the modem era, to tackle drug use and related problems prison was one of the methods taken by countries to control drug use.

Chapter two will discuss the forms of deprivations experienced by prisoners and the collateral impact of imprisonment.

2. CHAPTER TWO: PAIN OF IMPRISOMENT: PRISON DEPRIVATIONS

2.1. Overview

This chapter focuses on literature pertaining to the pains, hardships and privations associated with imprisonment. The purpose of this chapter is to identify and analyse the key themes within the literature. No two prisons are the same; they vary in terms of their location, culture, regime and population, amongst other things. These factors will indeed impact the prisoners' experience of imprisonment. By exploring previous publications on the history of imprisonment, it is possible to draw conclusions about the nature of prison life. These studies identified specific forms of pain, deprivation and hardship experienced by prisoners serving various types and lengths of sentences. The chapter will then explore the consequences of imprisonment.

2.2. Prison and Imprisonment

Imprisonment has long been the focus of a great deal of anthropological and sociological research. For example, *The Asylums* by Erving Goffman (1961), *The Society of Captives* by Gresham Sykes (1958) and *The Prison Community* by Donald Clemmer (1958) are some early and well-known examples of literature on the study of prisons. Crewe (2007) described prisons as just one in a range of what Goffman (1961) deemed 'total institutions' which share certain functions and characteristics and generate similar responses and adaptations. According to Goffman (1961), a total institution is defined as:

…a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life (Goffman, 1961: xiii).

To this end, Goffman grouped mental hospitals, army barracks, boarding schools, orphanages, and prisons as total institutions, in which can be found five distinct groups of people: (1) those who depend on others for care, but are harmless; (2) those who cannot care for themselves and pose a threat to others; (3) those who are considered to

be a threat and from whom the community must be protected, but whose welfare is not a concern; (4) those who have work-like tasks; and (5) those in training or pursuit of a religious vocation (Robin 2005).

From a sociological perspective, Clemmer (1958) introduced the concept of 'prisonisation', in which individuals imprisoned in penitentiaries or prisons adopt certain norms, customs, values and cultures. This concept places emphasis on how prisoners adapt during their imprisonment, as well as on the rise of different subcultures which differ greatly from that of the general culture. He stated that some inmates become 'prisonised' more rapidly or completely than others, a factor often dependent on the strength of their ties to the outside world. He assumed that prisonisation would have an effect upon the inmate's re-adjustment to the outside world after their release.

In his findings from *The Society of Captives*, Sykes (1958) indicated that imprisonment is to consider the prison as a society within a society; in other words, that prison is more than a matter of walls and bars, or cells and locks. He emphasised that the meaning, pains and hardships of imprisonment go beyond the physical structure of the prison and factors which directly affect prisoners. Sykes raised several crucial points; namely, that prisoners are subjected to certain fundamental deprivations, including the deprivation of liberty, the deprivation of goods and services, the deprivation of heterosexual relationships, the deprivation of autonomy and the deprivation of security.

2.2.1 Deprivation of Liberty

According to Sykes (1958), prisoners are subject to loss of liberty and, as a consequence, loss of personal identity (i.e. being forced to wear a uniform, sport shaved heads and be referred to by a number in place of their names), separation from their family and friends, rejection from the general community and, potentially, loss of citizenship. In some circumstances, visitation and other methods of communication with the outside world such as mail can reduce feelings of isolation and anxiety resulting from the loss of liberty. Sykes stated that prisoners began to adapt to the pain of imprisonment and prison hardships when they started to form psychological defence mechanisms against known stressors.

2.2.2. Deprivation of Goods and Services

Sykes (1958:69) emphasised the psychological importance of material belongings, especially in modern Western culture: “to be stripped of them is to be attacked at the deepest layers of personality.” Here, the lack of personal belongings, possessions or choice in terms of their standards of living is deemed a form of deprivation for inmates, despite most of their basic needs being met, such as the provision of food, shelter, clothes and other permitted facilities.

2.2.3. Deprivation of Heterosexual Relationships

Sexual desire is a basic psychological need for human beings, with deprivation of this outlet causing frustration and potentially resulting in psychological problems. Sykes (1958) argued that men were more prone to anxiety, depression and other psychological issues due to the deprivation of heterosexual relationships compared to that experienced from physical hardships. Sykes (2007:422) indicated that “there are few prisoners who can escape the fact that an essential component of a man’s self-conception - his status of male - is called into question”.

2.2.4. Deprivation of Autonomy

According to Sykes (1958: 73), prisoners are subject to “a vast body of rules and commands which are designed to control [their] behaviour in minute detail”. Autonomy allows for individual decision-making regarding basic mundane daily activities such as eating, sleeping, showering and interacting. However, prisoners must adhere to the strict guidelines and rules of structured prison life, which leads to a loss of self-determination and self-worth and possibly feelings of humiliation.

2.2.5. Deprivation of Security

In prison settings, inmates often face a lack of security due to the close proximity of other prisoners in the same environment, many of whom can be unpredictable and violent, therefore representing a significant risk to their physical safety. As described by Sykes: “while it is true that every prisoner does not live in the constant fear of being

robbed or beaten, the constant companionship of thieves, rapists, murderers… is far from reassuring" (Sykes 1958:77).

In addition to these deprivations, all of which would have negative effects upon prisoners, Walker (1983) suggested that imprisonment also contributes to: poor physical health; the development of mental disorders; emotional problems (i.e. from missing family members, friends or loved ones or feelings of disappointment that one's life is being wasted); learning from other prisoners about how to commit further crimes; grievances caused by rules and standing orders from prison staff; and finally, problems with marital and family relations. While both Walker and Sykes focus on the pains, deprivations and hardships of imprisonment, Sykes highlighted deprivations that would affect all prisoners to different degrees, whereas Walker focused on specific side-effects that might not necessarily be relevant to every prisoner. However, I found both works useful in contributing basic ideas about the deprivations, suffering and pains resulting from imprisonment. These ideas helped in the development of my research questions regarding whether Omani prisoners had suffered such deprivations and, if so, whether to a greater, similar or lesser extent.

According to Goffman's (1961) argument in *The Asylums*, prisoners can experience degradation and humiliation as well as mortification of the self. He described the early stage of entering prison as the process in which the prisoner begins "a series of abasements, degradations, humiliations, and profanations of self" (Goffman 1961:24). He argued that, upon internment, the prisoner experiences various painful feelings and suffers personal defacement because she/he is stripped of their usual appearance, feelings which would continue throughout their time in prison. In addition, the initial entrance into the prison system exposes prisoners to traumatic experiences similar to those encountered in other total institutions.

Crawley and Sparks (2006) described the feelings of initial disorientation upon first entering a prison as 'entry shock' and deemed it to be the most stressful phase of imprisonment. They argued that the realities and atmosphere of a prison environment—such as the lack of privacy, claustrophobic conditions, high noise levels, constant presence of uniformed staff and the threat of violence between prisoners—are particularly challenging for first-timers, many of whom tend to experience entry shock more stronger than others. However, Sykes (1958) claimed that, amongst the painful

conditions of entry shock experienced by prisoners, none was more immediately apparent than the loss of liberty. In later stages, the prisoner tends to develop survival strategies and 'moves on' until finally he/she becomes acquainted with prison life. However, many prisoners find it difficult to deal with long stretches of time and boredom, particularly those sentenced to serve more than 10 years.

Previously, Clemmer (1940) indicated that prisoners undergo great humiliation from the correctional staff which many considered part of the punishment. He claimed that prisoners often develop disparate social identities reflective of their existence in prison, reinforced by the deprivation of their personal identity and autonomy. Corresponding to Sykes' description of the deprivation of liberty, Goffman highlighted prisoners' loss of identity. He referred to the process of developing a new identity in closed institutions as the 'stripping and notification' process often applied in organisations with a large number of dependent individuals. He also argued that restricting prisoners' autonomy and setting implied and enforced boundaries resulted in the prisoners adopting new behaviours and identities.

Clemmer (1940), Sykes (1958) and Goffman (1961) shared certain points of view regarding the various factors underpinning adjustment within prison institutions. They described how prison culture shapes and influences the behaviours of prisoners. According to Sykes (1958), each individual respond to imprisonment differently and therefore experiences and expresses the pains and hardships of imprisonment differently. Clemmer (1940) argued that imprisonment is harsh, and prisoners need to form a united defence in order to overcome it. In many cases, prisoners create and adhere to a code that symbolises social solidarity. Sykes and Messinger (1960:8) summarised this 'inmate code' as follows: (1) never rat on a con; (2) play it cool and do your own time; (3) don't exploit or steal from other prisoners; (4) don't show weakness – be tough, be a man; and (5) be sharp – don't ever side with prison officers and the authorities. It is in such displays of autonomy, tolerated by prison authorities, that prisoners develop ways of surviving and tolerating imprisonment.

Clemmer (1940) also claimed that prisoners feel obligated to adopt an inferior role as a result of how they are treated by correctional staff. He indicated that this indistinct, low-level role is reinforced by the defacing of their personal identity. In Sykes' description of prisoners in the 'deprivation of liberty', Goffman highlighted that a

prisoner's prior identity tends to break down in order to fit the environment of a total institution. In prison, standard practices include the shaving of hair, the replacement of names with prison numbers, the use of standard-issue uniforms and the removal of personal possessions; this is what Goffman (1961) described as the 'stripping and notification' process. He elaborated that this type of process was a mandatory and important feature of any total institution responsible for managing large numbers of individuals. However, he also argued that these processes restrict prisoners' autonomy and forces modification and adjustment of their behaviours and identities in order to fit within the expected culture of the prison. Clemmer (1940), Sykes (1958) and Goffman (1961) collectively agreed that the resources for adjustment come from within the institution itself. These academics advocated for prisoners and argued against the stripping of their pre-prison social identities.

Irwin and Cressey (1962) argued that the prisoner is "not wholly overwhelmed or over-written by the new world they enter" (Crewe 2007:128). Instead, prisoners suffer pains and hardships resulting from the "attitudes, cultures, networks and ideologies formed outside the institution, prior to imprisonment" (Crewe 2009:150). In other words, the prisoners' new identities and their behaviours in prison are adapted in ways that help them survive the pain of imprisonment. According to Sykes (1958), the pain and hardships of imprisonment are the primary influence on an individual's response to imprisonment.

2.3. Collateral Effects of Imprisonment

With regards to the collateral damage of imprisonment, many studies have concluded that the pain of imprisonment is more severe and deleterious when prisoners are released from custody compared to that experienced when they first enter prison (Clear 2009; Vieraitis et al. 2007). Sykes (1958) and Crewe (2007, 2009, 2012) presented a series of reports concerning prison deprivations that contribute to the psychological harm of prisoners and generally indicated that these institutions were dangerous and damaging. The effects of imprisonment have also been explored by official sources in England and Wales, including a report by the Advisory Council on the Treatment of Offenders on Preventive Detention (Home Office, 1963). Another

example is the 1991 White Paper on Custody, Care and Justice by the British Home Office:

[Prison] breaks up families. It is hard for …[prisoners] to retain or subsequently to secure law-abiding jobs. Imprisonment can lessen people's sense of responsibility for their actions and reduce their self-respect, both of which are fundamental to law-abiding citizenship. Some, often the younger and less experienced, acquire in prisons a wider knowledge of criminal activity. Imprisonment is costly for the individual, for the prisoner's family, and for the community (Home Office 1991: para 1.16).

Liebling and Maruna (2005:1) reflected on Florence Nightingale's (1859) famous argument that the ethical principle of "first do no harm" observed in hospitals should be similarly applied in prison settings. They strongly argued that there is no rationale to a system of rehabilitation that makes "its subjects more likely to offend upon release than they were prior to admittance" (Liebling and Maruna, 2005:1). In contrast, Johnson (2002:61), after exploring the life of male prisoners in the USA, stated:

…it is, in my view, misleading to say that we as a society seek to harm or damage offenders when we punish them. Pain and suffering need not produce damage and, indeed, can be a source of moral education... Moreover, the general thrust of modern prison practice is to minimize pain and suffering and in my view, to avoid inflicting damage on offenders. Pain has become, in other words, a necessary evil we aim to minimize, not a policy of choice (Johnson 2002:61).

Irwin and Owen (2005) indicated that the main purpose of imprisonment is correctional and rehabilitation-oriented and should not include harming prisoners. Irwin and Owen point out that considerable harm is inflicted upon prisoners, both during imprisonment and upon their release. Based on their findings from prisons in California, they stated: "continuing beyond the prison term, these ongoing harms create significant obstacles to successful community reintegration, extending the harm of imprisonment and, for most prisoners, diminishing life chances" (Irwin and Owen 2005:94). These researchers highlighted the difference between the 'pains' inherent within imprisonment and the collateral damage resulting as a consequence of imprisonment.

In England and Wales, the rationale of imprisonment is "to provide an element of punishment, which involves the deprivation of liberty and all the consequences that has

for the prisoner" (House of Commons Justice Committee 2009); in addition, it also aims to rehabilitate the individual, so that they "return to society as better individuals". Unfortunately, various common types of rehabilitation programmes and initiatives have received much criticism over the years. Irwin and Owen (2005:104) mentioned that "[b]eyond not being educationally or vocationally prepared for life on the outside, prisoners are ill-prepared to achieve the goal of rehabilitation because the prison experience incites their anger, resentment and sense of injustice towards the conventional society". In his earlier study, *The Felon*, Irwin (1970:51) argued that:

> *Adult criminals have felt some sense of injustice for various reasons for many years. This feeling stemmed, first, from the perception of the inequality in the social circumstances in which they were born, grew up, and competed as adults. Second, they perceived inequality and unfairness because [of the] corruption and class bias in the way they were handled by law enforcement agencies and the courts* (Irwin 1970:51).

2.4. Conclusion

A review of the existing literature regarding the nature, purpose, pains and collateral effects of imprisonment highlighted the extent of both physical and psychological hardships on prisoners. These previous works are relevant to the experiences of prisoners and provide important perspectives in terms of the deprivation of liberty, goods and services, heterosexual relationships, security and autonomy. Many scholars believe that the impact of imprisonment is more severe upon release from prison compared to entry (Clear 2009; Vieraitis et al. 2007). These arguments serve as a useful foundation for defining the prison experience in Oman, a topic which will be further explored when examining the impact caused by the use of imprisonment as a method for managing drug abuse in Oman.

3 CHAPTER THREE: LITERATURE REVIEW

3.1. Overview

In this chapter, I report findings from an in-depth review of the existing literature regarding topics of interest and relevance to my research questions. I will describe how I searched for, selected and analysed relevant papers.

Articles were identified for inclusion in the review from a systematic search of various electronic databases, including the Omani Ministry of Health (MOH) e.library (MOH, Muscat, Oman), Cumulative Index to Nursing and Allied Health Literature® (CINAHL) (EBSCO Information Services, Ipswich, Massachusetts, US), Applied Social Sciences Index and Abstracts (ASSIA) (ProQuest LLC, Ann Arbor, Michigan, US), MEDLINE® (National Library of Medicine, Bethesda, Maryland, US), PsycINFO (American Psychological Association Publishing, Washington D.C., US), ProQuest (ProQuest LLC, Ann Arbor, Michigan, US) and the Queen Margaret University (QMU) library database (QMU, Edinburgh, Scotland).

Subsequently, the 2008 version of the Critical Appraisal Skill Programme (CASP 2008) was employed to review, and critique identified studies. According to Rees (2003), a critiquing framework has several purposes, including to help researchers improve their knowledge about a studied topic. Moreover, the CASP gives insight and allows researchers to better understand what is known and what remains unknown about a given topic when selecting an appropriate research methodology (Polit and Beck 2014).

3.2. Search Strategy

The primary literature search was limited to material published in either English or Arabic between 2000 and 2020. The inclusion and exclusion criteria were determined based on the relevance of the identified articles to the research questions and the location of publication. The search involved different research designs, including mixed-method, quantitative, qualitative and cross-sectional studies and systematic reviews. In terms of geographic origin, the literature sought was international and included countries such as the United Kingdom (UK), United States

of America (USA), Australia and Canada, as well as countries in Asia and the Middle East with similar cultures to that of Oman.

A manual search was also carried out for relevant information using hard copies of social health science and research books and various peer-reviewed journals borrowed from the holding libraries of QMU, MOH, Sultan Qaboos University and Nizwa University, as well as reports from the National Committee for Narcotics and Psychotropic Substances (NCNPS) and the Royal Oman Police (ROP). In addition, internet searches were performed using various websites such as Wiley-Blackwell (John Wiley & Sons Inc., Hoboken, New Jersey, US), Elsevier (Amsterdam, Netherlands) and Google Scholar (Google LLC, Mountain View, California, US), along with online textbooks, journals and reports.

The keywords used during the search included: "substance" AND "abuse" OR "drug abuse", "drug use", "relapse" AND "recovery", "prison" AND "lifestyle" and "prison life". The database search incorporated both national and international studies which had been conducted scientifically and involving all aspects of drug abuse. However, there was a paucity of literature at the national level, with less than 10 studies found, most of which discussed the Gulf region as a whole rather than focusing specifically on Oman.

The initial outcomes of the search resulted in a longlist of 2,540 records, out of which 403 articles were found to be relevant to the studied topic. The breakdown of the initial search was as follows: 1,050 records from CINAHL®, of which 56 were selected; 154 records from PsycINFO, of which 57 were selected; and 195 from MEDLINE®, of which 20 were selected. Articles were selected for inclusion in the literature review after reading the abstracts and applying the inclusion criteria. Articles for which the full text was not available, those published before the year 2000 and those not relevant to the chosen topic were excluded. However, a few local studies published before 2000 were included due to the scarcity of available studies. In order to ensure that the headings and subheadings chosen for the literature review were relevant to the research questions, it was very important to include theories related to prison and imprisonment. As such, this chapter was divided into two sections as follows:

Prevalence and Nature of Illegal Drugs in Oman

- Prison as a Measure to Control Illegal Drug Users in Oman
- Drug Courts
- Addiction, Recovery and Relapse

Users of Illegal Drugs Life Experiences in Prison

- Health in Prison
- Mental Health in Prison
- Availability of Drugs in Prison
- Drug Treatment in Prison

Post-Prison Experiences of Users of Illegal Drugs

- Family Support
- Stigma
- Drug Overdose and Death After Release
- Recidivism

3.3. Prevalence and Types of Illegal Drugs used in Oman

Illegal drug use in Oman has not yet been adequately addressed in the literature, despite growing public concern regarding the rising rate of drug abuse, particularly among young Omanis (Al Adawi and Al Harthy 2002). A cross-sectional descriptive study was conducted at Al Masarrah Hospital, a tertiary referral teaching psychiatric hospital, over a one-year period from June 2013 to June 2014 (Al Adawi 2014). The findings indicated that the average onset of drug abuse occurred between the age of 15 and 19 years old; moreover, common motives underpinning drug addiction included peer pressure/influence, problem relief and curiosity. Out of 263 participants, 82.3% reported using different substances (i.e. polydrug use), most commonly opioids (77.5%), followed by cannabis (70.6%), alcohol (63.1%), heroin (58.0%), pharmaceutical drugs (2.8%) and glue (2.8%), in addition to other substances like hashish, cocaine, inhalants and benzodiazepines. All of the participants of this study represented native Omani drug users.

The questionnaire used in this study assessed both physical and psychological health issues related to drug use (Al Adawi 2014). It was found that infectious diseases were common comorbidities, with 40% reportedly infected with the hepatitis C virus (HCV), 4.1% with the human immunodeficiency virus (HIV), 3.1% with the hepatitis B virus

(HBV) and 0.1% with tuberculosis (TB). In terms of psychological well-being, 34.8% reported depression and 17.7% had attempted suicide. High rates of infectious diseases were attributed to intravenous drug use, a practice which was significantly more common amongst younger subjects (73.9% vs. 61.1%; *P* value = 0.02). In addition, a higher proportion of younger participants reported using polydrug substances compared to older individuals (92.1% vs. 74.9%). Al Adawi (2014) suggested that there was an urgent need for treatment and rehabilitation efforts in Oman to specifically target younger groups, as such individuals are more vulnerable to trauma and addiction compared to their older counterparts. However, a limitation of this study was that the results could not be generalised to the total registered number of illegal drug users due to the limited sample size.

According to the NCNPS (2015), the total number of registered cases of illegal drug users in Oman from 2004 to 2015 was 5,345, of whom 99% were male. These illegal drug users ranged in age from 12 to 73 years (average age: 31.5 years); however, 12–44-year-olds formed 90% of the total drug-addicted population, almost half of which were aged 15–35 years old. Indeed, it is likely that many individuals may have started using illegal drugs at even younger ages, given that the available figures pertained only to registered cases (NCNPS 2015).

Previously, Jaffer et al. (2006) conducted a survey focusing on risk behaviours among senior schoolboys and girls in Oman. They reported that 4.6% had consumed tobacco products and 4.3% had ingested ethanol, while 4.6% admitted to having indulged in illicit drugs. The researchers concluded that there was an increased rate of drug addiction in schools and among college-aged girls. Al Adawi (2014) suggested that illegal drug users were likely to continue such activities as a result of being culturally devalued.

It is likely that the actual number of illegal drug users in Arab Muslim populations such as Oman is highly under-reported. According to the Narconon International Report (2016), 1,826 people in 2008 were officially registered with the government as drug users. In addition, 19 people died due to drug abuse in 2009, with the number of crimes relating to drug use also escalating, with a rapid increase from 78 to 688 cases. While the reliability of such figures remains to be established, the actual incidence of such

activities is likely higher as drug abuse is usually kept hidden or secret as much as possible (Oman News Agency 2014).

Al Ghaidani (2014) conducted a survey to assess illegal drug use among male inpatients at a hospital in Muscat compared to male prisoners. A structured interview was used to collect data for this survey, including the type of illegal drug used, age of onset of illegal drug use, recent history of drug use, employment status and level of education (Al Ghaidani 2014). A total of 160 male participants between the ages of 18–35 years were recruited. The results of the survey indicated a similar age of onset of illegal drug use in both settings. The majority reported polysubstance use (42%), followed by heroin (35%), hashish (21.1%) and glue (2.8%). Most of the participants in both settings used injectable heroin along with other substances, with easy access to illicit drugs contributing to an increase in heroin use. These findings were supported by those from a survey by Al Wahaby et al. (2016). This survey revealed that 99% of 293 participants were male and had started using illegal drugs at the age of 15–19 years. All of the participants admitted that the first illegal substance they had consumed was cannabis, before transitioning to polydrug use, with many also using intravenous drugs (Al Wahaby et al. 2016).

The magnitude of illicit drug use in Oman has been implied in various other GCC-focused studies (Abou-Saleh et al. 2001; Al-Kandari et al. 2007; AlMarri and Oei 2009; Abou-Saleh 2006). Degenhardt et al. (2014) stated that intravenous drug use has been reported in 148 countries, including those in the GCC region. Al Adawi (2014) examined 180 publications focusing on GCC countries in order to explore substance abuse in this region. According to the findings, addiction had a different meaning in each GCC country; however, all were moving towards a medical approach of management, rather than a judicial one. Oman, for example, has designated dedicated medical settings for addicts seeking help. First-time offenders have the option of avoiding imprisonment if they seek treatment in the designated facilities; however, repeat offenders face imprisonment.

Al Adawi (2014) indicated that most GCC countries appeared to share similar results in terms of culture, perceptions of drug use and addiction, prevalence of substances used and the characteristics of addicts (Al Adawi 2014). A survey by Abou-Saleh et al. (2001) conducted in the United Arab Emirates concluded that there was a

growing increase in drug abuse, even though the exact number of illegal drug users was probably under-represented and under-reported. These findings are supported by a survey conducted by Jeffar et.al. (2006) in Oman and a report by the ROP (2016) indicating that many users of illegal drugs in prison are not registered or reported to healthcare institutions.

A significant finding of Al Adawi (2014) was that certain illegal substances were more commonly available in specific regions; for instance, *qat* (*Catha edulis*) is widely used in the regions near Jazan in Saudi Arabia and Salalah in Oman due to their proximity to the geographic border with Yemen, where this substance is legal (Zaidan et al. Sheikh et al. 2014; Alsonusy 2014). Nevertheless, the use of more complex drugs such as heroin and cocaine has been reported in all GCC countries. However, most of these studies are limited by the fact that they were conducted in the 1990s and early 2000s. Since then, many relevant aspects in GCC countries have changed dramatically in terms of culture, lifestyle and access to drugs(Alam-Mehrjedi et al. 2016).More recent studies are therefore required for a better understanding of the current situation.

3.3.1. Prison as a Measure to Control Users of Illegal Drug in Oman

In Oman, drug laws were significantly tightened in 2015, with the severity of punishment for drug-related offences sharply increased as a deterrent to illegal drug practices in the country. However, according to reports from the ROP, such measures have not yet had the desired impact. Instead, the Central Prison in Oman has witnessed an increase in the number of illegal drug users, regardless of age, gender, or whether they have undergone any kind of treatment and rehabilitation. According to the NCNPS (2015), the majority of offenders incarcerated in the Central Prison were sentenced for using illegal drugs and subsequently relapsed within a very short time of their imprisonment (ROP 2017).

Nevertheless, these laws do take due cognisance of the type of drug possessed; as such, not all cases are treated in the same fashion. More dangerous drugs such as heroin and crack cocaine are met with more severe punishments, unlike milder drugs like marijuana. However, while shorter prison sentences are generally awarded to

consumers of less harmful drugs, the problem remains that all prisoners are ultimately sent to the same institution. As such, socialisation within the prison environment often results in the exchange of drug-related information between prisoners (ROP 2017; NCNPS 2017). Thus, as a result of their imprisonment, ex-prisoners generally have increased knowledge concerning the entire local drug subculture, in addition to the potential locations and contacts of drug sources.

Accordingly, incarceration, instead of reforming the prisoner and treating his/her addiction, continues enabling drug use behaviours (Al Ghaidani 2014). Moreover, Al Ghaidani argued that delving deeper into the world of illegal drugs might also be facilitated by the fact that a newly freed Omani drug user from prison is likely to be shunned by his/her family and community and may also find it much more difficult to find a legitimate source of income to sustain themselves. It is not surprising that such a person might inadvertently slip deeper into illegal activities such as drug trafficking. This brings up the question: should imprisonment (however short in length) be awarded to users of less dangerous classes of drugs?

3.3.2. Drug Courts

In Western countries, there has been a shift to channelling drug use offenders out of the criminal system and into community-based correctional endeavours (McPherson and Sauder 2013). Many public concerns have been raised over the last decade regarding the ineffective nature and high economic cost of incarceration (Farrell et al. 2014). According to King and Pasquarella (2016), measures have been taken to expand the emphasis on rehabilitation as an alternative to incarceration. In 1989, drug courts were established to advocate for and manage users of lighter, less dangerous drugs or those accused of less severe drug-related crimes. Many countries have developed and established drug courts as an innovative measure to support users of illegal drugs.

In the USA, there are more than 1,600 drug courts nationwide which, in collaboration with treatment and rehabilitation centres, shape therapeutic practice concurrent to the goal of criminal correction. Drug courts involve therapeutic programmes whereby offenders can retain their individual lives and remain with their families. Multiple studies of drug courts have indicated their positive effect on communities and society in general, as demonstrated by large reductions in recidivism

(Tiger 2013 and Sevigny et al. 2013). Treatment plans are mandatory and are implemented via a referral system from the drug courts; however, failing can result in jeopardising the treatment plan and facing a longer sentence (Tiger 2011).

The drug court model is based on evidence-based practice, while their effective functioning is based on certain key components (Carey et al. 2012; Jones and Kemp 2014). These key components include early detection of the problem, scheduling an appointment with the drug courts and implementing a continuity of service approach, drug testing and abstinence follow-up measures, coordinated compliance strategies and a continuum of judicial interaction, needs assessment and the ongoing evaluation of effectiveness and programme goals, alongside other interdisciplinary services such as education for planning, implementation and operations, and forging partnerships (Arrigo and Williams, 2014).

There is considerable evidence supporting the effectiveness of drug courts in promoting recovery from drug use, improving social interactions in terms of relationships with family, increasing the opportunity for steady employment, enhancing overall general health (Evans et al. 2014; King and Pasquarella 2016) and reducing reoffences(Arrigo and Williams 2014; Holtfreter and Wattanaporn 2014; Wilson et al., 2018) consequently reducing the costs of incarceration and prison overcrowding (Kornhauser 2018; U.S. Government Accountability Office (GAO) 2005; Deschene et al. 2009) in addition to costs to the criminal justice system (GAO 2005).

Witkins and Hay (2019) conducted a qualitative study in the USA to investigate participants' perspectives regarding the effectiveness of drug courts and assessing the 10 key components of the drug court model. The aim of this study was to target five geographic areas with newly established drug courts. Face-to-face interviews were conducted with 15 participants (14 of whom had been actively involved in drug courts for between 3 months and 2½ years and one who had successfully graduated from the programme) and focused on the success of drug courts rather than their personal impact on the participants. Overall, the participants reported positive levels of satisfaction with the programme; moreover, their suggestions were compatible with the key components of drug courts. From the perspective of the participants, there was sufficient initiative and motivation to continue the programme in the targeted counties.

Mitchel et al. (2012) conducted a meta-analysis in the USA to evaluate the effectiveness of drug courts on recidivism. The analysis of this review included 154 evaluations, of which 92 were adult cases, 34 juvenile cases and 24 cases of driving while intoxicated. A GAO (2011) report highlighted that the relapse rate was lower for drug court participants compared to those who did not participate in such programmes (56% vs. 76%), based on self-reported drug use and urinalysis results. Shaffer (2011) conducted a meta-analysis of the results of 82 drug courts and also supported the idea that such measures reduced recidivism. However, there were several issues which prevented definitive conclusions. Belenko (2016) evaluated 37 reviews conducted in 2001 on the impact of drug courts on long-term drug use and criminal offenses; however, the researcher was unable to conclude that drug courts reduced recidivism due to the dearth of evaluations that examined post-programme drug use and other criminal behaviours.

A considerable number of scholars have argued that the law is unable to view addicts as victims (Seear and Frazer 2014, 2016; Kornhauser 2018). Indeed, the scientific explanation for addiction represents a dilemma for courts, with many failing to view addiction as pathological (Fulkerson et al, 2016). In many ways, the approach of criminal law to addiction has the potential to generate harm to individuals who use drugs (Mitchel et al 2012; Jones 2014; Seear 2017). Seear (2017) conducted a qualitative study in Australia to examine the point of view of lawyers during their daily legal practice for drug-addicted clients. A total of 23 interviews were conducted with lawyers (7 of whom were Australian and 16 Canadian), aiming to determine how quasi-expert decisions about addiction are made in legal practice. The findings indicated that a lawyer's decision to defend addiction covers multiple dimensions, including both the scientific implications of addiction as well as emotional and value-based judgements and the consideration of the legal system.

Seear (2017) concluded with several important implications. First, that lawyers can play a vital role in accessing government funding and support for clients who may rely on access to such resources. Also, that lawyers play an important part in disempowering or stigmatising clients with addiction. Lastly, that lawyers have a very significant quasi-medico-legal role in the decision of how to manage drug users, which can contribute to their being channelled into drug courts or mandatory treatment plans instead of criminal

sentencing. These findings were consistent with those reported in other studies advocating for drug courts as a type of therapeutic programme that works closely with the criminal justice system (Tiger 2013) and as effective lifestyle and support interventions to help drug users in the community (Kaye 2013; McKim 2014).

3.4. Addiction, Recovery and Relapse

3.4.1. Addiction

According to West and Brown (2013), the Diagnostic and Statistical Manual of Mental Disorders-V categorises addiction to drugs as harmful to the user (as discussed in Chapter One). Users of class A drugs, particularly crack cocaine and heroin are defined as individuals with entrenched, long-lasting addictions who are involved in problematic behaviours (Moyle and Coomber 2015). Research suggests that class A drug abusers face many difficulties, often struggle in sustaining long-term recovery and have a high risk of participating in offending behaviours (Moyle and Coomber 2015; Love 2018). Therefore, there is a link between relapse into drug use and a return to criminal behaviour.

3.4.2. Recovery

The term ‘recovery’ is well known in the field of addiction research and refers to abstinence from all drugs and drug-like substances (Senker and Green 2016). Recovery involves stability in functioning, such as maintaining basic life needs during the abstinence period and can be defined as a long-term endeavour (Senker and Green 2016). Worley (2017) argued that the term ‘recovery’ in reference to sobriety and abstinence from drugs could be replaced with the term ‘remission’. According to Worley (2017) both the terms ‘remission’ and ‘exacerbation’ are less stigmatising in comparison to terms like ‘recovery’ and ‘relapse’. Recovery is a concept used to describe overall improvements in quality of life during remission.

In a UK-based qualitative study, Senker and Green (2016) aimed to explore the definition of recovery from the perspective of substance-misusing offenders. A total of 35 participants with a history of crack cocaine and heroin use were recruited from both

community and prison settings and underwent semi-structured interviews. Several main themes were highlighted, predominantly that the participants perceived recovery to be fragile, unpredictable and transient and that many individuals interpreted recovery to involve reintegration into society and a return to feelings of normalcy. The researchers aimed to allow drug users to share their perceptions of the criminal justice system and their experiences of drug treatment in prison. This justifies the semi-structured interview-based data collection method chosen in this study, which helped the participants to disclose their personal experiences without the bias of preconceived ideas or hypotheses.

The findings of this study underlined the importance of incorporating recovery models that could be operated nationwide to ensure consistent access to recovery services (Senker and Green 2016). However, other definitions of recovery have suggested that this term is equivalent to a multidimensional unilateral concept (Kelly et al. 2014), resilience (Harper and Speed 2014) and a decision to change and motivation to sustain the change (Duke et al. 2013). Similarly, recovery involves multiple stakeholders beyond the individual addict, including practitioners and policy makers who may be better placed to support recovery efforts for substance-misusing offenders (Neale et al. 2015).

Polcini et al. (2010) conducted a mixed-method study to investigative ex-addicts who had entered sober living house (SLH) programmes in the USA. A total of 300 participants were recruited from two SLH programmes, one of which did not involve formal treatment (n = 245) and one which provided outpatient treatment (n = 55). This treatment was continued for 6 and 12 months to assess how individuals progressed within each SLH programme. The results of this study showed significant reductions in drug use over 1 to 6 months. Both groups showed improvement and maintenance of recovery, particularly with regards to their Addiction Severity Index (ASI) scores. This finding is supported by that of a later cross-sectional study conducted by Jason et al. (2014) involving 296 female participants who had recovered from drug use and were in recovery homes in the USA. The findings indicated significant improvement in the recovery process according to three factors of psychological empowerment: self-perception, resource knowledge and participation. However, Garner et al. (2014) indicated that the effectiveness of recovery support services is not necessarily

dependent on “peer-based” systems, in that recovery support service providers do not have to be in recovery themselves in order to provide efficacious support services. Garner suggested that more research in this area could boost expansion of the available recovery support workforce.

Stevens et al. (2015) conducted a qualitative study in the USA to explore social support networks (including sense of community, Alcoholics Anonymous [AA] affiliation and network-level characteristics) and their role in recovery and severe alcoholic and abstinence-specific self-efficacy (i.e. one’s perceived ability to control substance-using behaviours). A total of 33 participants were recruited via telephone from five recovery houses in different geographic areas, including the UK, Illinois and Oregon. Data were collected regarding use of various social support measures, abstinence from drug use, self-efficacy and involvement in 12-step support groups. The findings revealed a strong and effective relationship between social support and abstinence-specific self-efficacy. The size of social networks was able to predict factors such as AA affiliation and a reduction in perceived stress. In addition, there were some preliminary findings which indicated that recovery houses influence perceptions and feelings of social support. These findings were similar to previous research by McCutcheon et al. (2014) and Rodríguez and Smith (2014) regarding the role and importance of social networks in effective recovery.

Another qualitative study examined the transformation of identity in young men experiencing early recovery (Rodríguez and Smith 2014). This study took an interpretative phenomenological approach in which four young participants underwent semi-structured interviews. An in-depth analysis of the data suggested that the experience of recovery can provide a better understanding of self-change and early adulthood challenges. These findings support the work of Watson and Parke (2011) in investigating the process of recovery. Watson and Parke linked childhood difficulties and mother-daughter relationships and later drug use among female heroin addicts and identified several factors that affect self-change during childhood and subsequent adulthood, including bereavement, physical and psychological abuse and rejection (Neale et al. 2015).

Neale et al. (2015) conducted a qualitative study of 40 former heroin addicts (including 21 male and 19 female addicts) to explore how gender differences influence recovery. The results of this study revealed that although women were at increased risk of sexual and physical abuse, they had better recovery resources than men (including social, physical, human and cultural resources) because they had better family connections and other types of social relationships. There were not many gender differences with regards to other factors, although women were much better than men at managing their resources. These findings are consistent with the findings of Brown et al. (2015), with both studies highlighting a feminist interest in intersectionality in the understanding of recovery.

In conclusion, sustaining recovery takes considerable time and effort (Senker and Green 2016). Recovery is believed to represent a continuum of maintenance and discussions around recovery have linked readiness to face unprepared situations with support from social networks (Kelly et al. 2014). However, while recovery is defined as a period of remission and maintaining long-term sobriety, it can also be a trigger for relapse.

3.4.3. Relapse

Relapse is considered one of the main symptoms of drug dependency (White and ALI 2010; Gonzalez-Cuevas et al. 2018). It is dependent on the way each individual deals with high-risk situations, or episodes of peer pressure, both of which can trigger a return into uncontrolled substance use or full addiction. Illegal drug-using ex-prisoners have a high risk of relapse because they fail to cope with the challenges of life after release and use drugs as an escape from reality. According to Yu et al. (2012), relapse is strongly linked to recidivism in ex-prisoners.

A cross-sectional study conducted by Batool et al. (2017) aimed to assess drug abuse and reasons for relapse among subjects attending rehabilitative service centres in Lahore, Pakistan. This study was conducted over a six-month period from March to August 2016 and applied a non-probability purposive sampling approach to select 119 participants. Data were collected via both quantitative (structured questionnaire) and qualitative (in-depth personal interviews) methods. According to the findings, the main reason for relapse included peer pressure (50%) or associations with friends, with 32%

of respondents claiming that their friends had been involved in starting their addiction and 80% reporting that they obtained information about drugs through friends. In addition, the majority of respondents stated that family and society were factors which contributed to their relapse. Drug cravings were another major reason for relapse, with 30% of respondents admitting that uncontrolled cravings led them to cave to their addiction. However, 40% revealed that they had come willingly to the rehabilitation centres because they were "sick of being sick". Other factors were also mentioned in relation to relapse, such as not being aware of drug addiction and general stress. However, the researchers acknowledged that the study was limited by the lack of inclusion of female participants.

Binswanger et al. (2012) conducted a qualitative study to explore factors related to relapse and drug use experiences among prisoners deemed at high risk of overdose-related death. A total of 29 former prisoners (of which men constituted 69% and women 31% of the sample) underwent semi-structured interviews two months after their release. The findings suggested that various factors contributed to relapse, including poor social support, inadequate basic living resources, exposure to drugs in the community, comorbidities and situational stressors. However, the study was limited by the language barrier, as the interviews were carried out solely in English.

Rowell-Cunsolo et al. (2018) examined factors contributing to relapse among ex-offending African Americans in a cross-sectional study conducted between January 2014 and August 2015. They recruited 121 participants to investigate triggers associated with the return to drug use after release from prison. The findings indicated that 36 participants (29.8%) relapsed soon after their release, with some using illegal drugs the very next day while others relapsed two weeks later. Women were found to have a higher rate of relapse in comparison to men, as well as those who used heroin.

Similarly, Binswanger et al. (2012) argued that women were more likely to engage in high-risk activities closely linked with drug use, such as sex work (Strathdee et al. 2015). The findings of this study are supported by previous research indicating early relapse as a cause of overdose-related death (Binswanger et al. 2012; Fox et al. 2015). However, one of the limitations of this study was the small sample used, which the researchers indicated could have biased the findings. In addition, the data collection method may have been hindered by the under-reporting of drug relapse behaviours.

3.5. Users of Illegal Drugs' Experiences in Prison

3.5.1. Health in Prison

A range of factors have been identified which lead to poor health outcomes in prison. Taking the definition of the World Health Organization (WHO), health can be conceptualised at the micro and macro levels as:

> *The extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs and on the other hand, to change or cope with the environment. Health is therefore seen as a resource for everyday life, not the objective of living: it is a positive concept emphasizing social and personal resources as well as physical capabilities* (WHO 1984).

The WHO has focused on strategies to promote public health based on a 'settings approach' which supports the improvement of health in a specific environmental context (WHO 2014). From this perspective, 'prison health' is a contested concept that requires specific attention. Various epidemiological and sociological studies have indicated that prisoners are vulnerable to poor health and that the prison environment can be an incubator for communicable diseases like HIV, TB, sexually transmitted infections and hepatitis (WHO 2014). According to Pont et al. (2015), overcrowding and poor ventilation in prison settings contribute to the spread of various transmissible diseases that could pose a threat to the life and health of inmates.

In order to promote health in prison, many countries have implemented harm reduction programmes since the early 1990s in order to reduce, raise awareness of and prevent the spread of infectious diseases (Zurhold and Stover 2016). Zurhold and Stover (2016) conducted a survey from 2012 to 2013 to evaluate the services provided by harm protection and treatment programmes for drug users in prisons in 29 European countries. The survey was conducted via electronic semi-structured interviews and focused on various aims related to health promotion in prison, particularly the assessment of drug use and inmate health. Almost all of the countries surveyed provided prison-based harm reduction measures, including testing and treatment for HIV and TB as well as vaccination programmes for diseases such as TB, HBV and HCV (Bartlett at al. 2018). However, respondents provided different responses to certain questions, indicating that the level of healthcare knowledge in some cases was limited, although there were positive responses regarding the general availability of

core healthcare interventions in all prisons. More studies are needed to evaluate health issues in prison as well as those related specifically to drug users. The results of this survey can be generalised to other European countries.

Overton et al. (2019) conducted a retrospective cohort study of 13,000 full-time prisoners in 36 correctional centres located in New South Wales, Australia. Taking place over a one-year period from April 2016 to March 2017, the study aimed to evaluate a nurse-led model of care and to conduct clinical assessments and confirmatory testing following the widespread incidence of HCV. A total of 698 patients received treatment for HCV, of which 57% (n = 396/698) were subsequently cured. Previous studies have argued that there is a relationship between imprisonment and the rate of intravenous drug use, with at least 15,000 Australians infected with HCV every year spending time in prison (Butler and Simpson 2017). Dolan et al. (2016) estimated that out of 10.2 million people imprisoned worldwide, 1,546,500 (15.1%) are infected with HIV at any given time. Other researchers have similarly stressed the need for antiviral treatment to be provided to prisoners (Aspinall et al. 2016; Morey et al. 2019).

Zamani et al. (2010) surveyed 203 male prisoners in two prison blocks in Iran immediately prior to the introduction of methadone maintenance treatment. The findings of the semi-structured interviews indicated that 51% had used non-injecting illicit drugs, 42% had used injecting illicit drugs and approximately 6% (12/203) were still using injecting drugs, even while imprisoned. The vast majority (96%) reported long-standing health problems or disabilities and were currently being treated for drug addiction and other physical illnesses during their time in prison. Some had undergone HIV infection tests. The main health complaints reported included anxiety, insomnia and depression, respiratory complaints and musculoskeletal complaints. Moreover, many of the inmates were affected by deteriorating physical health and safety (73%), mental health issues (57%), drug addiction (54%), sexual relationships (22%) and self-harm or suicide (39%) (Zamani et al. 2010).

Various reports in the existing literature have addressed the growing decline in prison health, including both physical and psychological components of health (EMCDDA 2012; UNODC 2012; WHO 2014). The findings of these studies indicate that prisoners are especially vulnerable to mental health issues and physical problems due to unhealthy or risky lifestyle choices, particularly alcohol and illegal drug use and unsafe sexual practices, and that such individuals are more prone to communicable

diseases than the general population (Aebi and Delgrande 2014). Studies which have compared drug users in the community with those in prison settings found that drug-using prisoners have a greater risk of communicable diseases such as HIV, HCV and TB, along with mental illnesses (EMCDDA 2012).

Several studies from Iran and the UK have argued that early interventions for drug users in prison, such as vaccination programmes for hepatitis A and B, are an effective measure to prevent infectious outbreaks and could cover large numbers of prisoners in a relatively short period of time (Asli et al. 2011). Although some studies have shown the rate of testing for HCV and HIV to be rather low (Saber-Tehrani et al. 2012), others have found that providing antiviral treatment for HIV and HCV in prison is both feasible and effective (Spaulding et al. 2017; Dolan et al. 2016). The aim of drug interventions in prison is to reduce the incidence of drug use, both during incarceration and post-release, thereby preventing reoffences and reducing and controlling viral infections related to risky behaviours (Saber-Tehrani et al. 2012).

3.5.2. Mental Health in Prison

There is substantial evidence confirming the link between mental health problems and imprisonment (Wilson and Wood 2014; Ward and Merlo 2016). Prisoners are more prone to various forms of mental illness, including depression, psychosis, substance abuse and post-traumatic stress disorders (PTSD), as well as certain personality disorders. Moreover, the suicide rate is five times higher among prisoners suffering from mental illnesses compared to others (Fazel et al. 2011). According to Fazel et al. (2016), some prisoners even demonstrate symptoms of psychosis at the point of entry into the prison system, such as loss of touch with reality, hallucinations and delusions. The researchers also found that mental illnesses are more likely to be exhibited by prisoners than the general population (Fazel et al. 2016).

In particular, major depression is a common mental health issue amongst prisoners and is characterised by feelings of sadness, isolation, loss of motivation and other low mood symptoms (Richards and O'Hara 2014). Richards and O'Hara (2014) stated that 2–7% of people who suffer from depression attempt suicide. Since imprisonment is linked with increased pain, suffering and hardship, there is a high risk of developing depression in a prison environment (Arboleda-Flórez 2009; Fazel et al. 2016; Al-Rousan et al. 2017). Furthermore, PTSD is another major concern among prisoners as

a result of their incarceration. Research conducted to compare male and female prisoners who exhibited symptoms of PTSD found that 34% of females were diagnosed with PTSD compared to 17% of males (Al-Rousan et al. 2017). Other mental health disorders are also common in prison, such as generalised anxiety and panic disorders and various types of personality disorders. Arboleda-Flórez (2009) indicated that 14,813 of 22,790 prisoners (65%) exhibited features of a personality disorder. However, a recent study by Al-Rousan et al. (2017) indicated this rate to be much lower (11.2%).

Overall, there is substantial evidence to show that mental illness features heavily among prisoners. Mental illness symptoms were found to be significant in almost all studies identified from the literature (Fazel and Seeward 2012; Wilson and Wood, 2014; Fazel at al. 2016). Moreover, many studies acknowledged the impact of imprisonment on the mental health well-being of prisoners, both during incarceration and post-release. In many cases, the severity of the symptoms and prognosis of these mental illnesses depends on the individual's capacity to cope with the realities of the prison environment and life after release. Scholars have suggested that imprisonment is associated with negative emotional reactions that meet the criteria for anxiety symptoms, with repeated imprisonment leading to further and more detrimental reactions (Schnittker et al. 2012).

3.5.3. Availability of Drugs in Prisons

Various studies have shown that it is near impossible to completely eradicate the presence of drugs within prisons. Even though prisons are highly secure organisations and employ a variety of strategies to prevent drugs from entering the premises, it appears that drugs remain easily accessible to prisoners. Indeed, drugs can enter prisons in a variety of ways, including being smuggled in by corrupt staff, visitors or newly arriving prisoners, via mail or, quite commonly, thrown over the wall from outside.

Mundt et al. (2018) conducted a systematic review of the prevalence of nicotine, alcohol, illicit drugs and injecting drugs in prison settings in low- and middle-income countries (LMICs). The review covered 94 samples involving 89,667 prisoners in 83 studies published between 1987 and 2017. These studies were conducted in a total of 32 LMICs, including countries in Africa, the Americas, Eastern Mediterranean, Europe,

South East Asia and the Western Pacific. Prevalence estimates of illicit drug use during imprisonment ranging from 0–78% were identified in 26 samples from 14 LMICs. With regards to cannabis use, prevalence estimates ranged from 1–55% in 30 samples from 16 LMICs, while the estimated prevalence of cocaine use was 0–29% in 20 samples from eight LMICs.

Overall, the findings of this review indicated that approximately one in four prisoners used illicit drugs during their imprisonment. The researchers strongly recommended that drug treatment programmes such as opioid substitution measures be provided in prison, a service which was not available in most of the studied LMICs (Mundt et al. 2018). This review was the first conducted in LMICs worldwide and may have a bearing on Omani prisons, given that some of the LMICs included in the analysis are similar to Oman, particularly with regards to the availability, marketing and easy accessibility of drugs.

Prim et al. (2015) conducted a thematic review of evidence from 61 prisons between April 2014 and August 2015. A mixed method of data collection was used, including 10,702 survey responses from individual prisoners, detailed field work conducted in eight prisons and qualitative interviews conducted between June and November 2014. In an additional survey of eight prisons (N = 1,376), more than a quarter of the respondents claimed to have used illicit drugs while imprisoned (26%). In addition, there was a link between the age of the prisoners and the use of illicit substances, with such substances more commonly used among those aged 30–39 years old (31%) compared to those aged 50 years and over (14%). Moreover, in comparison to men, women were less likely to use illicit drugs in prison (19% vs. 26%). This report also highlighted frequent use of new psychoactive substances (NPS) and emphasised the need for urgent intervention due to the dangerous impact of such substances on prisoners, often resulting in psychological and physiological conditions and even death (Prim et al. 2015).

Ralph et al. (2017) also researched the use of NPS in an adult male English prison, specifically synthetic cannabinoids. The study was conducted over a six-month period between May and October 2015 and employed a mixed-method strategy including in-depth interviews and focus group observations. However, the main data were generated

using a traditional ethnographic method. In addition to analysing existing quantitative data provided by the prison regarding the number of recorded drug seizures, a total of 40 in-person interviews were scheduled with 19 prison staff (15 of whom were male and four female) and seven prisoners, alongside four focus group sessions with three to six participants each. The prisoners varied in age from the mid-20s to mid-50s, with the majority (n = 25) being Caucasian. The findings indicated that synthetic cannabinoids entered the prison in various ways, including being smuggled in by prison visitors, prison staff, over the prison wall, in the post and via drones. In addition, synthetic cannabinoids in liquid form were sprayed onto books, letters, and children's drawings (Ralph et al. 2017).

Ralph et al. (2017) reported that the prisoners had substantially higher rates of consumption of synthetic cannabinoids compared to the general population, suggesting easier access to these substances in prison. Therefore, the researchers recommended that synthetic cannabinoids be included in prison-based drug treatment initiatives, as such substances appeared to affect recovery and greatly impacted the physical and mental health of the prisoners. In addition, the researchers suggested that random mandatory drug tests be incorporated both in prisons and in the management of former offenders (Ralph et al. 2017).

Other studies have shared similar findings regarding the availability of drugs in prison; however, Kolind and Duke (2016) argued that the findings of such studies hold limited validity and reliability. Kolind and Duke rationalised their argument by indicating that disclosing drug availability in prison could be very sensitive and therefore prisoners might be reluctant to report such activities. Moreover, in terms of the methodological aspects of such research, ethical issues could arise to compromise the prisoners' confidentiality and anonymity. In contrast, Codd et al. (2016) employed a system in their analysis whereby they categorised drug use patterns in prison in order to maintain confidentiality and anonymity.

Rowel et al. (2012) conducted a survey to examine drug use among black male prisoners to better understand predictors of drug use in prison among this population. A total of 134 participants between 23–74 years old were recruited. Of these, half (n = 67) had a history of previous incarceration and all had a history of drug use. Overall,

20–25% of the participants reported currently using illegal drugs while being in prison. Common types of drugs used in prison included cannabis (77%), cocaine (38%) and heroin (16%). Drug preference was found to predict drug use while imprisoned, particularly cannabis (52%), cocaine (24%) and heroin (24%). Moreover, length of imprisonment was also a predictor of drug use while imprisoned, although this survey used a single method of data collection, these findings are consistent with those of previous research indicating that drug use during incarceration is linked with greater amount of time spent in prison. In contrast, polydrug and cannabis users are less likely to use illegal drugs in prison because of the lack of accessibility to these drugs (Kolind and Duke 2016; Mjåland 2016). While some qualitative research has been conducted to explore the meaning of and motives behind drug use in prison settings, such research is less prominent (Michel et al. 2015; Neale et al. 2015; Kolind and Duke 2016; Mjåland 2016). Others have argued that drug use in prison hinders the goals of rehabilitation (Baltieri 2014) and increases the likelihood of reincarceration (Cochran et al. 2013).

3.5.4. Drug Treatment in Prison

Both the WHO (2007) and the (UNODC 2012) have recognised the importance and repeatedly emphasised the implementation of evidence-based health interventions in prisons due to the increased number of drug users. Such organisations urge, from a human rights perspective, that drug treatment and harm reduction services be made available to all prisoners in need. In this context, drug treatment in prison focuses on three main goals: (1) the reduction of drug use; (2) the prevention of recidivism; and (3) the reduction in communicable diseases (WHO 2014).

Many researchers have urged for drug treatment in prison, underlining the effectiveness of drug treatment plans in reducing criminal behaviour and rates of re-imprisonment (Yitayih et al. 2018; Mundt et al. 2017; Fazel et al. 2016; Ruwell et al. 2012). According to Eisen (2017), 80% of prisoners in the USA abused drugs, 60% were arrested for drug addiction or drug-related crimes and 50% suffered from physical withdrawal symptoms; however, only 10% received drug treatment while in prison. Moreover, recidivism occurred within three years of prison release in 25% of prisoners across 15 states who did not receive addiction treatment in prison.

According to Zurhold and Stover (2016), many European countries have implemented different types of specialised drug treatment services in prison. As mentioned earlier, the researchers conducted a survey of drug treatment programmes and harm reduction services in prisons across Europe (Stover and Zurhold 2014). The research included a collection of the current best practice programmes implemented by the criminal justice system in 15 countries. These programmes effectively addressed many common health problems among prisoners, such as post-release overdose-related death, communicable diseases and risky behaviours. In Scotland, a national programme was initiated in 2010 in which naloxone, an opioid blocker, was provided to all ex-prisoners deemed at risk of opioid overdose after release. A national coordination and training team was established to assist all Health Boards across Scotland to embed this programme within the community and in the Scottish Prison Service. Between 2011 and 2012, a total of 715 naloxone kits were supplied (Stover and Zurhold 2014).

Chamberlain et al. (2019) investigated substance abuse among 751 adults recently released from incarceration who received care at 13 out of 24 Transitions Clinic Network (TCN) sites. These TCN clinics serve the needs of individuals who have been released from prison. The study was conducted between May 2013 and February 2015 and surveys were used to collect data either in person or by telephone. The researchers aimed to investigate post-release differences between participants with and without a prior history of drug use (Chamberlain et al. 2019). The results indicated that 134 participants (18%) used illicit drugs post-prison release, of which 12% used cannabis and fewer participants used cocaine or opioids. Amongst all of the participants, 67% reported receiving treatment during incarceration. The findings of this study highlighted risk factors associated with illicit substance use post-release, such as a previous history of drug use, ‘doubling up’, length of incarceration and residing in under-supervised housing (Chamberlain et al. 2019). However, one limitation of the study was that the researchers included cannabis as an illicit drug, a substance which is deemed legal in certain states in the USA.

A qualitative study involving face-to-face semi-structured interviews was conducted by Fox et al. (2015) to investigate the effectiveness of buprenorphine maintenance treatment (BMT) among 21 ex-prisoners with opiate use disorders recruited from addiction treatment settings. According to the researchers, opium users had a greater

chance of transitioning to heroin use within 3 months of prison release (Fox et al. 2015). These findings highlight the challenges associated with re-entry into the community post-prison release which can affect addiction treatment programmes. Similar findings have been reported by Chamberlain et al. (2019). Factors such as poor housing and exposure to drugs also contribute to post-prison drug relapse. Although some participants in the BMT programme did not show much interest in community re-entry, others expressed their willpower and interest in staying clean after their long imprisonment. However, some participants were afraid of opium dependence and decided not to continue with BMT. Although this study primarily evaluated opium users, it was deemed relevant to the current study as an example of the effectiveness of a type of prison drug treatment currently unavailable in Omani prisons.

3.6. Post-Prison Experiences of Users of Illegal Drugs

A considerable number of studies have emphasised that preparing inmates prior to their release from prison is critical to their post-release success (Cochran 2014; Souza 2015). Certain measures are integral to ensure the reintegration of prisoners into the community, including continuity of care, contact with family, proper accommodation and income security. Prisoners often struggle to adapt to changes in their normal social dynamic with others as the result of their time away during incarceration (LeBel and Maruna 2012) which often negatively impacts relationships with close family (Doherty et al. 2014). According to Ellem et al. (2012), newly released ex-prisoners go through a process of 'deinstitutionalisation' that requires a period of adjustment in order to recover from the pains of imprisonment and conflict of reality with their social, economic and cultural expectations (Morseu-Diop 2010). Various factors have been associated with the post-prison experience and contribute to shaping the life of individuals during their reintegration to the outside world after imprisonment, including family support, recidivism and overdose-related death.

3.6.1. Family Support

Brunton-Smith and McCarthy (2017) analysed data from a longitudinal survey of 3,849 male prisoners sentenced to up to four years in English and Welsh prisons between 2005 and 2006. The study aimed to assess the effect of family attachment on

re-offending outcomes. Four post-release outcomes were investigated, including reoffence history, employment, class A drug use and family bonding after imprisonment. Positive family relationships were significantly linked to lowered rates of reoffence, increased employment and a reduction in class A drug use. These findings were similar to those reported in other literature emphasising the importance and positive impact of family support on offenders (Wildeman and Western 2010; Cochran and Mears 2013; Codd 2013; Brunton-Smith et al. 2014), particularly when it comes to helping ex-prisoners to access important services (Lloyd et al. 2015).

3.6.2. Stigma

Previous research has indicated that the pain and hardships associated with imprisonment are often more severe at release from the prison environment compared to entry (Vieraitis et al. 2007; Clear 2009). Scholars have stressed that ex-prisoners can suffer in many ways from the impact of their former imprisonment, including from stigmatisation and mental illness related to imprisonment, as well as difficulties with regards to securing employment, housing, and establishing their finances (Corrigan et al. 2006; Schomerus et al. 2011; Boyle 2013).

In particular, most ex-prisoners face stigma or shame as a result of their imprisonment, regardless of the nature of their crime (Bos et al. 2013). Goffman (1963) evaluated the process of post-imprisonment stigma and discrimination in depth, describing it as "deeply discrediting" (Goffman 1963, p. 13), contributing to the minimisation of the ex-prisoner to "a tainted, discounted one" (1963, p.12) and resulting in him/her being "disqualified from full social acceptance" (Goffman 1963, p.13). While discussing identity and stigma among drug addicts, Goffman suggested that the terms 'normal' and 'stigmatised' do not reflect individuals or groups *per se*, but perspectives or social constructions.

According to other academics, stigma involves a labelling process wherein a person is 'labelled' into a group exclusive to disapproval, rejection, and discrimination. Link and Phelan (2001) stated that: "[The] Definition of stigma must involve references to power differences. Without such a reference, stigma becomes a very different and much broader concept" (p. 376). Moreover, they stated that: "Stigma exists when elements of labelling, stereotyping, separation, status loss, and discrimination occur together in a power situation that allows them" (Link and Phelan 2001 p. 377). The process of

stigmatisation results when an individual's social identity is perceived as being different to normal, public expectations (Link and Phelan 2013). Stigmatisation then contributes to ongoing psychological issues as a result of negative feedback towards the individual as a result of not fitting to a particular social identity (Misztal 2001).

A recent randomised controlled study conducted by More et al. (2018) evaluated self-stigma in relation to prisoners' perceptions of criminal stereotypes/labelling. The aim of this study was to examine the relationship between protective factors and various forms of self-stigma, including perceived stigma, stereotype agreement, internalised stigma and anticipated stigma. A total of 111 participants were recruited from an adult detention centre between 2008 and 2010. The findings indicated that three out of four aspects of self-stigma were consistent with mental health symptoms. This is in agreement with other research findings indicating the negative effects of internalised stigma on self-esteem and mental well-being (Levy et al. 2014; Fuster-Ruizdeapodaca et al. 2014). Other researchers have suggested that certain risky behaviours and depressive symptoms occur as a result of internalised stigma (Earnshaw and Quinn 2012; Earnshaw et al. 2015). Boyle (2015) stressed the importance of identifying risk and protective factors in the self-stigmatisation process.

More et al. (2016) conducted a quantitative study to assess self-stigma among 203 male prisoners prior to their release using the Self-Stigma of Individuals with Criminal Records scale. The results of this study indicated that there was a theoretical path from perceived stigma towards stereotype agreement and, eventually, internalised stigma; however, there was no link to anticipated stigma. They argued that perceived stigma was linked directly to anticipated stigma in a different way. This study is believed to be the first examination of self-stigma in prisoners using a construct model. They also indicated that the model demonstrated how negative stereotypes can eventually lead to individuals accepting stereotypes as self-descriptors. Many scholars support the notion of internalising stigma among criminal offenders (Corrigan et al. 2006; Schomerus et al. 2011; Boyle 2015).

3.6.3. Drug Overdose and Death After Release

For drug users, the period of time immediately following release from prison is considered critical in terms of risk. Multiple examples in the literature provide evidence for an increased number of drug overdose-related deaths after release (Farrell and

Marsden, 2008; Merrell et al. 2010; Forsyth et al. 2014; Chang et al. 2015). According to a meta-analysis of six studies from the UK, Australia and the USA, 60% of drug users are vulnerable to drug-related death within 12 weeks of release, with common causes of death including drug-related overdose, suicide and homicide (Merrell et al. 2010; Zlodre and Fazel 2012). Therefore, adequate preparation prior to release is particularly important for drug-using prisoners (EMCDDA 2012).

Joudrey et al. (2019) proposed a conceptual model to describe potential contributing factors to drug overdose-related mortality soon after release from prison, known as the post-release opioid-related overdose risk model. Underpinning factors were divided into categories: underlying factors (exposures); intermediate determinants (moderators); and proximate and biological effects (outcomes). Various underlying factors were linked to imprisonment, such as lack of accessibility to drugs in prison (inhibitor), in addition to significant sociodemographic or clinical factors, such as the occurrence of physical and psychological health problems while incarcerated (Joudrey et al. 2019). Other categories were related to life after imprisonment, such as poor social networks, poverty, interruption of treatment programmes and stigma (intermediate determinants) that lead to an increase in underlying mental health issues and substance use problems. The proximate determinants category included variables which trigger relapse, such as increasing the dose or polydrug use. The last category discussed biological determinants that could reduce respiratory function or opioid tolerance, thereby leading to mortality (Joudrey et al. 2019).

Degenhardt et al. (2014) conducted a cohort study in South Wales, Australia, using court and prison data and death records for clients who received opioid substitution treatment in prison between 1985 and 2010 and were released between 2000 and 2012. There were 1,050 deaths recorded out of 100,978 person-years. However, while 76.5% received treatment in prison, only 51% continued such treatment once released. The study concluded that opioid substitution treatment in prison and post-release appeared to significantly reduce mortality during the immediate post-release stage. These findings were supported by a prospective observational cohort study investigating the effect of substitution treatment in relation to post-prison death (Marsden et al. 2016). A total of 39 individuals (of whom 32 were male and seven female) from adult prisons in England participated in the study, of which 95% were actively undergoing treatment.

The primary measurement used was all-cause mortality in the first 4 weeks, followed by other drug-related poisoning deaths. The results indicated that the continuation of treatment after release reduced the incidence of drug-related deaths by 85% in the first month after release.

Overdose-related deaths among prisoners immediately post-release was also the focus of a qualitative analysis conducted by Binswanger et al. (2012). Semi-structured interviews were conducted with 29 participants aged 18 years and above who were deemed at high risk of overdose. The data collection period was from March to June 2009 in the USA and included 20 men (69%) and nine women (31%) of different races. More than half of the participants (n = 16/29) knew of someone who had overdosed soon after release and three participants themselves had experienced overdoses during previous releases from prison. Various factors were found to contribute to early relapse and expose drug users to high risk of overdose, including poor social support, medical comorbidities, reduced access to medication and the increased availability of drugs in their living environments. In addition, the researchers reported a lack of support resources, such as drug treatment, spiritual/religious or community-based programmes (including self-help groups) and family support. However, the study did not investigate or seek to determine the living environments of the participants and included only English-speaking participants. Factors associated with early relapse were deemed relevant to the current study with regards to the post-release experiences of Omani drug-using prisoners.

Merrell et al. (2010) conducted a meta-analysis to determine the risk of drug-related death among drug-using ex-prisoners, particularly in the first 2 weeks after release. The researchers found that, 59% of 1,033 deaths reported in the first 12 weeks of release were drug-related (Merrell et al. 2010). The results confirmed the increased risk of drug-related deaths in the first 2 weeks of release from prison, a risk which remained elevated until 4 weeks. The purity of the substance being used, decreased drug tolerance and celebrating release from prison within the first 2 weeks was found to contribute to the incidence of drug-related deaths (Lyons et al. 2010). In addition to community re-entry and variations in drug treatment programmes in and outside of prison, other factors such as gender, age and length of imprisonment have been found to increase the risk of drug-related death (Merrell et al. 2010). However, one limitation of this meta-

analysis was that many of the included studies were conducted a while ago and therefore did not assess current factors and risks associated with drug-related death. There is an urgent need for more research in this area to assess cultural aspects of drug use and factors contributing to post-release drug-related death. While many incidents of post-prison overdose-related deaths have been reported in Oman, no studies have yet been conducted to investigate this issue.

3.6.4. Recidivism

According to a cohort study, 65% of 4,021 prisoners released in 2007 from prisons in England and Wales were reconvicted within a very short time of release (MoJ 2010b). The findings also indicated that prisoners serving short-term sentences were more likely to be reconvicted within one year of release. In particular, the rate of reconviction at Newhall Prison was very high for those who received shorter sentences compared to English and Welsh prisons (both male and female) (MoJ 2010b). The Ministry of Justice (2013a) presented similar findings indicating a relationship between short sentences and early reconviction. The rate of reoffending or recidivism among drug users has been highlighted in different studies (Cochrane et al 2014), with scholars investigating various measures and correctional approaches to reduce this trend (Welsh 2010; Stahler et al. 2013; Durose et al. 2014)

Link and Hamilton (2017) investigated the relationship between substance use, crime and recidivism, focusing on covariates associated with re-entry into the prison system. Data were retrieved from the Serious and Violent Offender Reentry Initiative and cross-lagged panel models were used to examine short-term changes in variables (i.e. criminal behaviour and substance use) among a large sample of high-risk ex-prisoners (N = 1,697). The results showed an association between substance use and criminal behaviour, with each found to influence other factors. However, they could not provide sufficient explanations for each factor to show the exact cause for re-entry. Other significant findings for re-entry were related to social and personal needs and the type of support received. Similarly, Hakansson and Berglund (2012) indicated that criminal recidivism is very much determined by the level or severity of addiction. A systematic review conducted by De Andrade et al. (2018) suggested that an understanding of the factors associated with substance use and recidivism could provide insight into how to reduce re-entry among drug-using former prisoners. The results

indicated the effectiveness of a therapeutic community approach in reducing recidivism.

Mannerfelt and Håkansson (2018) conducted a secondary study between 2001 and 2006 using interview-based data retrieved from the Swedish Prison and Probation Service. This study aimed to evaluate differences in the rate of recidivism among 7,085 male and female offenders with respect to substance abuse problems (assessed using the ASI) and mortality. Of the 407 women available during the follow-up analysis, 254 (62%) re-offended during the follow-up period. In comparison, recidivism was noted in 2,599 out of 3,674 men (71%). However, the study was subject to a number of limitations, such as the self-reported nature of the data which may have resulted in false or inaccurate responses as well as the exclusion of some of the data prior to analysis. Another limitation was that the number of women included in the study was low in comparison to the number of men. However, one strength of this study lay in the use of the same variables for both men and women, thereby allowing gender comparisons. The findings were similar to Hakansson and Berglund (2012) suggesting that criminal recidivism is very much determined by the level or severity of addiction.

3.7. Conclusion

This chapter was divided into two sections which highlighted relevant literature that had been critically reviewed in terms of methodology.

Section one covered prison-related literature, addressing sociological arguments on imprisonment and the concept of prison as a total institution with strict rules and regulations (Goffman 1961; Sykes 1958; Clemmer 1940). In terms of the suffering, pain and hardships endured by prisoners, Sykes (1958) described five specific types of deprivation which could be deemed universal to all prisoners, including the deprivation of liberty, the deprivation of goods and services, the deprivation of heterosexual relationships, the deprivation of autonomy and the deprivation of security. The discussion also focused on the mortification process in which sociologists voiced differing opinions. However, it was collectively agreed that prisoners are often stripped of their identity during imprisonment which continues to have a negative impact on the prisoner both during the period of incarceration and after release. They also discussed the moral legitimacy of the suffering imposed by imprisonment. In addition,

sociological studies have investigated various aspects of collateral damage resulting from imprisonment.

In section two, recent literature regarding drug abuse was critically examined in terms of methodology and findings. These findings focused on the experiences of drug users, both in prison and after release. However, there was a gap in the literature with regards to specific research into drug users in Oman. Other studies that included Oman mainly discussed the problem within the overall GCC region. Several international studies looked at prison as a method of controlling drug use; however, other studies focused on alternative methods to advocate for drug users and reduce the rate of drug use in the community, such as the implementation of drug courts. Various studies were also assessed with regards to life for drug users in prison in terms of health, availability of drugs and drug treatment.

The last part of section two discussed the experiences of drug-using ex-prisoners following their release from prison. This part was relevant to the current study's research questions exploring the life experiences of drug-using Omani prisoners after release. Family support was an important factor for ex-prisoners in terms of relapse, overdose and recidivism. Supportive social relationships are essential to help ex-prisoners adjust to the realities of lifestyle after imprisonment. One major concern in the literature was the risk of drug overdose-related death soon or immediately after release from prison (Binswanger et al. 2012). These studies concentrated on the rate of drug-related deaths and factors which contributed to drug-related mortality and suggested that those at high risk be adequately prepared prior to their release. Stigma was another factor found to significantly affect life after imprisonment. In summary, there was considerable evidence regarding the risk of relapse and re-imprisonment among drug-using ex-prisoners within a short time of imprisonment.

4. CHAPTER FOUR: RESEARCH METHODOLOGY AND METHOD

4.1.Overview

An overview of the qualitative methodological approach used is covered. This includes the rationale for a qualitative approach, the epistemological underpinnings, the value of self-reflexivity and the qualitative study using a focused ethnography. A discussion on the use of focused ethnography is provided. The first part of this chapter will discuss the epistemological issues around qualitative and quantitative research to provide a rationale for selecting qualitative research. It will then explain why focused ethnography was selected as the method to guide the study to address the research questions. The second part of the chapter will focus on the research field work, setting, details of the sampling, methods of data collection and analysis, including issues such as ethical considerations concerning the study.

When conducting a research study, the researcher should be closely guided by the specific research question that needs to be solved or explored. Research is the process of seeking and revealing knowledge in a specific area and requires adequate justification for being undertaken (Boswell and Cannon 2011). Due to the paucity of detailed studies on illegal drug use among prisoners in Oman, there is a lack of clarity regarding the socioeconomic backgrounds, lifestyles and vulnerabilities of users of illegal drugs in prisons in Oman, as well as factors that might contribute to their relapse once released. This research aims to provide an in-depth understanding of the lifestyle of illegal drug-using prisoners in Oman, both before and during their incarceration and after release, in addition to an understanding of factors that might trigger their early relapse. In light of the social stigma associated with drug addiction in Omani society, obtaining such information is challenging. Thus, qualitative research on drug addiction often involves interviewing prisoners (Sandberg and Copes 2013). Accordingly, given the intention of this study, an exploratory design was employed.

Thus, qualitative researchers on drug addiction often prefer the method of interviewing prisoners (Sandberg and Copes 2013). Accordingly, given the intention of this study, an exploratory design was employed.

4.2. Research Paradigm

4.2.1. Ontology and Epistemology

Ontology is defined as "the science or study of being" and it deals with the nature of reality (Ormston et al. 2014). *Epistemology* is how to obtain the knowledge, or the theory of obtaining it. *Research Methodology* is about how the researchers can obtain data, and the methods they should use (Ormston et al. 2014). For a qualitative researcher of human behaviour, getting these concepts right at the beginning is of immense importance.

4.2.2. Ontology

In qualitative social research, ontology can be difficult to pin down, due to the possibility that it may vary due to subjective interpretation by the researcher (Guba and Lincoln 1994). If ontology has to do with the nature of being (Berg and Lune 2014) two questions arise: (1) is there a such thing as (social) reality? (2) if so, is this reality external to social actors? Addressing these questions are two philosophical approaches: *objectivism* and *social constructionism.* Objectivism claims that social phenomena and their meanings exist independently of the social actor, which means that the social reality exists without any influence from individuals (Berg and Lune 2014). This view makes ontology simpler because individuals have their roles defined by the "social reality" which they are acting out, and the researcher should attempt to know that "social reality". The opposite view is taken by social constructionist approach which postulates that individual member of the society, through their actions, actively contribute to the construction and reconstruction of the social reality. (Bryman 2012; Berg and Lune 2014). For this study, I have learned more towards the *social constructionist* understanding of social reality—that my very physical presence and interactions with my subject would impact the reality I was seeking to observe. In addition, there were my own cultural conditioning and built-in biases ("the reality as it *is" versus* "the reality as I am conditioned to perceive."). A similar change may be expected from the participants' side as well. If ontology of the present research leans to a social constructionist approach, how is it likely to impact its epistemology?

4.2.3. Epistemology

Guba and Lincoln (1994) identify epistemology as perceptions of what the research findings are; either objective products of the neutral observer, or subjective products that have been constructed from the study population. Given the ontological understanding by the researcher, the latter perception seems appropriate. Bryman (2012) points out that epistemology has to do with two main questions about the nature of knowledge. Firstly, what should be considered acceptable knowledge in disciplines? Secondly, can the social world be studied according to the same principles as natural science? In answering them, two possible approaches can be adopted, positivism and interpretivism.

Positivist epistemology logically follows from an objectivist view of ontology—where human beings are seen as natural objects who act on the basis of social norms without modifying the latter. Positivism advocates for the application of the methods of the natural sciences to study social reality. Only measurable information provided by one's senses is considered trustworthy (Berg and Lune 2014). On the other hand, *interpretivism*, (based on social constructionist ontology) postulates that social phenomena are fundamentally different from natural phenomena and require different research approaches (Bryman 2012). The goal of interpretivist researchers is to understand individuals' behaviour in an empathetic way so as to grasp a point of view that is created from the reality in which they live, or to grasp their own point view about the reality in which they live. Interpretivism explores the world from an individual's point of view rather than observing their behaviour and looking for cause and effect (Berg and Lune 2014). It is clear from the above that ontology dictates epistemology, which in turn dictates methodology, which then dictates the method.

Table 1

Research philosophy	Interpretivism (constructionist)
Ontology	Researcher believes that this method is the best to answer the research questions. Their understanding of reality is based on multiple (objective, subjective and intersubjective) realities and they select the appropriate one to solve the studied problem.

Epistemology	Understanding the reality or gaining knowledge by getting subjective answers for the research questions from qualitative data (semi-structured, field notes, observation)
Methodology	Focus Ethnography

Table 1 Research Philosophy and Methodology

4.3. Research Methodology Design

4.3.1 Ethnography

Ethnography is a methodological approach that emerged from anthropology and sociology. Ethnography is the immersion of a researcher in a specific socio-cultural context, participating, overtly or covertly, in people's daily lives for an extended period of time, watching what happens, listening to what is said and asking questions either informally or formally (Hammersley and Atkinson 2007). It is underpinned by certain philosophical ideas, and it employs a variety of methods to collect data (Fetterman 2010; Berg and Lune 2014). According to (Pelto 2016), it is called field research, fieldwork, or observational study, which includes participant-observation, qualitative interviews, focus groups, document analysis, and/or visual methods. Ethnographic researchers tend to learn from and explore people rather than empirically studying them or doing an experiment on them (Roper and Shapira 2000).

Page and Singer (2010) examined the methodology of drug ethnography that involves access into the hidden world of drug users, the social spaces they frequent, and the larger structural forces that help construct their worlds. According to Page and Singer (2010), the two concepts that are essential in using ethnography to understand drug use are both: the definition of ethnography, and drug use itself. Drug use in the eye of ethnographers is taking any substance that affects the human body leading to psychological and emotional dependency. As a result, the individual creates a culture or subculture that lies somewhat outside the mainstream of social contexts (Page and Singer 2010). In this regard culture is defined in central anthropological paradigm as 'the behaviour and the ideas and values that underlie those behaviours occurring within a given social context' (Muecke 1994, pp.139-142). Therefore, ethnography as a theoretical perspective could help to understand participants' unique lived experiences

and their attitude to the social world and interrelated meanings of dimensions of drug use, namely social, cultural and economic, as well as their interpretations (Pelto 2016)).

Ethnographic research is also particularly appropriate in a prison community where the accounts of social interactions within the prison as narrated by the subjects enables the researcher to picture the contextual issues that happen between the users of illegal drugs, before and during their imprisonment, and thus understand the possible factors contributing to early relapse (Page and Singer 2010). As a result, by adopting an ethnographic approach, the researcher can gain insight into issues that may not have been immediately obvious when employing other qualitative methods. This is a demonstrable advantage of ethnography over any other qualitative approach in addressing the research questions of this study (Mannay and Morgan 2015). To conclude, ethnographic research was chosen for this study because it provided a useful tool to understand complex and dynamic situations less amenable to other approaches. More specifically, *focused ethnography* was selected for this study to explore illegal drug users' sub-culture life within the prison, detailed reasoning for which is given below.

4.4. Issues Associated with Ethnography

4.4.1. Objectivity

Ethnography as a qualitative research method, has several issues associated with it. Objectivity is considered an issue because it relies heavily on the personal experience of the researcher. According to Savage (De Chesnay 2014), an ethnographic approach shifts the study focus from the study participant to the researcher. Pels (2014) argued that the possibility of reactivity and subjectivity issues might invalidate ethnographic study results. Leander (2016) also warns that a researcher's background and position will affect what they choose to investigate, the angle of investigation, the methods judged most adequate for this purpose, the findings considered most appropriate, and the framing and communication of conclusions. To minimise the effects of personal bias in ethnographic research, Ortiz and Beach (2013) advise the ethnographic researcher to prioritise the participant's thoughts, feelings and experiences over his/her own.

There is also the possibility of the participants amending their interactions, responses or behaviours in response to the sudden appearance of the researcher in their midst. One way to overcome this is for the researcher to gradually build the participant trust by immersing themselves in the study setting for a longer period of time (Higginbottom et al 2013). For the present study, such immersive ethnography was not feasible due to gender, cultural, institutional and time constraints.

4.4.2. Selectivity and Bias

A major concern in ethnographic research is the risk of Hawthorne effect, a type of reactivity where individuals modify an aspect of their behaviour in response to their awareness of being observed (Oswald et al.2014). According to Nguyen et al. (2018) there are two ways in which the researcher may introduce a Hawthorne effect on the participants or bias toward her own perspectives. It is either derived from her own culture, or the effect is produced by the participants. Consequently, the trustworthiness of the results produced by ethnography can be questioned—for example, whether the researcher's question, observation, and analyses were selective and biased or not (Higginbottom et al 2013). However, there are strategies a researcher can adopt to overcome such bias. For example, field research that involves simultaneous collection and analysis of data, as well as continuous reflexivity, is a good way to determine the scope of the impact of the researcher on the research data (Ortiz and Beach 2013). The use of more than one approach to an investigation overcomes the problems arising from the Hawthorne effect (Nguyen et al. 2018).

4.4.3. Time Consuming Approach

Ethnographic research is known to be hard and time consuming (Berg and Lune 2014). To study a culture and obtain extensive and valuable data, a great deal of commitment and effort from the researcher is required (Queirós et al. 2017) The researcher becomes immersed in the lives of the people they study, and it takes time to become familiar with the studied culture. The researcher’s time and ethnographic skills in the field should lead to an understanding and insight into the social and cultural processes being studied (Ortiz and Beach 2013; Queirós et al. 2017). It is an excellent method “to capture and understand human lifeways within specific environmental and

cultural contexts" as described by (Leininger 1985, p. 36). Over time, people learn to recognize and interpret meaning, ideas, beliefs, values, and relationships in their lives.

In nursing research, the ethnographic method has predominately been used by nurses in their field studies. In fact, nurses have also used comprehensive field work studies known as "maxi" ethnography; however, "mini" ethnographic studies were found to allow nurses to focus on a specific area of nursing and focus on the subculture of specific patient care rather than the entire nursing culture (Leininger 1985). These small-scale ethnographic studies, which are called focused ethnography, have gained value in nursing research. Most research in health care overcomes the time issue by carrying out focused ethnographies (Higginbottom et al 2013; Wall 2014).

4.5. Use of Focused Ethnography in Health Care

Focused ethnography has been widely used in recent years by healthcare researchers because of its usefulness and relevance to health policy and practice. Subsequently, it is increasingly recognized as a helpful form of methodology that identifies the influence and effect of being in or being a part of the health care culture. For example, Chopra et al. (2018) focused their ethnographic study to examine the process of diagnosis from the perspective of clinicians engaged in this activity. In contrast to on the perspective of anthropologic ethnographies that study entire fields using open-ended questions, this approach allows the researchers to focus on the area that needs investigation. Similarly, Goodwin et al (2017) conducted a focused ethnography in South Wales, examining minority ethnic and migrant women (Pakistani women only) who were at a significantly higher risk of maternal and perinatal mortality, along with lower maternity care satisfaction. The findings provided new theoretical insights into the complex factors contributing to the healthcare expectations of pregnant migrant Pakistani women in the UK. Stilwell and Harman (2017) in order to inform future research and exercise prescription for patients with chronic low back pain (CLBP), explored chiropractors' and chiropractic patients' experiences and beliefs regarding the barriers and facilitators to prescribed exercise adherence using focused ethnography. Kitchen et al. (2017) conducted focused ethnography research prior to commencing a randomised controlled trial, to ensure that the trial was well suited to the proposed setting. The focused ethnography of Howard and Williams (2016) was used to describe how nursing students

learned and used motivational interviewing (MI) in a community-based clinical context at a primary care vascular risk reduction clinic that focused on health promotion. In relation to nursing students, Hjelm et al. (2015) used focused ethnography to explore case managers' experiences with older persons (75+) with multi-morbidity. Conte et al. (2015) focused her ethnographic study on an exploratory approach in a Swedish hospital's intensive care unit (IPEICU). The study described the field visits to be shorter, where the researchers usually had data-intensive contextual knowledge and used combinations of data collection methods to understand a group's activity because these methods helped to explore distinct issues present in a smaller community. In Saudi Arabia, Al- Zahrani (2011) conducted a focused ethnographic study to describe how women and health care professionals perceive sexual health and services that are currently provided. These examples of focused ethnographic research show how this methodology can help to provide invaluable knowledge in health and health services. The focused ethnographic approach has therefore been increasingly adopted and is found to be well suited for studying the practice of healthcare as a cultural phenomenon, and to understand the meaning that members of a subculture or group assign to their experiences related to health services research (Wall 2014).

4.6. Focused Ethnography in the Current Study

Focused ethnography, called mini or micro ethnography, was identified by Spradley in 1980 (Roper and Shapira, 2000). The difference between traditional and focused ethnography is that the traditional form was developed to understand the social life of humans within specific cultures and analyse cultural norms, allowing for cross- cultural comparison and providing a better understanding of behavioural differences and intergroup conflicts (Muecke 1994). Focused ethnography aims to examine a small culture or group and is conducted within a discrete community or context, whereby participants have specific knowledge about an identified phenomenon (Cruz and Higginbottom 2013). Al Zahrani (2010) indicated that the main characteristics of focused ethnographies are that the researcher(s) have background knowledge in the area of interest, they focus on context-specific problems that are shared by a subculture group, and the study is limited to a small number of participants, conducted in a short time frame (Kitchen et al. 2017).

Focused Ethnography is conducted to help explain the complex nature of the specific shared experiences and issues within the targeted group(s) and is often used to help enhance healthcare services and practices (Chopra et al. 2018). Knoblauch (2005) argued that focused ethnographies do not require fieldwork/participant observation; a feature that makes focused ethnography significantly different than traditional ethnography. In focused ethnography, the researcher's knowledge of the background of the phenomenon helps him/her to enter the field with established specific focused research questions that need to be answered. For this reason, the researcher will usually be able to complete the research using less time than that required for traditional ethnography (Chopra 2020). However, the questions are considered to be the topic guide reflecting the aim of the whole research project; therefore, they may be modified or increased in number as the study develops and progresses. Therefore, Wall (2014) explains that the researcher in focused ethnography is not limited by preconceived notions of the outcome of the study findings, nor the direction of the research, but is merely guided by the foreshadowed questions.

Focused ethnography data collection methods such as in-depth face-to-face interviews, participants' observation, and field notes minimize ambiguities that may happen due to interpretations; the study participants have a greater ability to clarify any unintelligible words from the researcher, and the researcher can also observe the participants' body language (Conte et al. 2015; Chopra et al. 2018). With this in mind and considering the research objectives and anticipated nature of the participant group of this study, focused ethnography was selected for the principles and methods of this approach (Wall 2014). The largely ignored subject of users of illegal drugs in Oman required an approach that allows for an in depth, yet sensitive examination of their culture and subculture within the prison context. In fact, the prison community has various social and cultural habits that are different to any research setting. This study has used the characteristic of focused ethnography described by Muecke (1994) as follows:

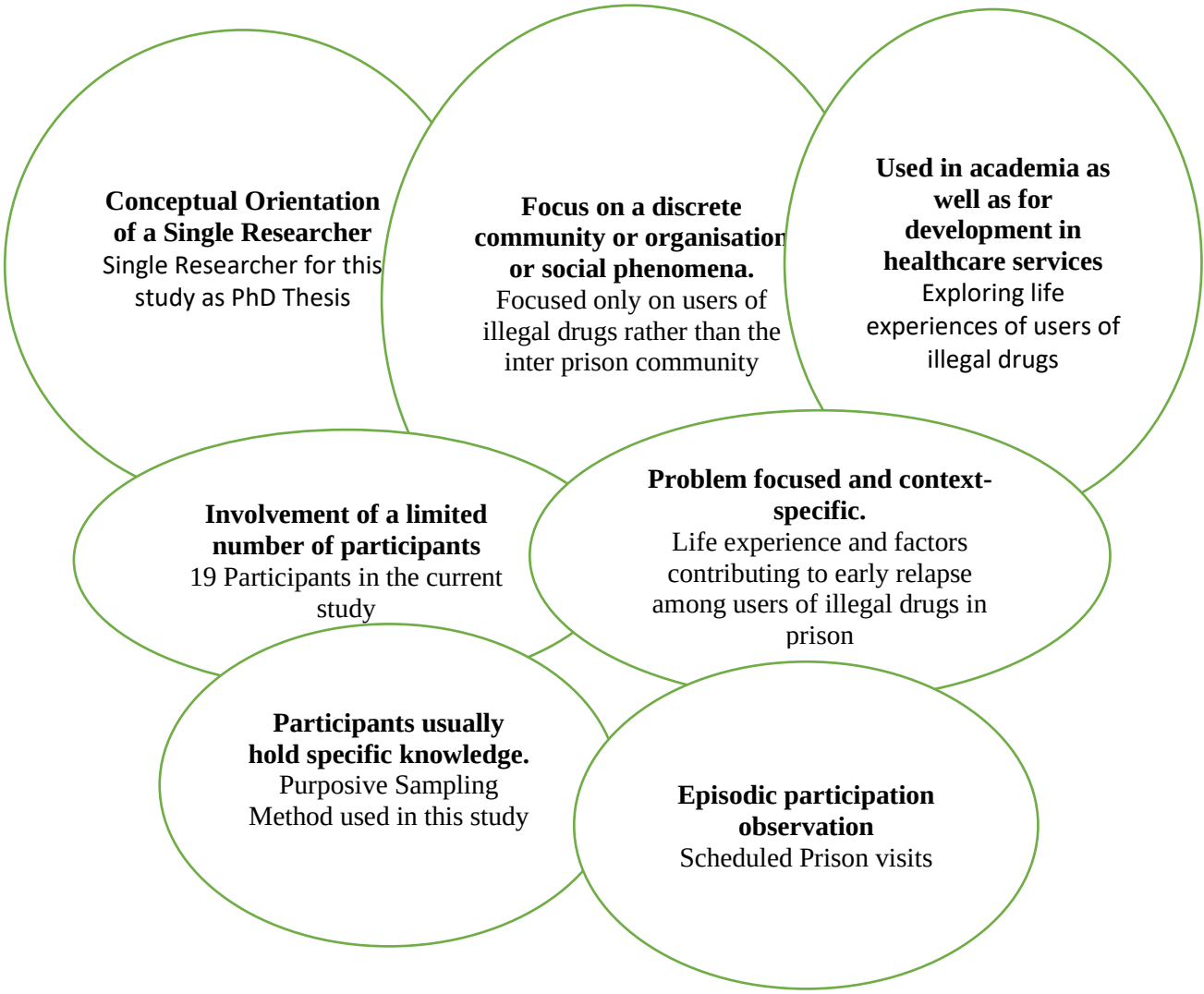

Figure 1 Muecke (1994) illustration of the main characteristics of Focused Ethnography

Muecke (1994) described focused ethnography as different from any other traditional ethnography approach in terms of several characteristics. Taking the advice of Muecke, as a single researcher I took the etic role of ethnographer, I was spending seven to eight hours of studying, observation and getting into the culture and life of the prison during my field work (Hammersley and Atkinson 2007). My focus was on a distinct community of users of illegal drugs rather than the entire prison community. Taking Walls' (2014) suggestion, to describe someone's identity I required to get to know the participant and the context in which they live and work in addition to appreciate not only what people say but also what they do. I was able to study the context of prison culture specifically in relation to the life experiences of users of illegal drugs there. With small number of participants, I was able to collect in depth and rich

data focusing on their individual needs during interviewing timing given. This is because I selected participants based on their background of using illegal drugs. I used my field notes to pull out all my observation during scheduled prison visits.

4.7. Method

This thesis is set up around my own values and assumptions as well as those generated from a wider context, including values and ideas inherited from my supervisors. In the following section I will discuss the methods taken to conduct ethnographic research.

4.7.1. Sampling method

According to Cohen et al. (2007) choosing a sampling method is the essential instrument to appropriate the methodology of any piece of research. Interpretive research samples consist of three broad methods: convenience, purposive or theoretical samples, and the most common method is purposive (Bryman 2016; Creswell and Creswell 2017). The multiple roles of ethnography in drug research highlight the complexity of identifying the drug-using population and exploring the unknown parts of it. In this study, I used a purposive sampling method to recruit the participants. Purposive sampling is selecting the sample population with relevant backgrounds to the research question of the study (Bryman 2012). This technique helps in acquiring in-depth information from the chosen participants, taking their profiles into consideration (Gray 2013).

4.7.2. Sampling Size

According to Fetterman (2010), ethnographic studies sample sizes range between 30 and 60 participants. However, a smaller sample could be used, based on the research topic and given the characteristics of the participants. In the study of focused ethnography (n=16) participants were recruited to explore the culture and influences on doctors and nurses within the intensive care setting when caring for critically ill morbidly obese patients (Hells et al. 2016). Fudge et al. (2008) conducted an ethnographic study examining the involvement of policy in health services organizations in the UK, with a sample size of (n=19). Hjelm (2015) recruited 13

elderly participants their study whereas Goodwin's (2017) sample size was 20. In this study, a sample of (n=19) was found to be relevant to the given characteristics of the participant and the setting of the research. Therefore, the sample size of this study was (n=19) participants.

4.7.3. Inclusion and Exclusion Criteria

Inclusion Criteria:

Participants were selected from the central prison records in Oman for the year 2018, using purposive sampling. Inclusion criteria included Omani men aged from 18 to 40 years, those who have been convicted of using illegal drugs and not for any other crime, who have multiple entry with a break of 6 months from the previous sentence, and those recently sentenced to prison for less than 6 months. This is because the aim of this study was to investigate only users of illegal drugs and the factors contributing to their relapse and led to re-imprisonment within very short time.

Exclusion Criteria:

This study excluded men sample who have committed other crimes along with using illegal drugs.

Women also were excluded in this study for the following reasons:

- Incarceration rate of women illegal drugs users is much lower compared to men users.
- The family honour in Oman depends on women good behaviour than men behaviour.
- To prevent extensive stigmatisation of the family, women drug users are protected and physically restricted from access to substances, and very few cases reach the lawcourt. Therefore, women drug users in Oman Central Prison were too few to meet the sample size requirements.
- Moreover, prison environment in women side was completely different to men in terms of number of prisoners facilities treatment prisoner treatment. Prison environment for men being much harsher and with fewer or no opportunities for rehabilitation or treatment.

No non-Omanis were excluded because an expatriate who is convicted of using illegal drugs is deported soon after their release from prison. Being first timers, they did not meet the inclusion criteria that required exploration of life experiences after release and reimprisonment.

Non relapsers were excluded because the objective of this study was to explore the contributing factors of early relapse that led to multiple entry within a very short time from that last imprisonment. Moreover, recruiting non relapsing drug users in the community would be very challenging because of stigma and cultural influences. The stigma of being an addict is found to be the same even after relapse and a recovering individual will keep his addiction background quiet and his family will be very protective, therefore it will be very hard to reach them.

4.7.4. Data Collection Method (Semi-Structured Interviews)

A semi-structured interview is a research technique used extensively for exploring issues and acquiring information regarding the phenomena being investigated, as it allows for the participants to tell their stories in a greater amount of detail (Denzin and Lincoln 2011; Tod 2013). In semi-structured interviews, the researcher follows an interview guide, rather than adhering to a set of prescriptive, closed-ended questions (Richie et al. 2013). Semi-structured interviews are mostly used when there is little to no existing knowledge or information regarding the research topic in question (Roulston and Choi 2018). The researcher will usually listen carefully to the participants and help them, through questioning, to talk about what they consider relevant and important. Interviews are usually audio-recorded and accompanied by field notes.

This kind of interview is especially valuable in addiction research because it helps to create a candid, non-combative situation (much more like a ‘normal’ conversation) in which participants feel sufficiently comfortable to share information about very sensitive, personal issues, such as illegal drug use and addiction. Semi-structured interviews also tend to enable further exploration of the participants’ cultural values, beliefs and norms (Al Asawi 2014). Furthermore, this technique allows researchers to solicit the opinion of the interviewee on a range of pre-determined issues and offers both the interviewer and interviewee the opportunity to add or clarify any ambiguity

that might arise during the interview (King et al. 2018). However, it should be noted that semi-structured interviews may become more structured as the study progresses, once the researcher begins to build upon and clarify ideas that have arisen from previous interviews and observations in the field (King et al. 2018).

During in-depth semi-structured interviews, the interviewer usually poses a few open-ended questions to facilitate the discussion, clarify any ambiguities or to encourage participants to provide further information. An interview guide helps the interviewer to direct the interview and reminds the researcher of the overall agenda and purpose of the interview, while allowing for sufficient flexibility to follow up on new topics and any observations made or questions raised during discussion (Roulston and Choi 2018). For the purposes of the present study, some initial interview guides were developed to facilitate interviews with women and healthcare professionals (see appendix 4). These interview guides were developed from the literature review and from the researcher's own knowledge of the topic in question. However, the guides were intended to be used flexibly in recognition of the need to be able to divert from them; as such, they consisted of a general framework for the interviews rather than a rigid set of guidelines.

4.8. Entering the Field

4.8.1. Accessing Vulnerable Groups – the Users of Illegal Drugs

Within society, users of illegal drugs represent a 'hidden' and often marginalised population, in part because they are generally perceived to be dangerous and criminally inclined (see Chapter Two). Qualitative methods tend be more conducive to reach elusive populations as they require fewer participants. Controlled environments, such as prisons or addiction rehabilitation centres, provide opportunities for the researcher to safely meet, interact, build a rapport and elicit relevant information from such individuals. According to Neale et al. (2015), 'hidden' populations may still be willing to engage in qualitative research. This observation may perhaps be especially true of drug users who are incarcerated or in enforced therapy, as such individuals have little to lose by providing information to a friendly researcher. Conducting one-to-one

interviews as a method of qualitative data collection puts the participant's voice and experience at the centre of the research (Sammut-Scerri et al. 2012).

4.8.2. The Recruitment Process

The officials from the central prison were first contacted by phone to schedule visits for participant recruitment. The recruitment of participants was conducted from 12th to 30th January 2018. Upon instruction from the prison chief colonel, the leader of the prison registration department organised a staff meeting about the study on the second day of the researcher's presence in the premises. The aim of the meeting was to introduce the study to the prison officials and to discuss the selection criteria of participants. All members who attended the introductory meeting were given an envelope (prepared by me and approved by the prison authorities) containing selection criteria, invitation letters to potential participants among the prisoners, as well as additional information and points for further discussion and clarifications.

The first challenge encountered was that the prison protocol did not permit me, an outsider, to be present during the actual selection and recruiting participants. Recruitment process is an essential aspect in research especially with vulnerable group like prisoners. The researcher has to make sure that the participant has been recruited based on the sampling method of the study (Bryman 2016). More importantly are the participants voluntarily willing to take part in the study without being without any power influence from the police side? In addition, did participants have adequate information about the study? (Bryman 2012).

I was allowed to participate in the regular morning meetings asking the registration department's staff if they needed more clarification while the recruitment process was going on. In each of these meetings I reminded and explained the selection criteria, as well as the ethical protocols such as distributing information sheets to potential participants, receiving consent forms from them, and seeking and providing any clarifications from the latter. Although the process took two weeks, it was successfully completed. Finally, the registration department handed me signed consent forms from 19 participants.

The second challenge was that the venue for data collection was changed by the prison staff. Due to unpredictable circumstances of the prison events, recruitment was

done twice because they shifted the interview setting into another department. The reason given for that change at that time was that they established a new recreational department, therefore, the chosen participants may be engaged in some activities in the new department. But I found the change acceptable because the location was within Al-Iwaa where most of users of illegal drugs prisoners are incarcerated.

I was given a new list of participants who were chosen by a second round of recruitment. Here my QMU supervisors were concerned as to whether the new participants met the criteria, also whether they had actually volunteered for the study. The only way to do that was to check with participants along with their consent forms when starting the actual interviews, which, though late in the procedure, provided me with the opportunity to meet them one by one. All participants assured me that they had freely consented to participate in the study. By asking them I was also able to confirm whether they met the criteria for the research, which all except one participant did.

When I met with a potential participant, I gave him the information sheet (Appendix 1) and asked him to read it and answer any questions he had. If he agreed to participate I asked him to sign the consent form (Appendix 2). Most participants were interested in taking part but indicated that they did not want their identity to be known. I assured them that their identity would not be disclosed. This has given me the opportunity to note down my field work observations and immersed me more in the setting and with the participants before we started the actual interviews.

4.9. Ethical Considerations

Ethical approval for this study was obtained from the Research Ethics Panel at Queen Margaret University (QMU) in the UK and from the Royal Oman Police (ROP) Oman. Full ethical approval from QMU was obtained after several reviews by the University's Research Ethics Panel for concerns for the researcher's safety (physical and psychological) since the participants were in prison and considered to be a vulnerable group. There were also considerations for the rights of the participants (prisoners), including protecting their privacy and maintaining research confidentiality, as well as regarding the reporting process regarding any observed violation of human rights of the prisoners (Drake 2015). Ethnographic studies, as any type of study with

human beings, generate ethical concerns (Green and Thorogood 2014; Robinson 2020). This is because the aim of the ethnographer is to understand people in their own setting and to participate with them in that setting which requires earning their trust so that they open up and share confidential information about themselves (Blackman et al 2019). The responsibility for honouring that trust falls on the researcher and the institution sponsoring her research (Drake 2015). This responsibility thus also included obtaining the participants' informed written consent, confidentiality, protection of participants' autonomy, safety, and data protection (Johnson and Long 2013).

4.9.1. Informed Consent

According to Drake (2015) ethnographic researchers may encounter several ethical dilemmas. These are: autonomy, confidentiality, privacy, and justice. Preservation of participants' autonomy includes informed consent, which requires the participants must be clearly informed of the purposes, aims, objectives, and potential benefits of the study (Bengtsson 2019). They must also be made aware that they have full freedom not to participate and also to withdraw from the study at any time without attracting penalty. Thereafter written consent of participation is obtained from the agreeing participants. According to the Oman Legal Network (2015), any Omani citizen aged 18 years old and above is competent enough to take responsibilities and makes decisions for him/herself, and this includes prisoners. According to the rules of rights of the prisoners in Oman, they are free to agree or reject participation in any activity within the prison regulations. Therefore, several steps were undertaken in this study to obtain informed consent.

First, I met with prison staff to introduce myself as the researcher to gain the approval to meet the participants as per prison rules, until the actual interview day. The consent form was supposed to be taken to the selected participants by prison staff and returned to me as a signed copy.

Second, an Arabic translation of the English invitation letter and information sheet were given to the prison staff for presenting to the potential participants. This information sheet explained the aims and objectives of the study, and what their participation may entail. The information sheet contained an assurance to the invitee prisoners that their participation in the study was voluntary. Even though the police

took the informed consent from all participants this had not been done in my presence. Therefore, at the beginning of first interview with each participant, I asked him to reread the information sheet, and sign the consent if he still wished to participate. All the participants took part voluntarily.

It was also explained that each one-to-one interview was expected to take around one hour and that every effort would be made to choose a comfortable private venue to avoid discomfort to the participants.

The participants were also informed that the study would not involve any undue risk as they would only be expected to answer interview questions.

4.9.2. Dignity, Privacy, and Confidentiality

In this study, maintaining the dignity, privacy, and confidentiality of the participants presented complex and challenging issues which were carefully considered, particularly due to the sensitive nature of the setting of the research and sensitive issues related to illegal drug use in Oman. Therefore, based on the right to privacy, several measures were undertaken:

As per prison rules, I was not to interview the participant without prison guards present; however, I requested to have only one guard present during the interview and to assign the same guard in all interviews with all the participants. Having the same guard was practical to me as I explained to him the importance of maintaining the confidentiality of the participants making him aware that it is only him with me.

I emphasized to the participants that they had the right to ask me to stop at any time during the interview.

I also informed them that they had the right not to answer any questions and could withdraw at any stage without giving reasons.

I assured them that all the information given would be treated as confidential, with the data handled only by the research team.

I explained to them that the research findings would not identify any of their personal details or any significant information alluding to their identity, and codes would be used when reporting the findings.

I explained that the data collected would be kept in a locked cupboard and later destroyed after the research process, usually after five years from the completion date of the study.

I explained to them that the transcripts would be stored securely in a locked cabinet and were saved on a password protected computer.

4.10. Data Security

Each Participant was allocated a code number and assured that their anonymity would be maintained (Rees 2003; QMU 2011). The names, identity and any related information regarding the participants was kept in a filing cabinet, locked at all times, even when not being used. I placed passwords on the computer used to protect any unidentified access, and data collected will be kept for five years at the completion of the study and then will be destroyed (Tod 2013). In accordance with QMU ethical policy, the primary data of any research has to be stored for five years on completion of the study (QMU 2011).

4.11. Data Collection Procedure

The actual data collection was conducted at the central prison over a period of about 8½ months, but not continuously. The first session was from 12th February to 31st March 2018, after which I was called to be present at QMU for academic reasons. The second session lasted longer, about three months, from 1st November 2018 to 31st January 2019. The plan was to start the second round of interviews from September 2018, however it did not go on as planed due to certain administrative challenges that arose which will be discussed later.

Conducting ethnographic research in a prison is challenging to any researcher due to highly structured organization that has security considerations, protocols and rules which can potentially overrule some research considerations (Davis and Francis 2018). Accessing the prison for data collection and keeping to predetermined schedules posed several challenges not normally encountered in non-prison ethnographic studies. I faced limited choice for participant selection, lack of privacy in the interview room, as well as interruptions during interviews. Some scheduled interviews were postponed by the

prison staff for various official requirements without notifying me. To overcome this challenge, I made it a point to telephonically confirm in the morning of the interview that there were no changes in the interview changes. Another challenge that interrupted the data collection was the interruptions while conducting interviews by the high ranked officers.

Some of the interviews with the participants exceeded the time allotted by the authorities before we could conclude and therefore had to be completed the next day. In other instances, some participants would not be available for a scheduled interview because they had to attend court or hospital or were assigned some tasks by the prison officials. It was deemed very important to finish up with each participant before moving on to another during that period so as to avoid missing any participants. However, there was sometimes an issue continuing pending interviews with participants from previous meetings. I did not have control over which participant would be interviewed on a specific day as they were brought to the interview room by the police staff randomly. Therefore, 'mop-up' interviews were arranged for those who could not keep their initial interview schedule; accordingly, all interviews were successfully completed in their entirety. The continuation of unfinished or interrupted interviews with the same participant was deemed very important in order to retain the participant in the study, complete the guided questions and gain a more complete overview of the topic in question.

By the end of March 2018 twelve participants had been interviewed. The original plan was to conduct three one-hour-long interviews (one hour each per participant) over three days in the course of one week. The plan could not be carried through fully as planned because the participant availability was subject to changes based on the circumstances of the prison. Ongoing analysis of scripts suggested that saturation point had been reached after three to four-hour interviews for the selected participants. In managing these challenges, the second part of data collection period was postponed enabling the researcher to finish the initial phase before travelling back to QMU as academically required.

The second data collection period was planned to begin in September 2018 but began only on 1st November 2018 for the remaining participants. The last interview was successfully completed on 31st January 2019. By that time the data collection

process was terminated as all participants of this study were interviewed in sufficient time to reach to data saturation (appendix 5). Arrangements were made to return to the University by 6th of February 2019.

4.12. Ethnographic Time Spent in Field

The focused ethnography, including hours of observations while waiting and four-five sessions with each participant are described in Table 2 below. Meeting for pre-interviews with police staff took more than two months going back and forth. This gave me the opportunity to study the prison infrastructure, surroundings and staff behaviour and expectations. These visits helped me to become more immersed in the field and reduced my uncertainty and fear of conducting research with this vulnerable group of young male prisoners in a highly restricted setting.

With the participants, the first individual informal interview began with a (45 min) session where their consent was sought, as the Prison authorities had preselected them. The total interview-time with each participant was approximately eight hours including the pre interviews of obtaining consents and post sessions of preparing of closing the field work relationships.

Table 2

Task	**Contact person**	**Number of sessions**	**Average time spent**
Permission to conduct research in Prison	Chief of prison	8 visits (one visit every week)	30 to 45 minutes per visits
Access to prison building	Police guards	The whole period of field work (8 months)	30 to 60 minutes in every visit
Pre-Recruitment	Registration department staff in prison	5 visits	One hour each visit
Consent taking*	Participants (individually).	1 x 19 individual sessions	~45 minutes
Actual Interviews	Participants (individually)	4 to 5 hrs x 19 individual sessions	~8 hrs Including the closing of

			interviews relationship
Preparing to end field work	Chief of prison Police guards	Two weeks prior to the end of field work	One hour each day for two weeks

Table 2. Ethnographic Time Spent in Field

4.12.1. Conversation and Ethnographic Interviewing

On the day of the first interview with my participants (prisoners), I was taken to the administration block at Al-Iwaa where the office assigned for interviews is located. I was escorted by a guard through a corridor where offices were on either side. Each interview day began with a meeting with the chief of Al-Iwaa in their meeting room. These meetings lasted about 10 to 15 minutes, and the chief of Al-Iwaa always inquired if I had experienced any challenges in my previous interview with the participant.

The process of preparation the ethnographic interviewing is the key aspect, there are clearly distinguished lines how conversation which blended ethnography should be approached. Hammersley and Atkinson (1983: 113) stated that:

'Ethnographers do not decide beforehand the questions they want to ask, though they may enter the interview with a list of issues to be covered. Nor do ethnographers restrict themselves to a single mode of questioning.'

In ethnography interviewing there is flexibility and reflexivity by the researcher in order to guide, the approach may be non-directive or directive in the same interview depending on what the interview is intended to serve. The researcher position remains mindful rather than following a specific line of questioning within the research process.

I always began interviews with traditional Omani greeting ritual that conveyed my recognition of the participant's individuality. Omani culture shares with the rest of the Arab world a lengthy greeting ritual which puts both communicants at ease and may reduce chances of interpersonal friction. Typical social interactions in an office involves the host asking the guest a series of ritualised questions such as "How are you?, How is your family? How are your children? Etc. etc." for each of which the guest answers "*Al Hamdulillah*, which could be translated as "By the grace of God." Then it is the turn of the guest to ask the same questions to the host. Body language during the ritual is very respectful. While the questions and responses are predictable,

the respectful manner in which it is conducted does set the mood to discuss serious business. All Omanis are familiar with the greeting ritual and therefore I naturally used by modifying the ritual queries to their prison lives. Most participants responded in a culturally normal way. I adopted the same ritual in my interactions with all participants and their responses were generally as expected.

I made it a point to ask the participants further ice-breaking queries such as whether he was comfortable in his seat. The initial questions were open ended designed to encourage the participants to talk freely. This way of starting the interview helped to develop a rapport with them. Not all interviews required such gentle breaking of ice as some participants were very proactive right from the beginning and appeared eager to express themselves, particularly about how they got imprisoned — perhaps because they were aware of this topic from the information sheet and wanted to talk about it.

Some participants expressed many interesting views even before starting the formal interview. Some appeared quite bold in disclosing sensitive issues related to their prison experiences despite the ever-present guard. Each semi structured interview took around one hour and was led by guided questions (Appendix 4). Given that my ontological and epistemological assumptions are aligned with constructionism, I considered the interviews to be a forum for co-construction and negotiation of meaning (Hampshire et al. 2014; Donaghue 2018).

Having previously conducted professional conversations and ethnographic interviews with drug users in Oman (not in prison), I already possessed empathy and a non-critical attitude toward this population. This often enabled me to navigate the direction of the present conversations through the strategic placement of themes into the process, but most importantly to allow stories of interviewees' lives and experiences to emerge.

4.13. Reflections and Challenges During Field Work

Reflection can be considered the researcher's ability to deal with different situations faced during the research process (Saunders et al. 2016). When reflecting on the research method, the researcher must be transparent in writing down the steps, the procedure of his/ her research, and the reason behind each action taken (Creswell 2014).

In addition, the researcher can reflect about the aim of being in the research field, and how to deal with the participants and other people involved in the study (Ormston et al. 2014). Therefore, here is my personal experience as first woman to conduct research in Oman prison:

The following extract from my field notes describes this:

"…I was very happy when I started my data collection in central prison; this was due to many reasons the main one being that the prison was somewhere I felt I live the experience with participants and getting to know more about them from their perspective. Central prison was new place to me, I did not know any people working there, building or units. Before approaching the place, I already had a telephone conversation with chief of the prison, and he guided me where to come and whom to meet. As per agreement I met Colonel in charge who was cooperative and provided all the information as he could and facilitate my research in the prison setting. Furthermore, he introduced me with his assistant, and I started to build a good relationship with both of them…". (Field notes 30.1.19)

It was also helpful to know the setting and be familiar with its systems and prison protocols – which also smoothened the process of the fieldwork:

"… It was easy for me to contact them because I learned how the prison was run and by whom. I understood the system, discipline and routines of the prison; building a rapport with the prison staff was beneficial and helped me to become familiar with the place and the people, I was given my own desk in a vacant room in Al-Iwaa near the chief of prison office. I used the facility to conduct some of the interviews with participants as well as recording my activity diary. These reasons may have facilitated my obtaining the ethical approval the prison authorities more readily. All these factors combined to make me feel at home."

At the beginning, I was unsure how to start because I was slightly confused about some issues like how I am going meet the participants (prisoners) here in the administration department at Al-Iwaa section. In addition, I was a lone woman in a male office environment, an unusual social situation in Oman. But I took the initiative to break the ice and had friendly conversations with them regarding the office and prison routine and they were quite forthcoming. Had I remained less forthcoming and

depended only on my own observations, I might have taken much longer to understand the routine. I gained a lot of information related to my research, especially upon meeting one of the chiefs of Al-Iwaa section. After a couple of weeks, I felt that the officers and guards had got used to my presence and they started to ask about me if I was not around. They would ask me conversational queries such as "Why did you not attend yesterday?" and "Where have you been?" "how is your data collection going on?" etc. A rapport was quickly building up. It was easy for me to contact many prison staff and we sometimes discussed in group about my research. Group discussion was very helpful and stimulated staff to share their opinions regarding the illegal drug use within the prison". (field notes 22.10.18)

My physical and emotional safety was an important concern of my QMU supervisors. Accordingly, the following plan was prepared: assess the physical structure of the location of the interviews, restrictions on movements, the allocation of keys access to records, familiarising with location and use of alarms, and other safety precautions. I also enquired about medical assistance facilities within the prison premises, in case a research participant (prisoner) became unexpectedly violent or exhibited any other health issue. Further, I made a formal contract with, my sister, and a social scientist with considerable ethnographic field experience to receive her support to ensure researcher psychological and physical wellbeing throughout the research period. She and my supervisors in the UK were kept informed the details of every field visit.

No physical safety challenges were encountered during the period of field work other than the stress of the long commutes between Muscat city and Sumail. Oman is known globally as among the highest rate of road traffic accident and death related because of high speed (ROP 2019). In addition to the hot weather which could be stressful for drivers. I managed the stress by minimising activities on the days prior and following each visit, as well as driving unhurriedly and carefully.

Conducting interviews with the participants (prisoners) was another challenge to me. There were some interviews which were quite emotional to me and participants. Liebling (1999) observed the potential for prison interviews to be emotional experiences for both the interviewer and the prisoner. To facilitate my psychological

wellbeing, after each field visit, I met with my sister for a half hour to express any emotional distress I experienced during that day.

Field work and data collection had many ethical issues that needed to be considered, this is described below.

4.13.1. Issues during the interviews: Interviewing about a Sensitive Topic

Most participants were interested in discussing the question about how they spent their day in prison. Even though the interview was meant to encourage them to describe their daily activities and how they spent their time day by day, many of them related that question to availability of illegal drugs within the prison.

For example, Munir said without being specifically asked:

"…you think that we don't get drugs here? I will tell the reality of this place if you don't know, there is no difference between here and outside the prison. Drug deals are happening here, we buy drugs, we sell drugs just like outside…"

Some of these enthusiastic participants would then realize that they did not provide the answer to the question asked. They would then ask me: …*can you repeat the question, did you mean the timings and boring schedules of prison?*

While some participants were very specific to connect the phrase 'life in prison' to illegal drug user subculture within the prison, several others were more cautious. Some appeared not to understand the question. They asked what the question meant by "daily activities in prison." Some participants said, for example, "*not everyone in prison is living the same life even though we all live under one roof.*" In view of such responses, I decided to reduce questions containing the phrase *life experience as illegal drug users*. Thus, questions such as "*Tell me about your daily life experience here as an illegal drug use*r" were taken out in later interviews.

When some participants said that they were happy to talk about how the drug deals happen in the prison, they also insisted that they were not referring to themselves. Some reminded me about the confidentiality of the study when it comes to publishing the secret of the prevalence of illegal drugs in prison. The participants were reassured that

they had the full right to decide what they want to disclose or not in interviews. What surprised me was that such participants did not seem to take the guard (who was presumably listening) as a threat to their secrecy.

"I expected that the participants will not feel comfortable to talk in the presence of a guard, however, none of them showed fear or hesitation to talk about availability of drugs in prison". (Field Notes 12.3.2018)

Often, participants' unsolicited information about the availability of drugs in prison was in response to quite general questions. One of them described how deals were fixed:

"In each wing there is a prisoner who is a leader, we are 40 people in one place, we have designated a corner where someone needs to get drugs will just stand in that corner and the leader will understand. But that doesn't mean that we are not careful in doing that—we still don't trust each other, we believe there are snitches among us, and we do get searched most of the time" (Ahmed).

At the end of this question most participants expressed the ease with which they could access drugs within the prison, for example:

"…the government is thinking that they are punishing us by putting us in prison, we do get drugs here more than outside the prison, and we buy cheap. You can buy drug for giving up your meal or telephone card to the dealer or ask for money transfer from outside to his account. None of the buyers is allowed to ask how the illegal drugs come in nor do we try to find out…" (Adil).

4.13.2. Challenges During Interview

There are number of unpredictable prison situations that could happen while interviewing prisoners. I had to be prepared for these while maintaining the role of the researcher in the setting. For example, in one interview the participant was fluent in providing information, but his verbal and nonverbal behaviour suggested that he had connected his addiction with his sexual desires and openly wanted to discuss that issue with me. Although his nonverbal behaviour was also not appropriate—such as maintaining sharp eye contact while stressing on explicit matters—I continued the

interview until the end of the allotted time. This participant had been clever enough to ask me at the beginning of the interview whether he could disclose all what he wanted to say. I had answered him that he had right to answer any question asked by the researcher. After this stressful interview I recorded in my diary:

"I was maintaining my role as researcher as much as I could, even though culturally is unusual to discuss sexual topics between a man and woman in Oman. I used all communication skills I was trained for as mental health nurse to keep the conversation to the level and role of a professional researcher." (Field Notes 12.03.2018)

During another interview, the colonel and chief of prison entered the room without prior notice. As the guard stood up to salute them, they ordered him to take the participant (prisoner) back to his quarters without seeking my permission. The participant and I had been in the middle of a smoothly progressing interview where I had established a rapport with him, and he was expressing his opinions and feelings and had wanted to talk more. Upon being interrupted, the participant appeared disappointed and helpless. I reassured him that the interview would be continued the next day.

During one such interruption the colonel and chief of prison requested me to disclose to them everything the participants were saying during interview. I responded (and later recorded in the diary) thus:

"I do respect your request; however I would like to remind you about the information I provided about my study when I was seeking the approval from the central prison. The information was clearly stating about the confidentiality between the researcher and the participants must be maintained for the purpose of the study. I shall be happy to provide you with the results and recommendations when I complete my study. As I promised, the dissemination of the study results will be done according to the plan scheduled and the central prison administration will be given the opportunity to discuss the study recommendation at any time. I will plan awareness programmes based on the study results for the imprisoned users of illegal drug and I hope to work collaboratively in this matter. I do apologise for not complying with your request at this moment because am not done with my research." (field notes 05.11.18)

The officers thereafter did not insist on such disclosures. Regarding the interruption of interviews, this is part of the protocol of the prison that the high ranked police officers have the rights to interrupt any meeting or official activity at any time. I had to comply with the protocol hoping that this situation will not happen for the rest of the interviews. Fortunately, there were no more such interruptions.

Conducting research in a prison setting with a vulnerable group of participants carried specific ethical, legal and safeguarding challenges and considerations that deserve separate discussion. Key ethical and safeguarding challenges from the research are highlighted in this chapter. Moreover, strengths, limitations of the study and new learning will also be discussed.

4.14. Ethical Consideration During Field Work

Conducting research in prison setting with a vulnerable group of participants carried specific ethical, legal and safeguarding challenges and considerations that deserve separate discussion. Key ethical and safeguarding challenges from the research are highlighted in this chapter.

4.14.1. Safeguarding the Researcher

A researcher personal safety plan was an important issue before, during and after this research. A drug offender's history is likely to include violent and aggressive episodes including those involving other people who exhibit violent behaviour. How my office furniture and positioning were arranged for my safety (chapter 5 section 5.6) and how I remained alert during interviews have been described in the preceding chapters. Although there were no episodes of aggressive behaviour from my participants, there were instances of hyperemotionality from the participants during three interviews which I had to terminate early. These conversations were related to new penalties such as heavy fines imposed on participants who had no resources to fulfil these, which the participants felt were grossly unjust. They were raising their voice in frustration and anger. As a trained mental health nurse specialist, I identified the signs of aggression escalation. Therefore, the immediate management decision was taken to deescalate the emotions by giving them the option to stop or continuing the

conversation to protect myself from potential violence or to protect the participant from being punished for unruly behaviour and contravening prison policies. It was important to take extra caution while managing participants' behaviour and emotions during interviews; listening to the harrowing accounts without unduly influencing their minds (Dempsey 2016).

Interviewing 19 users of illegal drugs had a personal impact on me. Frequently listening to participants' emotional stories and harrowing accounts and reading the transcripts during the analysis was challenging in managing these hugely subjective outpourings. I experienced emotional distress caused by adverse effects of listening to participants' accounts, however there was constant communication between me and my supervisors and my supervisor sister to discuss any concerns, as suggested by Scerri et al. (2012) and Love at al. et al (2019). They recommend using supportive networks to mitigate the adverse effects of vicarious trauma (chapter 4 section 3.9). Debriefings with my supervisors helped to enhance my understanding of vicarious trauma, leading to an improvement of my psychological status and, consequently, positive changes in my field work interactions.

4.14.2. Candidness Versus Safety: Prisoners Disclosing Incriminating Information

During the interviews, some participants made disclosures (either intentionally or inadvertently) of incidents that might have negative legal and ethical implications for themselves or their associates. I was bound by confidentiality not to disclose information. The risk of having to break the confidentiality clause could jeopardize the interview data and break trust with the wider participant group if word got around. Managing participants' sensitive disclosures in the official atmosphere of the prison was challenging at times in this research and required caution and discretion from my part.

The participants' imprisoned backgrounds and drug use criminal behaviour presented a particular challenge during the research. Participants were therefore required to consent to a confidentiality clause which required me to inform the authorities of any information that put anyone at risk. Managing participants' criminal

disclosures during the research was at times challenging and precarious. The methodological approach of focused ethnography in this study allows participants freedom to decide what they want to talk about. Taking into consideration that some participants' criminal behaviour was very much linked to their drug use, it was difficult for some participants to disclose their criminal behaviours. On many occasions it was difficult for some participants to avoid this topic. I felt some participants' body language and hesitancy and wondered whether anything they disclosed might be told to other prisoners which might compromise their safety. To help reassure participants, I reminded them that they could talk in general terms about their criminality provided that this information did not jeopardise anyone safety.

There was one exceptional case, however, where an incident was brought to my attention that it was ethically essential for me to emphasises the importance of minimising that danger. There was an incident when one participant told me about how his fellow prisoners severely beat up one of their cell mates suspecting him to be a snitcher. I contacted my supervisors at QMU and discussed this matter. We decided to report the incident to the prison authority without disclosing the name of the participant who conveyed the information. There were challenges during my field work of not being able to follow some of the inquiries, and the supervision team at QMU provided the necessary support to overcome these.

4.14.3. Managing Nostalgia for Users of Illegal Drugs During Interviews

Overall, the participants in this study expressed positive impressions about taking part in this study. However, given the vulnerable profile of the participants and the risk of relapse when recounting drug use during interviews, I had to be careful and mindful of not being a cause for rekindling their craving. The British Psychology Society Code of Ethics (2009) assert minimizing any adverse effect during research with participants. For example, I was avoiding questions and discussion related to the feelings of pleasure associated with using illegal drugs and how this pleasure related to the type of substance used. However, based on my observations, many participants wanted to focus on imagined or remembered pleasure while discussing their favourite type of drug.

During discussions on drugs and cravings some participants became very enthusiastic. As Adil described the enjoyment of using illegal drugs as 'something beyond human pleasure,' his face lit up in delight. The dilemma was how to interrupt his nostalgic memories (and thus risk reactivating his cravings) without discounting his feelings. After discussing these matters some participants expressed that they enjoyed the interview and wished it had lasted longer. Nevertheless, a few wanted to avoid this topic as they were struggling not to trigger drug cravings. I decided that the best solution was to be an active listener and I redirected, paraphrased and summarised the conversation as needed.

Bringing up painful memories such as relationship with family was a sensitive task. Research points out that sensitive topics come up during ethnographic studies on drug users and the researcher should be ready for them (Scerri et al. 2012). Many of my participants shed tears as they narrated their estranged family relationships. On the positive side such emotional relieving in the presence of a non-judgmental person might be cathartic, but on the other hand I was aware that they were returning to the painful reality of prison after the interview (Dempsey et al. 2016).

Nasser was very affected and depressed when we discussed his relationship with family, however he was grateful as he was able to air his feelings during our one-to-one talk. Overall, it appeared to me that participants may have benefited from these semi-structured interviews as they offered an opportunity to disclose sensitive issues to someone who was willing to listen to what they had to say. However, I had to respect boundaries and maintain balance so that, if a participant expressed extreme emotions, I desisted from probing too deeply. However, in all cases I stayed with the participant until the interview time was over, to protect the time that they had been offered, to allow participants due time, so that they could prepare to return to their cells and so that his cell mates would not mock him for his emotionality. Debriefings with my supervisors helped to enhance my understanding of vicarious trauma, leading to an improvement of my psychological status and, consequently, positive changes in my field work interactions.

4.14.4. Providing Incentives to Take Part in the Study

Providing renumeration for their time to take part in the research was part of the plan considering the difficulty of initiating their willingness to participate in this research and therefore to encourage participation (Love 2018). However, according to Oman central prison protocol, incentives such as cash money are prohibited because of several ethical and moral restrictions on how the prisoners spend that money. Therefore, offering money vouchers to the participants to be cashed upon release from prison was proposed as it is recommended in the literature as moral and safe (Love at al. 2019). As this proposal was also not accepted by the prison authorities, I issued individual letters of appreciation addressed to all participants by name. These letters were handed to the prison authorities to be delivered individually to each prisoner. However, I am unaware whether the letters have reached the participants as I had no further meetings with them.

An approved certificate of appreciation from QMU was awarded to the chief of the prison for his role in facilitating access to the prison and enabling the fieldwork to take place during my PhD by me during the termination phase of field work.

During field work I have had experiences of being overwhelmed with mixed emotions of fear, anxiety, sadness, feeling drained, interrupted by bursts of excitement and thrill of a new insight, — and happiness once I was settled and increasingly confident about my task.

4.14.5. My Emotions as an Omani Women Researcher

During the initial stage of the research, being a woman interviewing a group of vulnerable users of illegal drugs in a stiff and militaristic and all-male atmosphere made me feel vulnerable. But most of my fears were derived from methodological uncertainties—I was beginning to understand the ontological aspect of my research problem and the epistemological ways to find answers. My knowledge was mostly sourced from non-Omani prison ethnographies. There was no Omani precedent from male or female researchers. As an Omani woman my intense fear was how to reconcile the conflict between the formal and distant social role expected of me while interacting with men, and my potentially invasive role as an ethnographic researcher.

At the beginning itself, this conflict seemed exaggerated because in the already formal prison setting, I was treated traditionally as an Omani woman— for example, men would leave the room when I entered, as etiquette demanded that a woman and a man should avoid being in the same place together unless they are closely related. In order to break my fear I planned frequent meetings in which I took the part of initiating conversations with all who were present there to get to know to each other and normalise my presence as a researcher, rather than in the traditional role of an Omani woman.

Another emotion which was overwhelming was feeling of excitement whenever I was attending the prison setting. I often remembered I was a pioneer and I was in the process of discovering something new. The motivation and curiosity of conducting this study and having gone through all challenges was very exciting because each day was unique on its own. Each day was an experience that was full of in-depth knowledge to be explored and potential aha moments.

I knew from literature that prison research is challenging to all researchers; however, this study involved taking on previously untested barriers—overcoming, without the benefit of precedent, the delicate restrictions imposed by Omani customs as part of Omani culture within the prison staff.

The feelings of happiness were linked to the success of the practical process of field work. Having achieved my daily goals and objectives was an indicator of having everything in control as a researcher. This made me proud of the work done and encourage positive to continue my work. On the other hands, I was feeling anxious to get the work done without jeopardise and of the planned task and having a plan in advance for any unpredictable challenges.

I felt sad about having to leave the prison premises, while my participants remained in the same place, so saying goodbyes to them was difficult. This was accompanied by hope and determination to disseminate my findings to the authorities to make positive changes and initiate more research into providing strong rehabilitation support for drug users leaving prison after the first term.

4.15. Closing the Field/Terminating the Relationship

At the beginning of my last two weeks of my data collection period in the prison (which was to end on January 31) I gradually introduced the termination phase. Closing ethnographic research in prison is known to be less straightforward because there is no specific hypothesis to be tested in ethnography (Bryman 2016). I met with chief of prison and discussed with other staff the possibility of ending my relationship in the near future as I felt I was approaching data saturation. There were no more new insights being revealed or recurrence of familiar situations for the previous two weeks. The preparation period to field termination helped me, the participants and the police staff to overcome the experience of loss. I was mentioning every day for the last two weeks to police guards and the participants that I was about to finish my field work soon. According to Abbott and Scott (2018) stated that, during the termination of relationship process in prison the researcher has to carefully consider the principles of beneficence and non-maleficence. They argue that this phase requires greater scrutiny to avoid feelings of abandonment and loss for participants. Just before the last day in my field work, I had been given permission from the chief of prison to meet with all the police guards in that department and as many of the participants who were allowed to attend where I conducted the interviews. On the last day, I started from home earlier than usual. The roads were traffic free and the winter air felt cool and pleasant. I wanted to be the first visitor undergoing security check at the prison because I had been given permission to bring some home-made snacks and some gifts to distribute to the police guards and participants. I also carried a certificate of thanks from QMU for the chief of prison. That day was spent conducting semi structured interviews by conversing informally with the participants with no predetermined questions. As an ethnographer researcher this helped me to form knowledge which comes from the participants rather than my own assumptions (Holloway and Wheeler 2013).

At the end of the day, I met with the chief of the prison, department police guard and two of the participants (to represent the rest of the participants). On behalf of QMU I thanked them for their cooperation and facilitation of my field work, I thanked the chief of the prison for providing a safe environment to conduct the interviews, I thanked the guards for being kind and facilitating my daily work, and the big thanks went to the participants for taking part in my study. This situation was emotional to all of us

because of the bonding that had developed during my field work. However, the pre-planned weaning off period had helped us to close the relationship in an empathetic way, and I promised that I would be back with my results and recommendations after analysing the data.

4.16. Checking Trustworthiness of the Data

According to Knoblauch (2015) in qualitative research, the term *trustworthiness* replaces the quantitative research terms validity and reliability. In quantitative research, validity is the ability of a study method to measure what it is expected to measure. Internal validity is the ability of a study to investigate what it is supposed to investigate, and external validity refers to whether the research result can be generalised to other populations, contexts and settings. Reliability is concerned with the replicability of a study's findings by other similar studies (Stewart et al. 2017).

In Qualitative research the comparable terms are *credibility* and *transferability* and are used when establishing rigour. These terms are more appropriate and applicable to naturalistic enquiries such as the present study than are the terms internal validity and external validity (Ritchie and Lewis 2003).

Guba and Lincoln (1985 and 1994) cited by Polit and Beck (2012, pp. 322 - 323), suggest using the term *trustworthiness* in qualitative research and this comprises *credibility, dependability, confirmability, transferability,* and *authenticity*. The trustworthiness of the data, from the appreciative enquiry approach, is an important way to increase the confidence that the data reflects the participants' views. Trustworthiness can be increased by reflexivity, audit trail, triangulation, peer debriefing, member checking and prolonged engagement (Birt et al 2016). Since this study is purely qualitative, prolonged engagement, reflexivity, member checking, and triangulation were used to increase the issue of trustworthiness.

4.16.1. Prolonged Engagement

According to Holloway and Todres (2006) the 'native's point of view is the emic perspective or insider view where the researcher has some degree of familiarity with the culture being studied or is a member of that particular culture or group. The etic

perspective is the outsider view where the researcher may not have knowledge of the cultural background of the participants being studied (Green and Thorogood 2004; Holloway and Todres 2006). In these terms, as a specialised mental health nurse, since 2004 I have worked with people who use illegal drugs in Oman including prisoners in the forensic ward. I lived and worked in communities where drug use is endemic, affecting most families. I have worked with many illegal drug users after their release from prison.

In addition, and also now I am an accredited mental health nursing tutor in teaching in a nursing school, have completed all my nursing clinical studies and possess work experience in an institution that treats individuals for drug use and now is also a researcher who has studied in the UK since 2016. Thus, in this particular sense, I am also an outsider. According to Creswell and Creswell (2017) the emic and the etic views have provided me more description and exploration and to understand the phenomenon being studied and provide a better description by bringing a personal and professional understanding of illegal drug use in Oman.

In this study I spent more than eight months in the field (Central Prison, Oman) and this allowed me to observe the prison setting and frequently interact with prisoners and prison staff and develop a rapport and mutual trust with the prison administrative staff. Gradually the protocols of accessing the prison facilities became less time consuming for me which enabled me to spend more time with participants, as well for recording field notes and organising data collection. It also seemed that the participants were also becoming increasingly comfortable to share their personal information with me.

As an ethnographer, I was aware of the risk of my personal feelings, views and opinions inadvertently leaching into the research findings (Blackman et al. 2019). For maintaining my objectivity throughout these six months of field work, I adopted the recommended strategies as described below.

4.16.2. Reflexivity

Reflexivity is a process of showing the audience of research studies as much as is possible of the procedures that have led to a particular set of conclusions (Palaganas et al. 2017). According to Dodgson (2019) reflexivity is the relationship between the researcher, participants, data and knowledge gained and can be used to achieve the

reliability of the study (replicability of the study). Reflexivity gives the researcher the opportunity to give an appropriate and reasonable perspective of his or her own experiences and descriptions about the study setting and culture. This can be achieved by constant self-evaluation, the aim of which is to reduce the subjectivity and avoid researcher's bias (Ormston et al. 2014). The researcher aims to avoid conscious or unconscious bias that influences their opinions and thoughts and beliefs during the research process. To avoid reporting bias, two researchers have to work on the qualitative reporting so if the first reporter unconsciously skews the findings, the second reporter might rectify it (Creswell and Creswell 2017). Reflexivity helps to the reader to look at the ways in which the researcher's position or social location might have interfered with the research process or not. It will allow the researcher to make his or her own socio-cultural position explicit.

In this study I engaged in reflexivity by arranging meetings with my supervisors in all my data collection and the data analysis period. After each interview day, an online debriefing meeting with my supervisor was conducted via Skype. The supervisors are from a contextual background, their help and support during data collection and analysis contributed in increasing reflexivity in this study. I have engaged with supervisors because of their ability to raise issues and ask questions; this is an important part of the process of reflexivity. This process helped me to explain or uncover hidden meanings which lead to further explanation and reflection on the study that enriched the findings.

Reflection was a strategy that I adopted (Saunders et al. 2016). Reflecting on the interactions of the day helped maintain reflexivity. This daily cognitive exercise included reflecting on the research method, the aim of being in the research field, how I interacted with the participants and other people on that day, and the reason behind each action taken. To keep track of this process I kept a reflective diary where I transparently recorded the steps. At the data analysis and interpretation phases, the reflection diary data helped interpret and enrich my field notes and vice versa.

4.16.3. Member checking

Integrity of the information shared by the participants is an important sign of the trustworthiness of the research data (Birt et al 2016). I arranged *member checking* to

check whether the conclusion drawn from a particular feedback or observation was similar to what the participant actually meant. *Member checking* is also known as informant feedback or respondent validation (Brear 2019). For this I took feedback from the study participant at the end of each interview. In this study each participant was interviewed more than three times, therefore, I recapitulated with the participant the previous interview findings before starting the new one. In addition, video conferencing with supervisors at QMU after each interview to discuss the whole process of the data collection on that day such as how well the interview went on and maintaining the fields notes. This helped me to link the findings and the interpretation of the data collected during the interviews and observation.

Data validation by sending interview transcripts to the participants and taking their feedback is part of normal ethnographic studies (Hallett 2013) However, since my participants were prisoners and the data collection setting was a prison, the authorities had their legal right to verify them before reaching the prisoners. Even if the authorities honoured the confidentiality of the transcripts, the prisoners themselves might be afraid and they might even see this a breach of confidentiality between the researcher and the participant (Hallett 2013).

Therefore, to ensure the participant privacy and his trust in initial confidentiality agreement, I decided to do member checking at the time of data collection by doing an initial data analysis at the end of each interview. According to Birt et al. (2016) participants' validation must take place as soon after data collection and analysis as possible, otherwise participants might change their view due to any reason such as health problems, peer influence, or even because of participating in the study. Going back and forth to the data collection setting and spending more time with participants gave me the opportunity to engage more in reflexivity and I found that this method of validation had significant advantages. It encouraged the collection of additional data, stimulated more data analysis, enhanced reflexivity, which without doubt enhanced the depth and the breadth of the study (Dodgson 2019). Since the supervisors also were very much involved during the data collection period this helped me to continue data analysis with them after I completed the participants data collection interviews. I had the opportunity to engage in more dialogue during the supervisory meetings to discuss the topic, the findings, adding their views and confirming the findings.

4.16.4. Triangulation

Saunders et al. (2016) defined triangulation as the use of different methods and sources to check the integrity or extend inferences drawn from the data. Triangulation then enhances and mutually validates the differently arrived results, and the credibility of the study. In this study triangulation helped the findings drawn from one method to be supported by the other method which enhanced more understanding of the study conducted.

First, the data were collected using interviews with participants and ethnographic field notes interviews, field notes were used to increase understanding and add depth, enhancing the trustworthiness of the study. Thereafter the collected data were run through multiple methods of verification and data analysis that cross-validated the integrity of data and the trustworthiness of analysis.

4.17. Data Analysis

Data analysis part of this thesis will describe different strategies to understand the huge ethnographic raw data along with field notes. The data was documented in Arabic language because the interview guide was in and the language used for interviews was in Arabic as well. Therefore, the analysis of data took much effort to translate the data in English language. In order to organise data for analysis manual and electronic data management was employed.

4.17.1. Translation and Transcription Issues

Conducting research in another language is increasingly common in social research (Berg and Lune 2014). In such cases research findings, particularly transcripts of verbal exchanges, need to retain their original meanings when translated, yet be comprehensible to the reader. My study generated a vast amount of qualitative data in Arabic language which required sensitive and responsible translation. Further complicating this process was the fact that Arab culture as expressed in language and behaviour when converted to English need not yield a satisfactory interpretation unlike say, a French ethnographic study being published in English. As an analytic productive procedure my challenge as an Arab ethnographer making my work intelligible, coherent

and authentic in English was challenging and time consuming (Regmi et al. 2010). According to the large body of literature, there are different ways in which researchers can address the language differences in their research (Zeilani 2008; Regmi et al. 2010). The most important is that translation should be done by the person who knows both languages and the participants' cultural backgrounds to ensure quality translation and to minimize translation errors (Clark et al. 2017).

In this study, translating Arabic into the English language involved reading transcripts several times in order to check if the translation made sense and aiming at not losing the meaning of the sentences. Plugor (2013) argues that the ability of the transcriber to maintain the meaning of the collected data is essential to maintain quality of translation. Following Plugor's point, during translation, significant attempts were made to keep the meaning of the sentences as close as possible to their meaning in the original language. For this study I assigned a professional translator who was also qualified in Arabic literature in addition to her main specialization, sociology, along with experience in social work in communities. I was comfortable with 'this professional' having all the qualifications needed because confidentially and anonymity were maintained.

It was found that a few Arabic words used by the participants had their own meaning in the prison subculture community of illegal drug users, and which could be understood by them only. For example, the word "*muush*" cannot be found in an Arabic language dictionary, but it is Arabic slang similar to ''getting high,'' but it may also have a cultic flavour as it was sometimes used by the participants sharing similar beliefs and experiences. As "muush" has no direct equivalent in English we attempted to search for an English expression that had the closest meaning as possible. Regmi et al. (2010) and Zeilani (2008) suggested providing the nearest equivalent word or explaining the meaning in parenthesis.

From the beginning of translating process, I adopted a reflexive stance as required by focused ethnography research and continued doing the translation concurrently with the field work (Plugor 2013). Plugor recommended that analysis should be done in the language of the interview to ensure openness. Even though there was not enough time to translate all the interviews into English immediately after each interview, I followed Plugor's recommendations and I immersed myself in the experiences of the participants

by listening, observing and translating each and everything noted and heard repeatedly. According to Green and Thorogood (2014) the process of going back and forth to conduct interviews provides an opportunity for the researcher to become immersed in the data early, and to note down any comments during the interview in addition to noting down any points or observations arising from the interview.

The last phase of research is data analysis. Here all data are organised in order to identify patterns, categories, themes and the connection between them. I revisited the original aim and research questions of the study, and my focus became progressively clearer as analysis goes on (Wilson and Maclean2011; Holloway and Galvin 2017). I gained an analytic description of a culture, going further than description of behaviours or events (Holloway and Galvin 2017).

4.17.2. Data Analysis of Focused Ethnography

The ethnographic principles of cultural interpretation are identified through interconnections between data collection and analysis (Guba and Lincoln 1994). I chose the tool that facilitated in-depth data collection of the voices of the users of illegal drugs. Adopting the concept of Gerrish et al. (2013) "use the data to think with" I started familiarising myself and staying close to data. Higginbottom (2013) advises that in ethnography, the analysis of data begins to take shape in analytic notes and memoranda; informally, it is embodied in the ethnographer's ideas, hunches, and emergent concepts. My actions as ethnographer in data collection and analysing data started in the pre-fieldwork phase when I was formulating my research problem. During field work stage I continued the same methodology, before, during and after interviewing to the writing up. I used ethnographic methods to analyse and interpret meanings of large amount of data. In these interpretations I was guided by the description of Miles and Huberman (1994: 9): "Sorting and sifting through these materials to identify similar phrases, relationships between variables, patterns, themes, distinct differences between subgroups, and common sequences." From there I went under the period of organisation where I was able to find the similarities and differences between my field notes and participant transcripts and refer it to the research objectives.

4.17.3. Field notes and Researcher Observation Data Analysis

Here I found Goodall's (2000) advice valuable:

> My point is that where you write field notes, or what you compose them on, doesn't have to follow a prescribed format. You write what you need to write, to record what you need to record, whenever, wherever, and however you can. Editing and reflecting on them, however, was a very different activity doing this, the patterns in the fieldwork will be clear to correspond to personal experiences and pieces written.

Accordingly, I kept handy my reflective journal to jot down thoughts, observations, and questions. I wrote my field notes in long hand and wrote memos in the margins. These margin memos were sometimes queries that helped me follow up what was next in the field (Robert et al. 2011; Emerson et al. 2011). At this stage I did not actually follow any specific analytical framework which is very common in ethnographic research as stated by Eriksson et al. (2012), I relied on the detailed descriptions of meaning which refer to the concept of ''thick description'' as asserted by Geertz (1973) which could be elaborated as a monograph or essays and refer to "interpretation" or "reading" of the data (Ezzy 2002 p. 103). Patton (2002: 480) describes interpretation as:

> "… going beyond the descriptive data. Interpretation means attaching significance to what was found, making sense of findings, offering explanations, drawing conclusions, extrapolating lessons, making inferences, considering meanings, and otherwise imposing order on an unruly but surely patterned world."

From this point I was able to develop shared meaning, shape the findings, interpret the participants' perspectives and analyse data. I provided in-depth knowledge and reasoning of the subculture of users of illegal drugs from the contextual situated meaning pulling up all my field notes observations and interviews. Geertz (1973) suggests that "culture is not a power, something to which social events, behaviours, institutions, or processes can be causally attributed; it is a context, something within which they can be intelligibly—that is thickly—described" (p. 13).

Making sense of the voluminous ethnographic data I had amassed and finding analysable patterns in them was the biggest challenge I have ever encountered. In research this was to be expected and I needed to develop new skills that needed patience and time (Emerson et al. 2011). As Blackman et al. (2019) suggested, I went back and

refreshed my ontology and epistemology—the aims of my study, research methods I selected to ensure the connection between study research question formulation, knowledge and evidence in the literature, participant recruitment, data collection process and analysis. As I spent more time in reflecting, reading, rereading, writing and reflecting on my essential field notes, personal experiences, and the actual interviews, gradually I was able to articulate the patterns that emerged from the data, and come up with descriptions, that captured overall meaning within a larger context.

I took more time than expected for the shift from analysis to interpretation, partly because the raw data was in a different, non-European language which needed careful translation (described below). However, I used my insights to reveal unseen, unheard and unknown or hidden aspects of the raw field notes and interviews data to interpret reflections of users of illegal drugs life experiences (Blackman et al. 2019).

This helped me to embrace the subculture of users of illegal drugs and dwell with their thoughts, feelings and experiences as I employed Braun and Clarke's (2006) six stages to create themes by using thematic analysis approach as discussed below.

4.17.4. Thematic Analysis

A thematic analytical model was used to analyse the data in this study. This model is very widely used in qualitative research, although the literature neither clearly defines the thematic analysis nor suggests clear procedural guidelines (Alhojailan, 2012; Clarke and Braun, 2019; Javadi and Zarea, 2016). Despite this, most qualitative data analyses—narrative analysis, discourse analysis, grounded theory, and content analysis—tend to be thematic in approach, even if not often identified as such (Terry et al. 2017). Maguire and Delahunt (2017) identified thematic analysis as a "process of identifying patterns of themes within qualitative data" (p. 3352) that involves the identification, breakdown, interpretation, and reporting of patterns within a set of data.

There are other analytical methods in qualitative research that aim at describing patterns, for example, thematic discourse analysis, thematic decomposition analysis, interpretative phenomenological analysis (IPA), content analysis, and grounded theory (Gbrish 2012). These methods differ from thematic analysis. For example, both IPA and grounded theory do seek patterns in data but are bounded by theories. IPA, which

gives priority to experience, is theoretically bound to phenomenological epistemology (Holloway and Todres 2006).

The term thematic discourse analysis is associated with social constructionist epistemology and refers to a wide range of patterned analyses of data. Thematic discourse is identified as socially produced but presents no discursive analysis (Alhojailan 2012). There are forms of thematic discourse such as thematic decomposition which identifies patterns (themes, stories) within data, and theorises language as constitutive of meaning and meaning as social (Terry et al. 2017). These analytical methods usually search for themes or patterns across an entire data set, rather than within a data item (Vaismoradi 2013).

The grounded theory is considerably different from the others, being pragmatic and inductive. It avoids making advance hypotheses. Instead, the grounded theorists perform unqualified observation of reality at first. Based on these observations they then generate theories (Bryant 2016).

Thematic analysis differs from other analytical methods including IPA and grounded theory though it may share common elements with them. For example, in the current research I made my field observations with minimal interpretations or forming my own hypothesis prematurely. This approach—observing before theorising—is a key premise of Grounded Theory as well. Such flexibility of thematic analysis allows it to be an essentialist or realist method which reports experiences, meanings and the reality of participants. It can also be a constructionist method, which examines the ways in which events, realities, meanings, and experiences are operating within society. Being not tied to a particular epistemological or theoretical framework permits thematic analysis to be used within different theoretical frameworks and works both to reflect reality and to unpick or unravel the surface of reality (Javadi and Zarea 2016). Moreover, the thematic analysis does not require detailed theoretical and technological knowledge unlike grounded theory or discourse analysis; this makes it accessible for those who are new in a qualitative research career (Javadi and Zarea 2016).

The difference between content analysis and thematic analysis is that content analysis is used to analyse and explore large amounts of textual information (Vaismoradi 2013). It is a systematic coding and categorizing approach used to determine the connections of words used, their frequency, relationships and the

structures and to examining who says what, to whom, and with what effect (Terry et al. 2017). Thematic analysis, on the other hand, is known as "a method for identifying, analysing and reporting patterns (themes) within data" (Braun and Clarke 2006: 79). It is considered to be an independent qualitative descriptive approach even though it defies categorisation as a named method of analysis in the same way that content analysis does (Vaismoradi, et al. 2013). Thematic analysis allows the researchers to conduct many other forms of qualitative analysis in a descriptive method and it is viewed as a reliable qualitative approach to analysis (Vaismoradi et al. 2013).

Categorising a theme or extracting themes from raw data can be a challenge to qualitative researchers (Maguire and Delahunt 2017). What counts as a theme should capture and reflect the research question and show the level of patterned response or meaning within the data set. The main arguments in thematic analysis of qualitative data are what counts as a pattern or theme, or how big is the size of a theme (Clark et al. 2017). There is no fixed answer on what proportion of the set of qualitative data needs to display evidence of the theme or for it to be considered a theme. The emerging of themes is viewed as hard work on account of the process of analysis. Braun and Clarke (2019) argued that themes that emerge reside in the data, however, if it is so, they reside in the head of the researcher as she thinks about the process of linking all the data the way she understands them. The researcher has an active role in identifying patterns and selecting the appropriate themes to report for the readers' consumption (Terry et al. 2017). A theme might be given a value in some data items, or non or relatively little of the data set. Here the researcher's judgement is used to determine what a theme is and how to capture something important in relation to the overall research question.

The ethnographer will have the opportunity to think about data analysis from the beginning of being in the research setting and use it as a means of exploring the data to inform additional fieldwork rather than leaving it to be done towards the end of the study (Gerritse et al. 2018). Roper and Shapira (2000) argue that it is not necessary that all steps of any analysis sequence are followed exactly. In focused ethnography, there is no set of rules or methods for data analysis; however, the analysis process and stages should be clear and should allow the reader to understand and judge how the findings

evolved out of the data that was collected, constructed, and interpreted by the researcher (Blackman et al. 2019).

4.18. Braun and Clarke's (2006) Six-phase Framework

In this study, I followed the Braun and Clarke's (2006) six-phase framework for doing a thematic analysis (Table 3).

Table 3

Step 1: Become familiar with the data	Step 2: Generate initial codes
Step 3: Search for themes	Step 4: Review themes
Step 5: Define themes	Step 6: Write-up

Table 3. Braun and Clarke's 2006 six-phase framework for doing a thematic analysis.

4.18.1. Step.1 Familiarization and Organization Stage

The neutrality of the researcher at all stages of the research cannot be overemphasised. Unlike a quantitative researcher who relies on physical measurements and statistical tools for her data collection and analysis, the qualitative researcher's main tool is her own cognition and thinking. These faculties, while powerful, tend to be often conditioned by her past experiences and value systems. An ideal ethnographer in the field immerses herself in the research setting so that she becomes a data collection tool. Such a mental state may not be humanly possible but perhaps the researcher may need to keep that in mind as her ideal. This process allows the researcher to become immersed in the data and gain a sense of the study data as a whole before breaking it into parts (Green and Thorogood 2014). Taking the first step of qualitative analysis I revisited the data by reading, and re-reading and organizing the transcripts.

In order to become totally familiar with the data, it is important to review it after conducting interviews and observations in the field again—after the transcripts are re-read and after the field notes are re-examined, as well as understanding how the respondents' narratives can be summarized (Corti 2014). Once the raw data in Arabic had been translated to English I went back and forth between the Arabic and the English versions to be familiar with the data and to gain clear visual representations of the

meanings. Firstly, in the Arabic language interview raw data was checked and rechecked by another researcher and myself. Both of us have expertise in Omani lay language—colloquial oral Arabic—which is subject to regional variations unlike written Arabic (Modern Standard Arabic). The oral responses from the participants were organised and notes made to jot down early impressions. Each Arabic interview transcript was treated individually along with the observations and field notes. We began by reading the responses according to the questions asked then organised the responses without questions and thus became familiar with the entire body of data or data corpus. Repeated lexical units—Arabic words, phrases, or sentences—were grouped together.

Secondly, the English translated data were subjected to the same process separately without comparing with the Arabic as the initial step. The data were reviewed repeatedly, and each transcript analysed separately. According to Javadi and Zarea (2016), these steps help the researcher boil down the complexity of the data in hand and summarize each transcribed interview and observation. Transcript summaries help by providing quick information about each transcript or observed consultation, rather than having to repeatedly read the transcripts or the field diary to find certain information.

The process of revisiting the data separately (Arabic responses and the translated English data) helped me to immerse myself in the original data. All the notes from field work were reviewed, checked for similarities and organized accordingly. Therefore, the data were organized in a format that is easily manageable for conducting the analysis—which involved arranging the different elements of the data in the following manner: Field notes > Participants > face to face interviews. This technique reduced transcripts and field notes to a more manageable form, ready for the next stage in the analysis.

During this process, I started writing memos in the margin of the text in the form of short phrases, ideas, or insights arising from the texts. These memos later help develop themes and sub-themes. Themes were categorized and highlighted repeatedly in the text and so shall emerge as being interesting or important within the data and generate sub-themes (Hammersley and Atkinson 2007; Nowell et al. 2017).

4.18.2. Step 2: Generate Initial Codes

The second phase was the identification of codes within data to come up with initial codes. Fetterman (2010) explained that ethnographic data analysis requires intensive work and organization due to the great quantity of data collected from the field. Hence, the transcripts and summaries were organized manually and read independently to identify themes from the data and label them, the field notes, and the observational cases, in order to make sense of the whole picture. Data were organised in a meaningful and systematic manner by colour markers and side notes to avoid having an unmanageably large number of chunks of meaning. During this phase an inductive approach was used to identify key concepts by line-by-line coding to code every single line. From there the codes were developed and modified as I worked through the coding process. At the end, each code was compared, discussed, critically examined and modified before moving on to the rest of the transcripts. Afterwards, the codes and those that fitted were put into themes.

NVivo qualitative data analysis software (QSR International, Doncaster, Australia), version 10, was used at this stage, while coding occurred after importing the translated interview data (QSR International 2014). By selecting and adding text/quotes, initial codes for the parent nodes or child nodes were developed. All similar quotes were read again and were either added to existing nodes or assigned to new nodes if the text/quote was new. Nodes were grouped together for similarity to become codes and then refined to become subthemes (Bergin 2011).

4.18.3. Step 3: Search for Themes

In generating for themes, the codes were critically examined and categorised into primary form to capture the key themes from raw data. The codes were organised into broader themes that indicated something significant or interesting about the data and/or in relation to the research question. Prior to that, the findings were assessed by a range of techniques such as triangulation method to assess the trustworthiness of the findings. Codes derived from the transcripts were merged together to form thematic categories. Most of relevant codes were clearly fitted together to make a theme. For example, there were several codes that related to the perception of live experiences in prison, these were collated these into an initial theme. Some of the codes had considerable overlap

and were associated with more than one. For example, ‘‘stigma’’ of being in prison or being a drug addict. However, the codes were organised, and further screening was done to eliminate irrelevant ones and at the end into broader themes.

Four provisional major themes emerged from the data, these were; life experiences in prison, cultural influences on users of illegal drugs in Oman, impact of prison on users of illegal drugs in Oman and factors influencing an early relapse.

4.18.4. Step 4: Review Themes

The extracted themes were reviewed and gathered together to check if they make sense and were relevant to the codes and data. I re-visiting the data identified in Step 3 both manually and in Nvivo to check the association of data and each theme and whether the data supported it. Necessary modifications of the themes were done and developed in the context of the entire data set. The next step of review was to consider if the themes were coherent — whether the data supported the themes, whether too much was fitted into a single theme warranting separate themes. Also examined were whether themes overlapped or themes within themes (subthemes) were present (appendix 6).

To bring comprehensibility to the data, the comparison stage helps with making connections and comparisons within and between interviews, field notes, and generated themes (Holloway and Wheeler 2010). This stage allows the researcher to go back to the aim and questions of the study to provide a guideline to draw comparison between respondents and associations within them. In addition, it helps to make comparisons between participants and to look for similarities as well as how the themes could be related to each other and linked together in a more explanatory manner (Vaismoradi et al. 2013; Nowell et al. 2017).

4.18.5. Step 5: Define Themes

The aim of this step is to refine and define the themes ‘...identify the ‘essence’ of what each theme is about.’ (Braun and Clarke 2006, p.92). Describing the themes and the subthemes and their coherence to the main theme.

The thematic diagram was constructed into a conceptual diagram for the themes and sub-themes, and more theme comparisons were needed here to identify similarities or

differences or connections that can be used as a guide when discussing the findings. Therefore, it enabled me to present the findings in a logical manner.

4.18.6. Step 6: Writing-up

The final step was writing up the themes in preparation for discussing the results of the study. Each theme was elaborated in detail using participants' quotations to support it. All the themes and associated subthemes were described individually and supported with evidence from literature.

Table 4

	Emerging Themes	Description
Theme One:	Users of Illegal Drugs life in Oman Prison	Perception of drug users of their daily life in prison and description of the subculture of drug users among prison culture
Theme Two:	Drug Users and Public Eyes: Influence of Omani Culture on Illegal Drug Users	Perception of the Omani community on drug users
Theme Three:	The Scars of Prison: Impact of Imprisonment on Drug User's Life	The effect of imprisonment and recurrent re-entry on drug users in Oman
Theme Four:	Circle of Re-Entry – Reasons for Early Relapse	Factors contributing to early relapse soon after release from prison

Table 4 Definition of the Themes

4.19. Conclusion

This chapter set the scene of the research method followed in my research. The ontology and epistemology and the reason of choosing focused ethnography have been highlighted. Discussions on the method followed was elaborated and supported with relevant literature. There was a big amount of data gathered from the interviews and field notes and my own observations (refer to section 4.14.). Ethnographic interviewing and data analysis stages were highlighted.

Detailed results of themes will be discussed in the next chapter.

5. CHAPTER FIVE: THE STUDY SETTING AND PARTICIPANTS' PROFILE

5.1. Overview

The participants in this study were Omani citizens imprisoned more than once for illegal drug use, and for no other crime. The 19 participants were inmates of Oman central prison, specifically the *Al Aiwa* division where they were serving their second or subsequent prison term for possessing and using illegal drugs. This chapter introduces all these 19 young men, without revealing their personally identifiable information.

Demographic data collected included age, nationality (all were Omanis), type of offence including for which type of illegal drugs, information about their current punishment (jail term and amount of fine) as well as previous imprisonment history related to drug use.

5.2. Study Setting

This study was conducted in the central prison in Oman, located in Sumail, approximately 80 kilometres—about 1½ hours' drive—from the capital city, Muscat. This is the only central prison in the country with a capacity of 5000 prisoners (Picture 1) and houses adults (men and women) sentenced by Omani courts for various crimes. The buildings are divided into separate sections, such as for serving long and short sentences, women and men, as well as a section only for illegal drug users. The prison is supervised and run by the Directorate General of Prisons under the Oman Royal Police. The accommodation and facilities provided to the prisoners are in accordance with the recommendations of the World Health Organization and United Nations Commission on Human Rights (WHO and UNCHR 2009).

Picture (1) The Central Prison (Sultanate of Oman)

5.3. Inside the Prison Setting (Al Iwaa)

The central prison consists of two main areas: the first area consists of the administration buildings and prison blocks that house long-term prisoners. The second area is known as Al-*Iwaa*, which was where this study was conducted.

Al-Iwaa area accommodates most users of illegal drugs and some minor, and detainees awaiting trials. It has its own exclusive external entrance, administration departments and visiting area. There are four separate areas where prisoners reside, named *Al-Iwaa One*, *Two, Three* and *Four*. Each consists of a large empty centrally airconditioned hall that accommodates 40 prisoners. The room has no furniture. Prisoners sleep on the floor. Each prisoner is supplied with a small mattress and a blanket for the night, which are required to be folded away during daytime. At one end of the hall are four toilets and four showers with provision for privacy for the common use of all residents in that room. The walls of the hall are very high, approximately 14

feet. Near the ceiling and thus well-beyond reach of the prisoners are several small rectangular windows. Due to air-conditioning, and security needs, these remain closed most of the time. At the back of each Al-Iwaa section there is a separate large open area for outdoor activities. There is no connection between the different Al-Iwaa areas so inmates of one are unable to mix with those from their neighbouring Al-Iawaa.

There is no recreational centre within the Al-Iwaa complex, for which prisoners are taken to the main central prison. Recreational activities are optional, the prisoner has right to participate or not. There are also jobs that are offered to the prisoners such for example; administration work such as assisting in filing, organising papers, assisting the prison librarian work, performing cleaning functions, and assisting in serving food, for which they receive a small remuneration. Prisoners are shifted between the prison buildings in small vans with blackened windows which prevent them from seeing where they are going. Thus, the only people Al-Iwaa prisoners are able to see and interact during their entire stay in the prison are their fellow Al-Iwaa inmates and the guards, in addition to their families once in two weeks (Field notes 20.2.2018).

5.4. Prison Culture

My observations as an ethnographer during my daily field visits helped me to be immersed more in prison culture. Based on what I have observed, the day in prison can be described as monotonous, the same routines are applied every day. The working day of the prison starts at 6 am, most of the staff arrive by their personal transportation except the ones who are on 24 hours duty shifts, who are transported by police vehicles. Thus, in the early morning the area has heavy traffic as the staff arrive in large numbers and occupy parking spots to be on time for duty. Standing in the parking area I could see emerging from cars many uniformed police guards and fewer numbers of civilian administration staff in official Omani civilian attire—long white gown (dishdasha) with the head wrapped in turban, and leather sandals on the feet. I was able to watch military actions such as saluting each other according to rank. Some uniformed men were assembling for their early morning march. The police uniform is khaki coloured, their ranks mainly differentiated by their shoulder insignia.

There are two main communities in prison: the police and the prisoners. Although prison staff community appear at first sight to be unified, I could perceive different subcultures emerging. Within the prison staff community there are individual groups that tend to share similar attitudes and behaviours. The first visual and behavioural divide could be observed between the uniformed and the civilian staff. Within the uniformed staff themselves, those with similar ranks seemed to get along with each other very well. This was particularly visible among the lower ranked guards, who communicated freely and often boisterously among themselves. Those at officer levels appeared more restrained and formal, including towards their officer peers.

I have noticed that lower ranked police guards tended to be more flexible, friendly and approachable. This helped me to delve more into their subculture and gain insights. For example, the lower rank group would behave differently when the higher ranked police officers are present: even during socialising times their voices changed they used more formal Arabic expressions and used fewer words. Their faces were less expressive, and their body language remained formal. Nevertheless, military culture applies at micro level where everyone is the same, following the orders and protocol of the prison.

My perception of greater bonhomie between the guards compared to the officers should be taken with caution as there were many more guards than officers. Both officially and unofficially, I had to interact with the guards to a greater degree. Even while they were not present in the room, the volume of their conversations frequently disturbed the interviews, so I had to request to that the guards be quieter while I was interviewing prisoners. In addition, I may have received more candid, 'Hawthorne-effect-free' cues from the guards than from my study participants precisely because both the guards and I knew that I was not there to study them, whereas the participants were aware of their status in my study. I had far fewer opportunities to see higher ranked officers interacting with their peers freely except on in formal settings such as passing each other on corridors or in meetings. Regarding the civilian staff, they were even fewer and tended to remain in their offices, and I did not have many interactions with them.

Thus, the prison staff have their own stratified subcultures where they share similar verbal and nonverbal behaviours, mannerisms, values and the way they spend their working day within the prison's formal military culture.

Regarding the prisoners, at first sight they look alike in their prison uniforms—male prisoners in regulation orange t-shirts and trousers. This superficial uniformity masks entrenched group affiliations and subcultures. The prisoners, group themselves according to the types of their crimes. Each group has leaders and followers, each has its own way of communication, and they are accountable for their behaviours. Each group has sets of rewards and punishments.

5.5. Gaining Access to Al-Iwaa

The Al-Iwaa public visitation facility is open five days a week (Sunday to Thursday) from 8am to 1pm. Just outside the gate of the Al-Iwaa complex, there is a small structure known as a "*Caravan*" where all visitors must register their names and name the prisoners they intend to visit. The Caravan consists of two waiting areas, one for male visitors and the other for female visitors, separated from each other by a room where the police receptionists (guards) sit and process applications for visits. The room has wide windows that open to both separated men and women visitors' sides. The guard room has wide open windows to facilitate communication between the guards and visitors.

The Caravan is a busy, noisy place because most visitors come as families including children. Each family member must show their identification and get checked by police guard. Thereafter the families will be asked to wait, which may extend to one hour, during this time the police guard will communicate with inside departments to get the prisoners from their wing. Four to five families are simultaneously given permit papers to access the gate where they are checked by gate police guards once again. After the main gate along the road the visiting building is on the left side of the gate and the administration building that responsible for Al-Iwaa is found on the right side.

I was required to undergo the same prison visiting protocol as any visitor. This was repeated on each visit where I waited on the ladies' side for my turn. On my first visit one of the guards asked me why I was wasting my time studying people with drug

problems: he said that drug users are hopeless, and they are a shame to our community, they don't have religious faith, are irresponsible; they should be kept in prison forever.

A second guard said: drug users are manipulative and you as a lady you will not be able to get the truth from them, you are just wasting your time with them. They should be punished for what they have done.

A woman guard said: Do you think you can change anything in them? If you think so, then go on with what you are doing. (field notes 01.02. 2018)

I thanked the guards for their comments and explained to them the goal of my study. Several women appeared to be listening to my explanation. I was asked to wait there while they phoned the administration department and obtained my permit to enter. While waiting I listened to the conversations of the other waiting women. They were mostly sharing with each other their emotional distress of having their near and dear ones incarcerated for illegal drug use.

One woman said to another: She has two sons who take drugs, recently she lost one— he was just released from prison for couple weeks, he was at home most of the time, he couldn't go out much. Whenever he went out it was to look for a job (this was what he said). One day police came and took him from inside the house by force and he was jailed on that day. The very next day, the police called and said 'Your son has passed away, you should come to receive his body.

This statement made an impact on the other women, and they also began sharing their own experiences: drugs overdose death took our beloved ones in front of our eyes, either in and out in the prison—or they die of overdose. The police put our sons in the jail, but they cannot control or catch the people who sell drugs to our children.

Another lady mentioned that her son told her they could even get drugs inside the prison, and that drug deals were being done within the prison itself. Their sons are lost — they get no support after their release from prison. They get blacklisted they cannot get jobs for two years, our community doesn't accept them, so what is the police expecting from them to do during that time? And when their sons are sentenced, they [the parents] have to pay fines, and they have to come from very far to visit their children which again costs money. Also, the government has just one hospital for

treating drug addiction with just a few beds and waiting list is for 3 months before being admitted.

Thus, waiting in the company of the affected families and observing their verbal and nonverbal interactions provided additional ethnographic insight for my research. This opportunity helped me picture the possible interactions between the drug users and their families after their release from prison.

5.6. The Setting of the Interview Room in Al-Iwaa

The interview room was located at the Al-Iwaa administration building. The front door of the building leads to a small waiting room. On the other end of the room are two doors, one opening to a corridor lined with high-ranking police officers' rooms and the other leading to the division occupied by lower ranked police guards. Lining the left side of the officers' corridor are six rooms, where, in addition to officers, approximately 40 guards are deployed. All are men, mostly young. The first room is the biggest and is used for meetings. When I first entered the room noises from other offices were reverberating inside — due to a large number of police officers and guards confined in the small administration building. However, all police guards were very cooperative with me and were offering help. Arab-Omani culture is very hospitable, and hosts do everything possible to make the visitor comfortable. I found it more welcoming here than the police guards in the waiting area, however, I am sure that their strictness in prison access areas would be the same in any prison in the world.

A woman will be treated in a respectful way in Oman, especially when she is perceived to be alone, as was the case with me when I walked in at the prison complex. The police guards were often offering food and drink to me. There was so much generosity and kindness from all the workers there. Most importantly, the cooperation from the guards ensured that during my interviews with the prisoners, external noises such as loud talking were minimised. Thus, I was able to maintain my status and role as a scientific researcher during the period I remained within the prison premises. The reason for this was I wanted to give to them the impression that I was not there to solve any of their issues or spy on them or someone who knows everything. This helped me to behave like a professional but at the same time get to know everyone and feel free

to observe and ask anything to get to know more about prison culture. It took me a few visits to get myself into the prison community and know everyone within my study setting which helped me to proceed with field work starting from participant recruitment.

The space assigned to me was next to the office of the chief of Al-Iwaa. It was a spacious room with off-white walls, furnished minimally. At the end of the room stood a heavy rectangular desk. Behind the desk was an executive swivel chair, my assigned seat. A small file-cupboard and a potted plant to the corner. In my front, at the right-hand side, there was a visitor's chair meant for the prisoner (participant). I placed it half-facing me (at a 45-degree angle to me). The participant would be brought in by the guard wearing handcuffs. These were never removed for the duration of the interview. The police guard was always present in the room, seated in a chair placed to the left of my desk where he had both me and the participant in his field of vision though he avoided staring directly at either of us. This setting gave me the opportunity to observe the behaviour of both the police guard and the participant because we were all visible to each other. (field notes 03.02.2018)

The presence of the guard may have restricted the free flow of conversations. On the other hand, I felt physically safe with the guard, and the fact that a large desk served as a protective "moat" between me and the participant. In addition, the office door had a window in the middle, enabling those passing along the corridor to see us.

The placement angle of the Participant's chair needs to be explained. The non-confrontational nature of Omani etiquette requires guests and the host not to directly stare at each other, so in Omani offices visitors' chairs can be seen placed *parallel* to the officer's desk, not facing it. Needing some eye-contact from my participants, I opted for a compromise position by placing my Participant so that his torso was 45 degrees angle to me. I hoped this would help him relax yet permit eye contact.

Fetterman (1989: 43) suggests that ethnographers should be 'savvy'; taking full advantages of the natural opportunities. I had chosen the above placement of chairs for several reasons. First, I was able to maintain eye contact with both the guard and the participant as both remained in my field of vision. This helped me to read the non-verbal behaviour of the participant and the police guard and provided me with the rich field notes data of my observations. Second, as a woman I felt I had to be pro-active

about my personal safety, and the position I chose permitted me to be able to signal to the police guard if I sensed subtle cues of physical aggression from the participant. However, no such occasion arose during any interview.

TABLE 1. Table of Participants

Participants Pseudo Names	Age	Education	Number of re-entries	Current prison term (years) and fine (Omani Rials)	Type of drugs	
Munthir	24	Left school at 16	3	2 y + 2000 OMR	A	B
Ahmed	21	12 Grade	2	2 y + 2000 OMR	A	B
Nasser	30	12 Grade	3	3 y + 3000 OMR	A	
Hussain	25	College	3	3 y + 3000 OMR	A	B
Mahmood	18	Left school at 16	2	2 y + 2000 OMR	A	B
Zahir	20	College	4	3 y + 3000 OMR	A	B
Wasim	25	College	3	2 y + 2000 OMR	A	B
Haitham	26	Left school at 17	2	4 y + 3000 OMR	A	B
Saad	29	12 Grade	4	3 y + 3000 OMR	A	B
Jasim	22	12 Grade	2	3 y + 3000 OMR	A	B
Abid	24	College	3	3 y + 1000 OMR	A	
Adil	30	College	3	2 y + 3000 OMR	A	B

Saif	27	Left school at 17	4	4 y + 6000 OMR	A	
Faisal	20	College	2	3 y + 1000 OMR	A	B
Marwan	23	12 Grade	2	2 y + 2000 OMR	A	B
Abdallah	33	College	2	3 y + 3000 OMR	A	
Ibrahim	27	College	4	4 y + 4000 OMR	A	B
Salim	30	12 Grade	4	3 y + 2000 OMR	A	B
Amir	30	College	3	3 y + 2000 OMR	A	B

5.7. Ethnographic Encounters with Participants

In this section, I shall introduce each participant (without revealing personally identifiable details). In summarising each person's profile, I am mainly referring to my ethnographic fieldnotes using thick ethnographic descriptions. I give detailed accounts on how both the participant and I interacted, anticipating, and managing challenges such as "emotional danger" (Lee-Treweek, 2000) which arose from time to time when painful memories were evoked as they opened up to me. I handled each emerging challenge using both intuitive and learned ethnographic methods.

Below are some significant participants' descriptions from my ethnography fieldnotes during interactions with the participants.

1. Munthir

Munthir is 24 years old, single, and lived with his parents. He began by sniffing glue at the age of thirteen, and gradually moved to hard drugs. Currently he serves a 2 years term in addition to a fine of OMR 4000/. Munthir is the fifth among eight siblings.

His childhood experiences were not positive due to conflicts within the family. His father has three wives including his mother. His older brother was into drugs from whom Munthir learned about them. The former later died of overdosing. Munthir has been in prison three times since he started using illegal drugs. The maximum period he stayed outside prison was 6 to 8 months, and he admitted using different types of drugs but mainly injected himself with morphine and heroin. I conducted three interviews with Munthir. He initiated greetings to me before I did. He would address me as 'Doctor,' and I had to clarify that I was a researcher. During interviews Munthir remained pleasant and courteous, smiling before answering each question. However, while exploring his relationships with his family, his smile would vanish, his face hardened, while he expressed words of distress and anger. His responses suggested a deep resentment towards his family whom he seemed to hold responsible for his own addiction, in addition to his brother's death of an overdose drugs, the fate of whom he was struggling to avoid.

2. Ahmed

This unmarried 21-year-old young man is supported by his parents. At the age of 18, he started smoking cannabis with his college-mates, and a year later became a heroin user. His first sentence was for six months, but he relapsed within four months of release. The second sentence was for one year but this time he could stay off drugs only for two months after release. Currently he is serving his third prison term of 2 years in addition to a fine of OMR 2,000/-.

His imprisonment-relapse history showcases the ineffectiveness of imprisonment as a deterrence against drug use. While the jail term was progressively doubled each time, first six months, then one year and now two years, his relapse interval kept halving after each term: from four months to two.

Ahmed comes from a prominent Omani family and all his siblings are well educated. His father is an important government official and is also reputed as a deeply religious person who takes good care of his family. Ahmed's drug habit was a devastating shock for his father. He and all relatives—except his mother—rejected him outright. Since then, Ahmed has been moving around and living with different family members. Only his mother is kind to him, and he spoke about her with appreciation and love. I conducted three interviews with him. He appeared quite withdrawn during the first

interview and responded to my questions only very briefly even though they were open-ended, so I spent the rest of the interview talking of general matters in an effort to establish rapport. The second and subsequent interviews were more successful because he opened up, maintained eye contact and shared personal information including the trauma of being rejected by his family.

3. Nasser

31-years-old Nasser is one of the older participants in the study. He lives with his wife and three children. He has been using illegal drugs for a long time and became a poly-drug user. He has a supportive wife; however, her family and his own family are not supportive. Due to repeated imprisonment, he became unemployed and is not receiving any social support from the government. Currently he serves 3 years, term and a fine of OMR 3000/- I conducted four interviews with him. Nasser did not look physically well, but he insisted otherwise although he coughed frequently during all the interviews. He expressed his frustration with each and everything and persons that surrounded him, and he carried over this critical attitude while reminiscing about his life outside prison and people in his life. Most of his responses to questions consisted of mostly negative words and phrases. Nasser's responses also tended to be unspecific and amorphous, and it was a recurrent challenge to keep him focused. As this process consumed time, I allotted four sessions to him instead of the planned three.

4. Hussain

Hussain is 25-years old, divorced, and lives alone. His introduction to drugs was in an unlikely place—in the religious college where he was student of *sharia* (Islamic law), and despite his clear awareness that Islamic law strictly prohibited all mind-altering substances. He was initiated by a fellow student of sharia. Another unusual fact was that he began not with mild drugs, but heroin. The path to addiction was swift. His family background is also very religious, his father being the Imam of a neighbouring mosque. His father is also a sheikh of their area, which shows he was respected, and his counsel valued. Hussain is seventh among 9 boys and 3 girls. His marriage was arranged by his father as per the family traditions. Thus, at the age of 18, he married his cousin. (Cousin marriage is permitted as per Islamic law). The knowledge of his addiction severely impacted the family's reputation. His young wife left him to protect her family reputation, though even if she were not married to him, being already related

by blood would have impacted her family's reputation to an extent. Hussain has been in prison for illegal drug use twice previously and currently he serves 3 years, term in addition to a fine of OMR 3000/-, and this is his third term.

5. Mahmood

18-years-old Mahmood is my youngest participant. He is single and lives under his parents' care. When he was sixteen, motivated by curiosity and peer pressure, his began to experiment with drugs. Currently he serves 2 years term in addition to a fine of OMR 2000/- Despite his high intelligence and knowing the addiction risks of drugs, he continued using them till he became addicted. Mahmood hails from a harmonious and prosperous joint family who live together in one big house. He was admired as the family "genius" because of his intelligence and high grades. But this love and admiration turned to shock and shame when his drug addiction was discovered. Conviction and prison sentence led to further emotional rejection (though he was never physically turned out from home). His father no longer talked to him while his cousins and uncles persistently labelled and stigmatised him, even accusing him of imaginary crimes. Mahmood told me that it was their relentless and unfair stigmatisation which caused his relapse. I conducted 3 interviews with him. He was observant, readily understood the questions and gave well-reasoned answers and described his mental state, family relations, history of relapse and his inability to come to terms with prison life.

6. Zahir

A 35-year-old divorcé, Zahir was the oldest and the most confident participant in this study. After graduating in mechanical engineering, he lived with his friends initially. When he was 25, he and his friends visited Thailand, where he got initiated into illegal drug use. As addiction set in he became increasingly erratic in work and lost his job. Subsequently he was hired and fired from jobs several times till his recurrent imprisonments dried up all job prospects. Currently he serves 3 years term in addition to a fine of OMR 3000/- His family members unanimously blamed him for his addiction because he was "old enough to avoid it." He made several serious attempts to recover. He even joined a religious group whose influence kept him sober for nearly one year, but intense cravings returned, leading to relapse and reimprisonment.

7. Waseem

Waseem is an unmarried 25-year-old man living with his parents. He was introduced to illegal drugs in Bahrain where he was a sophomore student at a college of aircraft engineering. Like Hussain, Wassim too started with the most potent drug, heroin. He also simultaneously began to smoke cannabis. He has been in prison twice previously and is now serving his third term and currently he serves a 2-years term in addition to a fine of OMR 2000/-. Due to repeated imprisonments, he could never complete his professional education and thus missed a prestigious career opportunity as an aircraft engineer. He described his relationship with his family as conflict-ridden. He lives in an extended family where his father has two wives including his mother. He has 14 siblings and cousins from his mother and stepmother, all living under the same roof. The family was shamed and stigmatised by the society when his addiction and imprisonment became public, and in turn they labelled and stigmatised him. I conducted three interviews with him. Waseem had a permanently sad expression on his face. He actively avoided eye contact during all three interviews. While narrating particularly painful memories his eyes would brim, sometimes leading to a gush of tears and sobs. I would pause and give him time to recover, telling him to take his time, and assuring he had my attention and my time whenever he was ready. His verbal and nonverbal cues indicated that he was then suffering from a state of helplessness due to his failure in adjusting to both prison life and outside life.

8. Haitham

Haitham, a 26-year-old unmarried living with his parents. He left school at 17, and at 20, he started on drugs. His current preferred drug is heroin. He belongs to a very wealthy family and therefore money to buy drugs is not an issue to him. He travelled widely and used drugs wherever he went and has been imprisoned twice before. This time he has been awarded a stiffer sentence of four years in prison. Currently he serves 4 years and a fine of OMR 3000/- He claimed he was able to realistically “hear” people talking and laughing in the free world outside. His description of his family relationships exemplifies the gender difference in empathy. He said that all female members in his family were good to him, while the males rejected him. He has depression and feels insecure, for which he blames his father and other male relatives.

I conducted three interviews with Haitham. He always presented himself well-groomed for all interviews.

9. Saad

Saad, a 29-year-old divorcé, living with friends, started using illegal drugs at age of 18. He is addicted to heroin by injection. Since he left home, he never went back, and consequently his family relationships are nearly non-existent. He said no one from his family was asking about him. Saad was in prison for the third time for being found with drugs in possession for his own consumption. Currently he is serving his fourth prison term, which is for 3 years in addition to a fine of OMR 3000/- because of early relapse. He never had an opportunity to be treated for his addiction despite his ardent wish and personal efforts to stop using illegal drugs. The reason appears to be that residential deaddiction facilities in Oman have long waitlists. I interviewed Saad 3 times. He came across as sociable with good debating skills. During the interviews he often asked counter questions to mine. For example, when asked how he spent time in prison, he asked me to tell him how I thought a prisoner might spend time. Such verbal boomerangs were delivered without malice. I would use communication techniques such as reflecting and refreshing questions in order to give him room to ponder, explore and elaborate.

10. Jasim

Jasim is also a divorcé. He is 29-years-old and lives alone. He started using illegal drugs in his teens. The reason, he explained, was that his father was an alcoholic. Jasim is addicted to two powerful narcotics, heroin and morphine. His parents have died, and he has no contact with other family members. He has been in prison twice before, now serving his third prison sentence, which is for 3 years and fine of OMR 3000/-, of which he has already served six months. After his previous release he relapsed in 3 months because he suffered from negative emotions due to being stigmatised and rejected by his own people. I interviewed him for a total of 3 hours in three different sessions. He introduced himself to me by his by his name which was understood that he demanded recognition and respect as an individual with his rights, and not as a prisoner. He even negotiated with the guard to remove his handcuff promising to behave well during the interview. I conveyed my appreciation and respect for his wish but apologised that prison rules would not permit removing his handcuffs as it would violate the prison

protocol. Once the position was explained to him, he accepted and cooperated during the rest of the interview.

11. Abid

Abid is a 24-year-old college student living with parents. He started using illegal drugs at the age of 20 in the college and went on to full heroin addiction. He said he used to be highly intelligent and kept scoring A grades till he started using illegal drugs. This is Abid's second prison term, currently he serves 3 years term in addition to a fine of OMR 1000/-. His first term of prison was for one year but relapsed 4 months after release. He explained that intense feelings of shame, trauma due to relentless blaming by his family, self-blame, and despair about his situation had led to his early relapse. His family's targeting him caused him to lose any self-esteem left in him regarding his intelligence and academic achievements. I interviewed him four times because we did not complete one of the interviews. Abid came across as a smart and healthy-looking youth. During interview Abid was challenging and doubting himself and diverted communication or responses into blaming himself and others about his addiction. Interviews with Abid were challenging as the session was turning to a counselling session, I had to balance between maintaining my role as a researcher and at the same time respecting his dignity. For this reason, more time was allotted to him, and he took four interview timings.

12. Adil

Adil is a 24-year-old bachelor who lives in an extended family consisting of his parents and his 13 siblings. He started using illegal drugs when he was 20 and was initially sentenced for using and possession of illegal drugs for 2 years along with a fine of OMR 1000/-. He reported himself as the target for bullying and rejection by all family members. In order to get out of his addiction he attended rehabilitation centres in Oman. However, he relapsed because he found himself alone with no job or support from family. I interviewed him in three sessions. Sessions with him were unusually challenging due to his tendency to misinterpret my questions as somehow referring to sexual matters and framing his answers accordingly. He said he was equally addicted to sex and drugs. The way this participant was staring at me I concluded that he wanted to freely discuss his sexual experiences with me. For example, he described in detail how he slept with a housemaid. During such narrations he was intensely maintaining

eye contact with me. The fact that the guard was also listening to our conversation did not seem to deter him at all. I maintained my role as researcher and redirected him whenever it was necessary and was able to be assertive without discounting his feelings.

13. Saif

Saif is 27-years-old. He is married and lives with his wife and two children. He started using illegal drugs when he was 20 and showed no interest in becoming employed and settling down. In the hope that he might give up drugs and become responsible after marriage, his parents got him a wife. His drug use continued, and he was still not motivated to seek a job. Saif has been in prison several times, the last imprisonment lasted less than a year, he relapsed because of family pressure to get a job and support his wife and children. At the time of the interview, he was serving a 4 years jail term in addition to having to pay a hefty fine of OMR 6000/-. I had four interview sessions with him. Saif had a tendency to challenge my open-ended questions rather than explore them. For example, to a question on matters pertaining to family relationships, he responded by asking me that since I already must know the answer, why put that query to him. He indicated that he was an addict and therefore no positive change could occur in his life, then he generalised that no improvement is likely to occur in lives of his fellow prisoners as well. He said he had adjusted to prison life and has no problems with multiple advantages and prison was his second home.

14. Faisal

Faisal is 27-years-old, married and lives with his family. He started using illegal drugs when he was 20. He has been in jail 4 times for drug use and is currently in prison for 3 years and is required to pay a fine of OMR 6,000/-. He has a very supportive wife despite his continuing drug use. Faisal's previous imprisonment ended 6 months ago. What caused him to relapse was, paradoxically, witnessing a friend dying from overdose. His relationship deteriorated with his family and the community because of his aggressive and addictive behaviour. I interviewed him for 3 sessions. During the first interview Faisal admitted feeling privileged to participate in the study. He was cooperative and frank in his responses.

15. Marwan

Marwan is 20-years-old and lives with parents. He started sniffing glue at young age, when he was 16 he began to use other illegal drugs and is currently addicted to heroin. After being released from prison eight months ago he could not find support from the community or the family. He explained that he relapsed because he did not achieve any of his plans he made for his rehabilitation and reintegration while he was serving his first sentence. The gap between imagined and real life for a newly released drug user was too great for him to bear. In the current term he is in prison for 2 years and fine of OMR 2000/- years . I interviewed him four times, Marwan appeared depressed. He described his life between prison and outside as a roller coaster. He recalled how he had prepared goals and plans for a new life while he was serving his previous prison sentence. But reality outside was too harsh for his plans to work out. While responding to me he would succumb to crying spells. Therefore, we could not utilize the full time allotted for the second interview, as he sat crying in front of me for half an hour without respite. I did not interrupt, nor bring the session to a close too early as I sensed that he did not want to go back to his wing too early.

16. Abdallah

Abdallah is 23-years-old, and lives with his parents. He started using illegal drugs when he was 18 years old. He was previously imprisoned twice. His last prison term ended 8 months ago. Currently he serves a 4½-year term in addition to a fine of OMR 4000/- He has very poor relationship with his father and brothers; however, he has a good relationship with his mother and sisters. He relapsed because of boredom and the pressure of high expectations from the family. I spent four sessions with him. He described himself as a weak personality because he could not handle any situation without support from his mother. I used the technique of getting him to use pen and paper to graphically describe himself as an individual apart from his mother and fellow prisoners. This strategy was based on drawing himself with his circle of life experiences both inside and outside prison.

17. Ibrahim

Ibrahim is a 33-year-old divorcé who lives with his family. He was employed as an engineer. The nature of Ibrahim's job brought him into contact with international peers

some of whom were users and transporters of illegal drugs. With high quality drugs being so readily accessible he began experimenting with them at the age of 27. His current sentence is for 3 years in addition to fine of OMR 3000/-. Has been in prison twice previously. After being released from prison one year ago, he managed to stay drug free for eight months. However, his prison record prevented him from getting employment. His relationship with his family was not good, and he has been stigmatised by his community and family. In the hope of avoiding that stress and remaining drug free he isolated himself yet relapsed. Ibrahim showed strong emotions, self-blame and guilt in all his answers. He described himself as a loser having thrown away a brilliant career, later failing to rehabilitate himself due to stigmatisation from his family who should have been his support. The sessions with Ibrahim were challenging as he was very well educated and tended to intellectualise. I sensed that he was using such arguments as a defence against having to make more personal and rationalised everything on his favour.

18. Salim

Salim is 27-years-old, married, he and his wife and children live with his parents. He started using illegal drugs when he was twenty. He has been in prison three times, and his current sentence is for 4 years plus a fine of OMR 2000/-. Released from previous prison term only six months ago, he relapsed early, leading to reimprisonment. He explained that he voluntarily returned to drugs being unable to handle the stress of starting a responsible life in society. His relationship with his wife remains poor. Without a job he would not be able to support her and their two children. I interviewed him three times. During the interview he was very polite, but extremely formal, explaining everything using literal interpretation of religious scriptures and traditions. He avoided eye contact with me and when I requested him to maintain eye contact, he again gave religious reasoning as to why he should not do so. Thus, the first interview ended with little in terms of information sharing. In the second interview he had become less fastidious, and even apologised for his behaviour in the previous session, explaining he was slow, and task oriented in nature. In the second and a third interview sessions we had a relaxed and fruitful session where he managed occasional eye contact and shared personal information.

19. Amir

Unusually for a 30-year-old, Amir is still unmarried. He lives with his parents. He started using illegal drugs at 22, when he was at college. His last imprisonment ended 8 months ago and currently he is serving a 3-year jail term plus OMR 3000/- fine. He relapsed because of the relentless pressure from his family having to take more responsibilities. However, whenever he committed minor errors, they began blaming him. He has not been entirely abandoned by his family as he still receives sporadic individual support. I interviewed him for four sessions. He came across as sociable and expressed that he was adjusted to prison life and ready to answer any questions. In my observation his facial expressions betrayed strong suppressed emotions and he tended to avoid sensitive questions.

5.8. Characteristic of Participants

Due to lack of previous studies, and this study being non-quantitative the participants had unusual characteristic. The participants were from different parts of Oman and their narratives overall had a predictable pattern. More ethnographic studies supported by quantitative studies are needed to verify this.

Each participant's early history was unique. Once he reached stage of physical dependency, his story would increasingly parallel the narratives of his fellow-inmates and was likely to follow these stages: noticeable behavioural changes > family finds out > religious therapies and hopes of recovery > relapse > social stigmatisation > family stigmatisation > arrest and incarceration > release with renewed hope > social barriers and lack of supportive infrastructure > cravings return > re-joins drug users group > reincarceration > attempts to form new identity of superiority to non-drug prisoners, society, hardening "Us versus Cops" attitude.

Most drug literature includes respondents from very marginalised social backgrounds. In this study, however, many respondents were from relatively affluent backgrounds. Most of all many families are dictated by the cultural attachment the family may not be rich financially however the reputation of the family in the community is priceless (discussed in chapter one the tribal status religious attachment and financially status).

. In Oman, a family's honour-based reputation has strong socioeconomic implications. A serious instance of stigma will substantially reduce the marriageability of the other family members and divorces may result as a way to cut off relationship with a stigmatised family. This also reduces economic opportunities because each member of the society will *expect* the other members to reduce links with the tainted family.

Therefore, I would hypothesise that in Oman, relatively affluent family members will seek to distance themselves from their drug-user children. Fathers may even disown them to break free of the stigma. The differences between the economic status of the drug-related prisoners in Oman and the West may be established with further studies.

5.9. Conclusion

Exploring the individual profiles is essential when conducting focused ethnography. This chapter introduced the 19 participants of this study. Each participant was unique in background, psychological makeup, family history and drug use history.

In the following chapter, I will present the emerging themes according to participants' responses along with their personal quotes for relevance and understanding of the themes and sub-themes presented.

6. CHAPTER SIX: RESULTS (THE THEMES)

6.1. Overview

The purpose of this chapter is to report on thematic descriptions of the life experiences of the users of illegal drugs who have been re-imprisoned for resuming drug use, and factors responsible for their early relapse from *their* point of view. I was able to achieve the main objective of my study by exploring and understanding participants' life experiences as they interacted with me.

This chapter is divided into four sections representing the theme and sub themes generated through analysis the data. The sections incorporate the participants' responses along with the researcher's field notes and each section begins with an introduction.

6.2. Theme One: Daily Life in Prison

This theme focuses on the participants' perceptions about their life in prison regarding, their daily life in prison and description of their subculture. Adjusting to the daily official routines of the prison was a major concern of all participants, who described these as mechanical, boring and tough. Added to this was the challenge of understanding and adjusting to the power hierarchy that prevailed among their fellow prisoners which was enforced by threats and physical violence. For new entrants, the process of getting used to these unwritten rules could be a punishing experience, which included verbal threats to physical assaults. The third and most important factor was the participants' already present personal emotional burdens and physical distresses from the time of their incarceration. These became accentuated by the tough conditions in the prison. The participants were unanimous in their opinion that imprisoning illegal drug users was ineffective, pointing to their own recidivist history. A few even claimed they could easily obtain drugs in prison. The sub-themes are illustrated with participant quotes.

6.2.1. Adjusting to Prison Life

All the participants in this study had previously served prison terms for illegal drug use. However, several of them reported that even though they have been imprisoned before, the sudden change in living environment still causes entry shock (refer to chapter two section 1) and disorientation. Most participants reported experiencing physical withdrawal from the abrupt stoppage of their drugs. Among the other aggravating stimuli were the loud sounds from their fellow prisoners, loss of privacy, and feeling trapped amid unfriendly strangers. Haitham who was in his second jail term said:

> *'The first days in prison are always hard for me even though I have been jailed before. I usually suffer from body pain, headache, and abdominal pain. I would live in a confused state, won't believe I am in jail, then there is the physical pain from stopping drugs...' (Haitham).*

New drug-user prisoners also found it tough to convince the prison guards of the reality of their physical symptoms. Jasim recalled:

> *'It took me one week here to be seen by the doctor and get medicine for my pain. Since my arrival here, I had pain all over my body and I was feeling so tired and weak. But when I asked the police guard to take me to clinic, they did not believe me at first...(Jasim).*

He wept while describing his week-long struggle to convince the guards to get him to clinic. (I later learned that the guards were not being callous but were cautious because drug users often fake symptoms so they could sell or swap painkillers and other medications to their fellow inmates who in turn consume drug cocktails; to get high.

The second distressing experience reported by the participants was the feeling of loss of physical freedom—of being locked into a small space in close proximity of often-unfriendly strangers.

> *'... it took me a lot of time to get used to the life and adjust myself here, however I still can't accept all what I lost from my life — my freedom, my family, my relatives and then good friends, Of course, I can admit that the first days are the hardest to deal with all these losses...'(Mohamed).*

'... the first days were the most overwhelming, I am very sad since the first day here in prison, am very confused I don't know to whom to talk to, I am afraid of everything, I can't sleep well, I can't eat well I feel like I am here physically but in mind am still with outside world ....' (Salim).

Intense held-back emotions were perceptible underneath these statements. The first days in prison were clearly the most challenging, based on the responses from all interviews. Participants revealed experiencing shock, denial, intense emotional pain, guilt, anger, dread for future, confusion, loss of identity, and sense of rejection which worsened their withdrawal symptoms.

Another source of emotional pain was being cut off from their loved ones.

'... It took me time to accept that I am in prison. All I think is about my life here and how many more days I must endure it. It is difficult to accept the loss of freedom, I can't do what I used to daily. Although I try to get myself to adjust this new life of prison, I am still having pain and emotional hurt. I have to admit that losing my family and my good friends is what makes me feel bad about myself here, but I have to get over it and forget about it ...' (Saif).

Saif was quiet and was calmly answering my questions until he began to discuss his family. He abruptly stopped looking at me, turned to the guard sitting with us, and asked him in a shrill voice what his feelings would be if he didn't see his family for some days. It was evident that Saif wanted the guard and I to share his trauma of being separated from his family. (Field notes 21.2.218)

Participants disclosed that suffering abrupt losses upon being imprisoned—loss of autonomy, freedom, peace, personal space, and loved ones—made the first few days in the prison the toughest for participants. The bitter aftertaste of this initial period of imprisonment diminished the participants' ability to settle down and adjust to the reality of prison life.

6.2.1.1. The Boredom of Being in Prison

Eventually, entry-shock and initial adjustment problems would diminish. However, most participants perceived the prison life as dictatorial life or military life in terms of

rules and scheduling of tasks. Most disliked regimentation, not only the rules of the prison, but those imposed by the fellow prisoners as part of their subculture.

'...My daily life is like a regime… everything is dictated to us... the daily life of prison is the same for the rest of my sentence here, nothing changed since the day I came here, timing and scheduling is the routine of every single thing we do here....' (Nasser).

'...Spending day in prison counts in all aspect, the time passes very slowly, anything you do is questioned and criticised by other prisoners. No privacy, daily activities are extremely limited here. (Adil).

'... imagine waking up the same time doing same things seeing same people and living in the same place for three years ... Living the same routine over and over I have lost the test of life .... nothing is interesting anymore there is no something to look forward to because is this same monotonous life everyday ... (Hussain).

Each day is drab and predictable. Nothing changes, except that occasionally an inmate is freed, some get transferred to other units, to be replaced with fresh faces. Spending months locked in a hall with a group of similarly edgy and bored people can be emotionally and physically draining. The prisoners are locked in their dormitory hall except when let out for the evening outdoor activities in the small, enclosed courtyard adjacent to the hall. Abid and Marwan mentioned that:

'...my dormitory is too small for the number of prisoners, we are about 36 or 40. I am breathing other prisoners' exhaled air more rather than fresh air. This is really too much to handle, and my health is not good ...'(Abid).

Marwan expressed his situation as *living in a prison within a prison.*

'...we don't leave the wing for the 23 hours daily; we only spend one hour outdoors. We have all our meals inside the wing, so basically, we are in a prison inside the prison ... (Marwan).

6.2.1.2. Participants' Ways of Relieving Boredom

For an hour every day the dormitory door is unlocked, and the prisoners permitted to walk within the confines of the walled open area. As everyone is allowed out

together, this activity allows all to breathe fresh air and perform physical exercises. Every wing has its own walled outdoor space, limited to the prisoners of that wing.

'... the hour that I spend outside is most important to me, there I can breathe fresh air, see the sky and feel connected to outside world. Although I am still with same people seeing the same faces, I try to utilize the hour for myself and get the most out of it….' (Abid).

'...we are not able to see other prisoners from other wings because the playgrounds are separated but we can still hear them talking...' (Mahmood).

For the remaining 23 hours a day the participants (except those who were allowed out for voluntary work or other activities) stay together, bored and frustrated and feeling that time passes slowly. A few who looked forward to their release and kept thinking about it reported feeling better as they imagined their release.

'For me, I am obsessed with time, I have nothing to do except waiting for the day of my release. I am bored here, when I think that the end of my sentence is getting closer, I feel time moving fast. But when remember that I will be released only next year, time moves very slowly....' (Hussain).

Some participants suggested that prisoners must be forced to work or to engage in some activity:

'From my experience, if work is compulsory here, we could do many things, I mean all the prisoners, so we would not be thinking about time. Spending the entire day doing nothing its really killing me and make the time crawl. In my opinion the boredom is the main thing that makes me count every hour without doing anything... '(Munthir).

A minority of participants reported being able to work or use their imagination and formulate plans in their head to pass time:

'.... I try to utilize my time to get rid of boredom, so I help anyone who needs me, for example, I help in cleaning, distributing meals, playing cards with other prisoners (but not always because it ends up with a fight). I thought of doing all these things during daytime to pass the time and it did fly, and at night I make up any story in my imagination to help me sleep. However, that doesn't mean

that I don't feel bored like others especially when some prisoner is released on that day, I really feel that I want to have my freedom now...'(Saif).

'...although I find something to do to avoid getting stressed, I still count days and look at the calendar just to know the days and date or if it is weekend ... I don't count down the remain days to when I will be released because my sentence is too long, ...' (Salim).

'...I am lucky to have some work to do here though mostly routine tasks, so I have to do the same thing over and over ... I feel disappointed when I remember that I will be released only next year and that slows down time....' (Amir).

Paradoxically, the above three participants, Saif, Salim and Amir, had great difficulty in managing their lives in the outside world. The first two confessed that they preferred jail to the uncertainties the outside world. For Saif, prison is his second home, where he said he is able to 'pursue multiple interests.'

However, the fact that participants such as the above trio do spend some of their time in gainful activities or recreations, need not imply they are happy in prison. Indeed, all three revealed that they were very much stressed and saddened for individual reasons.

6.2.1.3. Consequences of Relieving Boredom Through Prison Activities

There were indeed some permitted activities in the prison, such as limited sporting opportunities such as football, a modest gym, opportunities for helping with routine work in the prison administration or in cooking and serving food. My queries related to activities within the prison elicited conflicting responses from the participants. Some seemed to have lost their zest for life and passed days in inactivity, dismissing permitted activities 'as doing the same thing every day':

'...Imagine waking up in the morning every day and see the same people, do the same thing, this is really killing me. I can't really differentiate between day and night, looks the same to me because all what I see and do is the same as every day. I prefer to stay in the wing rather than doing any activity, I found that also boring and no use to do things that I don't like ...' (Jasim).

'...I hate myself more and more when am here, I can't stand living this monotonous life for the rest of my stay here. The activities are the same as

everyday so it's still the same scenario as every day we play football or volleyball getting engaged in some craft activities or library. Till now almost I spend quarter time of my sentence I still did not get used to this life …' (Ahmed).

However, several participants wished to participate in prison activities. However, such prisoners faced another barrier. Those who showed genuine interest in official prison activities faced the risk of peer alienation. The prison facilities are located at a distance from the dormitories and the inmates who regularly spend time there would be suspected of being police informers. Salim and Amir were among the few who took up gainful activities and suffered for it:

'…I chose to work to help myself and use my time effectively here, I work in the administration helping the librarian till noon, after that I help the catering staff to distribute meals. I have lost the trust of most of my fellow prisoners. Many don't even talk to me. Sometimes I fear for my life from my fellow inmates …' (Salim).

'…I have been moved to this wing because I was physically abused by other prisoners in the previous wing because they doubted that I am a snitcher and that I work with police …I used to go for the gym and doing some activities, but I stopped when even my close friends stopped talking to me …' (Amir).

Waseem, an ex-engineering student, also wished to participate in prison activities but was afraid for his life from his fellow prisoners:

'…There is no time that I feel peaceful here except in the middle of night when everyone is sleeping and even that only a few hours until we go on the same daily circle. For this reason, prisoners are frustrated and fight each other, and sometimes I just scream and talk [to myself] loudly just to bring out my anger ….' (Waseem).

Thus, it appears that most prisoners remain idly among their inmates and suffer the boredom rather than leave for a time to participate in officially permitted activities. The risk of being physically away from the group is that of being suspected, labelled, and stigmatised as 'police informers.' From participants' point of view, the prison subculture functions as a micro tribe whose leaders are endowed with power to offer physical pleasure (by procuring drugs) and inflict pain (threats and physical

punishments) on other inmates. Some participants mentioned, the potential scapegoat is one who is 'different,' particularly if he keeps disappearing to engage in "prison activities." They were worried that once such a person is 'officially' declared as a scapegoat, he becomes a legitimate target for the underlings to vent their aggression.

6.2.1.4. Mental and Physical Health of the Participants in Prison

Both physical and psychosocial health can become impacted under prison conditions. Studies have shown that psychological wellbeing in prison is extremely difficult to maintain (Zurhold and Stover 2015). Imprisonment diminishes one's sense of agency, one's self-perceived capacity to successfully deal with suffering (Sykes 1958). Personal distress is about the participant's negative experiences and how he manages to cope with these while living amidst the prison community (Goffman 1961). After the initial icebreaking they poured out their sufferings, which continued day after day, making it a challenge for me to continue to participate in these sessions with calmness. Each participant tried to form his own bubble of isolation, as illustrated below:

> *'...I alone in the middle of this prison crowd, this is how I can describe myself here, losing my freedom, my privacy has affected me so badly, I feel that I am in a trapped in a big roller-coaster and I can't get myself out of it, my mind is destroyed because of lack of sleep, I can sleep only three-four hours per night because of all the noises…. (Abdallah).*

…. my mood swings are becoming worse here because prison inmates …. in this small room I am living with prisoners who have mental issues …. There is a lot of misunderstanding and suspicion between prisoners, and this has caused more tensions between us …. Therefore, all of us suffer from mental problems …. (Saif)

Saif also reported feeling alone in the crowd, and suffering mood swings, which increased his loneliness:

> *'...Here I have developed depression and mood swings since the day I came here, I was given medicines for my mood. When my mood is low it makes my stay here very difficult, every day my feelings are getting worse, I feel that am*

alone in this crowd. Sometimes I can't hear anyone, only my inner voice which keeps telling me terrible things about me...' (Saif).

Munthir …

"... I suffer from sad mood all the time here in prison .... although I used to feel sadness outside prison, but here, I developed fear and I feel stressed out with everything ...I don't have friends here. I prefer to be alone and not talk to anyone here .... (Munthir).

Stresses of prison life may have numbed some prisoners' social awareness. That led to their inadvertently stepping on others' toes which led to even more interpersonal difficulties. Adil explains how he isolates himself into a corner:

'...a little disturbance is enough to make me anxious and worried for the whole day, since the day I got here I felt I was losing my mind, I can't tolerate a word from anyone, I take everything negatively ... I have so many suspicions, can't trust anyone—even the food here, sometimes I starve, my behaviour has caused others to leave me alone, no one wants to talk to me .... (Adil).

Some participants of this study who were educated, expressed more about engaging them in self-stigmatisation. Ibrahim, a thirty-three-year-old ex-engineer illustrates the feelings of shame experienced by him.

'...night-time is a daily nightmare to me, because that is the time that I get all my negative thoughts, I keep talking to myself either blaming myself or others or feeling guilty of what I have done ... I think about my family and the shame I brought to them. I don't like myself, sometimes I feel that it is better to go away from this world to get rid of this pain and shame....' (Ibrahim).

Waseem, an engineering student who had to abandon his studies half-way due to addiction, also was tortured by suicidal thoughts.

'.... I don't like myself in here I feel trapped ... I was a free bird outside ... living in this closed space is killing me .... Sometimes I feel like if I die, I would get my freedom .... In my mind I still cannot accept this place no matter the number of entries ....' (Waseem).

Participants were unanimous that in their opinion that prison life had no therapeutic effect on them, instead, it reinforced their addictive tendencies. Several reported that within prison they craved for drugs even more than before and felt that upon their release they might relapse.

'…in my opinion prison won't help us stop using illegal drugs, they punish us by imprisonment thinking that our stay here will be free of drugs. But I feel more attracted to drugs now even more than when I was outside; here everyone talks about drugs and I can't control my cravings...' (Zahir)

'…although I am free from drugs here in prison however, I don't feel that it's helping me to stop using illegal drugs when I'm released …I can see that prison is not a correctional nor it is a therapeutic organisation that can help an addict …I think I need more than being in prison to recover from my addiction ….' (Ahmed).

The participants also said that their physical health was impacted due to prison life. Indeed, the communal and crowded structure of prison environments are known to be natural incubators for contagious diseases (UNODC 2012; WHO 2014).

'…. I have been diagnosed as asthmatic after I entered the prison, I was perfectly well before that …the room is so full here we are around 36 to 40 people in one small space …. I hear prisoners coughing the whole night … I think I caught cough from them …. (Hussain).

'…I had no physical problems before coming here; nowadays I have breathing problems and I get this cough all the time, I feel weak, fatigued. I get fast heartbeats for any small effort I make, there are days when I get dizzy and I choose to just sit down doing nothing. I can't tell anyone what really going on with me because they would think I am a weak person….' (Jasim).

The high windows of the prison dormitory reduce air circulation. Some participants animatedly demonstrated the 'airlessness' of their dormitory by pointing up and gesturing to demonstrate how its ventilators are placed so high that it was impossible to reach them. Unpleasant smells of sweat etc. worsened the air quality. Some participants revealed that they developed respiratory problems. (Field notes 12.3.2018)

6.2.1.5. Subculture in Prison

Users of illegal drugs, unlike other criminals, may feel a bond with other users of illegal drugs, in present or future. This sort of bond of common experience does not seem to exist between other criminals (Page and Singer 2010). In general prison culture can be defined as prisoners sharing the way of living in terms of routine and rules in prison (Page and Singer 2010). Participants seemed to view the prison community as a total culture. Abid described prison as:

> *'…. we all live the same life here; we obey and follow what is called prison rules and regulation and this is not by choice, I took time to learn and fit in these rules because I was still living in denial. I had to talk, behave and think like everyone here in the way that satisfy the prison community …' (Abid).*

Participants were able to create their own subculture in prison that represents them. Jasim explains the divisions and groups:

> *'…we prisoners pretend to show the police that we live how they want us to live, but that is not the real life that we live here. The small wing that accommodates us has its own way of living regardless of what is supposed to be seen in a bigger prison community. We have a small world in each wing here, we have our own sub-culture that only we prisoners are aware of….' (Jasim).*

Participants concluded that sub-culture could be created at anytime and anywhere because of the intense psychological bliss of the drug experience, and the similar ways the society has stigmatised them all of which contribute to generate mutual understanding and empathy.

Prisoners have their own unwritten internal rules which every prisoner must comply with, otherwise he would be in danger:

> *'…We have to obey the prison rules and regulations; but we have also our own rules here and there. At least five rules are basic: follow and obey group leaders, don't ask for anything unnecessarily, don't keep away from other prisoners, don't snitch, and don't work with police...'(Haitham).*

There are hierarchies and subgroups among prisoners, all try to group themselves according to the type of crimes and sentence. There are strong and weak, leaders and

followers, popular and rejected ones. Users of illegal drug have their own sub-culture within these groups:

'…in prison community we belong to groups, each one of us has to follow what the members ask us to do, the groups are divided according to the crimes. I am here because of using illegal drugs therefore I belong to a group, and we have been sentenced for the same thing.... (Saad).

'…Among our group, each member has specific responsibilities, my duty is to make sure the messages reach the one who is higher than me. Am not supposed to ask... I cannot reveal much but if someone needs anything from our leader my duty is as post-man....' (Nasser).

Faisal also supported that by saying:

'…as drug users here, I need to be known as belonging to my group as my identity, this for my protection, the more I obey and follow my group the better respect I get here...'(Faisal).

Participants have to comply with the rules within those groups. Some raised concerns about their safety however they had to fit in within the subculture created.

Participants revealed that they consider themselves superior to prisoners who have committed other types of crimes. They believe that they harmed only themselves and did not force any one into buying and using illegal drugs therefore they don't prefer to be part of any other group. In this regard Saif and Abid stated this:

'…As drug users' groups, dealers create their own groups, but they are not known to us, and we are not supposed to ask or even talk about them. When I first came here, I asked whom I could approach to buy drugs here and I ended up being beaten by two inmates….'(Saif).

'…All the other crime groups respect us drug users, I belong to the group that cleans and washes our leaders' clothes, but that doesn't make us less respected than the other [non-drug] groups. I can say that drug users' group here have created a strong community, we have our own identity, we can lead the wing more than another groups….' (Abid).

Almost all participants seemed to welcome their subgroups in prison, and they were willing to join the groups and create their own identity within the groups.

The mode of communication among prisoners was based on the crime and the group they belong to. Participants revealed that users of illegal drugs groups have their own jargon words and phrases only used by them. Ibrahim explained by saying:

> *'...as drug users, we use certain words to talk to each other, or certain nonverbal symbols or signs to communicate with each other, I took time to learn this common language from other members. Once I learned it I am enjoying it because no one else can understand what we are saying — even the police guards — only us drug users can...'(Ibrahim).*

Some secret phrases related to drug trafficking in prison were codes that were required to be used sparingly and cautiously:

> *'...I am not allowed to reveal these words because they are used only for drug deals, some words are to get money and some if you want to phone outside the prison [for matters related to drugs] and these words are not to be used in any occasion except for their purposes. I also should follow a channel of communication if I want anything or pass any information among members...'(Amir).*

Each substance used has its own name in prison which is different from its name outside the prison. Abid explained:

> *'...I didn't know the names used for requesting drugs in prison ...cannabis for example is "mush" — that name is not used outside prison ...to request cannabis I had to use this name .... (Abid).*

Having a shared mode of communication meant that everyone within the users of illegal drugs group could be understood and this created a strong subculture in the prison community. This has resulted in the creation of a drug users' network inside the prison that is similar to networks outside prison.

6.2.1.6. Getting High in Prison

Prison is supposed to provide a drug free environment, particularly for those jailed for illegal drug use. However, participants of this study revealed this was not the case. Although available drugs are not of a high quality, the prisoners use them to get high.

> *'...I learned more about using illegal drugs when am here in prison, other prisoners have taught me how to play sick in order to get some medicines from the health clinic, when I mix these medications, they give a sense of getting high. For example, I am prescribed a medication called Tryptizol [Amitriptyline] in small doses so what I do is buy more from some other prisoner to get a high dose, then I got addicted to this medicine after some time….' (Saif).*

Some participants were able to get cannabis in prison:

> *'...I was lucky a few times to get cannabis here, of course I paid triple the price of its cost outside the prison, but frankly it was worth it….'(Jasim).*

Antipsychotics drugs were also used:

> *'...There is a medication we call it here among drug users "JK" [procyclidine, an antispasmodic] although we use this drug to get high it causes unpleasant reactions, so I was once given this drug in the tea [as punishment] because I had delayed transfer some money to the leader's friend outside the prison…'(Haitham).*

The participants were discussing the availability of drugs in prison without any fear of the police guard who was sitting with us. They were talking freely maintaining eye contact, some of them seemed to take it as a challenge to disclose this information. The police guard was smiling and looking at me, but he did not interfere, or deny any of what participants have disclosed, after the interviews. (Field notes 13.1.2019)

From these responses, it appeared that participants were still getting drugs and getting high in prison. Drug dealing was still going on behind bars.

The process of buying and selling drugs in the prison was conducted secretively. There were rules to follow to buy or receive or request drugs. Some prisoners were known for this purpose, but they would change roles very often to avoid being caught:

'...we have our own way when it comes to deals, for example, if anyone wants to get high, in our wing there is a corner that has been specified for that purpose, therefore, a follower of the dealers will approach the person and take his order…. (Saad).

Drug deals also involve barter of goods or facilities between prisoners in addition to outside prison transactions:

'...I was told that the payment could be inside the prison by giving up some of the food or items gifted from my family, or to call a family member to transfer money to my friend [dealer outside prison]…' (Abid).

6.2.1.7. Risks of Illegal Drugs Deals in Prison

There were many occasions where drug dealers forced some of the participants to illegal use drugs because they were found to be good target of making money and facilitated their drug deals. Ahmed was forced to use illegal drugs in prison by other prisoners because he was visited by his family every two weeks and they were purchasing food and items for their son, unfortunately that put him at risk. He mentioned that.

'...I was forced to use illegal drugs in prison several times, the drug dealers knew that my family are wealthy, and I can get money and make transactions outside prison. I was threatened of abuse if I stop buying drugs from them... (Ahmed).

Any prisoner who is suspected of 'working with the police' is in danger of being labelled "traitor" and victimised:

'.... once I saw a prisoner who sustained severe injuries because he had told the police about the deals; I am always worried about my life here but I can't quit drugs, my craving to drugs is more here although I could be at risk if the dealers lose trust in me...' (Mahmood).

Theme one illustrated strong emotions struggles and tensions that participants experienced in prison. Participants have also revealed the subculture of users of illegal drugs in prison which involved , codes of conduct, vocabulary, clear rules of behaviour and communication, and economic activity extending within and outside the prison walls.

6.3. Theme Two: Omani Cultural Influence on Relapse and Re-entry

This section introduces the hidden facts of the lives of Omani users of illegal drugs and their interactions and struggles within Omani culture. I was able to gain in depth knowledge about how culture influenced the life of participants and shaped their future. All the participants narrated their struggles trying to fit into the Omani culture after they became drug addicts. Each participant I interviewed reminisced about the harsh realities he experienced as a newly released ex-prisoner, and how the deep cultural traditions raised high barriers against his reintegration into Omani society. I found it particularly significant that the participants chose to emphasise how the tendency of the society to stick to cultural traditions contributed to their relapse. The participants spoke of going back to their community after release from prison; they go back to their families, friends, and the neighbourhoods. Families in Oman have their own culture and tradition that did not change with new development (this is discussed in detail in chapter one). Participants of this study have experienced obstacles and difficulties because their families were having misconceptions regarding addiction despite the fact that many families were educated, however, they were still under the influences of old traditional Omani families where illiteracy was prominent.

6.3.1. Influence of Omani Culture among Users of Illegal Drug

One of the challenges of drug users in Oman is to live in the Omani community. Omani culture is known to be reserved in which addiction is viewed as evil and criminal and people with addiction are seen as not religious. Drug addiction in Oman has always been linked with criminality in addition to not following religious laws. Participants described the difficulties they face with their families and in the community. Users of illegal drugs have been discriminated, stigmatised and rejected and this has hindered their recovery (McPhee 2013). They are perceived by the community as people who have brought shame to themselves and their families. The sub themes below reveal participants' experiences as a drug user in Omani community.

6.3.2. Omani Family and Users of Illegal Drugs

As in the rest of the Arab world, Oman has a collective culture based on tribal loyalties. Most families in Oman are extended families and may have a large number of relatives, and they are known by the ancestral names attached to their given names. Maintaining family honour is extremely important and is the responsibility of each member. Any behaviour away from the norm impacts a family's honour and can affect its social standing. Thus, a known user of illegal drugs in a family affects the reputation of the entire extended family. An Omani family's reputation has a lot to do with the number of honourable male members in it. A drug addicted male member thus brings shame to the entire family.

The participants' responses suggested they were experiencing severance of family bonds. Most revealed that they felt they no longer belonged to an Omani family as their drug addiction had dented the family honour. This is brought out by the statements of two participants, Nasser and Abdallah:

> *'.... I don't feel I belong to this family anymore, I get kicked out from my house almost every day by my father .... but I don't have anywhere else to live so I am forced to stay in my parents' house though I know that I'm not welcomed .... not because of my addiction, but because my father doesn't count me as his son anymore .... I am someone who put our family down…' (Nasser).*

> *'.... I spend most of the time hiding on the roof our house .... I came down at night when everybody is sleeping .... that because I'm hungry, I'm tired and I need to sleep .... imagine being on the roof in the summertime ... I don't feel like I belong to my family anymore .... The only person who talks to me nicely is my mother .... (Abdallah).*

Omani family, like in the rest of Arab culture, is an intensely collective institution. It is normal to see several generations stay under the same roof. Grandparents, parents, children and grandchildren live together. The authority is wielded by the eldest male in the family. This system still continues in rural and semi-rural regions of Oman where traditions are still strictly observed. The Father still exercises his authority on his children irrespective of their age or where they live. Therefore, rejection from the father

means rejection by the family, and this has a major psychological impact on drug users. Saif mentioned that:

'...My father feels ashamed to say I am his son .... once he told me that he doesn't want to know me anymore until I die and if he dies before me I should not attend his funeral ...' (Saif).

In terms of family reputation, the image of the family name is the main concern of each Omani family in the community. Omani family names and tribal names demonstrates the status of a person in their neighbourhood or region.

'.... Most of the time I don't mention my family name or tribe ... if anyone come to know who I am then my family is going to be shamed and discriminated against as much as I am .... My family and tribe are very well known, and I have brought shame to my family ....' (Mohamed).

'...I am from a very well-known tribe in Oman ... My father is the Sheikh of our area ... I have 9 brothers and I am number 8, all my older brothers are well educated, and married to very well-known families ... I am a student of Islamic law (Sharia) .... My brothers and I were the pride of our tribe until I became an addict then everything fell apart ....' (Hussain).

Thus, one member's addiction can sink an entire family's reputation that they have carefully preserved, perhaps over generations. The family shame, anger and frustration are then targeted on the users of illegal drugs.

The traditional way of living in Omani culture can have negative effect on the participant. Having extended family results in losing self-respect because you have to explain yourself to all family members and are blamed by all. Mahmood pointed that:

'.... .We live in a big house. I have seven brothers; all are married, and we live in the same house .... my father is it still taking the control of the house therefore they have excluded me in any kind of family commitment ... my father doesn't talk to me and of course all my brothers too ... I don't belong to this family anymore .... (Mahmood).

Marwan illustrated about his extended family that:

'…. My father has another two wives apart from my mother … I have 13 siblings and we live in a big house …. my father has the control on all his three wives and his children, and he knows about each of us in terms of education and our behaviour at home …. My brothers all are successful in their work and some of them are married …Can you imagine being a lone addict in this big family and how would all of them behave with you?' (Marwan).

The participants' responses suggest that living as a user of illegal drugs in an extended family whose reputation has been tarnished by his behaviour might have generated a very unhealthy living environment, psychological struggles contributing to their developing defensive behaviour, and perhaps seeking more drugs to ease the pain, resulting in a downward spiral impacting any prospect of recovery. Losing their family relationships has left these participants feeling isolated and rejected therefore they developed feelings of being unwanted and sadness which contributing to relapse.

6.3.3. Family's Shame and Loss of Honour

Fall in reputation is a collective burden that is borne by each family member. It may become difficult for the family to form marriage alliances. The higher the standing of the family, the steeper its fall from grace. Thus, when the families blame the drug user, they are also transferring their own pain to him. The participants are aware of that and along with their defensiveness, they also deeply feel the guilt and increase their self-blame.

Despite this, upon release from prison, most former users of illegal drugs have nowhere else to go except to their homes. However, taking them back may cost the family further in terms of social alienation. Recidivism among former addicts being high, Omani society tends to believe that 'once an addict, always an addict'. As the result of such continued discrimination, my participants experienced a lot of guilt:

'…. Last year my sister's marriage proposal was rejected when the family who proposed the alliance came to know that I was a drug addict … thereafter everyone kept blaming me about how I shamed my family …. it's so sad to put them in this position … I wish I could change the past ….' (Haitham).

'.... My family used to be a welcoming family for people in our area .... whole neighbourhood and relatives used to visit my father every week .... we used to have big family gatherings to welcome guests every week after Friday prayers ...since I became a drug addict, they stopped coming ....' (Saad).

Munthir believed that he was responsible for his father's early resignation from his job and the diminishment of the reputation of their family, he said that:

'.... My father was holding high post in the police department as a colonel ... everybody knew my father ... when I became addicted and caught by police, he took early retirement and remained away from his colleagues to avoid shame ... Since then, he never spoke to me again .... He put on me the responsibility of what happened to our family ...'.(Munthir).

From these responses a bigger picture emerges — that how the ripples generated by one person's exposure as an addict spread to his immediate family, then the extended family and the entire tribe. There is a drastic fall in the marriage value due to the reputation risk for all involved.

'.... I fell in love with a girl. I went and proposed, and her family was willing at the beginning because they knew of my family's reputation but after few days the proposal was rejected because they came to know that I am a drug addict ...'.(Jassim).

Another participant said his marriage ended in divorce not because of his addiction itself but because his in-laws feared for *their* reputation.

'.... I started using illegal drugs when I'm married ....my wife was frustrated at the beginning, but she accepted it ...when her family came to know I became an addict they all turned against me ...and they forced my wife to ask for divorce ...(Salim).

Marriage in Oman is far more than the union of two individuals, it is about two families; their surnames, reputations, and various socioeconomic strains being matched up. Marriageability of girls and boys in the affected families erodes to varying degrees. Divorce—which is less of a stigma in Arab culture compared to monogamous

traditional societies—is an option for the partner's family to cut off links with the affected family, which was what happened in Salim's case above.

Unable to bear the collective shame, some families may self-stigmatise and minimise their social life to avoid embarrassment from their neighbourhood and community. Ibrahim's family undertook this path:

> *'...My father has stopped socialising with his friends .... He avoids any conversation about me ... if anyone visits our house my father would wonder whether they had come to ask about me in order to indicate their disrespect towards him ... Father told me that people would tell him that he did not raise me properly ....' (Ibrahim).*

Faisal narrated how his self-stigmatised family had projected their anger onto him:

> *'.... I observed that all my family members reduced socialising .... My brother told me that he could not face people like he used to ... he got into a fight with a colleague who mentioned addiction in general, and my brother thought he meant me ... my family's fear and anger that people might be mocking them then gets directed towards me badly ....' (Faisal).*

Thus, it seems that the matter of family's honour is so prized in Omani culture that once it is seen to be damaged, resulting in self-stigmatisation, this sense of dishonour is then directed at the users of illegal drugs with damaging consequences, as expressed by the participants. Personal reputation is maintained by an individual by visibly observing the mainstream values and morals valued by society.

Any departure from these norms is noticed, with both the family and other members of society then attempting to bring the individual back to the mainstream. A habitual user of illegal drugs thus stands out in an obvious way and, if traditional religious methods fail to correct him/her, they are rejected outright by society, particularly by more religious members and elders.

Family's honour diminishes which causes the person to be rejected by the family. Protecting such a person is often perceived as too high a cost for the rest of the family, as loss of family honour can bring widespread socioeconomic cost on the entire extended family. All participants acknowledged that after their release from prison, they

found they had lost their social reputation and were distanced by their community as well as their families.

6.3.4. Users of Illegal Drugs labelled as Criminals

Omani community tends to see drug users as criminals rather than as vulnerable people whose addiction may be linked to psychophysiological vulnerabilities. Once a person is labelled as a drug addict his name is likely to come up as a suspect in any crime in the neighbourhood. Most participants of this study emphasised that they were not involved in any crime except illegal drug usage. Family members also may make accusations of theft, leading to loss of self-respect and dignity among users of illegal drugs. Amir mentioned:

> *'...Sometimes at home they misplace things, and they start accusing me of stealing it but after sometimes they find it .... How many times do I have to convince them that I did not steal or even use their belongings? It takes time for them to realise that I am innocent. These accusations are killing me .... (Amir).*

Mohamed felt that his family and community may have *indirectly* accused him of murder:

> *'... Any crime happens to the community no matter how small or big the first accusations will be to the drug users ... last month our neighbour was murdered, and I could see or read from the expressions of my family and the community that they were thinking it might be me .... it's really difficult to prove yourself that you are innocent in front of many people .... (Mohamed).*

Nasser agreed that some minor crimes could be related to drug users:

> *'.... here in prison, there are drug users who have committed many drug related crimes .... But they are few compared to the total number of drug users in this prison .... I do agree the drug users are caught by police every day. The majority are here because of using illegal drugs only ... it's not fair to generalise those other crimes also as committed by us ...(Nasser).*

Participants have disclosed how the label of criminal affects them. Their main concern is that accusations without evidence are made even by the closest people around them.

There are many incidents where drug users are not to be blamed. For example, there is a public perception that drug users are responsible for most traffic accidents. However, there is no evidence to support such a broad-based claim:

> *'...Oman is very well known for high rate of car accidents, but it pains me to hear people say that the car accidents are caused by only drug addicts. This is not true. High speed driving and not following traffic rules are the causes of traffic accidents. This has nothing to do with us drug users .... (Munthir).*

> *'.... My uncle works in the Police Department, and he assured me that most car accidents are because of high speed .... I have never been involved in accident nor my friends .... I am driving now for almost 15 years .... (Jasim).*

It is true that traffic accidents and death rates are rising in Oman. Participants complained that society accuses them for this also without justification. As revealed from their responses high speed is the main cause of car accidents in Oman but that drug users were not driving faster than others.

Users of illegal drugs are exposed to many accusations and blamed for many crimes in Oman. Participants revealed that there were many occasions in which they were not guilty yet were nevertheless accused of crimes which had occurred in their local community. Moreover, they were always referred to as 'criminals' by members of the community.

6.3.5. Power of Religion in Omani Life

Religion is built into all aspects of Omani society and reflects the collective nature of the Arab-Islamic culture. Islam strongly recommends group religious practise, particularly for males. Thus, there is a great deal of social pressure among men to be visibly practising religion. The manifestations of male religiosity include attending the mosque at least on Fridays and praying in groups with other men. Anyone who is observed to be missing out frequently is at the risk of being considered a potential .free

sinner—a deviant person, at the risk of being lost and cursed by God to be punished in hell (Ali 2014). If social consensus determines that a person—say, a man who habitually misses group prayers, and is later exposed as an illegal drug user—is seriously deviant, his path to destruction is considered to be a part of God's will and cannot be reversed by human attempts to bring him back (Ali 2014). Thus, compulsive drug use and addiction in a person may serve as a social cue for Omani society to abandon him/her, which also places a huge psychological impetus on the family and tribe to abandon them as well (Field Notes 2019).

Thus, compulsive drug use and addiction in a person serves as a social cue for Omani society to abandon him, which also becomes a huge psychological burden on his family and tribe to abandon him as well (Field Notes 2019).

This practice was corroborated by some participants who disagreed that lack of faith led to drug addiction. Some assured me that they were still practising their religion which was separate from their drug habits.

Some participants belonged to very religious families:

'.... My parents took me to all traditional healers in our area and they wasted a lot of money trying finding treatment for me .... I was just following what they asked me to do, though the treatment given was not beneficial to me .... my parents did not accept that my addiction needed medical and psychological treatment .... (Nasser).

'.... My father used to take me to the mosque since I was a child, there was no prayer that I missed .... To tell you the truth I have learned about using illegal drugs from a friend who was a religious practitioner like me .... yes, I agree that practising religion can save you from many things because you're following the way to become a good person .... but drug addiction is so powerful that it takes you off everything .... (Amir).

'.... I learned how to use illegal drugs inside the mosque while waiting prayer timings.... I was deeply religious to the extent that I used to be the imam of the prayers and sometimes I used to call for prayers (Azan) .... I used to be a happy boy since my childhood, and I have memorised as much Qur'an as I could .... I still practise my prayers, but I cannot attend the same mosque I used to go as a

child because I am not welcome there anymore but religion is in my heart and my head …' (Haitham).

The participants also revealed that they were not welcomed in the mosque or any other religious function:

'…. Nowadays I can't approach the mosque. I hate how people look at me as if I am evil and hopeless …. I decided to pray at home and continue practicing my religion without being affected on how people look at me …. I don't believe that there is the relationship between lack of faith and using illegal drugs …' (Abid).

A few participants opined that religion might bring peace of mind to drug users, but may not reduce the effect of the drugs in the brain:

'…. During my last recovery I decided to join a religious group who travel all over to disseminate Islam, hoping it would help me get rid of my addiction …I got so much involved in practicing religion with that group but the more that I rejected the thoughts of drugs the more I was getting cravings while in the middle of the religious group ….' (Jasim).

None of the 19 participants reported having become more spiritually individualistic, for instance by claiming that their religion was "between God and I." In short, they seemed to be abandoning the collective religiosity characteristic of traditional Omani society. Some even declared they were spiritually superior to 'mainstream' Muslims:

'…. I feel that I'm better than all who attend the mosque …. at least I'm not pretending to be religious or doing wrong things secretly …. not all who prays and attends mosque are good …. my community judgment on me is wrong …. practicing my religion is between me and my GOD …. (Waseem).

Unfortunately, cultural practices take precedence in Omani society. Even death does not free an Omani drug user from social and religious stigmatisation. Religious people tend to use theological reasons to avoid the funerals of drug users. Their reticence is prompted by the belief that if someone is cursed by God Himself, it is useless praying for them after death. This is in spite of the fact that there is a strong Islamic argument against such exclusion: "How can you judge whether anyone is abandoned by God? (Field Notes 8.2018) From the participants' side there was bitter opposition to this:

'…. People practice religion in the manner it suits them …. the same people who judge me that I'm not practicing my religion visibly are the one what don't follow it …. They don't even respect the dignity of the dead person …. my friends' funerals have never been attended by religious people …. they judge us even after death …. (Haitham).

'…. My brother's funeral was attended by only four people …. Religious people think that drug users are to be in the hell …. My father said that one attendee in my brother's funeral was indirectly telling him that he was relieved that my brother died …. In addition, not many attended for three days to pass condolences (in the mosque or home) as culturally is done… (Amir).

Even after the funeral, the abandonment of drug users does not end. According to tradition, after the death of a relative, male members of the family gather in the local mosque for three days to receive condolences from other men who come to offer their condolences and prayers. Meanwhile, female relatives remain at the home of the departed and receive condolences from neighbouring womenfolk. However, this important act of solidarity and support is greatly diminished if the deceased is a known drug user.

6.3.6. Getting into Drug Use and Addiction

There are several underlying factors such as genetic and environmental vulnerabilities that can cause a person to seek out ways including illegal drugs for relief from psychological pains (Love 2018). When such persons feel comforted by such drugs they are motivated to try them again, risking full-fledged addiction. In spite of the awareness campaigns regarding the organic and psychological factors of drug addictions conducted by public authorities, Omani society still considers users of illegal drugs as sinners to be shunned (NCNPS 2015). The misunderstanding strongly persists that an addict is voluntarily addicting himself and needs to be shunned.

Drug use could be considered a personal choice when the person starts on it knowing its addictive nature. However, most participants in this study said they started drug use at a very young age due to curiosity and a natural desire to experiment. They also

thought it would be a one-off experiment. Munthir explained how he started with cannabis:

> *'.... .I started using illegal drugs when I was 13, and I was not aware about what I was doing, I just wanted to experiment with cannabis .... From there I started trying other drugs to get high. I did not realise the effect of using illegal drugs until I was fully addicted to more complex substances .... (Munthir).*

Ahmed was not sure how he became addicted but after relentless accusations from others he began to blame himself:

> *'.... Everybody was accusing me that it was my voluntary choice to be addicted .... despite everything I did or difficulties I went through [to come out of addiction] I was repeatedly told that I was the one who put myself into this .... I began to blame myself. Nowadays I have so much guilt that I feel like taking my own life .... (Ahmed).*

Being targeted relentlessly seemed to have accentuated the mental pain of the participants by causing self-blame. However, there was no indication that the consequent feelings of guilt had reduced their attraction to drugs. It seemed to have become yet another pain to numb, however temporarily, by drugs.

Curiosity and experimentation, combined with a lack of knowledge of the dangers of illicit drugs, also contributed to early addiction in this study. The early onset of drug use at a young age, which most of the participants admitted, can pose an increased risk of addiction, even for mild drugs such as cannabis.

> *'.... I was abused as a child and was depressed. I didn't know what to do to feel better and my friend told me that he knew something that could cure me, and he gave me a small wrap of cannabis .... he assured me that cannabis doesn't cause addiction. I believed him but that was the beginning of addiction, and I began using other drugs to get high .... (Saif).*

Some participants were influenced as children by addicted family members:

> *'... I was ten when I started sniffing glue .... I was imitating my brother. He said 'you don't understand what I'm doing' .... I was so close to him because he would stop my father from beating me ... our father was an alcoholic and he*

used to abuse us physically and mentally …. We both ended up as addicts ….' (Marwan).

A recurrent theme was a wish to go back in time and make different life choices.

'…I wish to go back and change my destiny … if I had a choice and I knew the consequences of drugs definitely wouldn't be my personal choice … definitely wouldn't be my personal choice ….' (Mahmood).

6.3.7. The Struggle of Entering and Re-Entering Prison

Participants described the time between entry and re- entry as very short compared to the sentence of their crimes as using illegal drugs. On an average, they spend outside prison one and half to two years followed by three to four years in prison:

'…my life has been wasted between prison and home. In prison I would plan about what to do when I get out, but before implementing half my plan I am back again in prison …. I am helpless and hopeless all my life is about struggling between the two types of lives ….' (Adil).

Faisal, an extroverted and very friendly youth of 20, now serving his second term in prison, felt his life was being wasted because of imprisonment:

'…. I doubt myself that I could ever be normal and productive like everyone else …. All my friends of my age have achieved something in their lives except me … this has affected me so badly and cause more depression and anxiety …. this all is because of my history of imprisonment …. (Faisal).

Ibrahim, a 27-year-old college graduate, now serving his fourth term in prison, had lost hope for a better future:

'…. being imprisoned several times has affected me mentally and physically … I have stopped planning about my future because I don't know where I am going to spend my night tomorrow [if released from prison] … sometimes I get overwhelmed and emotional, my thoughts cloud and I can't think like normal people …. (Ibrahim).

These participants believed that multiple terms of imprisonment had left them losing the ability or motivation to hope and plan for future. As a result, they had acquired poor self-esteem and falling self-confidence to overcome their addiction.

6.3.8. Circle of Re-entry (Addiction-Prison-Stigma-Recidivism-Prison)

For former addicts who try to keep away from drugs, Omani society's collective nature can be problematic. Most participants alleged social barriers were preventing them from being accepted in society and even in the mosque, causing them to return to their old friendships among drug users and resulting in a cycle of recidivism and reimprisonment.

In addition, the participants felt there are no effective opportunities for users of illegal drugs to improve their lives and recover from their addiction. Participants have described that they are lost between the regimented meaningless of prison which they sought to escape and the prospects of having to cope with their families and the community upon eventual release. Participants find that they are probably in for a circle of re-entry soon because they know the social stigma would continue to haunt their lives outside. Amir's response was typical:

> *'... My life has become a circle of entry and re-entry in prison .... I had no chance to correct myself and live normal life in my family and in my community .... I did not find any support from others to rebuild myself .... The life after prison in Omani community triggered my relapse ....' (Amir).*

Participants did not find the official rehabilitation facilities to be useful:

> *'.... I came to learn that there were big campaigns the government organised to eradicate drugs and drug use , however we did not see anything that helped us as addicts overcome addiction ...There are no support groups or help lines or a clear system that helped me when I was released from prison .... (Haitham).*

Saad, serving his fourth prison term, is an introverted and philosophical young man. He had a prediction that he and his fellow prisoners would continue living out 'circles of entry':

> *'.... Where should I go or what should I do when our families reject us and our community discriminates us? .... there is not much support or facilities to face*

the life outside prison …. definitely our life will be a circle of re-entry …. I feel like I live another planet where no one knows me ….' (Saad).

Hussain recalled his struggles to find a job after being released from prison:

'… How do they expect me to change when there is nothing to support myself when I'm out of prison? … I cannot apply for a job for two years when my criminal record is cleared … Where am I supposed to bring money to support myself and my family? … wherever I go the door is shut for me …. (Hussain).

Thus, Hussain's criminal record (as a former drug user) was a barrier to his rehabilitation despite his qualifications and personality. Clearly, starting new life after prison was an immense challenge, both socially and financially. Such responses bring out the struggles of a former addict trying and failing repeatedly and falling into a relentless circle of addiction and re-entry mainly because of social and religious stigma.

Some older participants wished to convey messages to their communities to develop empathy towards former addicts. They wanted the society to provide support to overcome addiction rather than undervalue and reject them. The 30-year-old college graduate Adil, serving his third term, offered this message:

'…. I wish that people in my community could put themselves in my shoes and experience the pain and effect of my life as drug addict …. Had I got help soon after release from prison I could have been a different person free of drugs and as productive as anyone in my community …. (Adil).

This theme brings out how imprisonment and subsequent release into the society and reimprisonment was felt by the participants. They unanimously opined that fining and imprisoning drug users was ineffective and counterproductive. They claimed to have developed various additional problems due to cycle of imprisonment, release, and reimprisonment. Some participants attempted to maintain their self-image by claiming to be more righteous than the society. Some others shared their determination to prove the system wrong by intentionally returning to recidivism. A few became well-adjusted to the prison and would prefer to return to the prison when released. However, many have suffered such damage to self-image and exhibited various psychological problems including self-stigmatisation and suicidal thoughts. Participants were severely critical of how the society labelled, criminalised and stigmatised them. Some offered advice to

society on how to treat users of illegal drugs and former prisoners to assist in their reintegration. A few were extremely guilty about how they shamed their families and fervently wished to turn the clock back. The effect of imprisonment is as damaging as using illegal drugs, with many participants developing physical and psychological impairments as a result. Socially, the effect of stigma on users of illegal drugs in Oman will be discussed in the last theme.

6.4. Theme Three: Scars of Imprisonment

This theme focuses on the effect of imprisonment on the participants. Being in and out of prison may impact the participants' mental and physical health, and it is believed to be the main reason for relapse each time. Participants revealed that living in between life outside and inside the prison exposed them to so many disappointments. In prison they hold hope and expectations to be better people and be able to live as any normal and productive individual when they are released from prison. The life outside prison doesn't seem to be easy and accessible to start a new life. The majority of participants disclose that they get caught and put in prison before they have recovered from the last entry. I found that participants were still traumatised as a result of being in prison. In this section I will discuss how repeated imprisonments have impacted the participants. The life experiences between inside and outside prison were challenging and participants found themselves to be living double life without any consistency in both lives, therefore they were not able achieve stable life in either place. Participants disclosed their suffering between these two lives, and they feel that imprisonment has negative impact on their overall long-term life. The subthemes below reflect participants' pain and effect of imprisonment.

6.4.1. Getting Used to Prison Life

No participant in this study thought prison was an effective deterrent or helped them towards positive attitudinal or behavioural change. Some felt that it achieved the opposite by hardening their attitudes and providing them more contacts, deeper understanding of the illegal drug user subculture and an environment to learn more effective evasive behaviour. Some prisoners seemed to have adapted to prison life faster than others. A few were even seeing it as their second home, their fellow prisoners as

their family, free from the civilised hostility of the outside world. Some of them showed remarkable ability to take to their life in prison. Jassim, who seemed somewhat self-aware and philosophical, had this to say:

'.... I have become attached to the prison more than I do outside the prison ... this is because I have spent more time serving prison sentences ever since I was imprisoned first .... prison is my first home now I found myself more here ... we are all the same here, no one is better than others, we have same lifestyle unlike outside prison where people disrespect you because of what you are .... (Jasim).

Similarly, the adaptability shown by Jasim, Abdallah, the oldest participant also indicated his preference to living in prison, as it satisfied his basic needs regularly and predictably. He seemed to detest any uncertainty.

'... I really can't cope with life outside the prison anymore .... in prison everything is provided .... I have a place to sleep, food to eat and I see all my friends without any effort .... I think clearly and I feel as a normal individual would in prison ...I don't mind staying here as much as I can ...." (Abdallah).

Salim (30) and Saad (29) are experienced prisoners, both serving their fourth terms. They said they have given up trying to change themselves and adjusted to prison life. While Salim had trained his mind to like prison, Saad would go out of his way to invite arrest.

'.... I concluded that no matter what they do to improve me outside prison I will get caught again .... The only certainty we have outside prison is being hunted by police and bring us back here .... So I trained myself in my mind to accept the prison life and like it ....' (Salim).

'.... I get to see people here more than what I do outside prison .... over there everybody is avoiding me because am drug addict .... no one wants me near their house ... I don't have place to stay I am just moving from one place to other, nearly homeless. Is only here in prison I get all my basic needs like food and a place to stay ... sometimes I am intentionally getting into trouble with police so that they bring me back here. ...(Saad).

Getting long sentences in prison and repeated re-entry resulted in adapting to prison life. The participants have mentioned that they found it easier to live in prison rather than face the stressful life outside prison. Even those who still had hope for future life outside prison wanted to adapt to their life here.

6.4.2. Prison as Punishment or Correction

Imprisonment might be appropriate for those who generate, transport, smuggle in and distribute drugs. However, drug addicts are likely to be in need of therapy rather than punishment research suggests (Van 2015). This understanding is also echoed in the participants' responses. This sub subtheme indicates how drug users perceive the penalties and being imprisoned and its relationship with early relapse.

6.4.3. Drug Users and New Penalties

Participants revealed that being imprisoned as punishment would not correct their drug use behaviour. A few claimed they were challenging the government and return to using illegal drugs repeatedly regardless of the number of re-entries. Some participants said that they should not be punished (at is did not help), rather they should be treated for their addiction:

> *'…. the government punished me for just using illegal drugs without realizing that I need help …in prison I have learned more about drugs than what I do outside …. the more I got imprisoned and get double penalties because of re-entry the more I develop a sense of challenge of not to quit drugs and resistive to the penalties because I have nothing to lose …. (Haitham).*

> *'…. Prison is not anymore scary to me; I have two cousins who are here with me and most of the time we get caught by police together …It feels like home, and I know that I will spend the rest of my life here more than outside prison because of the new penalties …. (Amir)*

The new penalties were doubled in case of earlier relapse less than 6 months, however participants tended to relapse early despite such threats. They said that the doubling penalties was only worsening the condition of an addicts. They also claimed that there was more drug use inside prison than outside.

…. I got prisoned for one year for the first that was because of just using illegal drugs for my own consumption …. I got penalty of three years for early relapse just after six months of my release from prison …and this time I am here for four years and half … so what these penalties have done to my personality is I don't take it as punishment to correct my behaviours …I never been given chance for treatment therefore I relapse as soon as I get hold to drugs ….(Salim).

A few participants were adopting passive-aggressive stances and were determined to take revenge on the system, which they expressed by declaring their refusal to change:

'… I intend to laugh when the judge announces my penalty and punish me with all these years in prison …. I am a man and man always take challenges so I will quit drug when I decide to do so not because I have been punished ….' (Haitham).

In addition to imprisonment, a sentenced drug user is imposed a hefty fine, which is doubled if not paid. Munthir thought the fining system was ridiculous:

'…. I wondered how the rule of punishing a person [by imposing fines] who need help could help me …. I am sentenced for four years and, I have to pay fine of 6,000 Omani Rial [USD 16,600] …. if I am not getting the support to help myself by finding a job when I'm released, how can they double the penalty? … From where am I going to get all this money to pay the fine when I am free? …' (Munthir).

Here the participants were urging for medical and psychological support soon after release from prison to help them start a new life rather than releasing them into an unfriendly community to meet heavy social, psychological, and financial challenges for which they were hardly equipped. The heavy burden of social stigma faced by ex-prisoners with history of drug abuse was mentioned in the previous chapter. This is discussed in more detail below.

6.4.4. Burden of Stigma

All 19 participants admitted to having been deeply impacted both physically and psychologically as result of stigmatisation. As the charges against them were solely related to the possession and use of drugs, they were particularly resentful of society's tendency to wrongly consider them to be prime suspects in any crime committed in their locality. The participants linked their consequent loss of self-esteem and any accompanying negative feelings with their early relapse into drug use. In this study, the process of stigmatisation manifested into two consecutive stages.

In this study the process of stigmatisation is divided into two consecutive stages.

- **Stage One: Stigma of Being in Prison**

Prison has always been linked with stigma no matter if it was one or more than time. In Oman the extent of stigma varies depending on type of crime. Some participants said that now that they have been stigmatized and labelled "criminals" they have nothing to lose if they return to drugs again. This was the attitude of Salim, an extraverted and sometimes-moody 30-year-old who explained why he would return to drugs upon release:

> *'... this is my second time in prison, but I have been rejected and bullied by my family members from the first time I was imprisoned and labelled a criminal and "rad sojoon." [serial jailbird] ... As I am stigmatised for life, I have nothing to lose ....' (Salim)*

> *'... I have been traumatized because of the stigma of being an addict, I pretend to be coping with stigma and move on with my life, but I find it tough because deep inside me I don't like myself and I don't see myself as respectable individual .... This feeling is killing me .... I am a "criminal" just because I use drugs! ...' (Abdallah).*

> *'.... when I walk around, I only get blame and criticism from the closest members of my family ... no one respects me or give value to anything I say or do ... these accusations have broken my self-integrity ... sometimes I wonder why I still exist ... they called me criminal even before my imprisonment because I become an addict. (Mohamed).*

'... there is nothing more traumatising than being stigmatized by everyone ... everyone called me criminal after I was imprisoned .... I suffer from depression in a very single day I live ... the only time I feel powerful is while taking drugs ...' (Ahmed).

Stigma is associated with psychological trauma and overwhelming negative emotions that persist for long. As all the participants had been exposed stigma there was so much emotional trauma in the disclosures made by the participants.

- **Stage Two: Labelling**

An accumulation of negative labels applied relentlessly and in a focused manner on a person leads to his stigmatisation (Askew and Salinas 2019). Labels are tight verbal descriptions that evoke an image (or a bundle of images) in the human mind. Labelling is a natural tool employed by human brain to categorize sensory input before storing them into long-term memory. People, objects, and concepts are all categorised this way. This enhances the brain's efficiency in dealing with everyday realities.

The present participants reported being labelled as criminal, irreligious and cursed even when they stop using illegal drugs. They described their struggles against the label frequently applied to a drug addict, namely *Mudmin (plural: mudminūn)*. Even though the Arabic root *ʾadmana*, means "to be addicted," the implied meanings of *mudmin* have acquired much wider and varied condemnatory implications including 'evildoer,' 'thief,' 'murderer,' etc. Thus, labelling an Omani as *mudmin* is a potent way to stigmatise him for life.

Drug users have been suffering from stigmatizing and labelling not only with the nature of their condition but has gone beyond to being abused such as Mahmood quote. Mahmood said:

'.... When I started using illegal drugs, I was still called by my name but sometimes I used to be called "evil" and "stubborn child" .... these were short term names .... gradually they moved to the long-term names, "criminal" and "Mudmin" to an extent that I nearly forgot my name .... (Mahmood).

Jasim stated:

'.... Due to being called a "hopeless case" and a "criminal" for a long time I have begun believing that myself .... sometimes I feel the label of hopeless cases in the society is applicable to me because of my addiction ... this had led me to accept it and live as a weak and evil person .... (Jasim).

Participants disclose from their answers—both from verbal and emotional content—the varying impact of various short- and long-term labelling on them, consistency of being called by other names and how far they resist or accept (into their self-concept) what they have been called.

When one's family and society repeatedly use the same labels to address him, it gradually dismantles his previous self-concept, and he attempts to replace it with a new one:

'.... No one calls me by name at home when we get into arguments but calls me mudmin and ignore my opinions ...my opinions have no value since I am mudmin ...(Saad).

Twenty-four-year-old Abid is a sad-faced college graduate. He bitterly recalled how he used to be proudly labelled "genius child" by his family, who now have replaced it with new labels such as "loser" and "thief."

'.... all what I have achieved when I was in school is never remembered. I used to be called a genius child. ... now am labelled as a thief because I am an addict ... my life has changed from full of achievement to full of disappointment ...my label has changed from genius to loser .... (Abid).

Participants revealed that labelling had impacted their self-esteem and may have led to self-stigmatisation among some. Being at the receiving end of relentless labelling by family and society is the most damaging psychological abuse since their drug habit became known to others. These epithets kept reminding them of their status as "addicts" along with its implied stigma. This has reinforced their self-perception as "addicts" and cut them off from the mainstream society and forced them into a fragile circle of similarly stigmatised people, bound by their common desire for illegal drugs. Being part of this new subculture may have further reinforced their negative self-perceptions, prompting them to seek out and experiment with newer and more potent drugs until their first penal sentence.

After serving time in prison, these individuals then faced the second stage of labelling, as now they could be legitimately stereotyped and stigmatised as criminals by members of society. Omani laws declare that an ex-prisoner's criminal record can only be expunged two years after the completion of their prison term, thus making it extremely difficult for such individuals to obtain meaningful or adequate employment; moreover, ex-prisoners and former users of illegal drugs are also not eligible to receive any governmental benefits during this interim period. Therefore, without significant material support (either from family members or public agencies), an ex-drug user released from prison would struggle to make ends meet. Two years was generally considered to be a long time to be cleared of a criminal record and to find a job. Hussain, a college graduate serving his third term in prison, reminisced about the time he was released after his first sentence:

> *'...I was searching for a job after I came out of prison ...I could not complete the job application without having clearance of criminal record ...almost 6 months without job or income ....' (Hussain).*

Mahmood mentioned that he struggled to get is daily consumption because of temporary jobs.

> *'... I used to go early morning to find small companies that hire drivers without work contracts .... But even those companies sometimes ask for clearance from criminal records .... I would stay sometimes one week without earning any money .... I did not know where to go or whom to ask ... did not have any money ...' (Mahmood).*

Participants felt that they lost their very identity because they had to bear the two-year-long burden of criminal record. They were unable to complete their employment profile without revealing their criminal record, which had become an integral part of their biodata. Zahir (serving his fourth term) recalled that when he returned home after his first jail term, the society once again stigmatised him by imposing prisoner labelling on him, as he was now officially a "criminal."

> *'... no one remembered that I had recovered from drugs more than three years ago but everyone remembered to label me as someone who was imprisoned [due to my criminal record] as I was not entitled to all the privileges*

of a free individual in the community …. I will be carrying that label whenever I search for a job, or for any other necessity ….' (Zahir).

Neither governmental financial support nor effective rehabilitation and placement infrastructure was available to users of illegal drugs after their release from prison. In the absence of these 'cushions', the ex-prisoners' criminal record was more than unhelpful — it became a *de facto* stamp of unemployability. Rejected, labelled, stigmatised and denied financial support, it may not be surprising that all of the participants suffered early relapses.

The results reveal barriers that users of illegal drugs face in a strict honour-based collective society such as Oman. From what the participants revealed, imprisonment itself does little to rehabilitate them because drugs are available within the prison itself, and secondly any sincere efforts from their side to make use of available self-improvement and employment facilities officially provided by the prison, is met with suspicion and hostility from fellow prisoners.

When an imprisoned user of illegal drugs is eventually released from prison, his efforts towards rehabilitation tend to be underappreciated by his family and the society. The resultant stresses rekindle craving, and the drug is seen as a form of stress release and acquisition of peace, which causes the person to return to his old drug culture, until he is rearrested. Such rearrests reinforce the social position that users of illegal drugs are divinely cursed, and it is no use trying to help them. Thus, the social position against drug addicts hardens and makes it increasingly difficult for an addict to recover if released from prison.

Family and community empathy and support, as well as opportunities to take up gainful employment are vital for successful rehabilitation of a former illegal drug user newly released from prison. In Omani culture, with its strong focus on maintaining family and tribal honour, attitudes towards former addicts are often hostile and accusative. The participants were unanimous that the main contributing factor leading to relapse being that their families and societies forced them to lose self-respect and self-confidence. Some of them admitted, that the second and subsequent terms in prison reinforce the cycle of re-entry.

6.5. Theme Four: Triggers for Early Relapse of Ex-Prisoners

This theme focuses on the early relapse of newly released prisoners after serving a term for users of illegal drugs (which is also the main objective of this study). Research has linked relapses to the coping mechanisms relied on by drug users to deal with stressors (Amaro et al. 2014). Here I probe the participants' understandings of their personal stressors and coping mechanisms. As revealed by them, the relapse occurred between six months and one-year post release from their first prison term.

6.5.1. Rebelliousness and Hopelessness

Some participants claimed that their return to drugs was a personal choice — that they could have remained drug-free for a longer period of time, but had voluntarily chosen to relapse:

> *'…When I returned to drug use, it was my personal choice because I knew my life will not change. This is my destiny. I am labelled drug addict, and no one will change that impression about me. Whatever effort I put in, it is going to be a waste of time before I get caught again and sent back to prison.' (Munthir).*

According to Jasim, when he realised that the society would not permit the life of a drug user to change, he voluntarily returned to drugs:

> *'…. I have been in and out of prison so I know what I will be going through: rejection, loneliness, blame, difficulty to find a job and being stigmatised by the whole community. So it was my choice to use illegal drugs again...' (Jasim)*

Hussain, a third timer in prison, revealed he decided to utilise the freedom outside to consume as much drugs as possible before he returned to prison:

> *'…No one tempted me or forced me to use illegal drugs soon after release from prison. I decided to enjoy the drug as much as I can because I know that sooner or later, I will not be able to cope with new life's stress and I will relapse and be caught again by police …. (Hussain).*

These participants are claiming to have had their drug use under their control and the reason they relapsed was because society would still stigmatise them, taking away their motivation to reform. There was also the prospect of the stresses related to the

changes their families and themselves expected in their lifestyle, and criticisms when mistakes were made. Thus, the motivators for relapse in such cases seem to have been a mixture of rebelliousness and hopelessness.

According to Carr (2016), former drug users are likely to suffer from lifelong craving. Chance events may trigger powerful memories of their former drug experiences leading them to crave these experiences again (Carr 2016). All participants have mentioned that a flash of memory is enough to trigger craving and cause them to relapse into full addiction. Ibrahim pointed out that:

'... anything that I come across that reminds me of the pleasure of drugs is enough to relapse .... Last time I relapsed because I met a friend who is fully recovered from drug addiction ... just seeing him I started getting cravings and then I went back to full addiction .... Cravings allow me to remember the pleasure of using illegal drugs .... It makes me ready to lose anything in order to get that pleasure again.' (Ibrahim).

Adil mentioned that he did not forget the place where he used drugs in his room during his whole prison sentence. He said:

'.... I used to have a place in my room where I used to hide my equipment like a syringe for using illegal drugs near the rear window ...just looking at that place is enough to trigger my cravings ...I tried to rearrange the room so I could forget those memories but that didn't work .... (Adil).

Participants reported that obsessive craving for drugs had dominated their thoughts:

'.... Although I attended drag rehabilitation and recovered fully, the craving never went away .... There is something in my mind that misses the pleasure of drugs .... No matter how busy I am or try to make myself preoccupied with other things, desire of using illegal drugs is in my mind ....' (Jasim).

All participants described constant craving, which featured only the memories of pleasure while using illegal drugs. Memories of the consequences of using illegal drugs including physical and psychological pain were absent during craving. The decision to use illegal drugs again was not based on cravings but was associated with the feelings

of helplessness and hopelessness about their addiction, condition and the stressful life experiences they have gone through.

6.5.2. Parental Responsibility

Parental responsibilities which contributed to their relapse as mentioned by participants was divided into either (a) living under the care of their fathers or guardian or (b) being the head of their family as a husband or a father:

Wasim was living under the guardianship of his father.

'...When I come out of prison my parents start giving me some responsibilities thinking that the prison has disciplined me and I am free from drugs and back to being normal like any other individual ... once I fail to comply with any task given, they all turn against me ....' (Waseem).

Haitham, also under his parents' care after returning from prison, considered them responsible for his relapse:

'...my parents take major responsibility for my relapse... my father always treats me like a loser... He doesn't talk to me, he always compares me with my brothers...I have been verbally abused by my father and brothers all the time...' (Haitham).

Some participants were too dependent, and they did not want to take any responsibility and they were totally relying on their parents to support them. For example, Abid explained that:

'.... I feel I am helpless. I cannot take the responsibility of my family .... my family are expected from to work and help them... I am too lazy to find a job ...I intend to run away from home so that no one asks me to do anything or share anything ...' (Abid).

From the participants' point of view, their parents seemed to be either too strict or too lenient. The expectations of the parents were high in terms of having their drug using members to be normal after being in prison. Participants revealed that their parents turned against them severely and they suffered discrimination and stigmatisation from them.

In terms of users of illegal drugs being a father or husband added more stress on them. This is because they were out of prison and they were not able to find jobs and support their own families. Although families of prisoners receive support from the government, in many situations these financial supports are not enough. There was a probability that the government support was discontinued once the prisoners were released.

Starting a new life after release from prison has been a challenge to many participants. Fitting in with the family and the community was found to be difficult, as revealed by participants. Dealing with a stressful post-prison new life contributed to drug use as a means of escape as described below.

6.5.3. Returning to Drugs to Escape from Mental Trauma

One way to not feel the pain of change is to use illegal drugs. Participants have described their pain and emotional trauma after release from prison as unbearable and they use drugs to escape from these feelings. Mahmood stated that:

> *'.... I can say that most of the time I relapsed I used drugs to escape from this life... I have no life except the life I am used to... the life in prison had turned me into a totally different person... I cannot think or do what normal people do. I tend to use illegal drugs to escape in any stressful situation that come across no matter how small it is ...' (Mahmood).*

In terms of feeling of depression because of the burden of stigma Adil said:

> *'. ... the burden of being an addict and the stigma of being in and out of prison is enough for me to use illegal drugs to escape... at least there, I forget about everything when I use drugs again to escape from all this .... (Adil).*

Failure to regain one's identity and practice normal life leads to feeling of hopelessness and disappointments. In this regard Saad explains that:

> *'. ...I intend to be as normal as I can when I am freed from prison, however that doesn't last long... all my enthusiasm falls apart once I feel that people around treat me differently, they show no respect, that is always the wakeup call that I*

am not a normal... I end up going back to my previous life as an addict and use drugs to escape and fight these feelings …'(Saad).

Lack of coping mechanism to overcome life after prison influenced participants to choose an easier way, which is going back to drugs to escape from any stressful situation. There was emotional and psychological hurt underpinning their addiction. In order to mask these feelings, participants relapse within a very short time. This response indicated that participants felt that nothing was going to change in their life since there was no support to help them live their new life outside prison.

6.5.4. Fear of Going Back to Prison

Most participants never really became comfortable with their life in prison despite being familiar with the features of institutionalization due to being imprisoned multiple times. A paradoxical revelation from some participants was that their bad memories of prison life and fear of going back there had also contributed to relapse. Living with such uncertainties resulted in panic and anxiety. To escape from such panic, they returned to drugs:

'. … the main reason I use drugs again is my memories in prison…I still cannot adapt to the prison environment.... fear of going back to prison is really bothering me knowing that I am not going to be able to cope with post prison stress or my craving and I will end up being in prison …' (Haitham).

Munthir stated that:

'…. When I remembered my life in prison I panicked and all the obsessive thoughts of going back to prison bothered me so much …. from there I started getting less sleep …. All these feelings collectively cannot be tolerated therefore I found myself searching something to make me feel good and that is of course drugs …' (Munthir).

Bad memories and traumatised feelings associated with prison life was difficult to handle as participants stated. Participants' fears and anxious feelings were derived from hopelessness because they realised that there is no way out except going back to prison.

Living with fear and an unpredictable future can lead to low self-confidence that stops the individual making plans and results in making wrong decisions.

Users of illegal drugs are known to have large networks among themselves with connections to drug dealers. Oman has a well-equipped and extensive police surveillance system to monitor and combat these networks. Undercover police officers assisted with modern technology and informer feedback can penetrate into drug networks (ROP, 2019). Newly released drug-user prisoners would have learned a lot about illegal drug user network from other prisoners and they also may be tempted to explore these new options. Knowing this, special surveillance is maintained by police on drug users who have been newly released from prison, preventing them from returning to illegal drugs networks too soon (ROP, 2019). Most of the participants said that knowing that they might be under watch at any given time was stressful in itself. They said that police even randomly waylaid ex-prisoners for signs of drug use.

> *'.... Two days after my release I was caught by police while going out with a friend to buy a sandwich .... they inspected me and took sample of urine for drug test and released me after a week because the test was negative ...in my mind I was planning to use drug because I knew the police will follow me and I will be in prison again ...' (Jassim).*

In the above case, Jassim was put in custody for one week. His narrative seems to indicate that this brief confinement (even though he was off drugs) heightened his insecurity and anxiety, rekindling his craving for drugs. Similar sentiments were expressed by Hussain whose feelings of insecurity over reimprisonment was given as a reason for his relapse:

> *'.... knowing that there is no way out and that I was being hunted by police [who knew] all my movements, was scaring me .... So basically, losing a sense of security and feeling that I am still treated as a criminal and I could be caught at any time made me use drugs again to escape ....'(Hussain).*

The possibility of being shadowed by undercover police in unmarked cars on the road was another source of panic which at least once resulted in an accident and injury to a participant:

'.... I was chased by a car which was not [an official] police car and I had to speed to find a way out but I ... hit the wall of a nearby shop .... people in the car told me that they were police members and they inspected my pockets and my car despite the fact that I was wounded .... no one paid attention that I was bleeding from my head ... ' (Mohamed).

Feelings of insecurity of being watched from the time they are released from prison impacted negatively on the participants. All participants have disclosed their feelings about this system, they felt like they were still in prison because they were not free to do whatever or go wherever they wanted, fearing that they will be caught at any time.

6.5.5. Imprisonment and De-Addiction Treatment

Prison is where most of the users of illegal drugs eventually reach. However, no anti-addiction treatment facilities are available in Omani prisons including the Central Prison. Drug rehabilitation in prison was suggested by some participants as they thought that they would be prepared to resist using illegal drugs after release from prison. They also wanted a follow up drug treatment system for those newly out of prison to help them sustain their recovery. In this regard Adil said:

'.... we use drugs inside prison, we live almost the same environment with the same people, although I personally think that outside prison is less influence to use illegal drugs than inside, prison could be better if we get drug treatment or rehabilitation before we are free...' (Adil).

The availability of rehabilitation in prison could have given a chance for participants who choose to join and that could have helped them to be prepared for the life outside prison.

'.... if I chose to attend rehabilitation in prison that shows my readiness to change as I am preparing myself to be a better person when I am free. Unfortunately, what we get here it is not rehabilitation. It is a kind of spiritual sessions that really makes you feel worse...' (Ahmed)

Participants indicated drug treatment is important in prison, especially for those who were about to be released. The responses pointed that; users of illegal drugs need to be

prepared to face the world outside in order to overcome the challenges of new life. It could be understood that rehabilitation is the way to prevent relapse and help to promote long recovery.

The theme elaborated the responses about contributing factors of early relapse. Overwhelming responsibilities soon after release from prison played an important role in terms of early relapse. There were many points indicating lack of support in terms professional treatment for them inside and outside prison. Their return to using illegal drugs was associated with their psychological and emotional uncertainty. This theme elaborated the objective factors such as rebelliousness and hopelessness, parental responsibility, returning to drugs to escape from mental trauma, fear of going back to prison and imprisonment and de-addiction treatment.

6.6. Summary of Chapter Six

In summary, this chapter has thrown light on the understanding of participants of their relapse after being released from prison. The themes elaborated the circle of life of users of illegal drugs, particularly the main aspect of prison life which was difficult because of repeated imprisonment. Theme one highlighted participants' ways of engagement in the prison life revealing the consequences and negative emotions in prison. It also identified drug users' life in prison as a different experience each time despite multiple and repetitive imprisonment within a very short time. There were many restrictions mentioned in terms of time spent in custody which resulted in participants developing varied forms of psychological distress. There were limited opportunities to engage in activities in prison and those who did undertake activities risked abuse from other prisoners. Prison culture includes a subculture of drug users, and this played a very important role in shaping their daily life in the prison. Adaptation to the subculture was important to them, therefore in order to successfully be a part of the subculture, showing loyalty to the subculture group was needed.

Themes two and three reflect participants' life after prison. The real challenges were faced soon after release from prison. All the responses, descriptions and narrative experiences were mainly focused on the life outside prison which was described as unbearable. Prison life left significant damage which was built up by the stress of

outside prison life. There was so much unresolved emotional trauma which was internalised. The responses indicated how each aspect of their life was lost in terms of finding a new life. In addition, there were many overwhelming emotions in terms of attachment to the family and relationships within the community. The responses revealed there was much stigmatization and discrimination.

7. CHAPTER SEVEN: DISCUSSION

7.1. Overview

This chapter will introduce the discussions of the findings from the participants' perceptions about whether and how previous imprisonments and subsequent release periods had caused early relapse into drug use before they were apprehended and imprisoned again. All the participants had their own strong perceptions about factors that caused intense cravings for drugs to return after a short period of abstinence, leading them to return to drug use, and from there to arrest and reimprisonment. The participants also expressed strong opinions about the contemporary practice of imprisoning illegal drug users and then releasing them to community without support. This chapter will discuss the findings in the context of existing literature discussing drug use and prison.

7.2. Reflecting on Research Aims

The key aim of this research was to explore the contributing factors for early relapse that led to reimprisonment within a very short time. The data presented in chapter five and six highlighted the problems participants faced while incarcerated and after release. This study also sought to explore participants' perception of their life in prison, as well as whether it helped reduce their addiction and imprisonment.

The pains and hardships associated with imprisonment are described in the literature as a distinctive set of problems that also affect imprisoned users of illegal drugs (Carr 2016). The pain of imprisonment in this population, a key research question, was clearly apparent. However, more research is needed in this area (Tomkins 2016; Crew 2005). All participants conveyed their deeply felt pain of imprisonment expressed in no uncertain terms and their words were supported by clear body language that conveyed anger and helplessness. They all expressed their conviction out of their practical experience that imprisonment was not going to help them recover from addiction, and that they were wasting their lives here and feared that their cycle of re-entry might never end.

In terms of life outside prison the aim was to investigate how the prison experiences affected participants and how they led the life in open society after release. The study uncovered significant information regarding whether prison, release thereafter, followed by reimprisonment were appropriate for the welfare of the drug user. It was also possible to understand the deterrent value of pecuniary fines imposed on repeated offenders. The impact of both imprisonment, and fining appears not to meet the objective of preventing recidivism.

7.3. Overview of the Findings

The results are thematically organised in chapter 5. Despite the diverse life experiences of the participants, strong commonalities emerged. The participants spoke about the challenges of structured prison life from which they were released into an unstructured and unsupported life in the community, and how this generated barriers and emotional turmoil, contributing to early relapse. Their reasons for relapse soon after release from prison were linked to lack of support both within the prison and later outside it. The prison life caused them to develop a new bond with other users of illegal drugs —despite having already experienced the difficulties of prison life and vowing never to return to prison.

It was important to first explore the connection between users of illegal drugs and the culture in prison and how life in prison has shaped them differently from their perspectives. This was followed by exploring how they viewed themselves soon after release from prison. Participants talked about the link between how leaving prison and not being prepared to face the challenges outside prison have contributed to the relapse. The rich ethnographic data obtained through the interviews revealed how the lives of users of illegal drugs would be from the day they were released to re-entry.

As a collateral damage of imprisonment, several participants said they had acquired new physical and psychological issues. Each participant reported his imprisonment caused suffering with different intensities and perspectives. One of the most significant findings was that after release, before the participants could heal themselves from the pain of previous imprisonment, they were back in prison.

There were many hidden facts on how the Omani culture had influenced and damaged users of illegal drugs personally, socially and communally. Most families did take them back home and give them food and shelter. To their shock they realised that they are increasingly being 'othered' by their family members, who are themselves stigmatised by Omani society. Soon after the family members begin to accuse them of various wrong doings, call them cursed, and ultimately stigmatise them. Their presence could lead to intra-family quarrels, adding to their guilt and self-loathing. Attempts to meet former friends is likely to be rebuffed. Due to their criminal record, it is difficult for them to find jobs. They are even shunned in mosques if they go there for prayer. Police keep watch on their movements which makes them fearful of being arrested again. Craving for drugs and to meet their old friends in the subculture restart. These desires are intensified when they remember about the peace and happiness that the drugs gave them earlier. Another factor is that during the imprisonment they gained much more knowledge about where to find drug dealers, how to avoid detection etc. Using this information, they are able to find drugs, drug user groups, and drug dealers even more easily. Therefore, the participants return to using illegal drugs as part of coping with the stresses.

7.4. Users of Illegal Drug' Daily Life in Prison

This is my anchor theme: it deals with the 'present,' the reality at the time of my interviewing my participants, all of whom were in prison at that time. From this focus, the study spreads out into how the participants understand their past and their expectations of future. To address the question concerning the life experiences users of illegal drugs in prison, this section discusses participant's significant challenges as users of illegal drugs during their time in prison. In doing so, this section provides findings from previous studies on the hidden experiences of living behind bars.

7.4.1. Participants' Experience of Entry shock: Early and Later Stages

Most participants said they experienced shock of entry every time they are imprisoned regardless of the number of re-entries. Revisiting these memories was accompanied by congruent body language that indicated that the entry shock period was likely to have been the most difficult experience they went through in prison. The

mind is still attached to the liberty outside. Some participants such as Saif stated going into a period of confusion and denial. There would be associated negative psychological manifestations on the first days in prison including symptoms of desperation, confusion, anxiety, and fear. While participants agreed that this was most acute at the time of their first imprisonment, later entries into prison also elicited similar symptoms. I concur with the prisoners in this respect and suggest that the entry into prison (whether as a first timer or not) would be significantly different to each participant, which might affect reality perception for a time until they adapted themselves to the structured life in prison. This is consistent with the various earlier and recent research on imprisonment such the work of Goffman's (1961).

A minority of prisoners might not overcome the entry shock which they might try to deny even to themselves. Amir is an example. Even though he verbally assured me that he had become adjusted to prison life, I was inclined to trust his body language which suggested the opposite—the wound of separation from family and loss of freedom still remained so raw that he suppressed those memories with a new belief, 'I am adjusted to prison life.' He did not even want to be reminded of his family and loss of freedom, and whenever these topics came up, he asked me to skip them and move on.

Amir's situation appears to match Goffman's (1961) view that prisoners suffer 'personal destruction' and damage their selves and that the mortification process (of initial entry) could be experienced throughout the life in prison. However, it has been suggested by Shalin (2014) that Goffman's strongly worded opinions were not generalisable except in isolated cases—and Amir's is indeed an isolated case.

Crawley and Sparks (2006) suggested that the entry shock of older prisoners had strong possibility of being associated with disorientation and denial. Even though my participants were young (18–33 yrs), most described going through disorientation during the first day of imprisonment. For example, Adil and Haitham said that they could hear the sounds of their old neighbourhood and were not certain whether they were in prison or outside.

Similar were the findings by Netrabukkana (2016) in a qualitative study among users of illegal drugs in a Thai prison. He argued that prisoners share experiences of emotional trauma during their first days of incarceration. These included feelings of regret, fear, anger, bargaining and denial of the present. In addition, the majority of

Netrabukkana's (2016) participants experienced physical pain due to abrupt stopping of drugs; some experienced withdrawal symptoms on their first days in this study. The Thai findings were consistent with the ground-breaking ideas of sociologist Donald Clemmer (1940). Clemmer highlighted the pain of imprisonment and described the process of socialisation in prison, which moulds the prisoners' minds, which he termed *prisonization.* His findings claimed that the prisoners undergo several stages in order to adapt and be part of prison community. The participants of the present study also went through stages similar to that of grieving (denial, bargaining, depression and acceptance) during their imprisonment. For example, Haitham remained in denial for almost two weeks, not talking to anyone. Most of the time he sat next to the door for his name to be called for release from prison. A few participants were able to adapt within short periods (for example Amir) whereas the majority struggled.

According to Clemmer, a prisoner exposed for a long period to 'the folkways, mores, customs, and general culture of the penitentiary' (1940:8), eventually becomes *prisonized*, and may continue this deeply conditioned behaviour long after being released. In the 1950s, Sykes conducted ethnographic studies on the subcultures of long-term prisoners in New Jersey Maximum Security Prison and defined terms such as "deprivation of liberty" where the reality of imprisonment at first shocks and then changes a person (Skyes 1958). Even though my participants were not long-term prisoners or locked up in maximum security, their narratives on entry-shock were similar. Each entry hurt like a fresh wound, although they knew they were returning to familiar grounds to live with the same prisoners they had left only a few months ago. Ibrahim and Saif have been in prison four times. Ibrahim said that even though he was kept in the same wing each time and met the same people there, each time he took a long time to adjust to prison life. For Saif, each re-entry was a different experience, and each produced traumatic entry shock, which were not eased by repetition — even though he also claimed prison to be his 'second home.'

Skyes' description of the 'deprivation of liberty' of prisoners was further expanded by Goffman (1961) according to whom a key aspect of this deprivation was gradual replacement of the normal identity of the prisoner with a 'sameness identity.' The process would commence when his name is replaced with a number, his head shaved, and he is asked to wear the prison standard uniform (Goffman, 1961; HM Prison

Service, 2015). Amir remembered this moment as one that that marked the deprivation of his right to represent himself as an individual. For Amir, having everyone looking the same (in prison uniform) takes away his dignity as a human being. Goffman (1961) describes this as a 'stripping and mortification' procedure intended to weaken one's 'autonomous identity' to enforce 'sameness identity.' He asserted this process is practiced in any 'total institution' such as a prison. He compared these prison practices with the enforced social collectivism practiced in the 1950s USSR and China whose insistence of 'proletariat overalls' to all their citizens (both men and women) towards a 'sameness identity.'

7.4.2. The Perception of Time

'Doing time' is an apt description of what imprisonment means to the imprisoned, as time is an effective punisher. The passage of time was acutely felt by all participants. Restricted, structured, and routine life of prison and the daily sameness caused them to feel that time was crawling (Crew at al. 2014). Netrabukkana (2016) indicated similar perceptions of slowing down of time among imprisoned users of illegal drugs in Thailand. Welch (2011) observed that the movement of time is felt differently in prison. Long term prisoners tend to eventually habituate to prison environments (May and Wood 2010). They develop effective coping mechanisms for dealing with time (Crewley and Sperks 2006). However, in the beginning all prisoners find time challenging, regardless of the length of their sentence. Most become preoccupied with the events and movements of the outside world which they have only recently left behind, and in comparison, their present static reality in prison is perceived as excessively slow. In this study some participants such as Hussain mentioned that he wanted to engage in some activities, in order to pass time such as helping in cleaning or catering in their wing. However, that might raise suspicion among his fellow-prisoners that he is cooperating with police. Therefore, he spends his time sitting in the presence of other prisoners doing nothing.

Prison environment severely restricts activities, but prisoners generate their own mini social system and engage in their own group activities (Welch 2011). Participants of the present study have been able to generate their own pastimes in prison. It could be argued that these activities echo their prison subculture (sharing moral and behaviours that have been created by them).

Amir, Adil and Abdallah admitted engaging in betting activities but assured me that they or their fellow prisoners never engaged in gambling. Goffman (1961) stated that closed institutions forbade gambling and imposed penalties on those who gambled. On the other hand, he described betting activities as 'a type of removal activit[y] and could help the inmates kill painful time and render their life more interesting and even exciting (1961: 56).

Participants in this study said playing cards was their most frequent group activity and they said it helped them 'kill time.' However, betting associated with card games often triggered aggressive behaviour. Amir as a group leader said that through winning card games, he earned things such as phone cards, food and even some drugs (sleeping pills) from the losing team. However, winning too frequently was also dangerous. Abdallah said that he was '…clever and smart and always winning', due to which he was abused and beaten by the leader and his assistants.

7.4.3. Multiple Entries and Time

Multiple entries were cited by participants as a barrier to coping with time. Participants have gone through years of unsuccessful attempts to reintegrate into Omani society. The experience of the circle of re-entry has led them to expect the trend to continue. They see their future lives as repetitively moving back and forth between prison and society. For most people life is made worth living by expectations of meeting goals. My participants seem to have weakened their goal making abilities, which has impacted the meaning life has for them. Jasim, Ahmed and Munthir said that during the first imprisonment they had plenty of time and did utilise it in planning and mind mapping of what to be done when released from prison. Once they were freed, they tried putting these plans into actions. Outside they faced social barriers, found no supportive networks, found it difficult to get ready access to treatment. They returned to drugs to be imprisoned again without being able to put their plans into reality.

My findings are consistent with those of Love (2018) based on her ethnographic study among young British drug users. Using Interpretative Phenomenological Analysis (IPA) to investigate patterns of recidivism, she found that drug use may have been a coping mechanism to manage the trauma of abused childhood. In the absence of supportive networks her participants were found to relapse after rehabilitation, and were

exhibiting the familiar circle of relapse, which became increasingly difficult to break. For my participants also supportive networks were not adequate after release and repeat imprisonments might be hindering their recovery rather than aiding it. Carr (2016) found that repeat short-term imprisonment of users of illegal drugs was ineffective. The diminishing hope for change in their lives might be one of the reasons why drug-addicted prisoners may experience more difficulties in coping with time than prisoners who are not addicted to drugs.

I identified four time-related patterns from my findings. First, newly incarcerated prisoners found it difficult to cope with the structured time in prison. Second, after becoming habituated in adopting with the prison routines, the task of coming to terms with the slow movement of time becomes easier. Third, after release, adapting to a new life in terms of utilising time was difficult. Fourth was coping with repeat imprisonments and going through the circle of adapting again with a prison life. These findings were consistent with the work of Schinkel (2014) who explored the experiences of multiple short-termer prison sentences. He suggested that repeated imprisonments contribute to change in the prisoner life adaptation. Furthermore, persistent disruption caused by moving in and out of prison may cause prisoners to consider it as time wasting between imprisonments. These findings were supported by another qualitative study where prisoners regretted the valuable years of life wasted due to repeated imprisonment (Minke 2017). The researchers suggested that deterrent or rehabilitative methods might have helped in reducing recidivism (Minke 2017).

7.4.4. Subculture of Users of Illegal Drugs in Prison

Welch (2011) who defined the term ‘culture’ as sharing ideas, common beliefs, values, customs, language, termed prisoners’ culture as a *subculture* (Welch, 2011: 135). A drug subculture is a subset of the main culture of a society, in this case Omani culture. Thus, the subculture of Omani users of illegal drugs still shares their Omani cultural identity, but they have modified it to include the shared behaviour, beliefs and expectations related to drug use. When users of illegal drugs are imprisoned, their prison realities cause a smaller, and more well-defined subculture to develop within the drug subculture. To my knowledge, prisoner subcultures in Oman have not previously been studied. The present study is the first one to ethnographically explore the subculture of imprisoned Omani users of illegal drugs and compare findings with those

from elsewhere. Participants' revelations of their subculture related to grouping, vocabulary and collective entertainment and this will be discussed below.

7.4.5. Users of Illegal Drugs Subculture: Groups

Participants saw their group as a small exclusive society and differentiated their group from other prisoners convicted for non-drug-related offences. Amir, a group leader, described his society that fulfilled the criterion of a subculture. He described his society as hierarchical in nature, and individuals would group themselves according to their perceived power. The higher group members were drug dealers with outside connections, followed by their assistants. All imprisoned drug users were forced by group leaders to show respect to higher status group members and use specific vocabulary and tone while speaking to them. The lower status members also were assigned daily tasks such as readying the place for breakfast and evening tea. The lower-status group members would spread a large mat and arrange the food items such as coffee, dates and fruits, and crockery in the centre. Around that they sit in a circle on the mat (part of Omani culture) and await the leaders to join them. Leaders always arrive last, to be ritually greeted and served by others. Anyone who is seen not participating or is not respectful the leaders as per protocol, is likely to be punished.

Gathering for morning and evening coffee is a communal drill that maintains the group cohesion and pecking order. This fact was seen to be relevant with the statement of health context of values, attitudes, and other norms which can constitute important socio-cultural factors' that represent the drinking rituals (Gamer 2016). This incorporates traditional Omani culture (collective and ritualised experiences such as having dates with *kahwa*) to which is added the prison's coercive culture, in addition to the shared bond of drug experience.

The entire drill also shows how the drug user prisoners' subculture is contained within the intensely collectivistic and ritual-oriented Omani culture. It would be fascinating to compare it with users of illegal drugs prison subcultures in the individualistic Euro-American cultures, and whether more coercion is required in those subcultures (vis-à-vis in Oman) to maintain hierarchy.

7.4.6. Users of Illegal Drugs Language in Prison

According to Sykes (1958), in his work on 'Society of Captives' language in prison was more on symbolising social roles in some pattern of behaviour among prisoners. My participants said they used the term 'moosh' for drugs but sometimes changed it for security reasons. 'Wahsh' represented someone who is powerful and should be respected, while 'kick' was used to label a prisoner who is weak and is a servant to 'Wahsh'. Participants created their own linguistic argots which were not Arabic, invented codes to refer to someone or something. Furthermore, language that represented illicit activities was learned by prisoners and passed on to the newcomers.

Such subcultural terms, born and nurtured during imprisonment, may have long staying power and emotional significance for members of the prison subculture. Prisoners come and go but the subculture remains alive through sharing of language and behaviour. It is possible that years later, ex-prisoners recognise members of their subculture through such common vocabulary and feel a sense of bonding between them.

7.4.7. Accessing Drugs in Prison

Participants admitted that drugs were available in prison despite official restrictions. There are many studies from various parts of the world that confirm that drugs are in prisons and reveal details of drug marketing to prisoners (Crewe 2005, 2009; Mjaland 2014).

Regarding the participants of the present study, Waseem and Zahir said they used drugs in prison to cope with the pain of imprisonment. Nasser and Adil used drugs for 'relaxation' and because they 'had access to drugs' despite official restrictions. International studies have also reported similarly. Some prisoners were reported to use illegal drugs as 'coping strategies' (O'Hagan and Hardwick 2017) and others to 'alleviate the everyday pains of imprisonment' (Crewe, 2005 p. 477; Dolan and Rodes 2014). Bullock's (2003) work on 500 prisoners in the UK explored the terms used by prisoners to describe the motives included: 'relaxation', 'to relieve boredom', 'enjoyment' and 'to block out current situation' (Bullock 2003, p. 33). He linked each of these terms with the type of drug the person consumed in prison (Cope 2000).

While most of my participants reported using illegal drugs in prison, a minority denied using them. In terms of asking each participant how drugs became available in

prison I had to be mindful of the ethical, legal and confidentiality implications of their answers. Participants avoided explaining how drug marketing is done in prison. The majority asserted that they did not sell or distribute drugs to others but consumed them themselves.

I assumed the drug dealers may have received protection from a few corrupt officials within the prison, a universal phenomenon reported in literature (Goldsmith et al. 2016). I noted during my field work that smuggling drugs inside prison by outsiders (visitors and prisoners' families) was nearly impossible as there was no possibility of physical contact between prisoners and their families during visiting timings because they were separated by a glass wall and communicated through intercom. In addition, nothing from outside was allowed (such as food or any cloth from visitors) except that which has been purchased from the prison market. According to Mjalland (2016) drugs make its way within prison by these ways: passed through family members or outsiders or through corrupt prison guards.

Participants mentioned that the communication between the dealers and the users were cautious and low-profile, unlike drug marketing outside prison. Mahmood was the mediator between the dealers and consumers in his wing. Those who wanted drugs would stand in a specified corner and Mahmood would approach him. The drug deals were mostly not cash based but bartering. The drug deals were much smaller, and the quality lower compared to outside. My participants' narrations were consistent with Mjalland's (2014) Norwegian prison study on accessing drugs in prison.

My participants said that drugs were much easier to get in prison than outside. There were some claims from participants that prison guards did recognize the illicit activities in prison however they pretended not to see, perhaps to keep the prisoners happy and thus easier to manage. During interview, Zahir disclosed about the availability of drugs in prison in the presence of the police guard. Tomkins and Weight (2012) warned that such claims of official complicity in breaking the law would serve to undermine the goal of prisons, which was to enforce law. This may lead to prisoners normalising their illicit activities in prison.

Most participants who disclosed using illegal drugs in prison said that they obtained drugs from other prisoners and were not allowed to sell to fellow prisoners. The dealers in prison were having their own network and social relationships to maintain and can

still find ways to obtain drugs in prison, however, more research is needed in this area (Tomkins 2016, Crew 2005).

Drug costs were much higher than in the community and this also depended on the type of drug in question and its availability. Zahir stated that prisoners often barter goods or pay money in order to get drugs; however, those who are unable to pay are subjected to humiliation from the dealers. According to Tomkins (2016), the power retained by drug dealers enables them to employ fellow prisoners to collect items and money for drug deals and, in many cases, to carry out other illicit activities in prison, including: punishing 'disobedient' prisoners; performing violent acts; and getting involved in gang activities. These qualitative findings support the notion that drug dealers in prison have their own identified sub-subculture shared only by users of illegal drugs, forming a social dynamic which excludes prisoners accused of other types of crimes (Tomkins 2016; Crew 2005).

There is a gap in the literature on availability of drugs and use of drugs in prison (Crewe 2005; Tomkins 2016). However, according to EMCDDA (2012) and (CASA 2010) there was an over representation of users of illegal drugs in prison in many western countries. There are 60% to 70% of prisoners who report using illegal drugs either prior to or during the imprisonment in some of these countries (CASA 2010; EMCDDA (2012). The findings of a comprehensive body of studies indicated that drug use is reported to be common in prison settings (EMCDDA 2012; Mjaland 2014, 2016). This was noted also from a review of 15 European countries, despite having drug treatment or rehabilitation in their prisons (EMCDDA 2012). Tompkins (2016) conducted an ethnographic study among thirty British ex-prisoners who were also users of illegal drugs and peddlers. These participants had served multiple prison terms for drug related crimes and functioned as in-prison drug dealers and 'enforcers.' They revealed the details of two extensive drug networks in Northern England, which specialised in selling drugs to prisoners. They targeted prisoners who were in drug withdrawal or were craving for drugs. They also tempt other prisoners into addiction by giving them free drugs initially. Secrecy and timely payments were strictly enforced by means of intimidation and physical violence by appointing prisoners known for their ruthlessness, known as 'enforcers.' Participants of the study indicated that the leaders of drug dealers in prison were targeting prisoners who have frequent visitors assuming

that they are good source of buying drugs and they can get financial support from their family. Participants of the study indicated that the leaders of drug gangs in prison often targeted prisoners who had frequent visitors, assuming that they would be good sources of drugs and would be able to receive financial support from their family. Some of the participants admitted to being forced to pay drug dealers for drugs and, if they protested, being exposed to physical abuse, much like Ahmed.

There are conflicting opinions regarding the benefits and drawbacks of prisoners having access to drugs. Some studies support the use of drugs in prison for the purpose of helping prisoners to cope with the pain of imprisonment (Keene 1997), while others suggest that the use of certain types of drugs reduces undesirable behaviours among prisoners (Boys et al. 2002; Bullock 2003; Plugge 2009). Other researchers have argued that taking drugs in prison encourages addictive behaviours and tempts even non-addicted peers (Crewe 2005; Strang et al. 2006). The latter argument is supported by Tompkins's (2016) revelation that creating new addicts in prison is a business strategy adopted by drug networks. Some participants in my study, such as Salim, admitted to using illegal drugs in order to control their addictive behaviours since they had access to drugs which could trigger these behaviours.

Participants in this study suggested that having drug treatment in prison would rehabilitate them inside prison and after release. I noted in chapter 6 that there was no deaddiction program available for participants, although they were treated for acute symptoms. The majority of participants experienced depression and mental illness; however, some were faking mental illness in order to get tranquiliser medicines to get high, and some used their prescribed medicines for drug deals. The findings of the studies carried out elsewhere on drug treatment could add strength to recommendations to establish drug treatment in Oman prisons. Drug treatment in prison or using illegal drugs is supported in the literature, therefore many Western countries have established drug treatment programs in prison (Kolind and Duke 2016; Hedrich et al. 2012). These programs were found to help reduce addictive behaviour and help in rehabilitation of drug users in prison during and after imprisonment (Skretting 2014; Tomkins 2016; Mjaland 2016).

In conclusion, theme one addresses the question concerning the life experiences of users of illegal drugs in prison and has compared participant responses to discussions

and arguments around literature. Users of illegal drugs experienced going through the same cycle of pain each time of re-offending. Participants of this study described the entry shock and their coping mechanisms as a different experience each time they were imprisoned. The phenomenon of perception of time was the main obstacle in coming to terms with the reality of imprisonment.

Participants disclosed several factors related to the availability of drugs and the ability to make drug deals in prison. However, the substances available in prison were of low quality and the majority of participants abused anti-depression and anti-psychotics drugs provided from the prison healthcare centre. Although they did not clearly disclose how the deals were carried out, their narratives clearly indicated that drug dealing did in fact take place within the prison. They also introduced me to the jargon specific to their subculture. Participants wished that drug treatment programmes were available in the prison.

7.5. Users of Illegal Drugs and Public Eyes: Influence of Omani Culture on Users of Illegal Drugs

These sections address part one of the research question on investigating the connection between life experiences following release and early relapse into using illegal drugs. Moreover, it explores the journey of drug users toward their present state of incarceration: whether and how their experiences as ex-prisoners who were reintroduced into Omani society contributed to their early relapse and re-entry.

Public attitudes and behaviour have a huge impact on users of illegal drugs in terms of relapse and the participants in this study confirmed this. Participants took me on their journey from the day of release from prison to their relapse, conviction and re-imprisonment. In their perception, the most significant among their conflicts with society which led to relapse were between (a) users of illegal drugs and Omani families (b) users of illegal drugs and the Omani community (d) users of illegal drugs and religion. Encompassing these were the (e) predictable life circle of the Omani users of illegal drugs, which suggested that the first four factors (a–d) may have only accelerated the inevitable fifth (e).

7.5.1. Users of Illegal Drugs and The Omani Community

According to Al Barwani and Al Beely (2007) Omani community is characterized by its Islamic identity, tribal orientation and male dominance and known for its strong code of conduct and social supports. Community acts as an umbrella to the individual because of interrelationships from the family connection to the neighbourhoods to the activities, rituals, habits and religious functions which are shared by citizens of that particular community. Reputation of the community depends on the reputation of its constituent families (Al Barwani and Al beely 2007). The reputation of the family is dependent on the behaviour of its individual members. Thus, the participants went through stigmatization from their family—whose tribal reputation had been compromised—as well as their community, whose overall reputation was diminished, however marginally. Abid said he was perceived as 'lost' by his own community. He experienced being stigmatized and rejected and not welcome in any of the community functions. People within his community even stopped calling him by his own name, instead referring to him by stigmatising labels such as 'drug user' (*mukhadarati*).

According to the majority of participants, neighbouring families often forbade their sons from welcoming them into their homes. In Omani culture, members of the community traditionally gather for functions such as weddings or funeral ceremonies, with men getting together in mosques. In this regard, participants revealed feeling humiliation and stigmatised from the community, in addition their families experienced the same shame. Saif recalled how he stopped accompanying his father to the mosque and other social functions to avoid discriminatory (often nonverbal) behaviour from the community. According to Kreis et al.'s (2016) findings, shame results from ongoing negative relationships and it damages the dynamics of the relationship.

In terms of community service, participants mentioned experiencing discrimination in receiving services provided for needy individuals. For example, Abdallah's applications to community charity organizations to access training programs were rejected several times. The justification for the rejections was given as his history of drug use and imprisonment. He was informally told that the companies who offer community service would not want their name to be linked with drug users because it would affect their credibility. The participants also revealed that after their release they did not receive any support from any governmental or non-governmental organisation.

Research reveals the importance of community services including housing benefits and employment for drug users newly released from prison to help them remain drug free. McHugh (2013) also suggested that community support should be pre-prepared so that it is ready for the prisoner upon his release. The longer he is kept waiting, the greater the risk of relapse. Community services need to be instituted for drug users newly released from Omani prisons. It is also important to conduct research to monitor the effectiveness of such community services and tweak them as required.

7.5.2. Users of Illegal Drugs and Religion

Omani culture and religion cannot be separated. An Omani user of illegal drugs, irrespective of how deeply he is into drug subculture, is culturally an Omani, and religion is part of his identity even if he does not practice it outwardly. Further, Omani culture being collective, an individual's identity is firmly wedded to the culture. Therefore, labelling an Omani user of illegal drugs as an 'apostate,' 'cursed,' 'destined to hell' etc., is equivalent to erasing his identity.

Participants mentioned that they were 'othered' and treated as those who have been cursed by God and as apostates. They were told that even before they used drugs, they might have lost their *imaan* (religious faith) which led them to drug addiction. Hussain experienced discrimination while participating in all religious functions whether inside or outside the mosque. According to him addicts like him were treated as 'lost' by the religious establishment and elders.

However, the Quran does not declare users of intoxicants as cursed, rather it expresses its strong disapproval for such behaviour. The following are the two key verses from the Quran which deals with intoxicants.

> *O you who have believed, indeed, intoxicants, gambling, [sacrificing on] stone alters [to other than Allah], and divining arrows are but defilement from the work of Satan, so avoid it that you may be successful. (Quran 5:90)*

> *Satan only wants to cause between animosity and hatred through intoxicants and gambling and to avert you from the remembrance of Allah and from prayer. So will you not desist? (Quran 5:91).*

Particularly significant is 5: 91as it warns how behaviour of people who practice vices might escalate to hatred and animosity in the community. Modern Arab societies seem to be upholding the same policy of unity and honour by weeding out potential disruptors such as drug addicts. The verses also mention Satan as the instigator for forbidden behaviour. Thus, Omani cultural practice includes allusion to evil forces controlled by black magicians against respectable families and individuals to destroy their religious faith. The families who suspect such evil influence often first approach Islamic healers.

This method was adopted by the families of Nasser and Hussain, who took them to traditional healers. Nasser's family spent a huge amount of money, taking him to different healers and refused to consider modern deaddiction methods. Hussain was forced to pray for long hours in the mosque. As these methods did not stop their addiction, their families subjected them to labelling and stigmatisation. In the case of Hussain, he was severely stigmatised and forced away from his community. The community seemed to be attempting to protect itself by stigmatising him as he had become addicted at an Islamic college where he was learning Islamic law, while his father was a respected sheikh.

Most participants were aware about their religion and declared commitment to the same, and believed their addiction was an illness and was separate from their faith. The mistake of the community, they said, was mixing these together. Nasser, Hussain and Mahmood described having insight about the Quran verse 5:90 and asserted that the community was misinterpreting it. The participants said they loved Prophet Muhammad. They pointed out that he asked them to stop using intoxicants gradually, presumably with the understanding of their effects human body and the process of washing out the substance requires time and psychological effort to be completely disintoxicated. The Prophet, the participants told me, had indicated that alcoholism is in the body and in the mind of an individual, and therefore he ordered his people to start not drinking alcohol by not participating in communal prayers in an inebriated state, tightening the restrictions gradually, over several years. The participants wanted to know whether the community was accusing them and discriminating against them because of religious reasons why the Prophet did not do the same to alcoholic people? They acknowledged the negative effect that drugs had had on them, but described

themselves as spiritual; indeed, they felt that holding on to their faith would help them to overcome their addiction gradually, as taught by the Prophet. They believed that what was needed was support from the government and to be treated without stigma by the community. With regards to the research question, religion was found to be the most important type of cultural influence on drug addiction in Omani culture. Participants also indicated religion to have had a huge impact on them in terms of being part of this culture.

7.5.3. Users of Illegal Drugs and Omani Family

Family is the usually the first place that a user of illegal drugs seeks after release from prison, since most participants were still living with their family. The definition of Omani family has not been changed despite the rapid civilizations and development in Oman: it is still characterised by the traditional Arabic and Islamic features (Al Barwani and al Beely 2007). In an anthropological study of Omani culture, it is described that Omani family are extended families and they generally have a large number of children, where four generations can still live under one roof where the godfather is the provider (Barth 1983 cited in Al Barwani and Al beely 2007).

Barth (1983) describes the *godfather* as having '...the final power of decision in all questions concerning wife and children, as well as the responsibility for their behavior and training' (p. 117). According to Barth, men in Oman families have power over their womenfolk in many aspects. From this point of view, the participants, who conveyed in various ways as having lost their self-worth and respect within themselves and from the other male members of the family, may have lost that traditional status of a male who protects the females under his care. Instead, they are likely to seek and receive protection from their mothers and sisters.

This bonding between the user of illegal drugs and his mother and sisters tend to cause conflicts between the men and women in the family (Brunton-Smith and McCarthy 2017). Haitham suffered from abusive relationships with his father and brothers, however, he had support from his mother and sisters. According to all participants, the main cause of this conflict was that the men were accused of being too strict on them while the woman were blamed as too lenient. In addition, the male family

members would stop talking to the participant and they could communicate to their fathers and brothers only through their mothers or sisters.

In terms of family cohesion, two threats were identified from Omani family, internal and external (Albeely 2003). Internal threats were mainly lack of positive communication among family members, fathers' propensity to impose rules, lack of opportunities for lower ranking family members for free expression. In this study, these threats seemed to prevent participants from taking their own decisions as parents were imposing their own rules which they were required to follow without question.

In the context of Omani family, the participants experienced culturally imposed difficulties as well. In all Arab-Islamic families including those in Oman, the family is supreme, and individuals are subservient to it. Male members are the pillars of the family. A user of illegal drugs is a failed pillar, ideally discarded (Ali 2014). The influences that contributed in damaging relationships between their families (siblings, parents and extended family members) led to extended family relations fracturing due to the users of illegal drugs' histories, particularly the fact of their imprisonment. Participants appeared to experience family abandonment or being subjected to painful shaming by family members. This is consistent with results from various studies (Kreis el al. 2016; Ibrahim et al. 2018). Having a user of illegal drugs in the family was a shame and stigmatization for all members of the Omani family. Participants expressed that while they experienced shame and stigmatization, their family also took the burden of this shame. These findings are consistent with the findings of studies conducted about shame in traditional cultures such as in the Middle East and South Asia (Gray 2010; Olmos 2010).

Participants mentioned significant loss in family bonding after spending time away from their families during their sentence of imprisonment. They expressed feelings of detachment, inequality and unfairness and there were discriminations in the way other siblings were treated by the parents and other members. The majority of participants expressed painful and destructive emotions when describing relationships and communicating with family, and how these have changed over time. According to Dallos and Vetere (2014), unhealthy relationships with family members and fractured patterns of communication result in negative psychological well-being as suggested by family systems theory.

Participants expressed failing to initiate a close relationship with parents after imprisonment and separation, this has resulted in increasing the gap in their relationships. Mahmood lost most of the practical and emotional, and financial support from family from the time he entered prison. On the other hand, when he was released from prison his parents had developed unrealistically high expectations that imprisonment must have completely reformed their son. The conflict between expectations and reality resulted in fast deterioration of their relationship, which ended in restarting of labelling and re-stigmatisation. These findings are consistent with studies of Clark and Lemay (2010). However, Fairbairn and Testa (2016) and Fairbairn (2017) revealed no detrimental effects of close relationships or social interactions on users of illegal drugs. These inconsistent findings in terms of the association between family bonds and drug use and close relationships likely relates more to the poor quality of such relationships (Fairbairn and Cranford 2016; Fairbairn and Sayette 2014). However, these findings need to be taken with caution as they arise from different cultures in which the degree of social stigmatisation for having an addict in the family likely differs from that experienced in Oman.

Many psychological theories have looked into the parental relationships, and some have suggested that poor parental relationships in young age could serve as contributing factors to use of illegal drugs later (Fairbairn and Sayette 2014). A growing number of studies on attachment theory explain the development of psychopathology and psychological disorders that can disrupt attachment between family members and such disrupted relationships may lead to addiction (Gillath et al. 2016). Participants in this study mentioned having intense painful emotions and rising fear which resulted in them suffering from mental issues from the time they lose contact with family when entering prison and during imprisonment. According to Kreis et al. (2016) dealing with parental stress through parental modelling shows that relapse happens due to inability to cope with these stresses.

The external threats to Omani family cohesion were reflected in the way the family portrays itself in the community or society in terms of having a user of illegal drugs as a family member. The families of users of illegal drugs tend to self-stigmatise as they have experienced or expect to experience social stigma. These negative feelings are often expressed at the drug user, who is perceived to be responsible for the situation.

Adil's family members isolated from the community themselves and experience self-stigma. A marriage proposal for his sister was withdrawn by the groom's family and his father began avoiding people. During his post-imprisonment stay at home, his family began labelling and stigmatising him. According to him the resultant stress accelerated his return to drugs. The effect of self-stigmatisation on individuals has been the focus of many studies and it has been identified as leading to poor quality of life outcomes and self-isolating behaviours (Drapalski et al., 2013; Picco et al., 2016).

Some participants indicated that as returnee prisoners they were bearing a dual burden—personal self-stigma ('I am an addict') and family self-stigma ('I harmed my family'). Those who spent their brief stint of freedom with their families reported that their presence triggered conflicts between the family members, increasing their guilt feelings. Participants of this study also indicated that self-stigmatisation deters them from seeking treatment. This was also supported by the finding of a study conducted in Saudi Arabia for 614 substance use patients who revealed that social stigma hindered seeking treatment (Ibrahim et al 2018). While tackling stigma and self-stigma is still not a priority in framing drug management strategies in Oman, it is given great importance in some other countries. For example, the Scottish Government action plan of 2019-21 gives priority to stigma, self-stigma and public stigma in their report on the *Rights, respect and recovery: alcohol and drug treatment strategy* (Scottish Govt. 2019). Such strategies might be investigated and if suitable, adopted in a culturally appropriate manner in Oman, since social stigma is likely to be an even bigger barrier for Omani users of illegal drugs than for their Western counterparts.

To combine the findings from family, community and religion in Omani society it appears that most are seeking an identity having tried unsuccessfully within their own home and their community. Their previous 'self' has been weakened in the process of their transition into drug users, addicts, prisoners, ex-prisoners, and now relapsed prisoners. According to Khantzian (2012) users of illegal drugs struggle with their true self and find it difficult to find a comfortable sense of self. The participants in my research appeared to convey that searching for their sense of self lost between their life in prison and outside prison was a long endeavour. For example, the majority of participants felt that they could have been better people or able to improve themselves

if they had found support or been accepted as people who needed help from their family and community.

The majority of participants blamed their parents for their sense of lost self because they pretended to be the person that their parents wanted them to be, in order to please their parents, they were not themselves in everything. Participants mentioned that even during the time of being drug free and trying to improve themselves they were still not accepted within their family and the community. They describe difficulties in defining what is the true selves and the one which is portrayed. From a sociological perspective, users of illegal drugs will try to create a new identity during this stage of recovery or being free from drugs (Rodriquez and Smith 2014).

It might be argued that the participants were struggling with relationships in relation to family members and being part of the family with their current status. Their lost or detached bonding with their families seemed to be the main reason for losing their identity and self-worth. Schindler's (2019) systematic reviews on relationship between attachments and drug or substance use examined 34 cross-sectional studies and found a relationship between insecure attachment and drug use. Schindler indicated the different position of attachment, for example, the pattern of avoidance attachment related to being caught between negative emotions and attachment needs. Some participants in this study revealed that they no longer needed close relationships with their parents, which seemed to indicate avoidant attachment pattern. Preoccupied attachment patterns may lead users of illegal drugs to social fears leading them to seek reassurance from the predictable sensation of happiness or contentment provided by drugs. In this regard all participants in this study recalled that after a few instances of being labelled and stigmatised, they experienced progressive fear of facing the community. Social fear due to avoidant attachment pattern was also supported by meta-analysis of Fairbairn et al. (2018).

The disorganised attachment pattern deals with residual fear such as in post-traumatic symptoms. Participants in this study have described their sufferings and struggles as traumatising experiences which remained strongly in their consciousness. They were experiencing built up pain and emotional trauma after experiencing rejection from three key sources on which their identity as an Omani rested — family, community and religion. Feelings of detachment contributed to self-damage and made

them prone to mental health issues. Understanding the attachment patterns from participants' specific experiences involved many aspects of participant life in dealing with unresolved close relationships. The theories of secure and insecure attachments suggest that the relationship between attachments and drug use begin either from early childhood or adulthood. As the accumulated defects in the relationships was massive in participants in this study, people may use drugs in the process of searching for their identity (Crowell et al. 2016; Madigan et al. 2016). In this study, some participants were more attached to the community functions and religious ceremonies such as visiting the mosque or doing volunteer work in the community, whereas others were attached to family gatherings and feelings of pride when representing themselves among the extended family members. Loss of these attachments which providing them with anchorage, meant that participants developed avoidance attachment pattern by isolating and distancing themselves. There are a considerable number of scholars who explain the attachments theory and inter-personal relationships and the deteriorating condition of drug users (Cassidy and Shaver 2016; Gillath et al. 2016).

7.6. The Scars of Prison: Impact of Imprisonment on Users of Illegal Drug's Life

This section addresses the research question regarding the effect of imprisonment on users of illegal drugs in Oman by exploring participants' perceptions of their personal experiences being imprisoned. The patterns identified in this theme reflect on how imprisonment was able to modify the identity of ex-prisoners over the long term (Irwin and Owen 2013). Moreover, my findings reveal the challenges and difficulties that hindered users of illegal drugs in starting a new life after imprisonment. Lastly, participants endured shame, stigma and labelling that impacted their self-esteem and confidence and deprived them of a stable identity essential for them to become normal, productive members of the Omani community.

7.6.1. Personal Status

The effect of imprisonment on the personal status of participants was a significant finding of this study. Personal status here means the prisoners' individual profile after imprisonment such as marital status, housing, employment and financial status.

Personal status was strongly subjected to change due to history of imprisonment. Identifying self after imprisonment was challenging to all participants in this study. For example, participants mentioned that the payoff of imprisonment was that they lost their personal status that they held prior to imprisonment. The losses were physical, emotional and psychological which led to huge transformations of their identity.

Identity transformation in prison has been a problem that has been highlighted in the literature. In 1940, Clemmer used the term *prisonization* to describe the drastic and permanent way long-term prisoners changed their identity. Goffman (1963) introduced the concept of *spoiled identity,* its formation and impact of among prisoners. Recent research has focused on the shift of identities observed in imprisoned users of illegal drugs (Best et al. 2011; Mackintosh and Knight 2012). Each participant in this study expressed their transformation of identity in prison negatively. All participants in this study admitted themselves to have become different people since their first imprisonment. Salim spoke with anger and frustration about how he has changed—and how he wished to be the same Salim he was before. Study findings of transformation of identity reveal that users of illegal drugs work hard to shore up their damaged sense of self to regain the same identity prior to using illegal drugs or to create a new one, but often fail (Mackintosh and Knight 2012).

As the present study revealed, reverting to one's previous identity or creating a new healthy identity failed as self-damage was too fundamental and sustained over long periods—which saw multiple experiences, both drug use and traumatic—to be rectified. Jasim, soon after release from prison, tried to repair self-identity by making plans for a new life which he hoped would overcome his 'spoiled identity.' He was motivated to do this because during his imprisonment he went through the process of recovery and remained drug free. These findings were consistent Mackintosh and Knight's observation (2012) that transformation of the identity of a drug user during recovery goes through constant self-reflection and deepens his insight into the consequences of drug use. All participants went through self-reflection and self-evaluation to distinguish the self that was compatible to their action, similar to the descriptions of 'virtual' and 'actual' identities where prisoners imagine their ideal (virtual) self and struggle to achieve it (Goffman 1963).

Many prisoners also internalised judgmental and negative feelings about themselves. These judgmental feelings were interpreted as a 'crisis' as they were associated with feelings of stigma and shame rather than a positive expression of oneself. Mackintosh and Knight (2012) used the term 'crisis' to refer to discovering the 'dark side' of the self, resulting in despair and aversion. This was very obvious from the participants' responses regarding the thought of being drug-free after their current sentence and the notion of continuing their recovery process outside of prison. Unfortunately, the impact of being in prison was so damaging to their sense of self that they were unable to restore or renew their self-identity. As early as 1940, Clemmer suggested that the process of prisonisation 'atomised' individual identities and goals.

Similar findings relevant to this discussion of looking at both the inner and outer notion of self to produce emotions to reduce the risk of shame were reported by Scheff (2013).

7.6.2. Housing

It is critical for ex-prisoners to have appropriate housing and the ability to pay basic bills because they are not earning legitimately (Citizens Advice Bureau 2014; Love, 2018). In Western countries temporary facilities are often provided for a newly released prisoner. Studies have reported that even where ex-prisoners experienced homelessness before imprisonment, all of them were provided accommodation when they leave the prison, but this was only temporary (Kirk 2012; Carr 2016). However, temporary shelters are not provided in Oman and housing becomes the most urgent concern of a newly released drug user prisoner. Several participants had been rejected by their own families upon imprisonment and could not return home. From the first day after release from prison, their problem of where to live began, except those who were permitted into their family homes.

The government of Oman does take care of the families of prisoners and provides them basic social support while the husband is in prison (Ministry of Social Welfare report 2015). This is applicable for only the dependents of married prisoners and such support is discontinued after one year from the husband's release from prison. Married participants mentioned that in their absence their families struggled with meeting basic needs because the support from the government is considered to be symbolic and not

meant to cover the entire basic requirements of the prisoner's family, especially the rent. However, the married participants did have a place to return to, however inadequate. Unmarried participants did not have such a facility, as their parents were expected to take care of them. Not all parents did, which left the newly released prisoner at great risk. Access to secure housing is very important to ex-prisoners in terms of regaining a sense of belonging needed to reduce the risk of re-offending. Secure housing also rescues the drug users from living with their old drug subculture.

All participants—including those who were taken back by their families—emphasised how they struggled with the housing and the importance of having a proper place to live without being harassed. Linking these findings with 'Maslow's Hierarchy of Needs', basic food, clothing and safe housing are the basic human needs (Maslow, 1943). Only after satisfying these basic needs can the higher psychological needs such as love and belongingness; and self-esteem needs, and ultimately the need for self-actualisation—be contemplated.

Therefore, in this study it could be argued that participants who were released from prison were left at risk of not having their basic needs met, which may have been a source of distress and prevented them from seeking to meet higher psychological needs.

The Omani Ministry of Justice (2015c:31) has acknowledged the problem, even though the infrastructure is not in place:

'Getting offenders into accommodation is the foundation for successful rehabilitation, resettlement and risk management. It can provide the anchor for a previously chaotic life and act as a springboard for other crucial steps, such as getting and keeping a job, and accessing health care or drug treatment.'

7.6.3. Employment

One of the most challenging issues after release from prison is the opportunity to find a job. In this study participants mentioned that their names are placed on a blacklisted of criminal records for two years. The criminal record in Oman is cleared after two years of release from prison. However, even a minor illicit activity during this period impacts the eligibility of criminal clearance. This is also the case in most countries globally, where employment opportunities become limited for ex-prisoners due to their criminal records (Love 2018). Participants of the present study recognised

that they needed government support soon after release from prison. These findings are consistent with numerous studies Khantzian (2012), Khantzian et al. (2007) and Flores (2012) which investigated the relationship between disappointments and lack of required support for those who were imprisoned with severe drug addiction. These studies' findings also indicated the difficulties of dealing with daily life without employment. They suggested that employment would help in living a normal life and being able to support themselves financially.

The Omani Inspectorate of Prisons (2014) acknowledged unemployment to be a strong predictor for re-offending. The report also indicated barriers to employment such as low vacancy levels in the national employment market, problem of searching for jobs, the barrier posed by the requirement on application forms to state one's criminal record along with proof of identity. This left most participants seeking jobs in the low paying unorganised sector doing temporary jobs. In addition to this, the ex-prisoners have to apply through the official channels of the Ministry of Labour whose waiting lists are already long with applications from non-criminal Omanis. None of my participants received employment offers through this route.

Abid and Ibrahim possessed technical qualifications which were in demand in the job market, nevertheless their criminal records made them ineligible to apply. Several participants had college or professional level qualifications, whereas others did not complete their University degree due to imprisonment. Omani prisons do not offer prisoners opportunities to pursue higher education while in prison. Carr (2016) argued that allowing or having an education system in prison for prisoners to gain their qualification and accreditation while in prison can benefit them to gain employment after prison and reduce re-offending. This is consistent with the responses of most participants who wished to pursue their education while in prison. Two of the participants (Hussain and Waseem) who were imprisoned while studying for their final year in engineering were disappointed that they were not allowed to complete their course by distance learning.

7.6.4. Financial Status

Ex-prisoner users of illegal drugs in Oman are not entitled to social security benefits (although their wives and children do receive basic governmental support up to one

year after their release from prison). Munthir spoke about his struggles to earn his daily living without support. He faced financially difficult times soon after release from prison, as it takes time to get even a temporary low-paying job. His experience is consistent with many studies. UK Ministry of Justice (MoJ, 2012b) has conceded that prisoners tend to suffer from poverty and social exclusion compared to the general population. The Prison Reform Trust (2014b) reported that 48% of British prisoners were in debt prior to imprisonment and vulnerable to extreme poverty and financial instability after release.

All nineteen participants admitted having issues with their personal finances. Most admitted that their drug use and offending behaviour were also financially motivated, to meet basic needs such as food and shelter. This finding is consistent with report of the UK Prison Reform Trust (2014b).

Participants expressed their disappointment regarding not having financial support from the government. They describe they were left struggling on their own without initial financial support soon after release from prison to help and support them at least for their daily personal needs until they were employed. Their experience contrast with opportunities in other countries like the UK where the social security system provides financial support and accommodation to the unemployed and ex-prisoners (Carr 2016; Love 2018).

7.6.5. Physical and Psychological Impact after Imprisonment

According to literature, prisoners suffer from physical and psychological short- and long-term impairment during imprisonment that continues after release from prison (UNODC/ILO/UNDP/UNAIDS 2012; WHO 2014; Goomany and Dickinson 2015). Prison and imprisonment have been shown to be strongly linked to long-term physical and psychological ill-health and to deteriorating health for prisoners who were having health issues prior to imprisonment (Strathdee et al., 2015; Ruiz et al., 2012).

Communicable and non-communicable diseases are found to be high among drug users who have histories of imprisonments (EMCDDA, 2012). Noncommunicable diseases such as hypertension were reported by participants. According to some participants, pain of being in prison is challenging and stressful, therefore some develop high blood pressure and general weakness. The majority of participants

reported suffering from Hepatitis B and C and HIV, despite the fact that some of them were free from infection before imprisonment. Mahmood attributed this to sharing of personal grooming equipment such as razors. Studies worldwide have reported that prisoners have higher risk of acquiring HIV, HCV (hepatitis C virus), and tuberculosis than the general population (EMCDDA, 2012; UNODC, 2012; WHO, 2014; Aebi and Delgrande, 2014).

Participants in the present study raised their concern about the psychological health issues acquired during their imprisonment continuing in the long run. All participants exhibited symptoms of mental illnesses apart from their addiction as the majority were diagnosed as suffering from depression, anxiety and stress acquired during their imprisonment. Depression was very common during and after imprisonment. The majority of participants were already on prescribed anti-depressive and anti-psychotic medications. They also recognised that their addiction combined with the burden of imprisonment deepened their mental health issues. The possibility of developing mental illnesses in prison is higher for drug users than for non-drug-users as shown by various qualitative and quantitative studies (Ruiz et al. 2012; Love 2018, Strathdee et al., 2015).

7.6.6. The Social Exclusion of Imprisonment

Participants of this study were stigmatised by their family and society, having broken key taboos and expectations. For example, the participants pointed out the family and community myth that imprisonment can change drug users into healthy and productive people. Failing to demonstrate their supposed 'normalcy,' they faced rejection and discrimination. Participants experienced internalised trauma, low self-esteem and feelings of worthlessness. In particular, stigmatisation was found to significantly affect the participants' progress and success with plans in their life, including when seeking addiction rehabilitation treatment. The participants also experienced stigma and negative attitudes from prison staff when they tested positive for drugs. These findings are consistent with those of earlier research which identified stigmatising attitudes amongst professionals towards substance users (Livingston et al. 2012).

The participants indicated that the most common social labels attributed to them included the Arabic equivalents of the following terms: addict, jailbird, loser, criminal, cursed, etc. For these individuals, this type of labelling and corresponding

stigmatisation were the biggest contributors to self-damage. This was especially so because during their prison sentence they had carefully made plans to rebuild themselves and demonstrate the same to the society. Knowing that society had already written them off and no longer considered them to be part of the social community severely impacted their self-concept and motivation to change.

Regarding the power of stigmatisation of such labelling in Oman, a hypothesis is suggested: Omanis are by nature and training soft-spoken, courteous, and take extra care not to hurt others' feelings. However, like all collective societies, the usual benign nature is reversed when people are perceived to break taboos and threaten sociological uniformity. I might venture to hypothesise that such dramatic reversal in attitudes might increase vulnerability of the Omani users of illegal drugs to social stigma than his counterparts in more individualistic societies.

7.7. Reasons for Early Relapse

This section addresses the research question pertaining to the participants' significant life events, relationships and psychological well-being in relation to drug use and early relapse. The participants' responses indicated links between what had been discussed in previous themes to conclusions regarding their inner feelings and psychological well-being.

Generally, participants described their life experiences inside and outside prison and being exposed to the stressful situations from all the surroundings. All of them spoke about wanting some kind of normal life, but failure to achieve their objectives had left them with fragmented and damaged self-identities. They mentioned struggling to cope and attempting to be normal. Therefore, there was no other way to deal with their damaged self except using illegal drugs again. The following were the factors, in their perception, that led to their early relapse: overwhelming responsibilities, lack of professional help, being hounded by law enforcement, and using illegal drugs to escape. I will discuss these factors in relation to relevant research.

7.7.1. Overwhelming Responsibilities

Participants of this study indicated that they were overwhelmed with where to start or where to begin in order to connect to the new life soon after being released from prison. The majority of them lost their jobs, family and housing while in prison. In the regimented routine of prison, food and lodging were provided without their having to work for it. Out of prison, they had now to piece their lives together, find a place to stay, find money for essentials, re-establish old contacts or make new ones, find a job. They found that they had to singlehandedly rebuild their lives from scratch without skills or support to prioritise and manage a huge number of tasks and responsibilities.

Those who were accepted back in their parents' homes faced a different set of problems. Saad, for example, expressed anger describing how his family had too high expectations on him. They bombarded him with tasks. They pushed him to find a job and contribute his share for household expenses, not realising that his criminal record would be a barrier to a well-paid job. When he failed to meet their expectations, criticisms and negative labelling began, psychological trauma reappeared along with craving for drugs as the only assured way to find peace.

Two participants, Salim and Ibrahim, were married and had children and their experience of stress was related to this. Both reported feeling immense stress while parenting their children. Salim and Ibrahim became emotional while they disclosed to me that they failed in parenting, the ultimate failure for an Omani father. They described how they kept showing their anger to their children at the least provocation. After each episode of anger, they would regret, but the behavioural pattern of anger and mistreatment of children continued. They felt that it was their guilty feeling for failing as parents which triggered their relapse. They also mentioned that the dual burden of drug addiction and imprisonment destroyed their former parenting skills. There is a plethora of research that suggests that drug addicted parents may experience feelings of failure, Dallos and Vetere (2014) suggested that internalised anger and frustration may pushing the drug addict towards using illegal drugs again as a way to mask his failure.

Participants in the study also discussed the effort of staying away from their former drug related lifestyle — such as severing all links with users of illegal drugs' subculture, avoiding situations and places reminiscent of drugs, consciously building up their new lives with their families. Most tried to engage in activities by performing minor jobs

(daily jobs) to add to the family income. However, they could earn only very little. Some tried to change their lifestyle, for example attending gym, mosques or family gatherings to keep themselves busy and preoccupied, and to avoid anything that triggered cravings for using illegal drugs. The other purpose was to keep them away from their old friends and environment that reminded them of drugs. On most of these occasions, they also had to deal with labelling and stigmatisation. The participants' disclosures were in agreement with the findings of Harris et al. (2005) who investigated managing normal life after imprisonment. They argued that although some relationships might help in sustaining recovery, some of these same relationships could also impede recovery due to their negative impact and increased emotional stress.

7.7.2. Lack of Professional Support During and After Imprisonment

Participants in this study suggested that having rehabilitation in prison could have helped them face many challenges after release. Lack of professional help inside and outside prison and going back to the same environment with the same mentality of using illegal drugs led very strongly to early relapse. Literature discussing the importance of professional help and support during and after imprisonment is plentiful (McHugh 2013; UK Parliament 2015; The Offender Rehabilitation Act (ORA) (2015). Several participants of my study acknowledged that they needed professional services inside prison, as they were drug free. They knew that outside prison, rehabilitation facilities have long waiting lists for appointments, and there were limited health services for users of illegal drugs. The majority of participants mentioned that they tried to get professional help soon after release in order to sustain recovery; unfortunately, there is only one hospital which has twenty-five beds of the detoxification and another twenty five beds the rehabilitation and one halfway house that accommodates thirty individuals undergoing treatment. The hospital also has a very long waiting list of three to four months, however, by that time while waiting for appointment the participant might be in a deeply troubled state.

There are no community social services or any treatment referral systems from prison to community that help and support ex-prisoners after release in Oman. Participants complained that they were being left alone to struggle and face any challenges without any system that helps them re-establish their lives after release from prison. All participants blamed the authorities for not helping them even though drug

addiction needs constant support and care. They mentioned that the government services to treat and support drug addicts are very minimal and wanted a proper support system to help them recover or at least to reduce reoffending. McHugh (2013) also agreed that support systems for illegal drug users soon after release from prison reduce relapse and reoffending. They also pointed out that keeping newly released drug users occupied with their referrals and with the support system was effective and promoted long lasting recovery.

Several countries have in place structured systems to help ex-prisoners sustain their long recovery process while being productive people in the community. For example, the UK's Offender Rehabilitation Act (ORA) (2015) reported working on transforming rehabilitation programs for offenders released within the previous two years. The Act accompanies the nation's Transforming Rehabilitation Program which supervises former drug addicts and monitors them through continuous testing and support. Such successfully functioning systems might be investigated and adopted in a culturally appropriate manner to help Omani users of illegal drugs.

7.7.3. Law Enforcement and Users of Illegal Drug

The Omani law enforcement system has also played an important role in shaping users of illegal drugs' life after prison. Participants of this study mentioned that they struggled to maintain and sustain normal life without drugs because they were afraid of being caught by the police and put back in jail. The law enforcement system monitors the activities of drug users from the time they are released from prison, and this has caused fear of being constantly under surveillance. Participants stated that this manner of dealing with them was not going to deter them from using illegal drugs. Hussain indicated that people like him would stay free from drugs only if they desire it themselves, and not by being followed around by the police. These findings are consistent with the qualitative findings of Brown et al. (2015) who concluded that motivation to maintain recovery from drug use should be both internal and external. Their findings also indicated that internal motives should be supported by participants' desire to improve their own mental and physical health and to adjust to social life.

Hussain spoke for himself but indicated that all users of illegal drugs in Oman were going through the same struggle. For example, he stated that prison is an 'umbrella' for

all users of illegal drugs, dealers and smugglers therefore the purpose of the legal system to fight drug war is ineffective. Pointing outside prison, Hussain was disappointed because they have to face and fight the law enforcement which works very hard to bring them back to prison. This finding is consistent with many studies and reports worldwide, for example, in countries such as United States most incarcerated people are there in connection with drug use or trafficking, which does not seem to help in reducing addiction (UNDOC 2015) Some countries have already begun decriminalising drug possession and use to various degrees. The pioneer was Portugal which took the radical step of decriminalising the possession and personal use of all drugs in 2001. Instead, those who were substance dependent were encouraged to have therapy and instead of prison sentences, they were given social service responsibilities. It appears that the Portuguese policy has seen success, significantly reducing less drug related problems including suicides and crimes (Eastwood et al. 2016). In 2017, the Norwegian parliament voted for decriminalisation of drugs, which has exerted pressure on other Scandinavian and Western European countries to follow suit (Butler 2017). South American countries, whose economies and social security have been negatively impacted by organised criminal drug cartels, have a large proportion of their prisoners convicted for drug related crimes (Singer 2008). They are also being advised by their drug experts to decriminalise drugs, place emphasis on prevention and treatment programs, strengthen human resources, and ensure respect for human rights and access to controlled medications (Singer 2008). In the USA several states have decriminalised medical marijuana, but not the other mild drugs (Cao et al. 2016). However, the USA still have the highest proportion of its prison population incarcerated for drug related offences.

7.7.4. Using Illegal Drugs to Escape

Participants in the current study struggled to cope with post-prison stress. Their fragmented selves had difficulties in coping with an environment of freedom and uncertainty. Hussain, Mahmood, Adil and Abid mentioned they made all efforts to appear normal to themselves and the society and do normal things. However, failing to do so triggered relapse. Everyday life outside consisted of painful experiences. They defined normality as dealing with everyday life responsibilities, ending maintaining or sustaining relationships outside prison. They also mentioned that although normality

sounds doable, they struggled with even understanding what a 'normal life' for them should be. Lacking clear understanding of mundane matters to which most people do not give a thought, it was not clear to me whether their plans and aspirations were built on realistic foundations.

Participants admitted that after release from prison they returned to drugs to overcome a range of stressful situations including traumatised emotions, unsuccessful relationships, and mental health issues. Amir and Salim described drugs as an assured way to relieve pain and stress in any situation and said that they had developed a strong affectional bond with drug subculture and their favourite drug which gave them a sense of belonging.

The possibility of establishing an affectional bond with a drug is supported by Gill (2014, p. 105) who suggested that relapse is so strongly attached to the type of addictive substance, he suggested that giving up drugs is like saying goodbye to a loved one, a main carer or a partner. This notion was echoed by several participants in this study. Marwan, for example, indicated that although his relapse initially occurred because he was unable to handle a stressful situation, it triggered realisation of the pleasure associated with using his drugs of choice. Saad and Faisal also mentioned craving their favourite drugs, not giving themselves the chance to handle their problems and choosing to use illegal drugs again as a form of escape. Flores (2012) acknowledged such sentiments and confirmed that drug users may develop a strong attachment to their substance of choice.

Upon being released from prison, Nasser, Ahmed and Munthir consciously avoided their erstwhile drug subculture—their drug friends, dealers and hidden meeting places where tales of evading police were shared. They described how craving could be triggered by anything—friends, places, roads, even their own houses. These findings are consistent with qualitative research indicating the advisability of avoiding people and places that might bring back memories of old behaviour and its pleasures (Farrell et al. 2014). Even though Jasim and Salim took great pains to avoid all situations that might bring back memories of drug use, they could not keep up that effort because of a return of a range of previous memories that were stressful, old mental health issues reappearing, feeling victimised by the society, and unsuccessful attempts to form

healthy relationships. All of this led to an accumulation of stress until the control gave way and they consequently relapsed.

7.7.5. Life Cycle of Users of Illegal Drugs in Oman

The participants of this study unanimously held the view that once a person was imprisoned in Oman on the charges of drug use, he may not come out of the circle of relapse and re-entry. They were coming out of prison with no professional rehabilitation, training, educational or other self-improvement facilities in prison; no governmental or community support after release; no employment prospects for two years; no readily available ex addicts' facilities. Then there was the intolerant society which seeks to expel them. The participants felt that with such barriers stacked against him, at some point an ex-prisoner was sure to return to drugs.

The participants also pointed out that the prison environment was not drug free, but the opposite. Saif revealed that drug users came out of prison fully educated on the drug subculture outside prison including new skills to evade authorities. Because drug dealers and users of illegal drugs are often incarcerated together, drugs are available in prison, and everyone learns about the subculture of Omani users of illegal drugs, its language and signals, how to find reliable dealers, how to identify good quality drugs, how to earn money pushing drugs, how to evade the authorities, and how to keep everything secret, or else. This is an international phenomenon driven by intense demand and limited supply. Various United Nations reports (UNDOC 2015) reveal how imprisoning drug dealers and users together spreads drug use in the community. However, with many drug users doubling as drug peddlers (as several of my participants confessed), a firm line cannot be drawn between the categories.

The transition between being in prison and normal life was experienced differently. Participants of this study defined this double life as ineffective recovery and guaranteed relapse or vice versa. For them abstaining from drugs during and after their imprisonment was only for very short periods. Some participants also revealed that recovery to them was not complete abstinence but continuing to use some of the drugs. Of relevance here is the study of Senker and Green (2016). They describe recovery to be 'transient, fragile and unpredictable,' because reintegration with society requires nothing less than a *total psychological withdrawal*. Participants describe that the

experience was different with no definite start and end point but the struggle of life with their addiction was lifelong. These findings are consistent with other research results (Flaherty et al. 2014; Senker and Green 2016). Flaherty et al. (2014) also described relapse and recovery as a cyclical lifelong struggle. The process of recovery involves a circle of nurturing of the individual such as healthy relationships that boost self-identity. However, once an individual relapses, everything collapses, and the recovery process fails. The responses from my participants support these findings: they revealed that their return to drugs after recovery was often with mild drugs, with the confidence that they could control the craving. However, once a lapse occurred, it took only a short time for the built-up defences to fail leading to full addiction.

Some participants stated that soon after release from prison they came up with strategies to sustain a long-term recovery in order to start new life outside prison. These strategies included building more healthy actions, relationships, voluntary work etc. that would build them a new identity away from their previous drug user identity, which helped them initially to improve their self-esteem and self-worth. Several studies have endorsed the efficacy of this strategy (Johansen et al. 2013; Rodriguez and Smith 2014; Flaherty et al. 2014; Brown et al. 2015). The study by Brown et al. (2015) revealed that coping skills to deal with relationships should consider setting boundaries to sustain long recovery.

However, despite initial successes, all participants relapsed into addiction within a few months of release from prison. It might be hypothesised that they were facing too high barriers (1) external barriers of lack of infrastructural support and non-cooperation and rejection by the society and (b) internal (psychological) barriers, such as the scars of 'prisonization,' and pre-existing personal vulnerabilities both physical and mental.

This hypothesis is supported by research that suggests that during stressful times, will-power decreases and the mind slips into old, ingrained habits (both good and bad) because it feels reassuring (Neal et al. 2014).

In summary, theme four highlighted significant pathways to relapse among users of illegal drugs released from prison in Oman which included overwhelming responsibilities, lack of professional help and social support, and an unfriendly law enforcement system, culminating in their returning to drugs to escape the accumulated stress. Considerable literature indicates that recognizing relapse behaviours could help

the users of illegal drugs to have more insight about what is involved in this process to sustain long term recovery.

7.8. The Novel Findings of this Study

It was found that Omani users of illegal drugs who participated in the present study were not from families that were socioeconomically marginalised. This goes against the trend in literature where more drug users are apprehended from among socioeconomically vulnerable groups.

In Oman there are strong laws and strict police surveillance in the matter of illegal drugs. Affluent classes are able to afford drugs. Socioeconomically, Oman is under rapid transition. Family bonds are being stretched. Traditional values are being questioned, leading to identity crisis among some Omani youth. Affluent youth thus seek gratification by indulging in fast food, social media, and if there is access, drugs. The poorer sections of the society are more likely to live in rural areas where drugs are scarce. The majority of participants of my study were from influential families in the community and they assured me that drugs were easy to find.

In Oman, family status and reputation give opportunities for climbing the socioeconomic ladder, but many traditional families desist from taking advantage of it. Economically poor families who have tribal reputations, more boys than girls in the family, especially if they have been raised piously and traditionally, to be attuned to traditional Omani customs, whose womenfolk are neither seen or heard, enjoy high status and respect. Drug users seem less visible among the latter. For such families, stigmatization hits hard, leading to the head of the family and other senior members indulging in self-stigmatization and self-isolation.

The loss of male privileges is a serious setback to the drug user. Even considerably Westernized Omani families tend to be male dominated. many urban families have adopted Western lifestyles. Users of illegal drugs lose this privilege and are treated as a deviant low-status member within the family. The same treatment is meted out to him by the whole community. The heads of families whose junior members show drug use, or any socially unacceptable behaviours are seen as less fit than before for the role of father figure within the family and diminished as an elder in the wider society and the mosque.

A significant finding of this study was the sharp differences in the way the male and female members of the family reacted to the drug-user. The majority of participants elaborated on this, how their female relatives were more supportive of them while the male members were more likely to marginalise and stigmatise them. Their female relatives were more understanding of their plight and kinder to them. This gender distinction was visible between Mothers, aunts, sisters, and other female relatives while fathers, uncles, and brothers were more likely to marginalise and stigmatise them. This also entailed diminishment of the drug user's former economic privileges to prevent him buying drugs.

Some Fathers became passive and avoided discussing family matters with or assigning responsibilities to their drug user sons.

Participants disclosed that their father could stay months without talking to them, treat them like they don't exist within the family. Most fathers desist from asking the addict son to leave the house because of the stigma in the community that he has abandoned his son. At the same time, keeping the son within his roof generates another sort of stigma —- as the family that supports an addict. Here the father may project all his frustration and blame his son and his stigmatising comments are repeated by the other male members of the family.

Here the female members of the family would seek to keep the drug user member comfortable and wanted by providing conversation, support, food, facilities and money. However, receiving support from women, while welcome, could not rebuild his feeling of being diminished as a man, who in Oman is supposed to be a protector and provider for his women. In addition, such support may inflame the father and other male members to accuse the womenfolk of supporting him, further increasing the drug user's feelings of emasculation and guilt of being the cause of family quarrel, and helpless.

In a few cases continuous domestic conflict between parents led to divorce. I had several opportunities to be aware of such gender-specific differences while waiting to access the prison along with visitors belonging to the drug users' families. Most visitors were women, and this supported my participants' claims that women cared for them more. Despite the family conflicts and the gender differences, the participants of the study were positive that they would not be denied a space to live, albeit accompanied by negativities. There were no confirmations from any participant to my query whether they considered themselves "homeless."

This finding also contradicts existing literature (refer to chapter three), that identifies most of drug users are homelessness because of their addictive behaviours. This in itself is a pointer of the staying power of the collective tribal culture of Oman — and indeed the Arab world — where the tribe is expected to provide for its vulnerable members.

On the other hand, the alienation and stigmatisation a recovering drug user may encounter at his home might vary according to the family status and reputation in the community. It might be hypothesized that the bigger and well-known, and respected the family, the greater the reputation loss, which in turn might trigger more intense family resentment towards the drug user.

Yet another finding that contradicts the literature is that the burden of being an addict is much higher here in Oman and other GCC countries because we share the same culture. Most literature (refer to chapter three) indicates that the life of an addict after prison would return to normal if there was no relapse, However, in Omani culture, once a known addict, the stigma remains, making the effort of staying drug-free harder. Social stigma cuts deeper in intensely collectivist social system in Oman because from childhood itself each person's identity is strongly dependent on his group membership. This is a major difference from Western societies where an individual's identity is less dependent on his social acceptance. Living a normal life in Oman entails you seamlessly merge and flow with the customs, traditions, collective prayers, each of which keep anchoring the individual's identity. This is where the ex-drug user ex-prisoner in Oman meets his steepest barrier — loss of identity in addition to the challenges of remaining drug free. This was found to be the main contributing factor to relapse. The minimal public rehabilitation facilities provided do not address this immense challenge faced by Omani ex-prisoner cum ex-drug user.

The ex-prisoners thus are forced to form a totally different personality from the one before imprisonment. They suffer from mental health issues more than the problem of addiction. The majority cannot cope with anxieties and post-traumatic stress of imprisonment, and they end up using drugs and relapse into full addiction within a short time. Omani ex-drug users, when they relapse, may ingest the same high dose of drugs which they used to take previously, which is believed to be a major cause of death of such people.

7.9. Conclusion

In conclusion participants revealed the struggle of life in prison in terms of managing the time on their hands, complying with prison culture including the one imposed officially on all prisoners and the subculture of their fellow prisoners, each with its own rules and punishments. They also have to deal with the temptations of drug availability in prison and the difficulties in convincing the guards of their legitimate medical needs. Thus, all participants suffered and struggled with the pain of imprisonment, so that when they came out of prison their physical and psychological wellbeing have been affected.

Discussions of post-prison experiences helped to shed light on the life of users of illegal drugs soon after their release from prison and their degree of connectedness to their family and community. These findings were compared with those of other researchers and gave significant insight into the importance of social attachments and the progress and success of drug addicts in life following their release. Other influences were also discussed, especially those focusing specifically on Omani culture and religion, in order to determine how these factors have contributed to the life of users of illegal drugs in Oman.

Lastly, despite the differences between participants, all strongly felt that imprisonment was not a deterrence for users of illegal drugs, but that it could only facilitate personal decline and recidivism. They were also unanimous in their criticism of their society and families for stigmatising them, particularly when they were newly out of prison and needed social and family support to lead drug-free life. The participants were also unanimous that family and social stigmatisation were the main reason for their early relapse after their previous prison terms.

8. CHAPTER EIGHT: STRENGH/LIMITATION, DISSEMINATIONS AND RECOMMENDATIONS

8.1. Overview

All the 19 participants involved in the study had relapsed within a few months of being freed following their previous prison term. The study focused on investigating the contributing factors to their early relapse, that were linked to their life experiences in prison and outside prison. As outlined in chapter five, 'unlocking' the narratives of users of illegal drugs helped identify many aspects of the struggle and pain experienced by this population of young Omani men. This research was the first of its kind in Oman which has given imprisoned users of illegal drugs the opportunity to narrate their side of the story.

This study investigated how this population of offenders adopted strategies to stay drug-free after imprisonment, yet they succumbed to early relapse and reimprisonment. However other strategies could be developed in helping those who are imprisoned for the crime of drug use only to overcome their addiction in a therapeutic way rather than being treated as criminals. So urgent action plans are needed to improve the situation of imprisonment of users of illegal drugs that encourages pre-release preparation in order to sustain long-term recovery outside prison.

8.2. Concluding the Thesis

Users of illegal drugs in Oman are subjected to a system designed more on punishment rather than support. The negative experiences of repeated imprisonment generate more distress, which may also contribute to early relapse and reconviction. Drug users in Oman are individuals who require prompt comprehensive management to tackle the problem of drug use. Prison is not a substitute to therapeutic strategies in preventing users of illegal drugs from returning to drugs.

Repeated imprisonment of a large number of people is also likely to impact on prison resources in terms of finance and manpower. Increasing penalties for users of illegal drugs who relapse within a very short time resulted in significant increase in number of users of illegal drugs in prison. This policy or strategy was meant to deter drug users

from using illegal drugs and being punished as using illegal drugs is a crime in Oman. Perhaps part of the reason why imprisonment does not help reduce recidivism is the lack of support inside prison. However, the central prison is not equipped with necessary support to help users of illegal drugs. Such interventions might be considered—in the beginning in on experimental scale—as there is evidence from elsewhere that prison support systems do help users of illegal drugs (Hedrich et al. 2012; EMCDDA, 2012; Mjaland 2014, 2015; Tomkins 2016).

Even with therapeutic interventions, such as providing health services for users of illegal drugs, the very policy of criminalising and imprisoning drug users is being re-examined internationally (Page and Singer 2010; Minke et al. 2017). Prison is generally viewed as a place that brings perpetrators of all kinds of crimes under a single roof. If drug addiction is a health issue, locking up the individuals in prison by itself can have a huge stigmatising effect (society stigmatises the imprisoned addict and the addict self-stigmatises himself). It may also result in the development of a new collective identity where law enforcement is seen as the oppressor and the 'drug users' brotherhood', the righteous victims. A number of scientific studies have supported the thesis that prison environment damages the person more than the crime that has been committed (Schinkel 2014; Carl 2016; Love 2017).

The present findings reiterate this point and indicate substantial emotional and psychological damage that happens due to imprisonment. Prison takes away the individual's liberty and in the process strips and replaces it with a new identity that represents the sum total of their sufferings, which the individual carries through life. To revisit Donald Clemmer's 1940 term, the drug user is "prisonized." The new identity steepens the already high barriers against their reintegration into family and society.

The Omani community was found to play an important role in shaping the drug user's life and identity after imprisonment. Community support is acknowledged as one of the significant resources in a user of illegal drug's life. In Oman, the community's stance towards a drug user released from prison (described in chapter one, five and six) is very much linked with the tribal nature of the society which is supported by the manner in which most Omanis interpret their religion. Even though Islam does not recommend othering a user of intoxicants or those who have been imprisoned, society does not seem to go by the religion's moderate stance. In this study, community was

found to provide a strong negative impact on a drug user's life and was one of the contributing factors to early relapse due to the lack of support and stigmatization. A considerable amount of research has suggested a community referral system from prison connecting with the in order to maintain continuity of support and helps maintaining longer recovery after being imprisoned (McHugh 2013; Kreis et al. 2016). Cultural influences were also found to be greater than other factors, due to the emphasis on family honour within Omani culture.

Cultural stigmatization is believed to have an internalized impact on participants' lives especially in the conservative culture of Omani. Living in a culture that requires the individual to prove themselves in each detail is more concerned with satisfying other people's demands and expectations rather than what the individual himself wants for himself. Therefore, this study has uncovered this hidden part of their life where further research is needed to explore these cultural influences on drug users' unhealed wounds. Users of illegal drugs have been viewed as hopeless cases because they are considered religious deviants, as found in this study. Community attitudes as part of cultural influences have contributed to further stigmatization and discrimination toward drug users (Bos et al. 2013). Unfortunately, this discrimination and stigmatization also affected the family members of participants which showed self-stigmatization (Mburu et al. 2018).

This study indicated that drug users in Oman encounter the problem of reconnecting with their family. Literature indicates that a former prisoner's priority needs after imprisonment include reconnecting with family, as family have a positive impact if they support their illegal drug using family member (Cochran and Mears 2013; Codd 2013; Brunton-Smith et al. 2014). The major contributing factor for of their early relapse was lack of support from their family. Close family connections individualize the internal feeling of self-worth of drug users and increase motivation to seek help from family especially during the period soon after release from prison. There are a number of studies that encourage family attachments in the lives of users of illegal drugs (Olmos 2010; Kreis el al. 2016; Ibrahim et al 2018). Family support is viewed as beneficial to the drug users themselves as well as family members because that shows the awareness about drug addiction and the help needed to support their family member (Kreis et al. 2016). On this stance, self-stigmatization among family members would be minimized

knowing that drug addiction is a physical and psychological condition that needs constant support.

Various factors found to contribute to early relapse, have been discussed through chapters five and six. The double life of uncertainty between prison and outside prison makes breaking the circle of relapse and re-entry very difficult. Life in prison has impacted the participants of this study negatively, and the pain and effect of imprisonment was a contributing factor of developing emotional and psychological distress (Al-Rousan et al., 2017). All participants expressed suffering or were diagnosed with mental illness. Factors relate to the role of the community, family attachments and lack of support shown to trigger relapse. These factors relate to the community, family attachments and lack of support which are shown to trigger relapse.

Prisoners are also released from prison without any preparation to face their new life outside prison. The majority of prisoners are released without having a proper plan of basic supports such as housing, employment and financial support. There is no referral system that supports former prisoners to continue treatment as there is no drug treatment in Oman prison. In addition, users of illegal drugs are not eligible for any financial support after release from prison or any assistance for employment except to apply to the Ministry of Labour along with all Omani job seekers whose waiting list is generally very long. Even if their turn comes, they are likely to be rejected by potential employers due to their criminal record. Thus, special priority channels with added incentives to those who are willing to employ a person with criminal record need to be considered by the government. A substantial amount of literature suggested that a post-prison supportive plan prior to release was very effective to assist former users of illegal drugs prisoners to reconnect to social life and consequently reduce relapse and re-offending (Kaye 2013; McKim 2014, , Sear 2017; Western et al. 2015). Another help that might be provided to drug users is free legal assistance (Jones et al. 2014). In countries which offer such services, these have been found very effective in redirecting users of illegal drugs into treatment rather than incarceration (Sear 2017; Western et al. 2015). In the current study, the legal system seems to be weighted against the welfare and betterment of drug users. There is also a need to develop a professional health care system that is dedicated to drug users to offer compassionate help for them to overcome their addiction.

8.3. Strengths of the Study

The study was designed to investigate the life experience of users of illegal drugs using focused ethnography. It sought to accumulate rich and reliable data about Omani users of illegal drugs life experiences and the circle of early relapse and re-entry. I was the first woman researcher to conduct research in Oman in a prison setting, specifically with a vulnerable group such as users of illegal drugs. Thus, this study is expected to add a significant body of knowledge of the experiences of imprisoned drug users in Oman and the Middle East. The methodology of this study can be used as a foundation for future studies on users of illegal drugs (both in prison and outside) in the sultanate of Oman.

Overall, I had positive experiences with the prison administration and staff, both in the beginning stages of my research when I sought initial approval and later during the actual data collection. I liaised constantly with the staff and developed good working relationships in order to facilitate this research. The prison officers and staff, especially the guards with whom I had the most interaction, were cooperative and respectful towards me as a researcher and as a woman and helped me to gain a sense of belonging and self-confidence. Their cooperation encouraged a mutual understanding and instilled in me a sense of safety, thereby allowing me to immerse myself more fully into the setting as an ethnographer.

The sample size of (N=19) was suitable for an ethnographic study by a single researcher. The data drawn being subjective and consisted of both verbal and non-verbal information and it was essential to gaining in-depth understanding of each participant and generate ethnographically rich information. The study has been able identify the complexity of experiences of this particular group of Omani men which provides insight about drug use from their perspective. The findings of this study generate a base for further research and cross-cultural studies.

Face to face interviews facilitated candidness which gave them the opportunity to share their experiences. They also expressed confidence that their voices would eventually reach the Omani community and cause changes in attitude towards users of illegal drugs, once the research findings are disseminated publicly. In depth data were

extracted from these ethnographic interviews where participants were allowed to prioritise the topics to be discussed under the guidance from the researcher. This will help the participants' voices to be heard by the authorities and policy makers, and consequently help steer management plans.

The findings of this study also indicated that more exploratory and evaluative research may be needed in Oman, where a researcher is incarcerated among prisoners (which may be ethically challenging) in order to study the culture of drug users as an insider. These significant findings are compatible with other literature (including some of the oldest in the history of prison ethnography).

8.4. Limitations

Potential limitations of this study mainly relate to the research setting and associated administrative and security restrictions and related to the population being studied. Conducting research in prison has many limitations in terms of rules and regulations of the prison. Therefore, every step of this research was carried out in accordance with the prison protocol. This universal limitation of prison ethnography has been reported by other studies in the literature.

- Participants were recruited from one division of Oman Central Prison with a group of men who matched the recruitment criteria (Omani users of illegal drugs who were serving their second or later prison sentence for drug use or possession but for no other crime) all recruited together. Therefore, generalization cannot be considered even though findings are likely be similar for other drug user prisoners in Oman Central Prison.
- I was not present during the selection of the 19 participants for the study. The list of selected participants was presented to me by the prison authorities with the assurance that it was randomly made from among those who fulfilled the research criteria, which hinder the purpose of purposive sampling, however the selection was carried out by prison staff.
- The participants were people from the highly urbanised and acculturated Muscat capital region only. They might differ in terms of life of experiences,

traditions, educational levels, exposure to drugs, etc. from their counterparts from outside Muscat.

- In terms of anonymity and confidentiality during interviews, there were some limitations as a police guard had to be present throughout the interviews. As detailed in chapter three, there was one instance of interruption of interview by a high-ranking officer of the prison.
- Gaining access to prison buildings during interviews was time-consuming as prison protocols were applied to all visitors without exception. Therefore, the time spent waiting was often longer than the actual interview time. However, with the nature of ethnography this time was useful, and I recorded my observations.

8.5. Further Research

This ethnographic study has resulted in new knowledge and has raised further other potential research topics worth investigation. Previous studies conducted in Oman about drug use have been hospital based, small scale studies and surveys. Therefore, different methodologies that investigate deeper knowledge to understand drug users from their perspective are needed.

More focused ethnographic data are needed to understand the community and the culture of Oman in relation to drug use. These could also be extended to a wider population that includes schools and colleges in order to understand the origin of drug use behaviour and develop prevention strategies.

Future research could consider, for example, mixed methods approach that accommodates large numbers of participants in order to generalize information and come out with the best evidence to tackle the addiction problem in Oman.

- Randomised Control Trials (RCTs) of interventions to reduce drug use problems and improve lifestyle outcomes are essential to investigate drug use outside prison. Such RCTs could include other aspects of drug users' life such as drug users' families.
- Cross sectional and longitudinal studies need to be conducted in the GCC countries that share cultural commonalities with Oman. This may help with adopting effective

strategies that have been used in the nearby countries such GCC to control drug use problems in the area.

- This ethnographic study has resulted in new knowledge and raised other potential research topics worthy of investigation. All of the participants were culturally homogeneous, having been influenced from childhood to conform to the traditional collectivist social norms of Oman.
- Members of collectivist societies tend to engage in mutual appraisal of other members to see that they do not violate the social norms, and those who absent themselves from public demonstrations of social unity become natural suspects. Is there a distinct parallel between Omani prison community (as represented by my participants) and the larger Omani society in this respect? Does such 'othering' of those who absent themselves to participate in prison activities represent a continuation of the same pattern of social exclusion of non-conformers practiced by the larger Omani society? How does this compare with other cultures of the world? If it does emerge that there is a stronger tendency for 'othering' in drug related prisoners in Oman, is it possible to change Omani prison system to diminish this phenomenon so that those who want to behave differently from their fellow prisoners are able to do so without fear?

8.6. Recommendations

The following recommendations are based on the findings of this study and supported by literature, with the aim of facilitating users of illegal drugs break the circle of relapse and re-entry. Experts worldwide appear to have reached the consensus that the fifty-year-long 'War on Drugs,' has failed. Drug policies need to be drastically revised internationally with a view to decriminalise to illegal drugs to some extent. However, this cannot be attempted unilaterally without international collaboration between all nations including Oman.

Most drug users do not become addicts. Literature suggests that some people are genetically more susceptible to drug addiction (refer to chapter three). According to this view it is unjust to criminalise drug addicts as they need treatment, not punishment. More studies need to be done in this regard to arrive at policies suitable for Oman.

The recommendations derived from the findings based on the participants' responses identified the gaps in public policies and their execution.

For example, the respondents unanimously expressed that imprisonment is not a substitute to psychological and medical treatment including controlled drug use where required. The lack of treatment options in prison, the easy availability of illegal drugs within prison, the tribalism inherent in prison culture where "cooperating with the Police" (that is, participating in beneficial activities) might be life-threatening, all work in a counterproductive manner so that the average prisoner is more likely to be harmed than helped.

Once released, the ex-prisoners are faced with nearly insurmountable social and family stigmatisation, further complicated by to difficulties of restarting their life due to inadequate government support to obtain employment, housing, financial support, counselling and continued deaddiction treatments. The legal system that deals with ex-prisoners was also met with criticism from the participants, as the rules turn a condition that is essentially a health-related issue into a crime deserving imprisonment.

In order to come up with recommendations the issues that emerged from the findings were analysed to prioritise the ones that can be more easily addressed and those for the long run.

8.7. Short Term Recommendations

The short-term recommendations are those which merit immediate attention and management and can be implemented with little cost.

- **Royal Oman Police (Oman Central Prison)**

1. Establishing drug treatment in prison is essential in Oman central prison as the majority of prisoners are drug users. Drug treatment in prison would help identify all the registered cases of users of illegal drugs in prison and prioritize their needs in terms of treatment. In addition, drug treatment in prison minimizes drug taking behaviour for those who exhibit this behaviour inside prison. Moreover, it would help rehabilitate drug users who are approaching release from prison on how to overcome stresses outside prison life that might cause relapse.
2. The positive feedback from participants suggests that they may benefit from counselling within prison. This might also be added to the in-prison rehabilitation option.

3. Establish a referral system with cooperation between law enforcement and health care departments where a newly released drug user is obliged to continue the treatment outside prison. This referral system also needs to include social support that takes care of their basic needs in terms of accommodation, employment and financial supporting system, as well as counselling facilities.
4. Formulate a friendly taskforce which includes recovered illegal drug users and motivational speakers to conduct periodical campaigns to increase awareness in prison setting on drug use and how to combat this problem.
5. Encourage creativity to the greatest extent. Prison art is proven to be therapeutic for prisoners (Cheliotis 2014), particularly for those suffering from depression. Mural paintings are known to have a particularly powerful influence on prisoners and are being practiced in prisons settings across the world. The advantage of mural art is that it can be a collective venture with potential to provide a healthy form of unity among the prisoners and pride in their accomplishment (Argue et al., 2009). The external walls of prison are a readily available medium for large mural art in the creation of which everyone can collaborate. The murals could even be judged from time to time by professional artists and the best ones given awards and published online.
6. Books and periodicals should be easily accessible to the prisoners for their entertainment and education. It should be possible for prisoners to take online courses in prison (Hughes, 2016).

- **National Narcotic Centre and Health care Facilities**

1. Expand the free health care system such as bed capacity in different hospitals in Oman as well as halfway houses for people with addiction, as the current system does not have capacity – it does not accommodate the majority of registered cases of drug users as there is only one hospital and one halfway house in the country that serves users of illegal drugs.
2. Create a registration and annual record plan that includes users of illegal drugs in prison, in addition to those who have died due to drugs overdose, for the purpose of registering the population of drug users in Oman.
3. Create a comprehensive healthcare support system for all registered cases as current statistical reports include only those who have been registered while seeking healthcare and not prisoners.

4. Develop a task force responsible for increasing family and community awareness about support, to improve drug users' social status and help them to prevent early relapse.
5. Formulate a friendly taskforce which includes recovered individuals and motivational speakers to conduct periodical campaigns for increasing awareness of drug use and its potential consequences in all organizations in Oman.

8.8. Long-Term Recommendations

- **Legal System**

1. Review the policy of imposing financial fines among penalties for users of illegal drugs who have been imprisoned for using illegal drugs or those who have possession of drugs for their personal consumption.
2. Establish drug courts and appoint lawyers to give free legal assistance for users of illegal drugs from low-income families who are unable to afford legal expenses.
3. Establish joint and collaborative work and referral systems between legal courts and health care so that it becomes easier for drug users to seek deaddiction therapies.
4. Establish a comprehensive health plan that includes regular mandatory checks for drugs and mandatory treatment for those who have been referred from the court. The health plan should be comprehensive and include professionals that are specialized in psychological and physiological health needs.

- **Ministry of Social Development**

1. A financial support plan should be implemented to support drug users' monthly income for basic needs in the form of vouchers.
2. Support families of drug users plan after release from prison until they get a job to support their family.
3. Work collaboratively with employment departments in the ministry to provide opportunities for employment as the names of users of illegal drugs name are still blacklisted: it takes two years to be clear. Meanwhile the ministry of social development, together with the ministry of labour should create a strategy of helping users of illegal drugs to find sources of income.

4. Create a social study profile about all drug users who have been released from prison and develop a comprehensive support plan that includes the family. This work can be carried out jointly with the narcotics centre.
5. Work collaboratively with governmental and non-governmental drug addiction centres in order to validate the effectiveness of supportive plans provided to the drug users released from prison.

8.9. Dissemination of Findings

The findings of this focused ethnographic study are intended to be disseminated widely both within Oman and internationally. First of all, a comprehensive report with the findings and recommendations will be submitted to relevant policymakers in Oman such as the Ministry of Health, Royal Oman Police, legal authorities, prison authorities, authorities responsible for drug addiction, healthcare providers, and academic institutions. Seminars and presentations will be conducted to target audiences. Papers will be submitted to peer reviewed journals such as Sultan Qaboos University Medical Journal and Oman Medical Journal, in addition to peer reviewed medical and allied health journals in the GCC and Eastern Mediterranean Region.

I also wish to publish my findings in UK-based journals and international journals about substance abuse. The detail of this study will be accessible either printed or online copy in health care institutions such as the College of Nursing. I will also present the findings at scientific conferences. An action plan working with the National Committee of Narcotic Centre in Oman will be prepared. Dissemination of summary of findings in central prison will require a constant action plan that focuses on conducting presentations inside prison for prison authorities as well as drug using prisoners. It is also proposed that I conduct television interviews and give simplified talks in educational institutions as permitted by relevant national and regional authorities.

8.10. Summary

This chapter highlighted overall conclusion of the study , strengths and limitations of the study as well as new learning and recommendations for further research. This research has demonstrated the usefulness of conducting focused ethnographic studies

in prison utilising small samples. Focused ethnography data have presented a deeper level of understanding of life of drug users in prison and post-prison that contributes to furthering knowledge regarding the population of users of illegal drugs in Oman. The limitations of the study have also been addressed and these were typical of prison ethnographies elsewhere in the world.

Conducting research in prison demonstrated the challenges involved in accessing, engaging, retaining, and managing a vulnerable group such as imprisoned users of illegal drugs. However, by using the principles of focused ethnography, the study has yielded rich data with significant and novel findings. Building rapport and a positive working relationship with the prison staff and using skills as a researcher to conduct face-to-face interviews with the participants played an important role in the success of this research. As the first ethnographic research on drug users conducted in an Omani prison, this study has facilitated a deeper understanding of the participants from their own perspectives. It is expected that the findings will open new windows into the problems facing drug users in Oman and help them stop the cycle of release and relapse by changing societal beliefs and assumptions about drug use and by providing the support they need.

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APPENDIX ONE: Participants Information Sheet

Queen Margaret University

EDINBURGH

My name is Hamida Hamed Said Al Harthi, I am PhD student from the School of Health Sciences at Queen Margaret University in Edinburgh. To fulfil the criteria for my PhD, I am undertaking a research project. The title of my project is: Exploring the Relationship Between Life Experiences and Early Relapse among imprison Users of Illegal Drugs in Oman. The aim of this study is to explore the life experience of users of illegal drugs in prison and potential connections to early relapse.

I am looking for volunteers to participate in the project. If you agree to participate in the study, you will be invited to attend face to face interview by sharing their real experiences during the discussion for approximately one hour. During the discussion your voice will be audio recorded but not identifiable from the recording an note taking will be done.

Your name will be replaced with a participant' number, and it will not be possible for you to be identified in any reporting of the data gathered. You will be free to withdraw from the study at any stage and you would not have to give a reason.

The results may be published in a journal or presented at a conference.

If you have any questions about this study, you can contact me or my director of studies All contact details are given below.

If you have read and understood this information sheet and you are willing to participant in this study, please sign the attached consent form and return it to me.

Thank you in advance for your participation in my study.

Contact details of the researcher:	Contact details of the supervisor:	Contact details of the supervisor:
Hamida Hamed Said Al Harthi PhD Student Queen Margaret University Drive. Musselburgh East Lothian EH21 6UU HAlharthy@qmu.ac.uk 0131474 0000	Dr. David Banks Lecturer in Nursing Queen Margaret University, Edinburgh Queen Margaret University Drive. Musselburgh East Lothian EH21 6UU dbanks@qmu.ac.uk 0131474 0000	Dr Fiona Kelly Lecturer in Nursing Queen Margaret University, Edinburgh Queen Margaret University Drive. Musselburgh East Lothian EH21 6UU Fkelly1@qmu.ac.uk 0131474 0000

APPENDIX TWO: Consent Form

Queen Margaret University

EDINBURGH

Exploring the Relationship between Life Experiences and Early Relapse among imprison Users of Illegal Drugs in Oman

I have read all the detail and understood the information provided to me verbal and in the written form of this consent form. I have had enough time to ask questions about my participation in this study.

I am fully aware and understand that I am not under any kind of obligation to take part in this study.

I understand that I have the right to withdraw from this study at any stage without giving any reason.

I agree to participate in this study: Please (√) as appropriate, Yes/ No

Name of participant: _____

Signature of participant: _____
` -2
Signature of researcher: _____

Date:_____

Contact details of the researcher
Name of researcher: Hamida Hamed Al Harthi
Address:
Queen Margaret University, Edinburgh
Queen Margaret University Drive
Musselburgh
East Lothian EH21 6UU
Email / Telephone: HAl-Harthy@qmu.ac.uk / 0131 474 0000

APPENDIX THREE: Research Setting Approval

Royal Oman Police

Directorate-General of Prisons

No. 1/10/369/1/2016

11th Dec. 2016

Administrative Memo

Colonel/ director of public relations

Dear sir,

Sub: Pursuit and study for PHD (doctorate) degree

With reference to you letter no. AAA/1Media/1147/2016 dated 4th March 2016 about the letter submitted by student/ Hameedah Hamad Al-Harthiah to help her to prepare and study for PHD (doctorate) degree.

We are pleased to inform you that we have no objection for her visit to discuss the study.

With regards,

Colonel/ Rashid Bin Hamdan Al-Hajri

Director general of prisons

APPENDIX FOUR: Semi Structured Interview Questions Guide

1. How are you today?
2. How long have you been here?
3. How do you spend your day here?
4. How do you feel about being imprisoned?
5. How long have been out from the last entry?
6. What is the reason of your reentry?
7. Describe your lifestyle experiences when you were outside the prison?
8. Describe your daily activity outside the prison?
9. How do you cope with stress outside the prison?
10. How did you cope with your temptation of addiction outside the prison?
11. What are the factors led to your relapse?
12. Describe your feeling about imprisoned for the same reasons?
13. Do you feel that imprisonment is a solution to quit drug?
14. What are the impacts of prison on you?

APPENDIX FIVE: Participant's Interview Schedule

No	Participants	Number of Interviews and Duration
1	Munthir	Interview1 (55 mints), Interview2 (60 mints), Interview3 (50 mints)
2	Ahmed	Interview1 (55 mints), Interview2 (60 mints), Interview3 (60 mints), Interview4 (50 mints)
3	Nasser	Interview1 (50 mints), Interview2 (45 mints), Interview3 (55 mints), Interview4 (60 mints)
4	Hussain	Interview1 (50 mints), Interview2 (60 mints), Interview3 (60 mints)
5	Zahir	Interview1 (60 mints), Interview2 (55 mints), Interview3 (50 mints), Interview4 (55 mints)
6	Waseem	Interview1 (60 mints), Interview2 (55 mints), Interview3 (45 mints), Interview4 (55 mints)
7	Haitham	Interview1 (55 mints), Interview2 (65 mints), Interview3 (50 mints)
8	Saad	Interview1 (55 mints), Interview1 (55 mints), Interview3 (55 mints)
9	Jassim	Interview1 (55 mints), Interview2 (55 mints), Interview3 (55 mints), Interview4 (55 mints)
10	Abid	Interview1 (55 mints), Interview2 (55 mints), Interview3 (55 mints)
11	Adil	Interview1 (55 mints), Interview2 (55 mints), Interview3 (55 mints)
12	Saif	Interview1 (55 mints), Interview2 (55 mints), Interview3 (55 mints), Interview4 (55 mints)
13	Faisal	Interview1 (55 mints), Interview2 (55 mints), Interview3 (55 mints)
14	Adil	Interview1 (55 mints), Interview2 (55 mints), Interview3 (55 mints), Interview4 (55 mints)
15	Marwan	Interview1 (55 mints), Interview2 (55 mints), Interview3 (55 mints), Interview4 (55 mints)
16	Abdallah	Interview1 (55 mints), Interview2 (55 mints), Interview3 (55 mints)
17	Ibrahim	Interview1 (55 mints)Interview1 (60 mints), Interview2 (55 mints), Interview3 (60 mints)
18	Salim	Interview1 (55 mints), Interview2 (60 mints), Interview3 (50 mints)
19	Amir	Interview1 (45 mints), Interview2 (60 mints), Interview3 (55 mints) Interview4 (50 mints)

APPENDIX SIX: Theme One: Emerging Life Experience of Users of Drugs in Prison

Initial Codes	Sub-Theme	Illustrative Quotes	Main Theme
Life of drug users behind bars	Daily life inside the prison	….My daily life is like a regime... ….everything is dictated to us... ….timing and scheduling is the routine of every single thing we do here....	Life experiences in prison
Boredom	Timing in prison	….We get up on the same thing and we go to bed on the same.... ….We see same people and same room for the rest of our sentence here.... …..Time behind the prison wall is so behind compare to outside world..... …..No matter how much you make yourself busy there will be a plenty of time remain for the day to finish.....	
First exposure to prison life as a drug users	Adjusting with prison life	…..When we get in prison we go through an emotional break …. …..first we start with the denial and frustration..... …..Most of us suffers from withdrawal symptoms when we get in prison..... ….We struggle with these symptoms for one or two weeks until we get medical attention....	
How do prisoners perceive themselves inside prison?	The struggle of entering and re-entering prison	…..Small world inside prison..... …..There are different groups..... …..Each one belongs to a group.... …..prisoners tend to compare themselves with other prisoners based of their crimes..... …..Some feel morally superior to other groups..... …..there exist five main rules that the prisoners set on the themselves: don't interfere with other prisoners' interests; don't lose your head: don't exploit or steal from other prisoners, don't be weak, don't ever side with or show respect for prison officers or their representatives be careful of your words; not make plenty of friends in prison; don't trust anyone.....	

Drug users or drug related crimes	Drug users sub culture in prison	…..we are not bad people because we had not physically hurt or killed anyone..... …..we are not violent or dangerous people..... …..Our crime is we just sold drugs to customers, without the use of any force..... ….we only sold to people who wanted to buy the illegal drug..... ….drug prisoners divided into two general groups: small-scale and large-scale drug dealers..... …..large-scale drug dealers, was that are seemed to be powerful and influential..... ….. they are clever and powerful enough not to be arrested. They tend to play their roles behind the scene inside the prison.....	
Personal distress in prison	Me in the middle of prison crowd	….My main problem in the prison is lack of sleep and depression..... ….During the day time I struggle with my low mood.... ….I try to hide it by being with other prisoners but that doesn't work with me.... …..An hour in prison equals to full day, time go slowly, day time become very long.... ….. when the night comes and the place become quite, I start getting scared, over thinking of what I have done and how my family are doing.... …..That takes me hours before I fall asleep..... …..Lack of sleep here triggers all my emotions..... …..I have turned to a totally different person I can't control my emotions.....	
Drug use in prison	Getting high in prison	..... we do have drug marketing which is similar to any drug dealers outside the prison.... ….. There identified prisoners among us which can sell drugs for you..... ….. All the deals are done secretly.... …...we have creating our own set of verbal and nonverbal language of communication when it comes to drug dealing in prison..... …..The whole process is done very carefully. …..whenever u want drugs u need to stand in the identified corner in the dome the dealer will come to you with number of drugs..... …..Most of the time we get cannabis, JK tablets, and very rare heroin.....	

Theme Two: Factors Influencing Illegal Drug User's Early Relapse in Oman

Initial Codes	Sub-Theme	Illustrating Quotes	Main Theme
Personal decision Parental responsibility	Self-control Craving or control	..... I always evaluate my readiness to change..... However, …..I have to accept personal responsibility in order to start a good change of my life free of drugs..... …..Inner conflict within self is the major concern in an addict because its effecting me psychological and physical like failing health, being tired..... …..The fact that we are not prepare to face the outside world after prison contribute to the factor of relapsing after prison..... …..Many of my friends have died because of an overdose soon after release from prison..... …..We do go through of psychological distress and mental break down to face the outside world soon after release from prison.....	Factors influencing early relapse
Using drugs to escape	Coping with post prison stress	…..Here in Oman, the drug user is like abended child..... …..Everyone says to me that once am an addict am always a criminal..... …..No matter how much I tried to stay clean and sober and start new life but I was not welcomed back in my own community..... ……Everyone is looking at me down, I cant go to the mosque, I cant visit some family members because they think that I brought shame to them..... …..my family thinks that being in prison has changed me to a good person and I have learned the lesson..... ….Therefore, they expect me to just be as normal as everyone else at home.... ….To overcome all these stresses, I crave to drugs and end up in relapsing.....	
Stigma of being imprisonment	Fear of going back to prison	…..soon after the release from prison my main fear will be not to go back there.... ….. I take months to forget the prison environment.....	

		…. I feel that everyone knows that I have been in prison and that I am a criminal..... …..In our culture this is not accepted. My family feels the shame because of me..... ….. I have been placed in a black list in the police record therefore I cannot get job soon until two years' time.....	
no rehabilitation or drug use treatment in prison	Previous history of resisting the drug	…..I stayed in prison for two years, there was no any rehabilitation services in prison to prepare us how to prevent relapse or craving..... …..I have tried to use my own way that I have used previously to keep me away from drugs..... …..unfortunately, this time the I got relapse very soon and here am again in prison for the same reason.....	

Theme Three: The Pain and Effect of Imprisonment on Illegal Drug Users in Oman

Initial Codes	Sub-Theme	Illustrating Quotes	Main Theme
Life behind bars	Prison as punishment or correction	….I have been in prison for several time, each time I went in was a different experience on my mental wellbeing..... …..Stressful life condition that we live in prison have impacted our life so deep despite the fact that people thinks we get use of being recurrent imprisonment..... …..We do feel the severity of the impact on prison when we are released..... …..I suffer from lack of sleep for many nights, fear of being with other people or go out in the community..... I start feeling solation, hopelessness stress of living with Family.....	Impact of Prison on Drug Illegal Drug Users in Oman

		…..This feeling is the main contributing factors to relapse most of the time..... …..The government thinks that they have punished us but the impact of prison on us is beyond the fact of using illegal drugs..... …..We come out of prison and we have learned more drugs and other crimes more that we do if we are not in prison..... …..Prison is the source that facilitate the continuation of using illegal drugs in Oman. …. …..In my point of view being imprison for just using drugs rather than helping it destroy you forever..... …..The main impact of prison is that help you to be institutionalized with the place as with time you lean to just accept it is as the second home.....	
Loss of self-respect and others	Stigmatized as a criminal	…..I don't feel respected because am being Stigmatized by being in prison by the family member and Stigma of drug use..... …..I can see the way they discriminate me from my other brother, that hurt me so much. No one respect me even my younger brothers..... …..I lost my self-respect, every one put high expectations on me because I have been in prison and that would have been a lesson to me and now am free drug person..... …..Unfortunately, soon after release from prison am left alone without any support thinking that am perfectly alight and I can start my life..... …..They disregard the fact that that is time that I need support the most.....	
Stigmatization	Labelling	…..Once you have been in prison you will be labelled as criminal for the rest of your life..... …..We drug addict are very concern with short term effect of being imprisoned because we still perceive ourselves that we can go back and be as normal productive people in our society..... …..However, with long term labelling as criminals and drug addict as useless people we intend to adapt and accept the label with time, therefore prison become a second home to us.....	
Health in prison Physical and psychological	Prison impact within me	…..When I was imprisoned for the first time, I was physically very well apart from my drug addiction..... …..I now suffer from chronic migraine, HBV, and I have chronic cough.....	

		…..prison stressful environment has caused my physical health down..... …..We are many prisoners in a very small place we do share most of the things..... …..I developed lack of sleep and most of the time I get nightmares I can't sleep without medicines..... ….unfortunately, the impact of prison on my health has deteriorated that have affect my life style so badly.....	

Theme Four: Negative Notions of Omani Culture About Illegal Drug Users

Initial Codes	Sub-Theme	Illustrating Quotes	Main Theme
I don't belong to the Omani community	Omani Community and drug users	….In our area everyone knows me, I feel that I have been watched on everything I do..... ….Since I become an addict I have been rejected by my community..... …..I have lost being all the fuctions that done as part of our culture..... …..Everyone looks at me as sinner, criminal and have a bad influence on our community..... ….Am not welcomed in any gatherings or even visiting in the neiborhood family of friends....	Culture influences on illegal drug users in Oman
Drug users are a shame on the family	Family of drug users	….My whole family is affected because of me, my brother and my sisters cannot get married easly because of the stigma of having an addict in the family..... …..in our culture the reputation of the family is very important..... …..My familly cannot socialized like before, or getting together with my uncles..... …..My father is not asking to go to the mosque with him anymore..... …..At home my family divided into two groups, my mother and my sisters are being nice with me but my father and brother are very harsh on me..... …..This have created conflict between my family members.....	
All the crimes in Oman are related to the drug user	Drugs users are criminals	…..In our culture they don't accept us as people who need help.... …..They blame us for what we are, I mean being an addict they think that we chose to be addicts and being criminals.....	.

		…..I have been accused many times even from a close family member for any crime happen in our community..... I believe some could be true but not all the crimes are related to drug users.....	
Lack of faith leads to drug addiction	Drug users and religion	…..In our culture they related all the bad behaviour to lack of faith..... …..i have been preached by many people to be religious and I will be able to overcome my addiction..... …..Unfortunately, that is not true because I have tried that myself and it did not help me..... …..I have been practicing my religious since a child despite that I become addicted to drugs when I was 19 years..... …..Religion has nothing to do with becoming addicted to drugs....	
Personal choice to be drug use	Drug use is not sickness	…..Unfortunately, I have been stigmatized and bullied in my community that I have chosen to become an addict and criminal..... …..No one believe that to be addicted to drug is an illness that needs physical and psychological help..... …..Our community emphasis on punishing on us rather than treatment services..... …..We have very minimal access to treatment..... …..That the reason drug addicts are more in prison rather than being in rehabilitation centres.....	
Life of drug users is a circle of re-entry	Life of drug users in Omani culture context	…..I have been in prison for several times just because I caught using drugs for my own consumption.... ….. I have not been exposed to any kind of treatment since I started using drugs because of the long waiting lists in the hospital..... ….. My life is between prison and home, …..I can say that in both areas am exposed to drugs therefore it is difficult for me to stop using drugs..... …..In prison I loose my freedom but I get to know more about drugs than outside prison..... ….. With the abscess of drug treatment or rehabilitation even in prison, and stressful life situations in and outside prison, I become a chronic drug addict using poly drugs and no motivation.....	

Initial Codes

Table Two:

Theme One: Life Experiences in Prison

	Initial Codes	Sub-Theme
Stressful life condition, Isolation, Hopelessness No trust, No respect, no freedom, Crowd, dirty, little exposure to sun light High walls, so many in one room Noisy Dictatorial life	Life of drug users behind bars	Daily life inside the prison
Day is too long, Nothing to do here, routine life, time to wake up, time to eat, time to sleep Long Scheduled day, no much activities,	Boredom	Timing in prison
Emotional, shock, denial, blaming self, crying Helpless, hopeless, physical pain, health issue concerns, fitting in the environment, adopting with routine life, avoiding troubles,	First exposure to prison life as a drug users	Adjusting with prison life
Criminal, shame, prove myself, confused, not belong to any, mixed feeling, happy to see friends, I don't care anymore, I belong to prison, prison is my second home.	How do prisoners perceive themselves inside prison?	The struggle of entering and re-entering prison

There is small a world in prison, different crimes different groups, discrimination, bulling, no place for weak people, no trust anyone, humiliations situation, expose to health issues,	Drug users or drug related crimes	Drug users sub culture in prison
Loneliness, depressed, sad, anxious, worried, scared, sleep issues, living in my own world,	Personal distress in prison	Me in the middle of prison crowd
I get high, deals for drugs, don't ask only get drug, we get some pills from clinic, easy access to drugs if u know someone, deals done inside and outside the prison, special term for asking drugs, getting high two to three times per week,	Drug use in prison	Getting high in prison

Theme Two: Factors Influencing Early Relapse Among Illegal Drug Users in Oman

	Initial Codes	Sub-Theme
Personal decision Readiness to change Accept personal responsibility Inner conflict within self Failing health Fear of going back to prison Being tired	Personal decision	Self-control (Craving or control)
Parental responsibility Exposure to drugs Isolation Hopelessness Stress of living with family Pressure from family to contribute …..... Un employment Relationship with family No trust No respect Lost of custody of kids	Using drugs to escape	Coping with post prison stress

Lost of own material things and relationships Divorce Stigmatized bye being in prison by family member Stigma of drug use		
Personal factors, loosing self-respect, emotional and psychological issues, loosing sense of belonging, stigmatized by every one Family factor, no respect, blaming, high expectation, no empathy on my condition, discrimination, Social factors, stigmatized by the community, not welcomed in any cultural and religion functions, labeling, criminalised, trouble maker Enviromental factors, unemplyee, placed in a black list for two years, boredom,	Stigma of being imprisonment	Fear of going back to prison
No access to drug treatment in prison, no rehabilitation, not prepare to face to post prison stress, using drugs in prison, having known most of the dealers from prison and their connection outside prison, craving for more strong substance then used in prison,	Lack of rehabilitation or drug use treatment in prison	Previous history of resisting the drug

Theme Three: The Pain and Effect of Imprisonment on Illegal Drug Users in Oman

	Initial Codes	Sub-Theme
Not a solution to stop using drugs, destructive more than correction, am used to this punishment, I have nothing to lose, prison is my second home, no one care about us drug users, no	Life behind bars	Prison as punishment or correction

one like us, all what they do is locking up us,		
Am criminal, all the crimes are associated with the drug users, prison have destroyed my soul, I hate myself, I have everyone here, no one respect me, drug users chose to be criminal and drug addict	Loss of self-respect and others	Stigmatized as a criminal
We have lifelong labelled as criminal and drug addict, discrimination from the closest people, avoided by the community and friends and family, am not called by name at home, mosque and in our Neiborhood, my family name is stigmatised by me, community call our house the house that have drug addict,	Stigmatization	Labelling
I lost my physical health, am not myself since start imprisonment, I lost weight, having chronic back pain, headache, and body pain. Am HBVC which I didn't have before. I am suffering from emotional and psychological problems, I have long term sleep problems. Anger management problems. Negative behaviour toward people.	Health in prison Physical and psychological	Prison impact within me

Theme Four: Negative Notions of Omani Culture About Illegal Drug Users

	Initial Codes	Sub-Theme
No one talk to me in my community, stigmatised, I can,t go to the mosque, I lost all my friends relationship, no one will agree to get married to their daughter, am labelled as criminal	I don't belong to the Omani community	Omani Community and drug users
No one visit our home, all my family are stigmatized be me, my sisters cannot get married easily because their brother is a	Drug users are a shame on the family	Family of drug users

drug addict, my father has limited his functions with nebours and religion function,		
All the crimes are done by us even if its not true, there many crimes which are done by non drug addict like murder, people in my community blame me for anything happens there, anything missing at home they point on me,	All the crimes in Oman are related to the drug user	Drugs users are criminals
This is a punishment from god, u don't pray that why you are drug users, all drug addicts will go to hell, overdose death is suicide, if drug addict dies people judge him as sinner, some people don't attend the funeral of drug addicts, use religion to get cure from drug addicts.	Lack of faith leads to drug addiction	Drug users and religion
Drug addiction is against Oman culture, u chose to be addicts, you are not sick, you don't deserve treatment,	Personal choice to be drug use	Drug use is not sickness
We live in a circle of punishment, guilt, blaming, using drugs, being in prison, out of prison, re=entry, community abuse, deviant from Omani culture, shame, family pressure, lost of everything, overdose death.	Life of drug users is a circle of re-entry	Life of drug users in Omani culture context