

**Tobacco Smoking and Incarceration:
Expanding the ‘Last Poor Smoker’ Thesis
An Essay in Honour of Dr David Ford**

By Paul Taylor, Cassandra Ogden and Karen Corteen ¹

Abstract

Tobacco smoking is a contentious issue nationally and internationally. These issues of contention are usually in response to observations of tobacco smoking taking place in civil society, with a considerable neglect to the issues surrounding smoking within closed institutional environments. This paper provides a critical realist analysis of tobacco smoking in prisons. It utilises a framework derived from a critical realist study of smoking and cessation amongst lower socio-economic groups. This paper suggests that there is much to explore and learn about the unique social environment that the prisoners find themselves within in relation to smoking, smoking bans and smoking cessation programmes. Three key areas are addressed in this analysis; the cultural status of the prisoner, the policing of tobacco and the cost. The authors contend that there remains a contradiction with regard to how to manage tobacco regulation in the secure estate whilst attempting to support prisoners with a smoking cessation agenda that neglects the reality of these smokers’ positions.

Key words: Critical Realism, Prison, Tobacco Smoking

¹ University of Chester, UK. Correspondence to: paul.taylor@chester.ac.uk

Introduction

Supporting smoking cessation is nothing new; however the character of the legislative backing provides a point of academic and policy interest. Tobacco control has been situated internationally, most notably with the World Health Organisation (WHO) delivering the first treaty (Framework Convention on Tobacco Control, 2003) aimed at providing countries with adequate guidance on approaches to tackle tobacco smoking prevalence and more recently, an updated implementation guide (WHO, 2011). In the UK, the momentum of tobacco control has gathered pace with the publication of the government White Paper 'Smoking Kills' (1998), the commissioning of National Health Service (NHS) smoking cessation services and most striking, the implementation of 'smoke-free' legislation in England in 2007 for enclosed public spaces and places of employment.

In this paper, we undertake some exploration of the stratification of smoking, smoking cessation and the enforcement of smoke-free legislation across societal sub-groups. The policies founded on an over-simplistic notion that smokers are homogenous and that they rationally decide whether to smoke or not (Ford, 2001) is explored. In contrast, below we assert that tobacco smoking is not evenly distributed across social groups and therefore programmes of smoking cessation require some level of individual tailoring that can be achieved through 'depth' realism (also explained below) employed by critical realists. In particular, this paper draws attention towards the implementation of, and absence of, smoking bans in areas where individuals are detained. The prisoner (in addition to other incarcerated individuals, for example, the detained psychiatric patient and others detained by the state) experience somewhat diverse and unique incarnations of smoke-free policies, with little institutional consistency on what, or how to tackle the perceived problem.

Tobacco smoking in England and Wales has, for some years now, seen a steady decline in usage and uptake. Cancer Research UK (2011) report a 7% fall in the prevalence of male smokers and a 5% fall in the prevalence of female smokers between 2000 and 2009. Health promotion agendas through advertising provide warnings over the hazards of tobacco smoking; they have become ever increasing, founded on scientific evidence of linkages to debilitating and terminal illnesses. Further, the dangers of passive smoking have brought about widespread discussions over the principles of harm, and whether or not the state should intervene to prevent it (Oriola, 2009). The culmination of scientific verifications of tobacco and ill-health, policy and political debates provided the scaffold to the intentions to implement smoke free policies in public venues and work places during the first decade of the twenty-first century. Such approaches derive from a non-critical empiricist approach to the 'problem' of smoking and ultimately can only succeed if human beings operate through rational choice. These smoking 'bans' led to a myriad of exchanges between campaigning and lobby groups from both sides of the fence – pro and anti-smoking activists and have socially and culturally constructed the smoker as weak and pathological (and hence marginalised and stigmatised) and the non-smoker as strong, rational and proud abstainers (and hence socially included) (Ford, 2001; 2005). They

have also overwhelmingly changed the real experience of both the smoker and the non-smoker in enclosed public premises and occupational environments. The prison is an enclosed environment and is known for having a particular environmental and occupational cultural context (Arnold, 2005; Liebling, Price, Shefer, 2011) therefore this demands close attention. In this article three key issues are addressed in relation to smoking, smoking bans and smoking cessation programmes. They are: the cultural status of the prisoner, the policing of tobacco, and the cost.

This paper falls into three main sections. Firstly, we provide some consideration of the motivations of policy and practice in the area of smoking cessation. We draw upon Ford's (2001) critique of the crudity of universal action against smoking and his critical realist perspective on a possible solution of a new reading of the social smoking market. Secondly we examine the nature and prominence of smoking within the closed institutional space of the prison, highlighting particular programmes and the place of smoke-free legislation. Finally, this paper concludes by making some theoretical considerations, using a critical realist framework, of the plight of the incarcerated person and their relationship with tobacco related public policy.

The Swing of the Tobacco Pendulum- From Endorsement to Regulation

Tobacco has not always received such negative attention, rather its romantic image and economic potential for regulators (for example, taxation) located tobacco as a powerful revenue generator (Ford, 2005). The cultural standing of tobacco and cigarettes around the globe grew and its popularity pleased both governments and emerging tobacco corporations. In the mid-twentieth century medical sciences raised some concerns over tobacco use and ill health, with conclusive evidence emerging of a link between smoking and lung cancer that was 'chiefly causal in character' (Peto et al., 1994 cited in Ford, 2005:36). The publishing of this evidence was immediately injurious to tobacco companies coupled with the beginning of a campaigning advertisement movement against this multi-million dollar industry since 1967 (Ibrahim and Glantz, 2007). The response of the tobacco industry was to fund scientific work to refute claims that tobacco smoking was unsafe and more recently it has funded scientists in order to refute claims of the harms caused by 'second-hand' smoking (Tong and Glantz 2007: 1845).

A plethora of strategies have been adopted over the latter half of the twentieth century and to the present. Smokers have benefitted from medical and psychological developments in the harm reduction agenda such as counselling, pharmaceuticals and nicotine replacement products. Globally, tobacco advertising has gradually been removed from public spaces and strict sanctions have been put in place over point of sale displays. Both deterrence and educational strategies have been adopted with examples such as health warnings on cigarette packaging, dedicated smoking cessation practitioners, a proliferation of nicotine replacement therapies (NRT) (for example, adhesive 'patches' and chewing gum), the development of pharmaceuticals such as Bupropion and more recently, legislative tobacco control.

Educational strategies aimed at raising awareness of the health implications of tobacco smoking have become common. National and locally planned 'No Smoking Days' have assisted in the attempts to alter public attitudes surrounding tobacco consumption. This *informal* educating operates in alignment with more *formal* strategies and the use of the law. The smoking ban came into force in England on 1st July 2007. Since this date, it has been an offence to smoke in enclosed public spaces, with enforceable fines to the individual, and to businesses failing to comply being warned. Proposals for a five year plan on smoking regulation has been published by the Coalition Government (HM Government, 2011) setting out further plans to reduce tobacco smoking. Compliance with the smoking ban is reported as being highly successful in civil society (Smith, 2011) and the implementation of smoke-free legislation has been heralded on many fronts as a great accomplishment. However, as this paper purports, whilst the successes of smoking cessation are becoming gradually normative amongst some spheres of society, there remains some neglect of the character, nature and context of smoking cessation activities that involves those who exist on the peripheries of society or who may be considered as 'less eligible'.

From the 'Last Smoker' to the 'Last Poor Smoker' -

Critical Realism and Tobacco

Critical realism starts from the ontological position that there is a reality 'out there' that natural and social sciences alike can explore and these intransitive objects of scientific study will always exist in the same manner regardless of knowledge gained about them (Bhaskar, 1975). There is also an underlying agreement amongst critical realists that the process of investigation itself is ultimately a product of social relations and therefore one needs to be aware of its limitations. Therefore through critical realist perspectives, current work, theory or 'evidence' is always open to criticism and change and the difference between a theory and its relation to real events, arises due to the attempt to explain an underlying structure which is not necessarily observable (albeit still real). Experiments after all can only reflect the tendencies of mechanisms that are further translated into laws. Benton and Craib (2011) demonstrate how critical realism is about 'depth' realism and showing how empiricism involves creating a law, based on the use of metaphor and imagination whilst not surmising about how this level (which is 'real' in its own right) only partially reflects the 'actual' level of events and therefore does not directly uncover the real nature of structures and mechanisms. Critical realism deconstructs unhelpful dualisms inherent in structure/agency debates to approach both theory and method and arrive at conclusions that are potentially emancipatory in essence. Bhaskar (1975) highlights the need to critique both intransitive objects of knowledge (causal laws created by empiricist methods) and the transitive process of knowledge production to achieve a more rounded understanding of reality. Applied to our topic of interest it is important to note that for smokers to still exist despite health advice and the recent cultural denigration of smoking suggests firstly a market that provides tobacco and secondly a need/desire for people to purchase cigarettes. Therefore the question that

www.internetjournalofcriminology.com

needs answering by a critical realist to help better understand the continued presence of smoking *despite* the policies and cultural hegemony of smoking cessation is how do we make sense of smokers of tobacco in 2012?

In this article we trace the structuring of smoking cessation agendas to the work of Ford (2001). He identifies what he terms as a 'Last Smoker' thesis, a system whereby the idea that smoking can be eradicated in society through the use of expert policy and the right government (Ford, 2001). Drawing from the 'battle' metaphor employed by Corti (1931 cited in Ford, 2001), Ford (2001) articulates that, for some anti-smoking activists, tobacco usage is seen to be meeting its nemeses (through changes in the social tolerance of smoking and the prevalence of smoking related illnesses), and that the end of tobacco smoking is soon to become a real proposition. Such a victory and the expectant arrival of the 'last smoker' has an attachment to some naivety and arrogance, as for Ford (2001), such a myopic view on the winning of the 'war on tobacco' neglects the social dimensions of the issue. Thus, making unrealistic assumptions that the final curtain can fall through a universal 'educating' of a population of atomised and socially dislocated individuals on the risks of tobacco.

Central to Ford's (2001) analysis is that the 'Last Smoker' thesis should be replaced by a 'Last *Poor* Smoker' thesis. He argues that tobacco smoking is not evenly distributed across social boundaries, stating that the poor have the least propensity to quit smoking and are less likely to adapt to a non-smoking norm. The likelihood of a non-smoking norm within marginalised and impoverished groups is seen to be less, as the 'social polarising of smoking behaviour mirrors similar social processes already active in the contemporary political climate' (Ford, 2001:231). Social disadvantage and poverty therefore represent spheres of social life where, against the purity of smoke-free middle class Britain, the smoking working class and the poor inadvertently reinforce their own deviancy, fulfilling their own prophecy.

A critical realist reading of the prospect of a 'last smoker' unveils a flawed enterprise. To assume that the last smoker is an inevitable and faceless entity is problematic as it not least fails to comprehend the realist dimensions of tobacco usage. A critical realist approach is particularly useful in this case as to be able to 'understand how phenomena are generated... science must make recourse to the underlying factors that are or potentially are at play in generating phenomena that may not be irreducible to their constituent factors' (Clark et al., 2007:524). Tobacco smoking represents an intersection of natural and social science. On the one hand, the epidemiologies of smoking-related illness and disorder (for example, lung cancer, chronic obstructive pulmonary disease, male impotence) have generated the knowledge and imagery in support of anti-smoking programmes. On the other hand, there is a complexity of tobacco usage across social groups and therefore what emerges is a synergy between the two, not least in the assumptions that lung cancer has become a disease of the working class and the poor (Hart et al., 2001).

The suggestion that there are causal links between increased tobacco use and social class structure is nothing new. Government offices and campaigning groups have generated numerous pieces of evidence that make linkages between smoking and www.internetjournalofcriminology.com

poverty. For example, The Office of National Statistics recorded in 2009 that 26% of adults in manual households smoked compared to 16% of those in non-manual households (Office of National Statistics, 2011). Such representations of the height and breadth of the smoking 'problem' have been central as underpinning evidence to support the trajectory of anti-smoking initiatives. Whilst we can see the extent of smoking in manual households outweighs that of non-manual, data is also used to represent the successes of health promotion agendas and anti-tobacco policies within the white-collar social strata. Indeed, for the anti-smoking lobby and successive governments, the reduction of tobacco smoking within the lower socio-economic groups has represented a persistent challenge, not least how the tobacco issue is just one concern amongst many within the substantial body of literature and evidence in areas of social depravity and poor health (for example, alcohol consumption, malnourishment, obesity, heart disease and mental health distress).

Ford (2001) provides some illumination as to why tobacco policies have had a reduced effect on poorer groups in society. Like the United Kingdom's rail system, the expectant last smoker has not yet arrived and is experiencing some delay. Tobacco smoking holds a different cultural standing within different societal groups and pockets. As Ford (2001) outlines, cigarettes and tobacco, and the health implications of indulging in their use, are interpreted somewhat differently within the poor and working class spheres. Firstly, peer influence is crucial in determining the norm value attached to smoking. The level of stigmatization that the smoker will attract is likely to be substantially less than the non-smoker within such groups. Tobacco smoking has maintained a notable steadfastness within manual occupations and the working class social dimension. Stigmatisation of the smoker (and thus the potential for the smoker to 'quit' based on peer influence) becomes dependent upon the extent to which their peers denounce the individual. In an environment where smoking remains culturally accepted and there is a visibility of smoking behaviour, then this particular environment holds no opportunity for the oppression of smoking behaviours via an informal means. Secondly, Ford (2001) presents the backcloth of social stratification. He questions the extent to which particular environments are 'policed' in respect of smoking cessation campaigning. Larger populations of smokers occupy spaces of relative disadvantage, and therefore this can lead to a hardening of resistance against anti-smoking policy. Making links to the first point mentioned, in such a social and environmental context, this thus questions the extent to which peers will encourage one another to quit smoking. Lastly, Ford (2001) draws attention towards the costs attached to tobacco smoking. Government policy, across political parties, has focused upon the increased taxation of cigarettes and tobacco products ignoring, only until recently, the 'black market' economy and access to 'cheap' or 'cheaper' cigarettes. In line with a 'Last Smoker' thesis, there may be an assumption that there is an absolute price that the purchaser will pay. Indeed, academics have quantified such consideration estimating that with a world-wide price increase on tobacco of 10%; this would lead to the prevention of between 5 and 16 million tobacco-related deaths (Ranson et al., 2002 cited in Chapman, 2007:145). For successive governments, price increases on cigarettes appears to have been a favoured option, with an increase of fifty pence on a pack of twenty cigarettes in the Chancellor's budget in 2011.

Suggestions have been made that cigarette smoking now costs the purchaser 50% more than five years ago (The Independent, 2011), with around 88% of the purchase price returning to the government in the form of duty and VAT. The question that Ford (2001) raises, is whether or not we have already reached the 'imagined' ceiling of tobacco product prices, and yet particular social groups continue to participate in their purchase and consumption.

Ford (2001) also points out that the conditions of the poor are different to the conditions of the affluent in terms of their perceptions and realities of risk, time and the capacity to save. In the poor's adjustment 'to a different set of structural conditions' (Ford, Ibid:228) they face tangible risks such as being the victim of crime, which may deem the distant health risk of smoking irrelevant by comparison to more immediate risks. The realities of poverty also confine the poor to a particular time-scale wherein survival from one week to the next lessens their capacity to defer gratification to some unspecified point in the future which smoking cessation requires. Finally in an economic context in which the capacity to save money is socially polarised, the permanency of poverty may mean the poor cannot see and indeed cannot benefit economically by not smoking. After all as Ford (Ibid:230) rightly notes smoking cessation will not alter their situation in that the reality is that the poor will '*never have enough money, whether they smoke or not*'.

Incarceration and Tobacco Smoking

The incarcerated individual finds themselves subject to a continuum of formal anti-smoking interventions. The proliferation of tobacco use in custody (and restricted care) environments has led to some attention by policy makers to develop strategies to tackle tobacco smokers and address the health requirements of these 'hidden' populations. Central to such agendas is the term coined as the 'healthy prison'; a rhetorical facia applied to an international discourse of reducing health inequalities (see Sim, 2002 for an overview of the literature). As we have discussed earlier, those residing in the lower socio-economic areas of society suffer increased poor health calling for 'action on the social determinants of health in order to improve health' (Marmot, 2005:1103). Such correlations are mirrored within the prison population of England and Wales as the social profile of the secure estate highlights causal links between social exclusion and imprisonment (see, Centre for Social Justice, 2009 for an overview of statistical breakdown).

It became obvious that smoke-free legislation could not be applied universally and that special dispensation must be made in some circumstances. In addition to the prison population, those residing in acute or residential care were subject to legislative abstentions, with NHS Mental Health Trusts being allocated a further twelve months to implement smoke-free strategies². Young offender institutes (YOI) (15-18yrs) and

² Smoking ban abstentions on NHS Mental Health Trusts came to an end in July 2008

communal areas of adult prisons have now become smoke-free, however further measures across the secure estate are planned in the future (HM Government, 2011).

Partial and total smoking bans in prisons are also nothing new. American jails and penitentiaries have piloted and fully implemented smoking bans during the last two decades of the twentieth century. Their successes have been moderate and have been marred by non-compliance and poor support from prison authorities with concerns over a magnification of tension between officers and prisoners (Vaughn, 1993; Cropsey and Kristeller, 2005). In contrast, a review of American prison tobacco policies conducted by Kauffman et al. (2008) reported that there was little evidence to indicate that prison violence and the maintenance of order were affected by a tightening of tobacco restrictions. However, the same study concludes that poor attention has been paid by prison authorities to smoking cessation programmes. As the authors later present, the implementation of full and partial bans is a short-term approach that reduces healthcare costs whilst in prison, but does not necessarily make the behavioural change permanent (for example, following release from custody). In England, the academic literature on the implementation of partial or full smoking bans is limited. It is inevitable that this area will grow as government policies take hold. The adoption of smoke-free policies at HMYOI Ashfield has been regarded as delivering health improvement (Mathias and Smith, 2007), however the report authors themselves highlight skepticism across the correctional community, much of which is concerned with the maintenance of order and staff safety (O'Dowd, 2005).

The decisions to ban smoking in prisons, or not, have been comprehensively debated by Butler et al. (2007). Further the authors of this commentary piece highlight the differences between tobacco bans and programmes of support to quit smoking. As Butler et al. (2007) astutely remind us, these are not the same thing, indicating that bans will be ineffective without the support of behavioural change programmes to underpin change over the long-term. The situation is further problematized by the expectation of authorities in some jurisdictions to 'require prisoners to pay for smoking cessation aids such as nicotine replacement therapy' (Ibid:292).

Nationally and internationally the picture of smoking cessation programmes and smoke-free policies in prisons is opaque, not least complicated by categories of offenders and the sentences that they serve (for example, determinate sentences, indeterminate sentencing, life sentences and offenders awaiting execution). Despite strategies and frameworks emergent from international treaties for a general approach towards tobacco control, when considering the secure estates of these countries, there is little consensus on how to manage tobacco regulation *and* support in custodial environments. Research and literature point towards a situation of an inadequate attention towards smoking cessation programmes paralleled with an over reliance on the forcefulness of a 'ban' to stop smoking. Therefore, the prospect of a prisoner abstaining from tobacco on a permanent basis (and beyond their release) may be considered impaired without the opportunity for prisoners to take advantage of comprehensive smoking cessation programmes (Butler et al., 2007; Kauffman et al., 2008). The lack of a more sustainable approach to smoking cessation demonstrates a

particular characteristic of so called 'health promotion' policies to help incarcerated individuals to quit smoking or to create smoking bans. Reliance upon causal connections are the basis upon which the strategies are chosen and the links between smoking and ill health (which should deter the individual) and between policy and more 'healthy' institutions, holds no regard for the prisoner once they have left the institution. It appears that it is not the 'health of the nation' that is at the centre of policy but the health of the institutions within the nation.

Smokers with Less Eligibility:

The 'Last Poor and Incarcerated Smoker'

Here we deconstruct the realist dimensions of prison life, providing some illumination of the social environment of the prison, and its influence on tobacco smoking. We articulate that the incarcerated tobacco smoker may be the last bastion of anti-smoking policy, as the situation that remanded and convicted prisoners find themselves in is peculiar and unique in respect of an anti-smoking agenda and the legislation that supports it.

The social situation of the prisoner has been well researched and deliberated (see for example, Clemmer, 1940; Liebling, 2004; Crawley and Sparks, 2005). For the purposes of this paper, we trace this evidence to the work of several prison writers, in particular, Sykes (1958). Using themes drawn from Ford's (2001) critical realist analysis of the poor smoker we situate tobacco smoking within the context of the frustrations and deprivations that the prisoner faces. In his analysis, Ford (2005:40) contends that 'smoking is increasingly associated with poorer people and poorer environments'. Ford's (2001) explanations for the lack of success of the anti-smoking agendas amongst the poorer sections of society are utilised within the study of smoking in the secure estate, indeed prisoners are predominantly poor and are in poor environments and as such are also marginalised and disenfranchised with reference to anti-smoking and smoking cessation strategies.

Our intension here is to provide the prevailing anti-smoking lobby with some evidence of the linkages between tobacco smoking and the normative structures of prison life, providing an exploration based in three dominant themes drawn from the work of Ford (2001), namely: cultural status, costs and policing.

Cultural Status

The physical removal of the individual into the prison environment presents the most provocative illustration of a loss of liberty, change in social ties and alteration of their cultural standing. Through the criminal justice process, the accused is rendered incapable of maintaining the usual contacts of their civil lives. Visitations by family and friends are restricted and the prisoner finds himself or herself swiftly placed in

familial and peer isolation. This process does not just reflect the physical removal, but is also emphasised through what Sykes (1958:65) describes as ‘a deliberate moral rejection of the criminal by the free society’.

The prisoner faces many challenges that are unusual to them in comparison to their civil life. One such challenge is time. Time becomes central to the prisoner’s daily routine, not least through the mechanised programme, but also through the awaited freedom that the Parole Board can authorise. As Medlicott (2001:129) emphasises, ‘[a prisoner’s] reflection on time proves a great source of suffering’ and one way to manage their own isolation, boredom and loneliness can be through the acquisition of property and privileges (Sykes, 1958).

One such example of both property and privilege are cigarettes. In a tightly controlled environment, an allowance to smoke is maintained in many prisons internationally. Tobacco use may pass time for many detainees who have previously smoked or are new to this method of ‘killing time’ (Farnworth et al., 2004; de Viggiani, 2007), in addition to providing some property within a sparse environment. Not unlike the poor in Ford’s (2001) thesis on the ‘Last Poor Smoker’ the prisoner has a particular ontological and structural relationship with regard to time. In doing time they too may be less able to defer gratification to some unspecified point in the future as is required with smoking cessation. Also their immediate concerns including killing time together with potentially more immediate risks such as the deprivation of security may mean the health risks caused by smoking, may pale into relative insignificance.

As discussed earlier in this paper, peer influence is viewed as one informal method of coercion in the smoking cessation agenda. It has already been noted by Ford (2001), that such anticipation (of curtailing smoking behaviours) is flawed, as the social norms within working class and impoverished communities include smoking as a dominant ritual (and smoking behaviours in prison are likely to mirror smoking behaviours in their civil lives). Likewise, the prison community is a subculture of its own, with its own inmate ‘codes’, ceremonies, expected loyalties, value and belief structures and hierarchies (Williams and Fish, 1974; Greer, 2000) but at the same time being influenced by the social characteristics of its members. That said some prisoners are better able to gain cultural status, cope with prison or fit in with the prison values and environment more so than others (several authors have considered the consequences of exclusion, distress and a lack of personal security; see for example the work of Leibling, Durie, Stiles and Tait, 2005 on suicide and emotional distress). In addition, prison officers themselves have been observed to be influenced by the social, cultural and emotional character of the institution (Crawley, 2004; Leibling, Price and Shefer 2011). The prison population is over-represented by lower socio-economic groups, and in light of this, the cultural norms of tobacco smoking and the cultural value/status attached to them are likely to be transferred into the prison’s environment and the prison’s dominant cultures. In such a context and drawing from Ford’s (2001) earlier analysis, the extent of opposing peer influence over smoking will be minimal in the custodial environment, with little influence

permeating the walls of the institution from civil social peers whom the individual may once have mingled or associated with purposely or accidentally.

In the prison the inmate *is* permitted to smoke tobacco in an enclosed place where others work and thus the prisoner achieves a level of impunity - an almost contradictory phenomenon in a context of less-eligibility. Alternatively, the decision to allow prisoners to smoke may be a reflection of prisoner's cultural standing. The choice of prison authorities to not implement smoking bans and smoking cessation programmes has potential to resemble a situation where the healthcare needs of a population are deemed less deserving than that of the general public. This is especially the case for non-smoking prisoners (and non-smoking prison guards) subjected to passive smoking (as a UK Prison Service circular instruction noted in 1989). Sykes (1958) notes, prisoners have limited civil rights and have little or no political participation, such a situation parallels the non-participation of prisoners (in the democratic sense) of decision-making in the anti-smoking legislation. Like other changes in legislation that have come before smoke free legislation, the inmate population have little representation and no political voice through a 'blanket-ban on voting' (Dhami, 2005:236), therefore, the disenfranchised communities of the secure estate are wholly subject to the motivations of their captors and their willingness to support anti-tobacco campaigns or oppose them, a further reflection of the demise of the prisoner's cultural standing and societal respect.

This situation is not easily resolvable and is compounded by the contradiction that exists between the health and wellbeing of the smoking prisoner (whose successful withdrawal of nicotine can only be guaranteed by culturally sensitive cessation policies) and the rights and health of the non-smoking prisoner. The critical realist perspective brings these issues to light and highlights problems at both the structural and individual levels.

Cost

Sykes (1958) posits that the prison environment is a Spartan environment. Inmates have few personal possessions and these possessions are often kept with little security and in the company of unknown people (for example, new cell mates). For some, minimal personal possessions reinforce the prison as a temporary transition in their life, while others decorate their cells with personal paraphernalia (Medlicott, 2001). More often than not, personal effects are no greater than the contents of a couple of plastic carrier bags, yet material possessions, like in the civil world, can come to represent status and identity (Dittmar, 1994; Crewe, 2009).

Cigarettes, for example, represent an amenity for the inmate. The impoverishment of the prisoner does not necessarily influence whether the inmate will smoke or not. As has been discussed above in Ford's (2001) 'Last Poor Smoker' thesis, he states that poor smokers will continue to smoke; as to quit smoking will not change their situation drastically, as they have come to conceive that their poverty is permanent.

The same can be said for the prison inmate. An enforced poverty dominates the prison environment; garments, bedding, toiletries and other items that are considered as necessities are distributed by the institution. Additional food and products (for example, tobacco products) can be purchased by inmates in some prisons (for example, prison commissary, canteen, shop), in addition to parcels sent into the prison that serve to illustrate the material wealth of an individual prisoner both to his or herself and to other inmates.

The impoverishment of the inmate is variable. Money and possessions can be used as a mechanism of control. They can be 'given' to the prisoner as a reward for 'good' behaviour, or alternatively, removed by prison authorities for 'bad' behaviour. Whilst the level of poverty that the inmate experiences is variable, it cannot move beyond a threshold that the institution determines (for example, what is/is not considered contraband). These parameters therefore maintain the perennial poverty that the prisoner experiences.

In order to navigate personal poverty, prisons are awash with informal economies that are active in the movement of items and contraband (Lankenau, 2001). Tobacco-based products offer inmates cultural capital to buy and exchange items; favours and protection as is regarded as a de facto currency in a custodial setting (Richmond et al., 2009). Many transactions in the prison are centred on tobacco as an alternative currency (Beck, 1995). Cigarettes, for example, represent a material commodity themselves (Edgar et al., 2003), or can be exchanged for other material items, giving inmates the opportunity to construct their own identity through material possessions available to them.

Policing

In a world that is heavily restricted in a variety of contexts, official regimes have allowed for tobacco smoking to take place. Commentators (see for example, Vaughn and Carmen, 1993) have foreseen some of the imminent challenges of the application of smoking bans in prisons, not least in the maintenance of order. The perceived legitimacy of detention and the conditions of it are seen as central to the avoidance of prison unrest (Carrabine, 2005). In the UK and elsewhere, prison disturbances have normally been concerned with humane conditions rather than escape attempts (see Woolf Report, 1991; Allison and Jameson, 1995). A tentative line exists between liberal and authoritarian regimes, with criticism being attracted if this line is overstepped in either direction (see for example, The Telegraph, 2006). Whilst the dichotomous balance between punishment and humane treatment has long been known, in a practical sense, careful considerations are made on a daily basis by prison staff and policy writers as at times, the triviality of rules has the potential to cause the most upset (Sykes, 1958).

The implementation of a smoking ban in the prison setting may have potential to cause disorder and put prisoners and prison staff at risk. Tobacco smoking exists as a

prisoner's self-determined enterprise within a context of regimes and control. Perhaps the decision to smoke (or not to smoke) is indicative of one of the last functions that the inmate has control over. To those who smoke, enforced smoking cessation is likely to have a burgeoning effect on the social order of the prison as well as presenting significant challenges to enforce and police for prison staff. Such a move would significantly damage relations between captor and captive, as the legitimacy of the prison regime comes into question as the institution makes a momentous addition to its own repertoire of regulatory practices. Banning smoking may also result in tobacco smoking prisoners and prison staff engaging in secretive smoking, which may pose a risk to health and safety with regard to potential fires.

The social structure of the prison is largely determined by formal sanctions and rules. However an informal structure is also evident. In comparison to the civil community, tobacco carries a different meaning and has different uses in the prison context. As Ford (2001) suggests, different environments are 'policed' in different ways in respect of smoking cessation programmes, smoke free policies and legislation.

The inmate's primary social stratification (their position before entering into the prison) is influential in their affiliations and ties within the prison environment (Jacobs, 1976). As Ford (2001) has already outlined, the poor and working classes are less likely to be responsive to anti-smoking strategies of education. It has long remained unchanged that prison populations internationally represent a disproportionate number of children and adults from lower socio-economic backgrounds. In light of this, the prison is a captive group of tobacco smokers and therefore their resistance to smoking cessation initiatives may be hardened.

Collegiality between socially stratified groups (based on race, religion, social class etc.) in custody can also provide a basis for conflict. As Sykes (1958) suggests, the prison inmate's personal security can be at risk. Assumptions that prisoners are a homogenous group of criminals are unfounded with the realities of prison life being more complex. Prison becomes an anxiety inducing experience, with the prospect of danger pervading daily life for many. Racketeering, extortion, bullying and 'baroning'³ (Ireland, 2000) are commonplace strategies aimed at vulnerable inmates and in a world where tobacco is a preferred currency, smoking products can be used to alleviate immediate danger and form as a measure of self-protection, insulating against physical attacks or acts of violence. Likewise it is likely that without nicotine, some other substance or artefact is likely to act as the currency of power and influence

Indeed, cigarettes may be utilised as a method of averting altercations or disputes as a method of currency; yet, the ingestion of nicotine can act as a stimulant and increase aggression amongst some males (File et al., 2001). Within the context of power relations in the prison between inmates, perpetrating violence and aggression are key indicators of position in the cultural hierarchy and as such nicotine can play an

³ 'A behaviour similar to that of a loan shark, where money, drugs, tobacco, or alcohol are lent to inmates and repayment is demanded with a high rate of interest' (Ireland, 1997 cited in Ireland, 2000:203)

www.internetjournalofcriminology.com

important role in asserting authority and gaining respect and cultural capital from other prisoners.

Conclusions

Beyond the secure estate various medical, psychological, legal and educative strategies and interventions have been geared towards smoking cessation and heightening public awareness of the health dangers of smoking. For Kauffman et al., (2010:582) 'widespread tobacco use and high interest in quitting make prisons an ideal environment for smoking cessation intervention'. It is acknowledged that within the secure estate some measures in a similar vein to those utilised outside the walls of the secure estate have been implemented and more are envisaged. However, fundamentally there remains very little, if any, concordance with regard to how to manage tobacco regulation and how to do so in a manner that realistically and successfully supports prisoners. Indeed the experience within the secure estate has been and continues to be, one of special dispensation and even legislative abstentions in some circumstances. This means that prisoners do not have the same level of access to smoking cessation support as those in the civil world. Prisoners' status as 'less eligible' is reinforced through their differential access to smoking cessation support. Thus, regarding health matters the treatment of prisoners can be discriminatory and it could be detrimental to prisoners who do and do not smoke.

Tobacco smoking prisoners ought to have access to cessation support should they so wish. For example, prisons could provide non-smoking wings or wards in which prisoners could be housed and in which they receive cessation education and support. Approaches to smoking cessation in prison could take into account the ontological, environmental and institutional realities. Thus, a critical realist approach is useful in recognising and addressing structural and individual components of smoking behaviour through the significance of culture, costs and policing with respect to smoking in the context of the prison. Butler et al. (2007:291) state that '[w]hile smoking bans are laudable and have a clear role in the public health arsenal, prisons cannot be viewed in the same light as restaurants, hospitals and office buildings'. It is important therefore to recognise the obstacles to cessation for socially excluded groups as discussed by Ford (2001) and as deliberated here with regard to tobacco smoking prisoners. But in so doing, such an understanding requires an appreciation of the realities of smoking cessation and the tobacco smoking prisoner due to their less eligible status and the environmental context in which they are incapacitated. The complexities as to why one smokes and the role that smoking plays in terms of a prisoner identity, status and cultural capital need acknowledgement together with the environmental specific dynamics of policing smoking cessation in the secure estate. Over the years all smokers have unequally contributed to the payment of taxes and if this money can be put to something worthwhile and effective, such as culturally and environmentally sensitive policies with an understanding of the structural and spatial uniqueness of the prisons, then reason suggests this would almost certainly pay off.

Author's Note: In Memoriam

This article has been written as a tribute to Dr David Charles Ford, Programme Leader for Sociology at the University of Chester. David sadly passed away in 2011 before we had the opportunity to put pen-to-paper over this area of debate that he was so passionate about. The memory of David's personality and legacy of his scholarly work has, and continues to, inspire many people. A critical realist enthusiast and a person who understood the culture of smoking from first-hand experience, his memory will live on in the inspiration he created. He will always occupy a place in our hearts, and we extend our thoughts to his family.

References

- Allison, E. and Jameson, N. (1995) *Strangeways 1990: A Serious Disturbance*, London, UK: Larkin Publications.
- Arnold, H. (2005) 'The Effects of Prison Work' in A. Liebling and S. Maruna (Eds.) *The Effects of Imprisonment*, (pp.391-420). Devon, UK: Willan.
- Beck, G. (1995) 'Bullying Among Young Offenders in Custody', *Issues in Criminological and Legal Psychology*, 22: 54-70.
- Benton, T. and Craib, I. (2011) *Philosophy of Social Science: The Philosophical Foundations of Critical Thought*, Basingstoke, UK: Palgrave MacMillan.
- Bhaskar, R. (1975) *A Realist Theory of Science*, London, UK: Verso.
- Butler, T., Richmond, R., Belcher, J., Wilhelm, K. and Wodak, A. (2007) 'Should Smoking be Banned in Prisons?', *Tobacco Control*, 16(5): 291-293.
- Cancer Research UK (2011) 'Smoking Statistics: Percentage of Population who Smoke' {<http://info.cancerresearchuk.org/cancerstats/types/lung/smoking/#percent>}, accessed 21 September 2011.
- Carrabine, E. (2005) 'Prison Riots, Social Order and the Problem of Legitimacy', *The British Journal of Criminology*, 45(6): 896-913.
- Centre for Social Justice (2009) 'Locked Up Potential: A Strategy for Reforming Prisons and Rehabilitating Prisoners', {<http://www.centreforsocialjustice.org.uk/client/downloads/CSJLockedUpPotentialFULLREPORT.pdf>}, accessed 10 September 2011.
- Chapman, S. (2007) *Public Health Advocacy and Tobacco Control: Making Smoking History*, New Jersey, USA: John Wiley and Sons.
- Clark, A. M., MacIntyre, P. D. and Cruikshank, J. (2007) 'A Critical Realist Approach to Understanding and Evaluating Heart Health Programmes', *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 11(4): 513-539.
- Clemmer, D. (1940) *The Prison Community*, New Braunfels, USA: Christopher Publishing.
- Crawley, E. (2004) *Doing Prison Work: The Public and Private Lives of Prison Officers*, Devon, UK: Willan.
- Crawley, E. and Sparks, R. (2005) 'Hidden Injuries? Researching the Experiences of Older Men in English Prisons', *The Howard Journal of Criminal Justice*, 44(4): 345-356.

- Crewe, B. (2009) *The Prisoner Society: Power, Adaptation and Social Life in an English Prison*, Oxford, UK: Oxford University Press.
- Cropsey, K. L. and Kristeller, J. L. (2005) 'The Effects of a Prison Smoking Ban on Smoking Behaviour and Withdrawal Symptoms', *Addictive Behaviours*, 30: 589-594.
- Department of Health (1998) 'Smoking Kills: a White Paper on Tobacco', {http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006684}, accessed 2 September 2011.
- Dhami, M. K. (2005) 'Prisoner Disenfranchisement Policy: A Threat to Democracy?' *Analyses of Social Issues and Public Policy*, 5(1): 235-247.
- Dittmar, H. (1994) 'Material Possessions as Stereotypes: Material Images of Difference Socio-Economic Groups', *Journal of Economic Psychology*, 15(4): 561-585.
- Edgar, K., O'Donnell, I. and Martin, C. (2003) 'Tracking the Pathways to Violence in Prison', in R.M. Lee and E.A. Stanko (Eds), *Researching Violence: Essays on Methodology and Measurement*, London, UK: Routledge.
- Farnworth, L., Nikitin, L. and Fossey, E. (2004) 'Being in a Secure Forensic Psychiatric Unit: Every Day is the Same, Killing Time or Making the Most of It', *The British Journal of Occupational Therapy*, 67(10): 430-438.
- File, S. E., Fluck, E. and Leahy, A. (2001) 'Nicotine has Calming Effects on Stress-Induced Mood Changes in Females, but Enhances Aggressive Mood in Males', *The International Journal of Neuropsychopharmacology*, 4(4): 371-376.
- Ford, D. C. (2001) 'Realism and Research, Philosophy and Poverty Politics: The Example of Smoking', in J. Lopez and G. Potter (Eds.) *After Postmodernism: An Introduction to Critical Realism*, London: The Athlone Press.
- Ford, D. C. (2005) 'The Tarnishing of God's Golden Gift: A Sociological Analysis of the Battle Over Smoking (1492 – ongoing)', *World Leisure Journal*, 47(4): 32-40.
- Greer, K. R. (2000) 'The Changing Nature of Interpersonal Relationships in a Women's Prison', *The Prison Journal*, 80(4): 442-468.
- Hart, C. L., Hole, D. J., Gillis, C. R., Smith, G. D., Watt G. C. M. and Hawthorne, V. M. (2001) 'Social Class Differences in Lung Cancer Mortality: Risk Factor Explanations Using Two Scottish Cohort Studies', *International Journal of Epidemiology*, 30(2): 268-274.
- HM Government (2011) *Healthy Lives, Healthy People: A Tobacco Control Plan for England*, London: HMSO.

- Ibrahim, J. K. and Glantz, S. A. (2007) 'The Rise and Fall of Tobacco Control Media Campaigns: 1967-2006', *American Journal of Public Health*, 97(8): 1383-1396.
- Independent, The (2011) 'Budget 2011: £7 pack of cigarettes', 23 March {<http://www.telegraph.co.uk/finance/budget/8401996/Budget-2011-7-pack-of-cigarettes.html>}, accessed 2 September 2011.
- Ireland, J. L. (2000) 'Bullying Among Prisoners: A Review of Research', *Aggression and Violent Behaviour*, 5(2): 201-215.
- Jacobs, J. B. (1976) 'Stratification and Conflict Among Prison Inmates', *The Journal of Criminal Law and Criminology*, 66(4): 476-482.
- Kauffman, R. M., Ferketich, A. K. and Wewers, M. E. (2008) 'Tobacco Policy in American Prisons 2007', *Tobacco Control*, 17: 357-360.
- Kauffman, R. M., Ferketich, A. K., Murray, D. M., Bellair, P. E., and Wewers, M. E. (2010) 'Measuring Tobacco Use in a Prison Population', *Nicotine and Tobacco Research*, 12(6): 582-588.
- Lankenau, S. E. (2001) 'Smoke 'em if you got 'em: Cigarette Black Markets in US Prisons and Jails', *The Prison Journal*, 81(2): 142-161.
- Liebling, A. (2004) *Prisons and their Moral Performance: A Study of Values, Quality and Prison Life*, Oxford, UK: Oxford University Press.
- Liebling, A., Durie, L., Stiles, A. and Tait, S. (2005) 'Revisiting Prison Suicide: The Role of Fairness and Distress', in A. Liebling and S. Maruna (Eds.) *The Effects of Imprisonment*, (pp.209-231). Devon, UK: Willan.
- Liebling, A., Price, D. and Shefer, G. (2011) *The Prison Officer*, Oxon, UK: Willan.
- Marmot, M. (2005) 'Social Determinants of Health Inequalities', *The Lancet*, 365(9464): 1099-1104.
- Mathias, M. and Smith, B. (2007) *HMYOI Ashfield- The Health Service: A Case Study*, Hampshire, UK: The Serco Institute.
- Medlicott, D. (2001) *Surviving the Prison Place*, Aldershot, UK: Ashgate.
- O'Dowd, A. (2005) 'News Extra: Smoking Ban in Prisons would Lead to More Assaults on Staff', *British Medical Journal*, 331(7527): 1228.
- Office for National Statistics (2011) 'News Release: Manual Workers Smoke More but Drink Less than Professionals- General Lifestyle Survey 2009' {<http://www.statistics.gov.uk/pdfdir/ghs0111.pdf>}, accessed 12 September 2011.

- Oriola, T. A. (2009) 'Ethical and Legal Analysis of Policy Prohibiting Tobacco Smoking in Enclosed Public Spaces', *The Journal of Law, Medicine and Ethics*, 37(4): 828-840.
- Richmond, R., Butler, T., Willhelm, K., Wodak, A., Cunningham, M. and Anderson, I (2009) 'Tobacco in Prisons: A Focus Group Study', *Tobacco Control*, 18(3): 176-182.
- Telegraph, The (2006) 'Prisons with a Holiday Camp Regime', 27 May {<http://www.telegraph.co.uk/news/uknews/1519561/Prison-with-a-holiday-camp-regime.html>}, accessed 28 September 2011.
- Sim, J. (2002) 'The Future of Prison Healthcare: A Critical Analysis', *Critical Social Policy*, 22(2): 300-323.
- Smith, L. (2011) 'House of Commons Communication- Smoking in Public Places: The Ban in Force', {www.parliament.uk/briefing-papers/SN04414.pdf}, accessed 30 September 2011.
- Sykes, G. (1958). *The Society of Captives: A Study of a Maximum-Security Prison*. Princeton, NJ, USA: Princeton University Press.
- Tong, E. K. and Glantz, S. A. (2007) 'Tobacco Industry Efforts Undermining Evidence Linking Second-hand Smoke with Cardiovascular Disease', *Circulation*, 116: 1845-1854.
- Vaughn, M. S. and del Carmen, R. V. (1993) 'Smoking in Prisons: A National Survey of Correctional Administrators in the United States', *Crime and Delinquency*, 39(2): 225-239.
- de Vigianni, N. (2007) 'Unhealthy Prisons: Exploring Structural Determinants of Prison Health', *Sociology of Health and Illness*, 29(1): 115-135.
- Woolf, Lord Justice (1991) *Custody, Care and Justice: the Way Ahead for the Prison Service England and Wales, a Summary of the Government's Proposals*. London, UK: HMSO.
- World Health Organisation (2003) 'Framework Convention on Tobacco Control', {<http://whqlibdoc.who.int/publications/2003/9241591013.pdf>}, accessed 2 September 2011.
- World Health Organisation (2011) 'Guidelines for Implementation of the WHO FCTC', {http://www.who.int/fctc/protocol/guidelines/adopted/guidel_2011/en/index.html}, accessed 12 September 2011.
- Williams, V. L. and Fish, M. (1974) *Convicts, Codes and Contraband: The Prison Life of Men and Women*, Cambridge, USA: Ballinger.