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Research Article

Prison as a Measure to Control Users of Illegal Drugs in Oman

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Abstract

Introduction: 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 the prison and whether these contributed to their early relapse and re-imprisonment. Methods: 19 Omani males aged 18–35 years imprisoned in Oman Central Prison were recruited using purposive sampling. A focused ethnography was conducted over 8 months to explore 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 analyzed, and the results were 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, behavior, and life expectations. Conclusion: This study 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 the prison to minimize factors contributing to early relapse.

Keywords

Illegal Drugs, Drug Users, Oman, Addiction, Omani Culture, Prisoners, Relapse, Re-Imprisonment, Qualitative Research, Ethnography

1. Background

The United Nations Drug Control Program (UNDCP) has undertaken a mission to eradicate illegal substance use, production, and distribution, intending to make it a drug-free world [1, 2]. In Oman, the rising illegal drug use is of great concern, despite minimal research in this field. Few available studies assessed the use of illegal drugs that examine the factors contributing to drug use and why it remains a furtive activity [3]. 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 [4]. Thirdly the collective nature of Omani society values social

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conformity and has low tolerance for deviant behavior. Together they form significant barriers against the individual drug user seeking professional help for his rehabilitation [5]. A rehabilitated person needs community support to prevent relapse, but society tends to see the ex-addict as the "other" and stigmatizes them. This increases the possibility of the newly rehabilitated person returning to his old drug-related environment and becoming readdicted [6].

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 [7, 8]. However, this has led to a massive increase in the population both due to high birth rates and the rapidly growing expatriate population [7, 8]. The economic globalization that started in the 1980s gave additional freedom to private businesses including less stringent controls on imports and exports. Thus, Oman became more vulnerable to smuggling, distribution, and easier availability of illegal drugs [3, 9]. 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 drugs and up to life sentences, and in serious cases death penalty, for trafficking drugs [3, 9, 10].

Scheduled psychoactive drugs obtained without a prescription in Oman attract imprisonment and fines. 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 [3, 9]. 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 [11].

Hence, this study aims to evaluate the effect of imprisonment on users of illegal drugs concerning controlling drug use in Oman.

2. Materials and Methods

2.1. Study Setting

We conducted this study at the central prison in Sumail, Oman, which is located approximately 80 kilometers—roughly one hour's drive—from the capital city, Muscat. This is the only central prison in the country with a capacity of 5000 prisoners, and it houses adults (men and women) sentenced by Omani courts for various crimes. We divide the buildings into separate sections for serving long and short sentences, women and men, and a section exclusively for illegal drug users. The Directorate General of Prisons, under the Oman Royal Police, supervises and runs the prison.

The central prison consists of two main areas: the first area consists of administration buildings and prison blocks that house long-term prisoners. We conducted this study in the second area, known as Al-Iwaa. The Al-Iwaa area is home to the majority of illegal drug users, some minors (other crimes), and detainees awaiting trial.

2.2. Entering the Field

2.2.1. 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. Qualitative methods tend to 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.

2.2.2. 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 2019. 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 groups like prisoners. The researcher has to make sure that the participant has been recruited based on the sampling method of the study. 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. We were allowed to participate in the regular morning meetings asking the registration department staff if they needed more clarification while the recruitment process was going on. In each of these meetings 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 we 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. 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 us that they had freely consented to participate in the study. When we met with a potential participant, we gave him the information sheet and asked him to read it and answered any questions he had. If he agreed to participate we asked him to sign the consent form. Most participants were interested in taking part but indicated that they did not want their identity to be known. We 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.

We conducted an ethnographic study between 2019 and 2020. Due to the difficulties of recruiting participants from prison settings, a total of 19 individuals were selected from Oman Central Prison's records using purposive sampling. According to the literature, focused ethnography can recruit up to 30 participants in a study [41].

Table 1. *Summary of demographic data of participants.*

Participants Pseudo Names	Age	Education	Number of re-entries	Current prison term (years) and fine (Omani Rials)	Type of drugs
Munthir (P1)	24	Left school at 16	3	2 y + 2000 OMR	A B
Ahmed (P2)	21	12 Grade	2	2 y + 2000 OMR	A B
Nasser (P3)	30	12 Grade	3	3 y + 3000 OMR	A
Hussain (P4)	25	College	3	3 y + 3000 OMR	A B
Mahmood (P5)	18	Left school at 16	2	2 y + 2000 OMR	A B
Zahir (P6)	20	College	4	3 y + 3000 OMR	A B
Wasim (P7)	25	College	3	2 y + 2000 OMR	A B
Haitham (P8)	26	Left school at 17	2	4 y + 3000 OMR	A B
Saad (P9)	29	12 Grade	4	3 y + 3000 OMR	A B
Jasim (P10)	22	12 Grade	2	3 y + 3000 OMR	A B
Abid (P11)	24	College	3	3 y + 1000 OMR	A
Adil (P12)	30	College	3	2 y + 3000 OMR	A B
Saif (P13)	27	Left school at 17	4	4 y + 6000 OMR	A
Faisal (P14)	20	College	2	3 y + 1000 OMR	A B
Marwan (P15)	23	12 Grade	2	2 y + 2000 OMR	A B
Abdallah (P16)	33	College	2	3 y + 3000 OMR	A
Ibrahim (P17)	27	College	4	4y + 4000 OMR	A B
Salim (P18)	30	12 Grade	4	3 y + 2000 OMR	A B
Amir (P19)	30	College	3	3 y + 2000 OMR	A B

*A and B refers to classification of illegal drugs in Oman, OMR refers to Omani Rial, P refers to Participant

3. Inclusion and Exclusion Criteria

Inclusion criteria include men aged 18 to 40 years, those who have been convicted of using illegal drugs and not for any other crime, those who have multiple entries with a break of 6 months from the previous sentence, and those recently sentenced to prison for less than 6 months. Those who had committed other crimes in addition to using illegal drugs were excluded.

4. Data Collection Method

We use semi-structured interviews to explore issues and gather information about the phenomena under investigation because they enable participants to share their stories in greater detail [42]. We developed these interview guides based on their personal understanding of the topic under investigation. We asked the participants to elaborate on their journey and how they reintegrated into their families shortly after their release from prison based on the guide. The question guide included open-ended questions about close relationships with their family members. (Table 2) After their release from prison, the participants discussed returning to their families, friends, and neighborhoods. Participants had experienced obstacles and difficulties because their families had misconceptions about addiction, even though many families were educated; however, they were still under the influence of old traditional Omani families, where illiteracy was prevalent. The study will present the participants' initials as P followed by a number.

Table 2. The questions guide.

#	Questions Guide
1	How long have you been here?
2	How do you spend your day here?
3	How do you feel about being imprisoned?
4	Describe your daily activity inside the prison
5	How do you cope with stress inside the prison? (soon after entry and how you have adjusted and cope till now)
6	How did you cope with your temptation of addiction inside the prison?
7	Describe your health in general physical and psychological
8	What are the impacts of prison on you?
9	Do you feel that imprisonment will help you to quit drug?

5. Ethnographic Thematic Data Analysis

This study used thematic analysis as a basis for qualitative data analysis. Mainly, it followed the six-step process outlined by [41] for thematic analysis. First, become familiar with the data itself. Second, generate preliminary and systematic codes as you go through the data. Third, re-organize the codes into tentative themes. Fourth, review the themes created. Fifth, determine the research's final set of themes and/or subthemes. Lastly, summarize the research findings based on the selected themes or subthemes. We defined thematic analysis and procedural guidelines; qualitative research widely uses the model [41, 42].

6. Ethical Approval

The Research Ethics Panel at Queen Margaret University (QMU) in the UK and the Royal Oman Police (ROP) in Oman granted ethical approval for this study. The study also took into account the rights of the participants, who are prisoners, by protecting their privacy, maintaining research confidentiality, and considering the reporting process for any observed violations of their human rights. We obtained informed consent from all the participants.

7. Results

These theme focuses on the participants' perceptions about their life in prison regarding their daily life in prison and the 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.

7.1. Theme One Daily Life in Prison

For new entrants, the process of getting used to these unwritten rules could be a punishing experience, which included verbal threats to physical assaults. A third and most important factor was the participants' already present personal emotional burdens and physical distress 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 recidivism history. A few even claimed they could easily obtain drugs in prison. The sub-themes are illustrated with participant quotes.

7.2. Theme Two Adjusting to Prison Life

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. P2 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...' (p2) New drug-user prisoners also found it tough to convince the prison guards of the reality of their physical symptoms.

P1, recalled:

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

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

'... it took me a lot of time to get used to life and adjust myself here, however, I still can't accept all that 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...'. (P 11)

Participants revealed experiencing shock, denial, intense emotional pain, guilt, anger, dread for the future, confusion, loss of identity, and a 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 was 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 do daily. Although I try to get myself adjusted to this new life of prison, I am still having pain and emotional hurt. I must admit that losing my family and my good friends is what makes me feel bad about myself here, but I must get over it and forget about it …*' (p5).

The Boredom of Being in Prison Eventually, entry-shock and initial adjustment problems would diminish. However, most participants perceived 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 imposed by their fellow prisoners as part of their subculture.

'...My daily life is like a regime… everything is dictated to us... the daily life in prison is the same for the rest of my sentence here, nothing changed since the day I came here, timing and scheduling are the routines of everything we do here.... (p9)'.

Spending a day in prison counts in all aspects, the time passes very slowly, and anything you do is questioned and criticized by other prisoners. No privacy and daily activities are extremely limited here.

'… *imagine waking up at the same time doing the same things seeing the 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 because is this same monotonous life everyday* … (p10).

Participants' Ways of Relieving Boredom for an hour every day the dormitory door is unlocked and the prisoners are 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.

'For me, I am obsessed with time, I have nothing to do except wait for the day of my release. I am bored here, when I think 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....' (p4).

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 is killing me and making the time crawl. I think boredom is the main thing that makes me count every hour without doing anything...'(p5).

7.3. Theme Three: Mental and Physical Health of the Participants in Prison

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 bubble of isolation, as illustrated below:

'...I am alone in the middle of this prison crowd, this is how I can describe myself here, losing my freedom, and my privacy has affected me so badly, I feel that I am 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…. (p19).

…. my mood swings are becoming worse here because of 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 tension between us …. Therefore, all of us suffer from mental problems …. (p15).

7.4. Theme Four: Subculture in Prison

Users of illegal drugs, unlike other criminals, may thus feel a bond with other users of illegal drugs, in the present or future. This sort of bond of common experience does not seem to exist between other criminals. In general prison culture can be defined as prisoners sharing their way of living in terms of routine and rules in prison. Participants seemed to view the prison community as a total culture. described prison as (p13):

'…. we all live the same life here; we obey and follow what is called prison rules and regulations 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 satisfies the prison community …' (p12).

Participants were able to create their subculture in a prison

that represents them. (P10) 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 way of living regardless of what is supposed to be seen in a bigger prison community.

Having a shared mode of communication meant that everyone within the drug user 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 like networks outside the prison.

7.5. Theme Five: 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 that 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 drugs when I was here in prison, other prisoners have taught me how to get sick to get some medicines from the health clinic, when I mix these medications, they give a sense of getting high. For example, I have been prescribed a medication called Tryptizol [Amitriptyline] in small doses so what I do is to buy more from other prisoners to get a high dose, then I got addicted to this medicine after some time….' (p7).

'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.'(p6).

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, and few 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 disclosed, after the interviews.

7.6. Theme Six: Risks of Drug Deals in Prison

There were many occasions where drug dealers forced some of the participants to use drugs because they were found to be good targets for making money and facilitated their drug deals.

P3 was forced to use 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 drugs in prison several times, the drug dealers knew that my family was wealthy, and I could get money and make transactions outside prison. I was threatened with abuse if I stopped buying drugs from them... (p11)

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

'.... 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 for drugs is more here although I could be at risk if the dealers lose trust in me...' (P 5).

8. Discussion

8.1. Participants' Experience of Entry Shock: Early and Later Stages

Most participants experienced a shock of prison entry every time they were 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. Sometimes, participants may go through 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 mostly acute at the time of their first imprisonment, later entries into prison also elicited similar symptoms.

Researchers reported similar findings among users of illegal drugs in prisons [12-14]. They 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 participants experienced physical pain due to the abrupt stopping of drugs; some experienced withdrawal symptoms on their first days especially in Thailand [14]. These findings were consistent with the ground-breaking ideas of sociologist Donald Clemmer (1940) [15]. Clemmer highlighted the pain of imprisonment and described the process of socialization in prison, which molds the prisoners' minds, which he termed prisonization. His findings claimed that the prisoners undergo several stages to adapt and be part of the prison community [16]. The participants of the present study also went through stages like of grieving (denial, bargaining, depression, and acceptance) during their imprisonment.

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. The participants seem to have weakened their goal-making abilities, which has impacted the meaning life has for them. During the first imprisonment, prisoners had plenty of time utilized in planning and mind mapping about what to do when released from prison. Once they were freed, they tried

putting these plans into action. But, once they were Outside, they faced social barriers, found no supportive networks, and 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.

The findings are consistent with those of Love et al. (2018) based on their ethnographic study among young British drug users [17, 18]. Using Interpretative Phenomenological Analysis (IPA) to investigate patterns of recidivism, they found that drug use may have been a coping mechanism to manage the trauma of abused childhood [17, 18]. In the absence of supportive networks, their participants were found to relapse after rehabilitation and their participants exhibited the familiar circle of relapse, which became increasingly difficult to break. In the present study, participants' supportive networks were not adequate after release, and repeat imprisonments might be hindering their recovery rather than aiding it. Carr et al (2016) found that repeat short-term imprisonment of users of illegal drugs was ineffective [19]. 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 [19, 20].

8.2. The Perception of Time

The present study 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 to adopting 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 utilizing time was difficult. Fourth was coping with repeat imprisonments and going through the circle of adapting again to prison life. These findings were consistent with the previous ones that explored the experiences of multiple short-term prison sentences. Researchers have suggested that repeated imprisonments contribute to change in the prisoner life adaptation [21-23].

8.3. Subculture of Users of Illegal Drugs in Prison

There is a gap in the literature on the availability of drugs and the use of drugs in prison [24]. However, according to the *European Monitoring Centre for Drugs and Drug Addiction* (EMCDDA) and the *Child and Adolescent Services Association* (CASA), there was an overrepresentation of users of illegal drugs in prison in many Western countries. There are 60% to 70% of prisoners who report using drugs either before or during imprisonment in some of these countries [25-28]. The findings of a comprehensive body of studies indicated that drug use is reported to be common in prison settings [25-28]. This was noted also from a review of 15 European countries, despite having drug treatment or rehabilitation in their prisons [28]. Tompkins (2016) conducted an ethnographic study among thirty British ex-prisoners who were also users of illegal drugs and peddlers [24]. 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 specialized in selling drugs to prisoners. They targeted prisoners who were in drug withdrawal or were craving drugs. They also tempt other prisoners into addiction by giving them free drugs initially. Secrecy and timely payments were strictly enforced through intimidation and physical violence by appointing prisoners known for their ruthlessness, known as 'enforcers' [24].

Participants of the study indicated that the leaders of drug dealers in prison were targeting prisoners who have frequent visitors assuming that they are a 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 families. 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 (P17). There are conflicting opinions regarding the benefits and drawbacks of prisoners having access to drugs. Some studies support the use of drugs in prison to help prisoners cope with the pain of imprisonment [29], while others suggest that the use of certain types of drugs reduces undesirable behaviors among prisoners [30, 31]. Other researchers have argued that taking drugs in prison encourages addictive behaviors and tempts even nonaddicted peers [32, 33]. The latter argument is supported by Tompkins's (2016) revelation that creating new addicts in prison is a business strategy adopted by drug networks [24]. Some participants admitted to using drugs to control their addictive behaviors since they had access to drugs that could trigger these behaviors.

Participants suggested that having drug treatment in prison would rehabilitate them inside prison and after release. There was no deaddiction program available for participants, although they were treated for acute symptoms. Most participants experienced depression and mental illness; however, some were faking mental illness to get tranquilizer 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 drugs is supported in the literature, therefore many Western countries have established drug treatment programs in prison [30, 31]. These programs were found to help reduce addictive behavior and help in the rehabilitation of drug users in prison during and after imprisonment [24, 28, 34].

All participants expressed suffering or were diagnosed with mental illness. These traumatic emotions would be aggravated upon release from prison, thus representing a challenge for drug users who must manage stressful situations. Such 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. Most prisoners are released without a proper basic support plan such as housing, employment, and financial support. No referral system supports former prisoners or continuing treatment as there is no drug treatment in Oman prisons. 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, the government needs to consider special priority channels with added incentives for those willing to employ a person with a criminal record. A substantial amount of literature suggested that a post-prison support plan before release was very effective in assisting former users of illegal drugs prisoners to reconnect to social life and consequently reduce relapse and reoffending [35-38].

9. Recommendations

The following recommendations are based on the findings of this study and supported by literature, to facilitate users of illegal drugs break the circle of relapse and re-entry. Drug policies need to be drastically revised internationally to decriminalize 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. According to this view, it is unjust to criminalize drug addicts as they need treatment and not punishment.

1) Establishing drug treatment in prison is essential in Oman's central prison as most 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, minimize drug-taking behavior in prison for those who exhibit this behavior inside prison. Moreover, it will 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 counseling 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 counseling facilities.
4) Formulate a friendly task force that includes recovered illegal drug users and motivational speakers to conduct periodical campaigns to increase awareness in prison settings 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 [39], particularly for those suffering from depression. Mural paintings are known to have a particularly powerful influence on prisoners and are being practiced in many prisons across the world. The advantage of mural art is that it can be a collective venture with the potential to provide a healthy form of unity among the prisoners and pride in their accomplishments. The external walls of the 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 were 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 [40].

9.1. 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 prison research has many limitations in terms of the rules and regulations of the prison. Therefore, every step of this research was carried out under the prison protocol. This universal limitation of prison ethnography has been reported by other studies in the literature.

9.2. Conclusion

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 might 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 for therapeutic strategies in preventing users of illegal drugs from returning to drugs. Repeated imprisonment of many people is also likely to impact the prison resources in terms of finance and manpower. Increasing penalties for users of illegal drugs who relapse within a very short time resulted in a significant increase in several users of illegal drugs in prison. This policy or strategy was meant to deter drug users from using 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 the necessary support to help users of illegal drugs.

Abbreviations

UNDCP	United Nations Drug Control Program
OMR	Omani Rial
P1	Participant with Numeric Number
QMU	The Research Ethics Panel at Queen Margaret University
ROP	Royal Oman Police
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
CASA	Child and Adolescent Services Association
IPA	Interpretative Phenomenological Analysis

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Conflicts of Interest

Author declares no conflict of interest.

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