‘What doesn’t kill you makes you stronger’: New insights on rationale, risk, and reward of the steroid economy in prison

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According to the UK Anti-Doping agency (UKAD, 2020), around one million people use anabolic-androgenic steroids (aka steroids) in the UK. 56% of respondents in a survey conducted by Image and Performing Enhancing Drugs took steroids for image or cosmetic reasons (IPED, 2016). Once the preserve of professional bodybuilders and celebrities like Sylvester Stallone and Arnold Schwarzenegger, the accessibility and acceptability of image and performance enhancing drugs (IPEDs), or steroids, have changed the landscape for this particular drug market in a technologically and image-preoccupied society. There is growing concern that young people are emulating behaviour seen on social media and this is having detrimental and even life-changing consequences (Goodyear, 2020). Uncritical and superficial content about ideal bodies and steroid use trivialises the side effects of IPEDs and glorifies quick-fix solutions to getting ‘beach body ready’. Considered within the context of consumer culture and body image preoccupation, the UK Anti-Doping agency (UKAD) launched an Instagram campaign in 2020 to highlight the side effects of steroids and combat misinformation (UKAD, 2020).

The figures produced by UKAD do not include steroid use within the ‘illicit economy’. Little contemporary research exists on the steroid market in prisons in England and Wales. Her Majesty’s Inspectorate of Prisons reported steroids to be a growing concern (HMIP, 2011), and there are calls to address claims that steroid use may be ten times higher in prison than the general population (Klotz et al., 2010; Meek and Lewis, 2012). In my ethnographic research of a prison gym, I explore the prevalence, motivations, and outcomes of IPED use.¹

The research site is a remand prison holding sentenced and unsentenced men. Incarceration may be for anything from theft to drug dealing to murder. This research note will outline some preliminary findings that demonstrate the cultural influence of steroids in prison. Drawing on interviews with staff and prisoners using the gym, this article will outline some preliminary findings.

There are three key differences between the drug economy inside and outside prison. First, steroids are class C drugs, which can only be prescribed for personal use (NHS, 2022). Yet, unlike in the community, prisoners cannot access steroids whilst in prison. While staff were aware of the law, there was a distinct grey area around whether staff members’ steroid use constituted misconduct in office. Interviewees believed the stigma around steroids inside the

¹ The data collection period for this research will conclude by the end of 2022 with planned thesis submission in 2023.
prison was reducing in a manner similar to outside. This offers opportunities for staff-prisoner relationships to flourish around training interests, but also presents a concern for senior management as prisoners may be encouraged to use steroids, or to capitalise on relationships with staff to reduce the likelihood of being reported for steroid use. While most steroids were being thrown over the prison walls, some prison managers and prisoners believed that needles were being brought in by corrupt staff.

In terms of steroid abuse, prisoners were generally aware of the risks of taking steroids. For example, prisoners who would not take steroids in prison—but might do so in the community—expressed concern at not being able to access the post-course therapy required to build their natural testosterone back up. A lack of testosterone would lead to ill-health and loss of ‘gains’. Conversely, prisoners who were very pro-steroids (in or out of prison) spoke about running steroid cycles back-to-back to prevent this loss. However, the inconsistency in supply was a problem for prisoners, who described the adverse physical and psychological consequences. These included using dirty needles, making syringe devices from elastic bands and empty pen barrels, and ‘steroid-loading’ – taking more than the recommended amount. The illicit nature of steroids and restricted access to medical intervention, including post-course therapy, poses a greater risk for prisoners than the general population.

Second, it is well known that the illicit economy in prisons inflates the value of goods (Treadwell et al., 2018). However, rather than being lucrative with the purpose of selling to make money, prisoners stated that only prison gym users would be interested in and able to access IPEDs. Both interest and access were influenced by financial and social conditions. Steroids were generally for personal use rather than public distribution and prisoners accessing steroids in prison are paying large sums to have them smuggled inside – sums that are unaffordable even compared to other prison drugs on the market. Despite posing potentially life-threatening physical risks, prisoners and staff were keen to emphasise that steroids do not carry the same level of social stigma as other drugs, such as spice or heroin. The motivation to use steroids, they believed, reflected a different mindset that was focused on long-term performance goals and self-improvement. This mindset was contrasted with the short-term highs gained from heroin or spice, the physical side effects of becoming ‘zombified’, and the resultant chaos across the Prison Estate (Ministry of Justice, 2021). So, on balance, staff and prisoners believed steroids were not the most pressing concern in prisons. This served to reinforce the prisoner hierarchy by stereotyping ‘ideal’ and ‘undeserving’ drug users. But steroids do tell us something about trends in the illicit economy within establishments since they are often inside packages containing other drugs, phones, and contraband. It is likely that prisoners using steroids are some of the wealthiest and most influential prisoners with links to organised crime. Therefore, it would be untrue to suggest that steroids ‘aren’t a problem’ in prisons.

Finally, some prisoners reported a reduced propensity for violence that refutes community-based research findings of increased aggression, violence, and mood swings arising from steroid use (National Institute on Drug Abuse, 2018). The prison gym is one of the most valued aspects of prison life. It is a space for prisoners to release emotions such as anger and frustration and engage in one of few opportunities for physical exertion and socialisation. Prisoners reported feeling relaxed, sleeping better, and felt time and space away from prison-wing politics gave them clarity that in some cases prevented violence. Considered a ‘privilege’ in prison contexts, gym access can be revoked for poor behaviour, including aggression and violence. Staff and prisoners stated that the threat of a gym ban served to ‘responsibilise’
prisoners and was deemed an effective tool for controlling behaviour through collective responsibility. Hence, little sympathy was afforded to ‘uncontrollable’ physiological responses to steroids. Staff and prisoners believed the gym could and should be used as a tool to encourage pro-social behaviour, promote positive staff-prisoner relationships, and raise awareness about the risks of steroids.

As a mirror of society (Frois, 2017), this research found three key similarities between IPEDs in the prison and IPEDs in the community. First, prisoners and staff stated that prisoners take steroids for predominantly image-based reasons. The short-term nature of a remand prison exacerbated the desire to ‘get big quick’ for potentially imminent release, known as getting ‘road ready’, as well as for a move to a long-term prison establishment. As one staff member stated while referring to prisoners, “everyone wants to be the biggest or strongest…if you’re in good shape you’re gonna be more well-respected. That’s prison rules pretty much”. Thus, physical prowess in prison was important, noticeable, and supported a prisoner’s social capital, operating in a similar way to body-image influencers on social media.

Second, there was an increase in the number of oral (rather than injectable) steroids discovered by prison security staff. The growing online market for steroid tablets in the community was therefore mirrored in the supply and demand chain in prison. There are several reasons for this: tablets are less invasive, have faster results, and mitigate the risk of disease from needles in an environment that does not support needle-sharing. The lean towards oral rather than injectable steroids also reflects the short-termism of being in a remand prison since they exit the body more quickly, presenting a challenge for mandatory drug testing in prison (Inside Bodybuilding, 2021). Furthermore, tablets are more discreet than vials, making it easier for prisoners to evade detection. Staff and prisoners believed that prisoners with no prior IPED experience would be more likely to start taking tablets than using needles. That is not to say that injectable steroids did not exist in the prison; prisoners who injected in the community were deemed more likely to continue this method in custody.

Finally, in line with findings from the UK Anti-Doping agency, many interviewees stated that more education (beyond merely posters) is needed to begin a conversation about steroids. The challenge here is around resourcing. With the Prison Service currently in a financial and staffing crisis, it is unclear how such education could be delivered. Targeted interventions for gym-users may reduce the pressure on resourcing, but the distinctions made by prisoners and staff between steroid-users and drug-users may act as a barrier for meaningful discussion. Whilst the harms of IPEDs are less obvious, preliminary research findings show that steroids may form part of a bigger picture of organised crime in prisons – which in turn impacts on prison safety, security, and the wellbeing of staff and prisoners.

This research note complements community findings exposes the prevalence, motivations, and outcomes of steroids in society by presenting the hidden steroid economy in prison. Calling attention to this issue and prompting further research will help develop understanding and provide recommendations to support prisoners, prison staff, and the Prison Estate more broadly.

References


