

**Five Years After:
The Process of Long Term Abstinence from Heroin Use among Ex-Offenders**

**by
Nelson Jose Tiburcio**

**A dissertation submitted to the Graduate Faculty in Criminal Justice in partial
fulfillment of the requirements for the degree of Doctor of Philosophy,
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This manuscript has been read and accepted for the Graduate Faculty in Criminal Justice in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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Abstract

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by

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The DSM-IV-TR reports that only 20-30% of individuals meeting criteria for heroin dependence are able to successfully maintain long-term abstinence. These high relapse rates are problematic because heroin use is inexorably linked to crime, and its intravenous use is associated with high rates of hepatitis, HIV and other infectious diseases. The process of long-term abstinence from heroin has not been studied in detail, especially among ex-offenders. Using an analytical approach grounded in the study data, this dissertation analyzes and describes the process of maintaining abstinence from heroin use and the connection between sustained abstinence and desistance from criminal behaviors. Alternate coping strategies employed by a sample of former heroin using ex-offenders to maintain their recovery efforts are examined. The study explores how heroin-seeking roles were modified or substituted during the recovery period and considers subsequent effects on desistance from criminal activities. A total of twenty-five individuals (15 males and 10 females) were interviewed for this study. They met the following eligibility criteria: they were former heroin users who when active, used the drug on an almost daily basis for at least a year, encountered some type of involvement with the criminal justice system (arrest or conviction) directly or indirectly related to their heroin use and have maintained abstinence from heroin use for a period of five years or longer. In-depth semi-

structured conversational interviews were conducted eliciting information from various domains including drug use histories, criminal behaviors, employment, education and health status. Data analyses suggest that prior treatment experiences while helpful, may not be sufficient in addressing relapse triggers and maintaining prolonged abstinence. Key motivating factors in facilitating sustained long-term recovery efforts include a redefinition of self-identity and respect, religion/spirituality, familial interaction and a strong peer support network. In addition, the study reveals the process of agency and ownership the participants demonstrate to facilitate their successes. The findings suggest that re-entry programs and policies should help ex-offenders overcome the struggles associated with sustained long-term abstinence by supporting the various coping strategies that they themselves find to be particularly valuable. The theoretical, methodological and policy implications of this research are examined.

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Introduction

In November 2002, while consulting to a research project in the East Harlem area of New York City, some colleagues from an area hospital and I conducted a focus group at a neighborhood housing project. At the time we were exploring the viability of engaging neighborhood residents in a study measuring the effects of prolonged drug use on the community level and how area residents (whose only direct exposure in many cases came by way of simply living in the community), were affected on the individual level. This community sample, we were hoping, would serve as a control group to our proposed study sample. The study proposed to measure the effects of intravenous drug use with active drug users, on both the individual and community levels and as measured over time. The proposal was never funded and as sometimes happens in the world of grant writing, newer and hotter topics became the focus, shelving this particular proposal for future consideration and revision. But one element of that focus group struck a chord with me and touched on an aspect of street drug research that in my experience has inevitably served as a static force. When community members were asked about their views regarding levels of heroin and other drug use in their communities, (particularly intravenous drug use) the nearly unanimous response was that “regardless of what we attempted” and “no matter how many studies are conducted, these drug users will never change.” Some residents even went so far as to state “junkies will always be junkies.”

The generally negative portrayal of heroin users, sometimes by their own community and family members, and this specific portrayal by some rather irate community residents, poignantly highlights an almost permanent stigma that often cannot be removed for active users, and how frustrating such use can be for those around them.

Once you have crossed that invisible line, there is no turning back, or so the sentiment went. But what of those who did change, I wondered, what of those who were returning to these families and communities from jails, prisons or other institutions, and were making meaningful attempts to maintain some level of sobriety and rearrange their lives? How were they able to overcome this presumptive revolving door of, drug-use, treatment, and prison, one which is all too often simply accepted as a given? In the hopes of answering some of these questions, I decided to examine the experiences of a group of former heroin using ex-offenders by interviewing them and exploring in-depth their process of sustained abstinence.

Both criminological and drug abuse literature sources cite numerous examples of studies examining recidivism and relapse among this population. The majority of these studies have found relapse and recidivism rates so high that it is almost *expected* that those re-entering their respective communities from prisons or treatment programs will fail in their quests to maintain abstinence, desist from engaging in future crime, or refrain from engaging in both (Center on Addiction and Substance Abuse, 1998; Johnson and Golub, 2002; Bureau of Justice Statistics, 1999; National Institute of Justice, 1999; see also Vaillant, 1992). I chose to examine this issue more at length as part of my dissertation research. Given my years of exposure to and working within the drug abuse field, researching and collaborating with both active and former drug users as part of various research studies, I felt well equipped to meet the challenge. My only hope is that in this attempt, I have done this research, and recovering heroin users and ex-offenders, justice and given voice to their strength, fears and hopes.

Research studies examining long-term abstinence from heroin use have rarely focused on the long-term recovery process as experienced by the recovering individuals themselves. Assessing this process from recovering individuals' perspectives can better gauge inherent difficulties. Heroin abuse has been a long-standing concern of substance abuse treatment. There have been varied approaches to address it, including rapid detoxification, long-term therapeutic community treatment, methadone maintenance and opioid or drug blocking agents. To date, however, no method of treatment has been determined to be superior in producing a lasting period of abstinence.

More so than other drugs of abuse, heroin, especially when used intravenously, is associated with a higher rate of infectious diseases such as hepatitis, tuberculosis, endocarditis, and the human immunodeficiency virus (HIV). Additionally, the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text-Revision (DSM-IV-TR, American Psychiatric Association, 2000) cites the heroin use mortality rate to be as high as 2% (p. 275). The DSM-IV-TR further estimated the 1997 prevalence rate of heroin use among high school students to be 2%, an increase from prior rates observed in 1990 and 1994. An additional 10% of high school students in 1997 admitted to improper use of "analgesics," (painkillers, usually opiate derivatives such as Oxycontin).

The Centers for Disease Control also cite an alarming resurgence of recent heroin use. The "typical" user is younger and the availability of heroin has increased. According to the 1998 National Household Survey on Drug Abuse, which may actually underestimate illicit opiate (heroin) use, an estimated 2.4 million people had used heroin at some time in their lives, and nearly 130,000 of these users reported doing so within the

month preceding the survey. The report estimates that there were 81,000 new heroin users in 1997.

A large proportion of these recent new users were smoking, snorting, or sniffing heroin, and most (87 percent) were under age 26. By comparison, in the previous five year period only 61 percent were younger than 26 (U.S. Department of Health and Human Services, 1999). The 1999 National Household Survey on Drug Abuse found that nearly half of new heroin users were under age 25, with a quarter of them under age 18, (U.S. Department of Health and Human Services, 2002). Locally, citing similar changes occurring in the availability of heroin, drug researchers have also predicted an expansion of heroin use reaching epidemic proportions (Hamid, et al., 1997).

More recently, the 2002 National Survey on Drug Use and Health cites that approximately 3.7 million Americans ages 12 and older reported trying heroin at least once during their lifetimes, representing 1.6% of the population ages 12 and older. Approximately 404,000 (0.2%) reported past year heroin use and 166,000 (0.1%) reported past month heroin use (SAMHSA, 2003). Similarly, among high school students surveyed as part of the 2003 Monitoring the Future Study, 1.6% of eighth graders, 1.5% of tenth graders, and 1.5% of twelfth graders reported using heroin at least once during their lifetimes, (NIDA, 2003). The potency of heroin has also increased; the purity of retail-level heroin is quite high, averaging between 60–70% (Frank and Galea, 1998), such that intravenous use is no longer necessary as an optimal administration route. Sniffing and even smoking the drug (which both occasion more acceptable routes of administration) are now effective means of ingestion.

Opioid dependence can begin at any age with associated problems developing during the late teens to early twenties. According to the Office of National Drug Control Policy (ONDCP) during the first half of 2002, heroin was perceived to be the drug associated with the most serious consequences (legal, societal and medical) in 15 of the 20 Pulse Check sites across the United States. Pulse Check is a research report presenting findings on drug use patterns and drug markets as reported by ethnographers, epidemiologists, treatment providers, and law enforcement officials in sites throughout the nation, (Pulse Check, 2002). Prior research has demonstrated heroin's increased availability and easier modes of administration (SAMHSA, 2003), coupled with increased purity levels (Frank and Galea, 1998) the advent of new and younger users (DASIS, 2003; SAMHSA, 2003; NHSDA, 1999; Hamid et al, 1997), and the documented heroin-crime connection (National Institute of Justice, 1995; 1999; Bureau of Justice Statistics, 1999), heroin use, and more importantly, sustained recovery from such use is clearly an issue of vital significance.

The DSM-IV-TR further reports that only 20-30% of individuals meeting criteria for heroin dependence are able to succeed in maintaining long-term abstinence (DSM-IV-TR 2000, p. 276-277). The factors associated with sustained abstinence and the process whereby such abstinence is maintained however, have yet to be discovered. Although the DSM-IV identifies the "maturing out" phenomenon, a tendency for remission to occur post age 40, the specific factors associated with this phenomenon have not been identified. Males tend to be more affected than females, with the ratio of three to one for heroin dependence and 1.5 to one for other opioid dependence (DSM-IV, 2000).

In general, addictions are very difficult to overcome. Heroin addiction is one of the most difficult. It is often the case, whereby the user becomes enmeshed in a series of life altering and detrimental events directly related to his/her heroin use (Rosenbaum and Murphy, 1990; Agar, 1973; Waldorf, 1970; Preble & Casey, 1969). These include but are not limited to criminal, physical, social, and financial difficulties. The majority of these difficulties begins and manifests throughout the former users' active use period. Sometimes, however, they continue even during their periods of abstinence, as the now former users encounter many of the same problems faced during their active use periods, but now, without the use of the preferred substance. Additionally, individuals attempting to recover, while simultaneously negotiating prior criminal histories often face near-insurmountable roadblocks in their attempts to re-enter conventional society. A criminal record, coupled with the already difficult processes of attaining employment, housing and re-establishing connections to loved ones, clearly exacerbates an already difficult task and may clearly present prohibitive barriers in their attempts to reenter "convention."

This dissertation explores the process of desistance and successful abstinence from heroin use as experienced by ex-offenders. Desistance and labeling theory comprised the criminological theoretical framework ultimately emerging from the data and guiding later analysis. The two principal concepts explored are abstinence from heroin use and desistance from criminal activities, two distinct but somewhat related concepts. Qualitative methods are best suited for studying this population and giving voice to the ongoing process of maintaining abstinence as experienced by the former users themselves. Utilizing a semi-structured in-depth conversational interview with a primary focus on the individuals' time in recovery from heroin use, and grounded in the

problem areas or barriers experienced by them, this study explored the ways these individuals have been able to overcome the many barriers inherent in sustained abstinence from heroin use.

The study's inclusion criteria were: the subjects have maintained five or more years of sustained abstinence from heroin use (defined in this study as long term abstinence); when actively using heroin they did so on an almost daily basis for a minimum of a year, and they had at least one criminal justice contact (arrest or conviction) related to their prior use (meeting DSM-IV dependence criteria; DSM-IV-TR, 2000). As originally discussed in the dissertation proposal, in order to maintain accuracy in the recruitment process and inclusion criteria, as well as to address issues of "time at risk," any individual who was incarcerated for extended periods must have been released a minimum of five years ago to qualify for the study. Similarly, any individuals who were participants of therapeutic community (TC) or similar long-term residential programs must have been out of treatment (regardless of the reason, i.e., whether discharged, graduated, etc.) for a minimum of five years. By following this strategy it was theorized, all study participants would have equal exposure to this "time at risk" concept. In this way, the risk of use measured for all cases would be as equal or at least as similar as possible. As an example, incarcerated individuals may be less (or more) at risk than those not incarcerated during their abstinence period, which introduces potential artifacts to their process of recovery.

Upon further consideration and once the recruitment strategy was employed, it was found that maintaining strict adherence to the proscribed strategy would preclude recruitment of a significant number of potential respondents. Additionally, given that the

literature cites examples of the relapse phenomenon and its relation to criminal activity and reincarceration (see for example Terry, 2003; see also George, 2001), the recruitment criteria were amended somewhat such that participants that have maintained abstinence from heroin use for the requisite five year period were deemed eligible to participate, *even if* they had been reincarcerated during this period of sustained abstinence, as long as the cumulative period of such episodes totaled less than six months during the abstinent (at least five year) period. I decided that to exclude these individuals would be discounting one of the most salient “real world” phenomena this study is exploring, alternate behaviors and their relation to active heroin use, or more appropriately to desistance from criminal behaviors and sustained abstinence from such use. Further analyses of any variations to these “at risk periods” were ongoing and considered on a case-by case basis.

Although there have been many studies regarding dependent or problematic heroin use, Harding (1988) discusses the paucity of research on non-dependent patterns of heroin use. Germane to this discussion is how “use” was defined in this study. There does not appear to be a clear-cut distinction between dependent use and non-dependent use in the literature. Zinberg (1984) for example, distinguished controlled users from compulsive users as those who could regulate the frequency and not necessarily the quantity of the drug used. Goode (1972), on the other hand, although recognizing the existence of casual or occasional users, felt that eventually these users would also become dependent users. Chein et al (1964) suggested that although most casual or occasional users would indeed become physically dependent, others could use on a more periodic basis without becoming dependent. The common factor in these studies is that all

considered less than daily use as the criterion for defining non-dependent or casual use. The working definition of dependent use in this dissertation research was *heroin use on an almost daily basis for a period of a year or more*. Coupled with the stipulation that there be at least one prior arrest or conviction related to such use theoretically suggests such use to be *problematic use*, fulfilling the prongs of the DSM criteria cited earlier.

The guiding research question throughout this study was “What is the process of long term abstinence as experienced by a group of former heroin using ex-offenders?” To that end, this dissertation examined how the study population has negotiated obstacles to maintaining abstinence and provides an in-depth exploration into the alternate coping strategies initiated and maintained by them. Little is known about the process of long-term recovery from heroin use, particularly as experienced by ex-offenders. This dissertation helps to fill this gap and provides an examination of the desistance and long-term abstinence processes as experienced by ex-offenders who have maintained such abstinence for five or more years.

A total of twenty-five individuals were interviewed for this study. Snowball sampling and chains of referral techniques were instrumental in acquiring the study sample. A review of these techniques is provided in Chapter Three. To accommodate the research question, this dissertation is divided into seven chapters. In Chapter Two I review the vast bodies of literature with most relevance to heroin use, recovery attempts from such use, treatment options, availability of these different modalities, previous outcome studies and the drug crime connection as pertains to the study population. This chapter also examines outcome studies relevant to the target group and discusses the multiplicity of treatment experiences (failed and successful) in which they have

historically engaged. In Chapter Three I elaborate on the research design and methods used in this study. This chapter discusses recruitment techniques and the difficulty inherent to accruing such a sample for research purposes, the instrument design and its applicability, and the extensive methodology required to achieve the study's goals.

Chapter Four reviews the findings from the study's Addiction Severity Index (ASI) administration, the rationale for using this instrument, how the selected results were hand tabulated, the reasons for including/excluding various components of the instrument as originally designed by its creators and the instrument's relevance as a tool to gauge the activities these individuals engaged in while actively using heroin. This chapter serves to provide a basic description of the study sample.

Chapter Five provides an in-depth examination of the study sample, who these individuals are, the things they have experienced including prior drug use, criminal activities, incarceration histories, participation in drug treatment programs, their attempts at "re-entry" and the multiple ways they have achieved their long-term goals. This chapter also reviews the various data analytical techniques and software used to ensure that analytical direction and conclusions were grounded in the study data and demonstrate how these techniques were implemented in practice.

However ambitious I would have liked this study's sample and recruitment efforts to be, the reality was that I reconciled myself to a smaller sample than I initially intended. As I had anticipated, this population was very difficult to recruit and track and represents a sub-sample (long term recovering ex-offenders) of what is already considered a sub-sample (recovering heroin addicts). Given that I was interested in exploring the complexities of the alternate coping strategies as lived and experienced by members of

both sexes, I made a serious effort to recruit equal numbers of men and women. My primary interest was in exploring how ex-offenders, who at one time were dependent or heavy heroin users with a history of criminal offenses related to their use, have been able to maintain their sobriety for long periods of time. In the face of the many obstacles their prior behaviors have and continue to present these individuals, the real contributions to the criminological field are examining and reporting the very process of their desistance and recovery efforts and success.

I have chosen to follow a more descriptive, ethnographic approach to presenting the data I collected. While Chapter Three presents the complicated methodology undertaken to successfully recruit the sample, the study's ethnographic components are illustrated in various other sections as well. Chapter Five reviews and discusses these various qualitative elements as they were implemented in practice. I review my own experiences in the field and how the study's recruitment technique was influenced by my previous research experience, in ways both good and bad. Throughout this chapter I tie in findings from the more quantitative component of the study and examine these in light of the extensive transcript material that emerged from the respondent interviews.

In Chapter Six I discuss the theoretical frameworks with most relevance to the study, that is, Desistance and Labeling theories. Earlier chapters examine how these conceptual frameworks were grounded in the data that emerged from the study and the theoretical relevance to maintained abstinence and in turn, how such abstinence related to the sample's criminal activities. In Chapter Seven I conclude and present a framework based on Desistance and Labeling theory to suggest how these ex-offenders have maintained significant periods of abstinence. I draw upon the literature addressing coping

strategies and offer suggestions as to what types of strategies the individuals in this study have undertaken (for example, active or avoidant coping strategies) to effectively address relapse triggers to the use of heroin, present the programmatic and policy implications of this research and suggest future directions for research agendas.

Chapter Two Literature Review

Heroin Use

When heroin first became popular in the early 1900's, people used the drug intranasally (Courtwright, 1982). Heroin can be used in a number of ways, depending on user preference and the quality of the drug. Inhaling, or "snorting," the drug is probably the most common and the usual mode of administration especially by more novice users (Sullum, 2003). More advanced users use the drug through injection, either subcutaneously ("skin-popping") or intravenously ("mainlining"). The effects of intravenous use are more immediate and more dangerous given the vast variability of the purchased product's potency and sometimes-dangerous adulterants. Media reports and research studies indicate the quality of heroin to be quite high in recent years, at times leading to disastrous circumstances for even novice users (Frank and Galea, 1998; Hamid, et al., 1997; see also Clancy 2005, for recent reports of heroin overdose deaths in the New York city area). Heroin cuts or adulterants vary but the more common ones include dextrose, talcum powder, mannitol, quinine, cocoa, powdered soap and brown sugar. Added with the other health risks of injection drug use (IVDU), including hepatitis, HIV infection, skin abscesses, ulceration and others, intravenous use poses the greatest risk by far.

In recent years smoking heroin has gained popularity (White, 1998), in a practice known as "chasing the dragon" (id) the drug is administered by placing it on an aluminum foil, end of a cigarette tip, or mixed with marijuana. Here, a user burns a small amount of the drug on foil and "chases" a fine spiral smoke "dragon" deep into the lungs. Chasing the dragon is particularly popular among younger and more upscale users of the

drug, and those with an aversion to needles. Regardless of how it's administered, effects of heroin are almost immediate and last from 3-4 hours. The amount of heroin a user uses is linked to a number of key variables, particularly the purity of the heroin and the duration of the habit. The length of time a person's been using is important because tolerance to the drug is largely a function of time. Some studies suggest that differences exist between intravenous heroin users and heroin sniffers, both as to usage length histories as well as usage amounts per sitting (Carpenter, Chutuape & Stitzer, 1998; Schottenfeld et al., 1993).

Interestingly, individuals that are recovering from heroin abuse will often remember even bad experiences regarding their former use in fond terms, at least initially (Terry, 2003; Waterston, 1993). The negative factors, particularly those associated with withdrawal, including restlessness, yawning, sneezing, gooseflesh, fever, chills, backaches, muscular twitching, aching joints, nausea, vomiting and overall malaise, (Thomas 1969, p.195) are overshadowed by the thrill of the “score or scam” (the method of the moment to acquire funds), the pursuit of the drug or “copping a good bag” (the actual drug purchase, in this example a particularly potent one; Preble & Casey, 1969) and the ultimate feeling of normalcy produced by “getting straight,” (addressing the physiological withdrawal by using more of the drug; see e.g. Thomas, 1969, p.199). These “war stories” as they are often referred to (Alcoholics Anonymous, 2004; Narcotics Anonymous, 1991), coupled with other factors (denial or minimization of the problem) may be one of the principal reasons newly recovering individuals are unable to sustain recovery episodes for extended periods.

The Drug-Crime Connection

There is a well established association between drug use and crime. The Center on Addiction and Substance Abuse (1998) reported high levels of lifetime drug use among incarcerated populations, and offenders often commit offenses to support their drug habits. According to the 1991 joint survey of Federal and State prison inmates, an estimated 17 percent of State prisoners and 10 percent of Federal prisoners reported committing their offense to get money to buy drugs. Of those incarcerated for robbery, 27 percent of both State and Federal prisoners admitted committing their offense to do so (BJS, 1999).

National Household Survey on Drug Abuse (NHSDA) data for 1997 show that respondents arrested in the past year for possession or sale of drugs and/or driving under the influence had the highest percentage of illicit drug use in the past year. Past year illicit drug users were also about 16 times more likely than nonusers to report being arrested and booked for larceny or theft and more than 9 times more likely to be arrested and booked on an assault charge (NHSDA, 1999). Furthermore, according to a 1997 Bureau of Justice Statistics survey of Federal and State prisoners, approximately 10% of Federal and 12.8% of State drug offenders were incarcerated for an offense involving heroin or other opiates (Pulse Check, 2002). Additionally, researchers cite that while at liberty, these offenders typically commit 50-100 non-drug crimes for each arrest they experience (Golub & Johnson, 1999).

The National Institute of Justice (NIJ) Arrestee Drug Abuse Monitoring (ADAM) Program measures drug use among arrestees by calculating the percentage of arrestees with positive urine tests for drug use. ADAM data are collected voluntarily and anonymously at the time of arrest in booking facilities in selected U.S. cities. Similar to

the 1997 NHSDA findings, data from the ADAM Program in 2002 reveals that 5.9% of adult male arrestees and 6.2% of adult female arrestees tested positive for opiates at arrest. Additionally, approximately six percent of both adult male and female arrestees reported using heroin at least once in the year before being arrested (NIJ, 2003). ADAM data collected from male arrestees in 1998 in 35 cities showed that the percentage testing positive for any drug ranged from 42.5 percent to 78.7 percent. At least one third of the female arrestees tested positive. In New York, 82.1 percent of the female arrestees tested positive. Test results further showed that opiate use demonstrated a positive correlation to poly-drug use. Individuals who tested positive for opiates, also tested positive for another drug in three quarters of the cases tested (NIJ, 1999).

Locally, citing similar changes occurring in the availability of heroin, drug researchers have predicted an expansion of heroin use reaching epidemic proportions (Hamid, et al., 1997). Additionally, urine tests conducted as part of the Drug Use Forecasting (DUF) Program indicate that approximately 75% of all arrestees brought to Manhattan's central booking facility had used heroin or cocaine in the prior 48-72 hours (NIJ, 1995). These and other studies suggest that the connection between drug use and crime is more than coincidental, meriting further study as to the mechanisms of abstinence from heroin use and desistance from associated criminal behaviors.

In his review of narcotic addiction and crime, Chambers (1974) highlighted the contradictions concerning this relationship. Chambers maintained that researchers either consider crime to precede narcotic use or narcotic use to precede other crime. He concluded that the vast majority of the "contemporary narcotic addicts support their addictions by committing crimes," (p. 140). He indicated that although the majority of

these crimes were low-level thefts, even at the time of his writing (early seventies), the rate at which addicts were turning to index crimes (including crimes against persons) were increasing at alarming rates. Chambers also indicated that although treatment does reduce the amount of criminal involvement, “in most cases, the curtailment is probably transitory,” (Chambers 1974, p.141). More recent studies suggest that those who engage in criminal activities do so with greater frequency when using drugs, and more importantly, that when they stop such use their criminal activities diminish or in some cases cease (see for example, Inciardi 2002).

Drug use and drug-related offenses are the most common crimes in the criminal justice system and affect nearly every community. Drug offenders move in and out of the criminal justice system with some regularity, and it appears that drug use (for present purposes defined as heroin use) and crime are inexorably linked (Terry, 2003; Maruna, 2001; Hamid, et al, 1997; Mackenzie & Uchida, 1994; Spunt, 1993a; Vaillant, 1992; Johnson, et al, 1990; Rosenbaum and Murphy, 1990; Williams, 1989; Johnson, et al, 1985; Goldstein, 1985; Preble & Casey, 1969).

Furthermore, it appears this drug crime connection makes maintaining abstinence from heroin use difficult because although no longer using the substance, individuals may revert to prior criminal behavior patterns, again hindering the desistance process. Waldorf (1983) identified this pattern of recovery as applying to individuals who retire from drug use, but maintain some elements of the lifestyle. Past criminal behavior patterns may serve as triggers to relapse as these behaviors may have become habitual, increasing the difficulty of maintaining abstinence. The familiarity of reverting to prior criminal patterns may also serve as a known entity to some individuals and again pose a greater risk of

relapse. Researchers suggest this link between active heroin use and criminal patterns may persist despite achieving abstinence from such use (Terry, 2003; Maruna, 2001; Vaillant, 1992). This dissertation explores the temporality of the onset of drug use and harder drug use patterns (heroin use) and engagement in other criminal behaviors, the macro level or structural effects of criminalization, the duality or co-occurrence of heroin use and other crime, and the process of desistance from both.

Coping Strategies and Recovery

Coping is a way of adapting to stressful life events. In relation to substance use, Wills & Shiffman, (1985) distinguish two broad categories of coping skills. They call these temptation-coping skills and stress-coping skills. Temptation-coping skills, like self-control and social skills, are relevant for dealing with situations in which substance use, or the temptation to use, is present. Stress-coping skills are necessary to cope with major life events and stress provoking situations. In both cases, the authors conclude that the immediate short term gain of using substances to relieve stress rather than alternate coping strategies will inevitably result in increased stress levels, requiring yet more of the substances. Additionally, they cite that “drug-abusing behavior may gradually alienate potential social supporters, leading to increasing social alienation and increased dependency on the use of substances to cope,” (Wills and Shiffman, 1985, p. 8). Others have identified similar cycles of repeated drug use as coping mechanisms (see for example, Budney, Bickel & Amass, 1998).

Two general coping strategies have also been distinguished in the literature: problem-solving strategies (efforts to do something active to alleviate stressful circumstances), and emotion-focused coping strategies (efforts to control the emotional impact of stressful or potentially stressful events). Researchers indicate that people use

both types of strategies to combat most stressful events (Folkman & Lazarus, 1980). An additional distinction that is often made in the coping literature is between active and avoidant coping strategies. Active coping strategies are either behavioral or psychological responses designed to change the nature of the stressful event itself or how it is perceived, whereas avoidant coping strategies lead people into activities (such as drug use) that keep them from directly addressing stressful events.

Generally speaking, active coping strategies, whether behavioral or emotional, are thought to be better ways to deal with stressful events, and avoidant coping strategies appear to be a risk factor for adverse responses to stressful life events (Holahan & Moos, 1987). Evidence also suggests a relation of coping strategies to health outcomes, avoidant coping strategies are associated with poorer health related outcomes. For example, Goodkin and colleagues found that an active versus avoidant coping strategy was associated with better immune status in HIV-seropositive men (Goodkin, et al, 1992).

Heroin users and recovery

One of the foci of this study is identifying alternate coping strategies utilized by ex-offenders recovering from heroin use in dealing with day to day life events, without the use of heroin. Prior research on heroin users suggests that there is an almost inevitable revolving door as pertains to individuals' heroin use recovery efforts and relapse. These patterns usually begin and are catalyzed with the individual entering some hospital emergency room, detoxification clinic, or long-term rehabilitation program. Generally, help is sought as the result of some life-altering event occasioned by, or in some way related to an individual's heroin use (see e.g. Terry, 2003; Rosenbaum and Murphy, 1990; Simpson, 1990; Waldorf, 1983; Rosenbaum, 1981). These issues might be of a personal nature, (criminal justice sanctions, physical problems, medical complications,

etc., (Terry, id, p. 90) or interpersonal (fights with loved ones, secondary effects of parental drug use on children, etc.), (Pilowsky et al, 2003; see also Shapiro, 1998). Once recovery is initiated, the individual users often return to the same environment and perhaps situations that may have precipitated or in some way contributed to his/her use history. Researchers suggest that the majority of heroin addicts entering treatment facilities or correctional institutions will not achieve permanent abstinence from heroin use, and among the reasons, cite the inability to negotiate returning to their prior neighborhoods (Johnson and Golub, 2002; see also Vaillant, 1992), underscoring the importance of investigating former users that have successfully attained long abstinence periods.

Recovery and Criminal History

Persons released from prison face a myriad of difficulties. Lack of education, marketable skills and in most cases, no stable support systems have in recent years resulted in high recidivism rates, such that in 1997, parole violators constituted 35% of all new admissions (Beck and Mumola, 1999). One of the principal difficulties experienced by ex-offenders is dealing with their criminal past (NIJ, 2003; 1999; 1995). For those also in recovery from heroin use, these difficulties may pose relapse triggers. Some of these difficulties include barriers to employment because of having a prior criminal record (Waterston, 1993), the fear of losing their children because of their prior drug use and criminal record (Powis, Griffiths, Gossop, and Strang, 1996) and barriers to low-income housing for those with felony or drug convictions (Pollock, 2004; Boghossian, 2000). The effects of having a criminal record may often dovetail long into the individual's recovery period, particularly for those with prior felony convictions, presenting ongoing barriers to employment, the right to possess certain licenses or the right to vote

(Abramsky, 2004; Waterston, 1993). These barriers may hinder the desistance process, by virtue of severely limiting available options. Petersilia (2001), for example, in an article examining prisoner reentry, highlighted the collateral consequences of “recycling parolees in and out of families and communities,” (p. 360), including political alienation and economic well being.

Aside from the stigma associated with having a criminal record, felony records bar ex-cons from possessing certain licenses, in some case permanently. Parolees are barred from law, real estate and many aspects of the health field, among others, (Petersilia, id). Severely limiting many of the opportunities otherwise available to them almost ensures that they will revert to other non-conventional means of survival, particularly if faced with few other alternatives.

Functional vs. Dysfunctional Users

For these purposes, this study defines functional users as individuals that may have an easier time of maintaining abstinence from heroin use than dysfunctional users. Interestingly some of the study respondents referred to their habits as “chipping” (indicating occasional or sporadic use) although they met all the recruitment criteria. Despite using heroin on a daily basis, this type of user felt s/he could “get out” (stop their heroin use) whenever they wished. The functional user as defined here may also have or perceive as having more to lose by continuing the lifestyle or his/her active use patterns; in addition to being better prepared prior to initiating the recovery process (academically, financially, having job stability, etc). Waldorf referred to these types of users as “situational addicts,” who have “little trouble leaving the scene or creating new interests because they used the drug but did not assume the lifestyle,” (1983, p. 277). Since “assuming the lifestyle” is a relative term, in this study, the dichotomy of and distinction

between “functional vs. dysfunctional” is derived from the self-reported experiences of the participants.

For the “functional” users in recovery, it may be an easier process to recover as they have achieved more than others during their active addiction periods (Sullum, 2003; Spunt, 2001). Vaillant found that his sample of heroin users had trouble engaging in alternative careers. He maintained that addiction, provided an occupation for these addicts, “an ersatz occupation, but a very absorbing one,” (Vaillant, 1992, p. 47). For the present sample, it appears it was easier to desist from behaviors that may not have been so ingrained.

Functional users may have more to lose upon relapsing (being gainfully employed, owning their own home, etc.). Similarly, Laub and Sampson referred to the concept of individuals attaining more social capital as adults and its importance in understanding processes of change in the adult life course (1993). Indeed, the social bonds that functional users have attained may have a positive effect on their sustained recovery efforts. Although they must still deal with related sequelae of their addiction and arrests or imprisonment (such as emotional pains associated with their prior addiction despite having a job, an intact family, etc.) additional pains and embarrassment they caused themselves and their loved ones because of their prior incarceration and drug use being discovered, often pose relapse triggers (Wechsberg, Craddock and Hubbard, 1998). Conversely, lack of social capital and weakened social bonds may have a deleterious effect on sustained recovery efforts for those less equipped (financially, emotionally, academically), perhaps posing additional impediments to their efforts (see for example,

Shapiro 1998). This study examines this dichotomy as experienced and reported by the respondent sample.

Heroin Treatment and Outcome Studies

A thorough examination of all the available treatment options and outcome studies for heroin use is beyond the scope of this dissertation. However, as study participants reported using one or more of these strategies in their abstinence efforts, I am acknowledging them here. Similarly, only a selected review of applicable treatment outcome studies is provided. In cases where respondents sought medical regimens to curtail their use, they were asked which of these alternative therapies they sought out and a review of these is included. The review provided here examines methadone maintenance, LAAM (levo-alpha-acetyl-methadol, essentially a longer acting version of methadone) and medications such as buprenorphine and naltrexone (a synthetic opiate used to block the effects of heroin).

From 1992 to 2001, the number of admissions to treatment in which heroin was the primary substance of abuse increased from 168,321 in 1992 to 275,672 in 2001. The heroin admissions represented 11% of the total drug/alcohol treatment admissions during 1992 and 15.8% of the admissions in 2001. The average age of those admitted to treatment for heroin during 2001 was 36 years (SAMHSA, 2003). According to Treatment Episode Data Set, heroin accounted for 15.2% of all treatment admissions in 2000 (243,523 admissions). Males accounted for 66.9% of heroin treatment admissions. Treatment admissions by race/ethnicity ranged from 47.3% White, to 24.7% Hispanic, to 24.2% Black. Eighty-one percent of heroin treatment admissions reported daily use of the drug. Almost 80% of heroin admissions had been in treatment before the current episode

and 25% had been in treatment *five* or more times. Forty percent of primary heroin admissions planned to use methadone treatment (SAMHSA, 2002a).

There is currently much interest in developing new medications to aid in the treatment of addictive disorders. Buprenorphine is a u opioid partial agonist currently in clinical trials that shows promise (Johnson, et al, 1992). It has minimal withdrawal symptoms, low potential for overdose, long duration of action and ability to block heroin effects. Methadone and LAAM are referred to as opioid agonist medications and are used to treat addiction to opiates, primarily heroin. Approximately 97% of the clients being treated with such medications receive methadone, while the remaining clients being treated with opioid agonist medications receive LAAM. Treatment clients use methadone on a daily basis, while LAAM is taken three times a week. Of 13,428 treatment facilities surveyed in 2000, nine percent (1,215) reported that they dispense methadone or LAAM for opiate addiction (SAMHSA, 2002b).

While reduced public health risks and reductions in criminal activities are some of the advantages to placing heroin users (particularly injection drug users) in methadone maintenance treatment (MMT) (Gollnisch, 1997; see also Hubbard, et al, 1984), researchers suggest that this is no panacea to their drug use. Platt, et al, (1998) in their research state that although “drug treatment reduces the need for the addict to obtain large amounts of money to purchase needed drugs, thereby greatly reducing the amount and severity of crimes committed by addicts,” (id, p. 175) placing them in MMT does not produce abstinence from other drugs but merely reduces heroin intake. Gollnisch, (id) and others (see for example Darke, et al 1994, suggesting that continued injection was

associated with having a regular sexual partner who was also currently injecting) found that the majority of their samples were injecting other drugs while on methadone.

Publicly, methadone maintenance treatment is often held in contempt (Byrne, 1997), and the media exacerbates the problem by presenting often controversial depictions of methadone patients, slanting its presentations by giving negative portrayals of its users, the drug itself and the “combinations” of drugs that these patients take to sustain their “highs,” (see Holden, 2005). As some of the participants in the present study were former methadone patients, their views on this controversial subject will be presented in Chapter Five.

Therapeutic communities, or long-term residential substance abuse treatment centers are based on a model of “community as method,” (DeLeon, 1986). In this model, the treatment staff, as well as those in recovery serve as the agents of change. The focus of these in-patient long-term residential treatment programs is a view of right living fostered and enabled by the “family” mentality and associated with the person’s “wholeness” as well as “wellness,” in relation to others (DeLeon, 2000; 1997; 1995; 1986). In the most ideal of circumstances, residents overcome their addictions and remain abstinent as a result of developing favorable relationships with others, thereby giving and receiving encouragement and support, founded on the principles of “community-as-method” (DeLeon, 1986). Planned lengths of stay vary from 6 to 18 months (DeLeon 2000).

Generally speaking, self-help groups are based on the 12-step program of recovery, (Alcoholics Anonymous, 2004, Narcotics Anonymous, 1991). These twelve-step group meetings are held throughout the New York City and surrounding areas (as

well as cities throughout the country and worldwide). Persons can “make meetings” (attend meetings) 7 days a week, even on holidays. There are no charges or fees to attend these meetings, member contributions are the main basis of support. These meetings do not provide treatment in the technical sense, but what they do provide is a forum for mutual support and understanding to address the common problem of addiction. The key component is the empowerment achieved from the collective group experience and fostered by anonymity. Some meetings have special foci, for example for individuals with co-occurring addiction and mental disorders, or substance abuse and gambling. The basic premise for all these mutual self-help modalities however, is the sharing of coping strategies and subsequent role modeling of these successful strategies. Although, not a religious program, one of the twelve step tenets of self-help programs is the spirituality of the recovery process sought and maintained by its members (Alcoholics Anonymous, 2004).

Longitudinal treatment outcome studies have shown limited success at producing sustained abstinence. Laudet, Savage and Mahmood (2002) studied the generalization of short-term abstinence to long-term abstinence. The significance of their ongoing work and relation to this study is that the individuals from their study were recruited from self-help treatment modalities representing the first long-term study of recovering individuals not directly recruited in a formal treatment setting. Similarly, this study examined the processes of desistance and long term recovery as experienced by individuals that are the most at risk of relapse, namely those most exposed to the substance on a daily basis by virtue of being out of a protected treatment setting.

Along this line, previous researchers have explored the concept of readiness for change in drug treatment research, in and out of treatment settings. Prochaska and DiClemente proposed their four (amended to five, later six) stages of change. These included “precontemplation of change,” “preparation,” and “maintenance,” among others (Prochaska, et al, 1992; see also Prochaska and DiClemente, 1984).

Despite the encouraging promise of these various treatment modalities and their short-term success rates, longitudinal treatment outcome studies have shown limited success at producing sustained abstinence however. In 1994, Tims, Jainchill and DeLeon demonstrated treatment effectiveness and successful long-term outcomes as correlates of treatment tenure. In this case, effectiveness was defined as abstinence from illicit substance abuse. Abstinence was further defined as a drug-free, “clean” period of *three months* post-treatment completion. Additionally, they found an inconsistent relationship between adolescent and adult retention rates, as reported by other studies.

In a five year outcome study from the Drug Abuse Treatment Outcome Studies (DATOS), the 28% of the sample who were in recovery at Year 5 reported that they had relied primarily upon personal motivation, treatment experiences, religion/spirituality, family, and their job/career. These same individuals reported no arrests or illegal activity during the year prior to the follow-up interview. The respondents placed particular value on the positive support given by family and close friends, as also indicated by this study’s participants, further highlighting the importance of a positive social network to sustaining recovery (Flynn, et al., 2003).

Melnick and colleagues (2001) focused on motivation for change in the aftercare setting, noting the importance of continued client participation even after post-prison

primary treatment for improved treatment outcomes. Similarly, Simpson (1990) cited the importance of assessing individual goals as well as motivations of clients entering treatment. Equally important is assessing the actual process of desistance and its relationship with long-term recovery. These prior studies provided a significant framework to help understand the long-term recovery process.

Emotional Problems and Recovery

Many drug users suffer from co-occurring disorders, depression being the most common, but also attention deficit-hyperactivity disorder (ADHD), (Wexler & McClelland, 1995), post-traumatic stress disorder (PTSD), and others (Wexler, 1994). Recovering individuals may encounter greater difficulties because of these additional stressors, which previously, the substance of choice may have ameliorated. While in recovery, prescribed psychotropic drugs to treat these disorders could “trigger” experiences from former drug use, which may induce relapse. These stressful events may also pose psychological triggers to continue prior use, as recovering individuals may experience pharmacological responses to prescribed medication that might trigger illicit drug use. Although not a primary objective of this dissertation research, its prevalence warranted including a question asking whether or not specific respondents were prescribed psychotropic medications and what effect these have had on their sustained recovery efforts. It turned out that three respondents (one-eighth of the study sample) had what in my opinion would be clinically diagnosed as dual disorders.¹ The three respondents suffered from depression and had engaged in multiple treatment episodes for

¹ Given my experience in this area, having served as field coordinator on several federally funded MICA (mentally-ill chemically addicted) studies examining level of functioning, effectiveness of treatment and criminality among this population, I was well versed in the nuances that exist when interviewing members of this special group. I address several of the necessary distinctions and modifications to interview process when interviewing this and other special groups in Chapter Three.

depression. Several others had experienced some type of psychological counseling but likely did not warrant diagnosis in this regard. One respondent indicated that she was presently taking prescribed medication for depression. At the time of interview, she was 44 years old. A more detailed exploration of his transcript material is provided in Chapter Five.

This chapter reviewed the vast bodies of literature with most relevance to heroin use, recovery attempts from such use, treatment options, availability of these different modalities, previous treatment outcome studies and criminal engagement as pertains to the study population. Based on this review of the literature, it is evident that active heroin use is associated with increased involvement in criminal behaviors. There have been varied approaches to address heroin abuse, including rapid detoxification, long-term therapeutic community treatment, methadone maintenance and opioid or drug blocking agents. Despite these diverse approaches, to date, no method of treatment has been determined to be superior in producing a lasting period of abstinence. The literature also reveals recidivism and relapse rates to occur at quite high levels. This indicates a clear need to better understand the process of successful long-term abstinence from heroin use. The following chapter reviews the research methods and design engaged in for this study and the recruitment strategies that ensured its success.

Chapter Three Research Methods and Design

Specific Objectives

The purpose of this dissertation is to investigate the coping strategies utilized by ex-offenders who are former heroin users and have maintained successful abstinence for a period of at least five years. This research identifies and describes coping strategies utilized by these individuals in various facets of their personal and professional lives as they attempted successful re-entry. These include: interactions with their loved ones, significant others, children and other family members; interactions with co-workers, employers or employees; if applicable, interactions pursuant to periodic or regular contact with criminal justice entities (parole, probation, community courts etc.); contact or interactions with any formal or informal treatment or recovery based organizations and interactions with friends and acquaintances. The study seeks to answer how recovery from heroin use was successfully sustained for long periods of time among this group of ex-offenders and identify what is unique about these individuals and how they were able to identify and implement the elements of successful recovery. I initially anticipated that effective methods of abstinence would vary, perhaps as a function of prior use history, prior criminal behaviors, gender, culture and developing patterns. Thus, an additional focus was to identify commonalities among their criminal histories and exposure, explore the cessation strategies shared by these individuals, and how they actualized them and continue to do so.

It is ironic that the opinions and experiences of the people who have been able to maintain abstinence from heroin use and who can better inform the criminology and substance abuse fields have not been sought out with more regularity (Terry, 2003;

Waterston, 1993; Rosenbaum and Murphy, 1990). These same individuals have historically experienced extensive involvement with the legal system and multiple drug treatment episodes (Terry, 2003; Maruna, 2001; Golub and Johnson, 1999; Inciardi, 1979). As such, these long-term recovering heroin users are the ones who have the most experiential knowledge about personal strategies, effective treatment modalities, and/or alternate therapies assisting them in their long-term recovery efforts, qualifying them as the true experts in the field of recovery from heroin addiction. Newly abstinent individuals from the lower socio-economic strata are often poor, undereducated, lacking skills and on some sort of public assistance. Thus they must often deal with these and other, very real problems and issues and negotiate resolving them without the use of a substance that in the past, may have served as a coping mechanism. But the recovery patterns of a more recent type of recovering heroin user, the atypical former users from the higher strata (Golub and Johnson, In Press; Sullum, 2003; Spunt, 2001; see also Clancy, 2005) also merit further study.

Qualitative research methodologies have been invaluable for gaining insight into drug use and drug using careers. Previous qualitative studies have focused on drug users and have set benchmarks on how active users have come to be studied (see e.g. Waterston, 1993; Agar, 1973; see also Preble & Casey, 1969). Waterston, for example, in a secondary analysis of ethnographically collected data, developed a political-economic perspective for understanding drug use, (id). Citing the limited opportunities that affect the poor generally, she highlighted gentrification, the effects of displacement and exposure to the criminal-justice system as forces influencing the life of the street addict. Waterston maintained that the concept of an all-encompassing subculture emerging from

the criminalization of drug use, leads to an “exaggerated picture of users’ lives...as if the subculture provides the only identity and reason for being and seems to be the major factor in a drug user’s life,” (Waterston, 1993, p. 14). Similarly to Waterston’s analysis and population, this study of former heroin using ex-offenders is providing an examination of the process of their recovery, as lived and experienced by the actors themselves.

Inclusion Criteria

The study’s inclusion criteria were: the subjects have maintained five or more years of sustained abstinence from heroin use (defined in this study as long term abstinence); when actively using heroin they did so on an almost daily basis for a minimum of a year and they had at least one criminal justice contact (arrest or conviction) related to their prior use (meeting DSM-IV dependence criteria; DSM-IV-TR, 2000). In maintaining accuracy to the recruitment process and inclusion criteria, as well as to address issues of “time at risk,” any individual who was incarcerated for extended periods must have been released a minimum of five years ago to qualify for the study. Similarly, any individuals that were participants of therapeutic community (TC) or similar long-term residential programs must have been out of treatment (regardless of the reason, i.e., whether discharged, graduated, etc.) for a minimum of five years. In this way, all study participants have equal exposure to this “time at risk” concept. The risk of use measured for all cases should be equal or at least as similar as possible. That is, incarcerated individuals may be less (or more) at risk than those not incarcerated during their abstinence period, which introduces potential artifacts to their process of recovery.

The process of long-term recovery from heroin use for this population is an understudied issue, and prior research studies have suggested that identifying and

specifying existing relationships is as yet an uncertain task (Rosenbaum and Murphy, 1990; Simpson, 1990; Waldorf, 1970). Additionally, open-ended questions concerning the desistance and recovery processes are not specifiable as conventional hypotheses in the strictest sense of the word. Considering the inductive nature of qualitative work, I feel more at ease terming these study inductions rather than hypotheses one can test (as in larger panel studies). As is common in qualitative studies, the ongoing research guided later inquiry (see for example Hesse-Biber and Leavy, 2006). As was originally proposed however, this dissertation explores similarities and differences in coping strategies among potential subgroups within this population.²

In terms of outcome and process, this study is comprised of known and unknown entities. The known entities are those defined in the study's recruitment strategy: that individuals are ex-offenders, that heroin use or heroin-seeking activities were in some way directly or indirectly related to their prior criminal involvement, that they used heroin on an almost daily basis for a year or more and that they have not used heroin in at least five years. Among others, the unknown or process entities and key domains this study explored include how these individuals maintained abstinence from heroin use; while abstaining did they desist from prior criminal activities, did they alternate drug use, (that is, did they substitute one drug for another or did they cease all drug use), and if there were any experiences that facilitated or hindered their recovery efforts. Five key conceptual dimensions emerged from the data. Some of these dimensions were directly related to the process of recovery, while others had a somewhat less direct, albeit equally important influence on the process. I pose these here as sub-questions that emerged

² Future studies might explore related areas further; in Chapter Seven I offer recommendations for additional studies of this type, utilizing mixed methodologies and a more deductive framework.

during the study's analytical phase, I will address these dimensions more in depth in the following chapters.

Research Questions

The study purpose is to identify, analyze and describe how a group of former heroin using ex-offenders has remained abstinent for a period of five years or more. Utilizing a semi-structured conversational interview this study sought to answer the following research question:

What is the process of long-term abstinence from heroin use among a sample of former heroin using ex-offenders?

The following sub question was also addressed:

How did these individuals successfully maintain abstinence from heroin use for a period of five years or more?

Within this broad research question, there exist several areas on which I will expand:

1) As part of the process of long-term recovery from heroin use, how does desisting from crime relate to the abstinence process? Are there self-identified "positive" versus "negative" coping strategies as suggested elsewhere? (See for example Terry, 2003; see also Maruna, 2001; Folkman and Lazarus, 1980). The participants in this study discussed different types of "hustles" they engaged in during active use periods, some of these "hustles," although technically legal, might certainly have been considered "on the fringes" of legal behavior. Others discussed the many, for the most part illegal ways they maintained their habitual heroin use as well as supported themselves. One of the key dimensions I explored was how these patterns of hustling changed as these individuals progressed through their periods of recovery and recovery efforts.

2) Are there any differences in the pattern of long term recovery as experienced by former heroin sniffers vs. former heroin intravenous drug users? Do these two groups experience the process of long-term recovery differently? If so, in what ways is the process different?

3) Is the process of recovery experienced differently by ex-offenders who used the drug for extended periods when compared to those who used the drug for shorter periods? Do users of the drug as defined in this study consider their previous use problematic? If so, is the recovery process different for these individuals when compared to those that may have considered their use "controlled use?" Posed a different way, do the study data lend credence to the notion of a "Functional Heroin User?" (AA, 2004; Maruna, 2001; NA Text, 1991)?

4) Are their differences in the patterns of recovery when considering extent of prior criminal histories, race, socio-economic or health status? How do structural variables affect the desistance process? (See for example, Waterston 1993, for more on structural impediments).

Additionally, for descriptive purposes, this study explored if some type of treatment intervention was sought, is it an ongoing enterprise? That is, do these individuals attend support or aftercare meetings? How long have they participated in this/these treatment network/s? Have they done so throughout their period of abstinence? Does aftercare facilitate the recovery process? If so, in what ways? Do recovering heroin users subscribe to harm reduction techniques? What effect does engaging in these techniques have on their ongoing efforts?

This study also examines how these individuals negotiated interpersonal relationships during their abstinence period. Some of these areas include their social and social support networks. Did surrounding themselves with others who also quit reinforce their recovery efforts? (That is, did peer reinforcement play any role? See for example DeLeon, 1995; 1991; N.A., 1991; see also Bellis, 1981). How has negotiating social support networks affected their desistance and abstinence processes?

The “maturing out” phenomenon was also examined. Briefly this concept states that opiate users will age out of their opiate use by age 40 without the need for treatment (Winick, 1964). All of the study participants reported engaging in some type of treatment intervention as some point in their historic recovery efforts, however sustained abstinence was examined in all cases with a lens on harm reduction as a technique for sustaining prolonged abstinence or lessening of drug use.

Qualitative Research Methodology

Qualitative research, specifically ethnography, includes several techniques, collectively, these hope to provide an actual "insider's view" of the culture or phenomenon under study. Qualitative research methods allow ethnographers to "enter" situations under study such that more comprehensive, contextualized interpretations

might result (Wolcott, 1994). When engaging in such research, the researcher observes "how it works" from within the field, by entry to that very venue under study. For present purposes, examples include entering a 12-Step recovery meeting (AA, NA) and exercising anonymity options. By remaining anonymous or "nameless," it is anticipated that the culture of such meetings can be better understood. Similarly, by observing the "drug-using" dynamic of drug users in their natural settings (shooting galleries, smoke dens, etc.), this type of research usually requires a blend or combination of techniques.

Often, access to "hidden" populations is not entirely possible. For these groups, establishment of trust and a trusting relationship are key factors facilitating access. The process of conducting ethnography helps build collaborative relationships between researchers and respondents and supports the concept of the researcher as learner rather than outside expert. For larger longitudinal studies, ethnographic data collected early in a study can help researchers focus their research questions and determine what to include in later mixed-method or quantitative protocols.

Sociologists have used ethnography as a fieldwork method since at least the early 1800's. It enables investigators to gather valid and reliable qualitative data through the development of close and continuing contact with those being studied. Initially, ethnographers had no systematic and effective scheme for avoiding the imposition of their own views on the data they collected. Max Weber addressed this methodological deficiency. Weber argued that to understand human society, social scientists are obliged to refrain from wittingly or unwittingly imposing their own views (or the views of any professional, scientific, religious, or other group or authority) on whatever processes they use to gather, analyze, and report data. He felt that one could best understand society for

what it is, (not for what one thinks it might, should, or must be) by studying it from the points of view of its members. He maintained that societal movement could not be studied without studying motives. In effect, he required social researchers to become personally and deeply acquainted with their informants' experiences and views. By not imposing their own agenda or viewpoints on the subjects or their lifestyles, researchers in effect achieve a better "Verstehen" or understanding of phenomena. Verstehen, (German for understanding - a sociology of meaning) assures that researchers' reports reflect the actual experiences of the respondents (Elwell, 1996). In accordance with this approach, the ethnographer generates information and empirically grounds and validates it, in and through, the process by which he or she interacts with informants. Geertz, an anthropologist, and follower of Weber, believed that men are suspended in webs of significance (Geertz, 1973), ethnographers serve as interpreters of these webs. In their search for meaning, ethnographers can provide "thick description" of constructs; the analysis entails sorting out these structures of significance. Geertz maintained that at best, researchers could achieve "an understanding of an understanding."

The actual process of "Verstehen" might proceed in the following fashion: the researcher, having interacted with his informants, continues a verification process with them until he establishes that there is, or is not consensus regarding whatever the subject of inquiry is; or until he discovers that perhaps he misclassified or misunderstood some informants and needs to refine his classification of them or of their attitudes, values, and actions to account for outlying or deviant cases. These procedures then sample towards depicting the social situation being studied in accordance with the combinations of descriptions and explanations given by the initial cadre of informants. As can be seen,

this is an iterative process much like a thematic analysis where the underlying themes are filtered out such that important constructs emerge.

The strength of ethnography is that this method plays several crucial roles in the research process: it enables researchers to collect data obtained through formal interviews, facilitates the recruitment of additional research subjects and promotes rapport with subjects while allaying their concerns about a study's purposes. One key element of ethnography is that it allows researchers to witness new developments in the field *as they occur*, itself an iterative process, allowing for further instrument refinement simultaneous to data collection.

Prior to the discovery of "the other," in the social sciences, ethnography was primarily a study of colonized human beings. Malinowski was one of the first researchers to look at the world from the perspective of "the native" (1961, p.25). This type of contextual observation gave the researcher the opportunity of immersing him/herself in the culture and achieving value neutrality.

A good example in the present case is the dynamic experienced at 12-Step recovery meetings (AA, NA, etc.), where the "cultural" norm is to exercise anonymity. As no last names are used by any of the participants, the researcher may immerse into the culture in such a way as to be considered a member, by the very membership (or culture). Due to the program's traditions of anonymity, the researcher will not be confronted as to his or her recovery status, further enabling an understanding of the meetings' "true culture," much like an insider would. Though often time consuming, blending in with the host culture increases the representativeness of the data. Experiential (direct) access to constructs (phenomena) may guide methodology. If used correctly, successful

ethnographic methods can broaden the understanding of important questions by placing them in context relative to the person or persons being asked.

Another qualitative research technique, retrospective interviewing, can generate thick, descriptive data reflecting experiences and processes without limiting response options to preset answers (see for example, Warren and Karner, 2005). Retrospective interviewing presents researchers with an opportunity to collect historical data that would otherwise be lost if utilizing interviews focusing on more recent events.

As described by Melton, (Melton et al, 1997), there are key differences between the clinical interview and the forensic interview; included in this discussion are a suggested placement of the research interview along that continuum. Some of the key dimensions described by these authors such as the importance of the clients perspective, threats to validity, relationship and dynamics, and pace and setting of the interviews highlight differences between the former two, yet subtle differences between these two and the research interview also exist. Given situations where research interviews are conducted in places where freedom of mobility is restricted or otherwise prohibited, (such as some therapeutic community settings or in correctional facilities), understanding interview administration differences, maintaining a record, such as in field logs or notes and acknowledging these during the analytic phase of a study, can be crucial to future measurement accuracy and interpretation of response. For example, one reason a respondent reports a prolonged period of abstinence may simply result from lack of access to the substance in question and not some underlying significant treatment effect.

The reciprocity and interactions established may often introduce ethnographers to the communities they explore such that they are allowed glimpses and given entry into

worlds they would otherwise be forbidden from entering. The ensuing trusts, mutual respect, indeed friendships that develop provide cornerstones to future explorations in these same or similar cultures and develop “gatekeepers” or guides facilitating future access (Bourgois, 1995). In this study, I was able to experience this as well. Two of my most influential “gatekeepers” were also participants in this study, Juan and George. Their assistance to this study was invaluable and although of course these names are pseudonyms, I expressed my appreciation to them personally and continue to make myself available to them, whenever necessary.

Establishing trust and being recognized as the study interviewer are of paramount importance to the success of the recruitment strategy, so at times this study called for utilization of an ethnographic component. Successfully being recognized and identified as the interviewer for such a study further enhances the reliability of participant response, thus I returned calls in a timely fashion, attended selected venues regularly and made myself available to answer any questions that may arise from active or former users.

Although sample representativeness was of course not possible in the purest sense, the strategy was to recruit as culturally and ethnically diverse a sample as possible. Additionally, in order to maintain as representative a sample as possible, no one subject pool was overly recruited. In essence, the research methodology for this study was multi-fold consisting of the in-depth semi-structured interviews, informal interviews with informants and prospective respondents, and a ledger containing the study’s field notes.

One important aspect of this endeavor that should not be overlooked is the influence of the setting and its dynamic on the respondent’s interview experience (Zinberg, 1984). For this reason, I recorded these and my own experiences in a field note

ledger whenever possible, as I attempted to "immerse" into the culture of the selected venues in general and those of the respondents in particular. Miles and Huberman (1994), maintain that such records of the research process are also important in enabling researchers to ascertain that procedures have been carried out carefully. Through each informant and newly recruited respondent, further client engagement and recruitment is the goal (Waldorf, 1983) and I recorded these, as well as unsuccessful attempts in my field notes for later review and analysis.

This issue constitutes another one of the most difficult barriers to research interviewing in these and similar settings, attrition of the study sample due to client refusal. Spunt et al (1994), in a review of the Drug Relationships in Murder project (DREIM, Goldstein et al, 1985), a study which examined the drug and/or alcohol connection to homicides, found that when setting up and conducting their interviews, one of the most difficult barriers for the researchers was that roughly 30% of the eligible sample refused to be interviewed. The research team was able to obtain the interviews they did get by effectively "snowballing" their sample (Biernacki and Waldorf, 1981), through word of mouth with already interviewed inmates.

Generally, clients soliciting counseling or clinical assistance, seek it out. Forensic interviews are often mandated or legally sought, such as in cases of mental capacity to stand trial. However, willing participation in research interviews in restricted settings can be more difficult to obtain, especially when incentives such as payment of fees for participation are prohibited, as is the case in many therapeutic or institutional settings. Normally, these nominal payments often help persuade otherwise reticent clients to participate in the interview process and are very effective tools for ensuring client

participation. As they are prohibited in these settings, recruitment is that much more challenging.

Another consideration, one that likely parallels that of the forensic interview, is the pace and setting of the research interview in a therapeutic community or correctional facility environment. A review of the literature shows that the administration time for research interviews in these settings ranges from thirty-five minutes to more than four hours (Brownstein et al, 1995). In most cases, duration of administration is a function of a combination of length of drug-use history, past criminal behaviors, cognitive levels and frequency of interview interruptions or as Zinberg referred to it, “the setting,” of the interview itself (Zinberg, 1984).

Thus, the setting of such an interview can also directly affect client-response. Sherman and Bigelow (1992) noted that opiate users in treatment tended to underreport drug use. Real or perceived sanctions resulting from admitting to drug use ingestion within the confines of a therapeutic community or correctional institution may also result in underreporting. It may also be the case that client’s underreporting is solely due to a desire to shorten the length of the interview process by denying use of substances. Often, given that consent has already been obtained, and in situations where drug testing is more routine such as in hospital environments, where such triangulation is more feasible, records can be reviewed to better assess substance abuse. In any case, it is important for the interviewer to be wary of inconsistencies given throughout the interview process.

These situations underscore the importance of maintaining fidelity to the recruitment process, maintaining the interview responses in context and having an increased awareness depending on the setting of the interview to be administered. Sobel

and Sobel (1990) found that the more detailed the data gathering effort and sources used, the greater the likelihood that discrepancies found between sources would be inconsequential. For example, if the researcher is reviewing only clinical case records, s/he has no way of knowing how carefully these were documented. In the final analysis, the more varied and concentrated the sources, and more rigorous the techniques, the greater the chances of enhancing recruitment and maintaining fidelity to the interview process.

Generally, unstructured and semi-structured interviews by virtue of their “in-depth” nature can be long in duration (Fontana & Frey, 1994). Yet these interviews give researchers an opportunity to collect historical data that would otherwise be lost if utilizing interviews focusing on more recent events. As a qualitative research technique, open-ended interviews can generate thick, descriptive data reflecting experiences and processes without limiting response options to preset answers (Lincoln and Guba, 1985). In essence, this type of interviewing technique gives voice to the respondents such that their experiences are contextualized as they occurred and reported entirely from the first person’s perspective (Denzin and Lincoln, 1994). Whereas other approaches tend to fit responses into a tight preconceived framework, open-ended qualitative interviews allow for expansive commentary, not only reflecting the construct of interest, but other potentially related concepts as well. The respondents’ viewpoints and opinions can be documented exactly as stated, empowering the respondent as the driving force throughout the interview. The interviewer serves only as a guide, facilitating recall of key historical events, and providing timelines to do so. Often these interviews are tape-recorded in order to facilitate a more even flow of data collection efforts. Digitally recording these

qualitative interviews minimizes interruptions and facilitates later transcription efforts. The data contained within the digital recording is transferred to a computer for seamless data download and later analysis using qualitative analysis software.

Unlike structured questionnaires with their close-ended response options, conversational interviews allow for more latitude and freedom of response due to their open-ended structure. It is up to the interviewer to strike a delicate balance between allowing the respondent to answer questions expansively, yet not digress from the focus of the particular phenomenon under study. But in reality, all of the information the respondent is providing is of equal importance (see for example, Fontana and Frey, 1994). Particularly when a study is focusing on process, as this one does, in-depth interviews by definition, will include information that may not seem pertinent at the time but is of total relevance and will “reveal” its relevance during the study’s analytical phase. Thus in this study, the open ended interview guide served as a tool to allow for greater flow of conversation and establish rapport, as well as to ensure covering intended topic areas. By blending these two techniques, combining them with the semi-structured survey instrument and my field notes, I was able to achieve a “truer,” more reflexive understanding of the heroin recovery process as experienced by these individuals.

I have conducted many interviews over the years and am quite skilled in interview technique and administration. I am also very familiar with the population and have developed several contacts in the drug treatment, criminal justice, mental health and medical fields (Ziek, Tiburcio and Correa, 2002). In addition, I have many “field informants” I have engaged throughout the years and as posited by other field researchers (see e.g. Terry, 2003; Bourgois, 1995) these informants are an invaluable asset when

conducting studies with hidden populations. The trust and rapport developed over the years with them proved invaluable in my recruitment efforts. Indeed, the relationship between users and their environment, institutions and individuals, are important factors for understanding these users and their continued use patterns. Similarly, the influence of these factors on maintenance of abstinence is an important consideration.

Study Interview

Part 1: Addiction Severity Index

The interview designed for this study was comprised of two sections. The first part of the interview consisted of the Addiction Severity Index-Lite (ASI-Lite, McLennan et al, 1992) an instrument often cited and used for criminal justice and substance abusing populations. The ASI-Lite is a semi-structured interview designed to address these potential problem areas and in this study was administered as a framework to establish behavior patterns during active addiction periods. The ASI-Lite was used for documenting previous criminal and substance abuse histories, in order to obtain baseline information regarding substance use age of onset, drug use histories, engagement in criminal behaviors and legal involvement and incarceration histories; although it is also useful and has been used for gathering information on recent (past 30 days) and lifetime problems in all of these domains (Bovasso et al, 2001; Myers et al, 1995). The ASI-Lite results provide preliminary profiles of each of the respondents, focusing on behaviors prior to their sustained abstinence period, as well as a synopsis of the behaviors and difficulties these individuals are desisting and recovering from.

The ASI-Lite is a shorter version of the Addiction Severity Index (ASI) containing 22 fewer questions in the selected domains and can be administered in twenty minutes. These domains include: illegal activity, employment and support, drug use,

alcohol use, family/social relations, medical status and psychiatric status. Others have used this instrument to assess the processes that promote prosocial behavior and successful maintenance of abstinence, (McLennan et al, 1988). Several studies have demonstrated the validity and reliability of the ASI with various populations, and found that the results from the ASI support the predictive validity of the ASI's composite scores as measures of specific problems as well as the validity of the multidimensional construct on which the ASI is based, (McLennan et al, 1992; McLennan et al, 1991; McLennan et al, 1988).

The selective combination of items from each of the ASI problem areas results in general measures of status producing composite scores in each area. These measures are mathematically derived and have shown reliability and validity in several settings and may be calculated from the ASI results (McLennan, et al, 1988). Each composite score is the sum of answers within each selected problem area. Higher scores indicate greater problems for each selected area. In this study, the results of the ASI, which were hand tabulated, were used to assess ages of onset for any drugs or alcohol self-reported by respondents, past criminal behaviors and incarceration histories, medical and psychiatric histories, as well as historic and ongoing treatment experiences. The ASI-Lite results provide preliminary profiles of each of the respondents, focusing on behaviors prior to their sustained abstinence period to serve as a baseline behavioral measure, as well as providing a synopsis of the behaviors and difficulties these individuals are desisting and recovering from. The ASI –Lite results from this study are discussed in Chapter Four.³

³ Appendix I includes documentation permitting the research instrument to be used in this study. A copy of the ASI-Lite is attached as Appendix II.

Part 2: Open-Ended Section

The second section of the interview protocol solicits open-ended responses to questions pertaining to the respondent's ongoing recovery efforts. It focuses on the processes that promote successful maintenance of abstinence, (Soucy, et al, 1994). This section includes questions specific to strategies helpful in desisting from previous behaviors and in maintaining long-term abstinence from heroin use. The constructs of interest include how these individuals have been able to overcome urges to use and how they have been able to deal with self-defined stressful day-to-day situations without using. Additionally, this section of the interview reviews any criminal behaviors engaged in during the abstinence period. Some of the most salient issues discussed by the respondents included: being unable to secure employment, getting fired from a job, maintaining contact with friends, ignoring old friends and networks, re-opening communication with loved ones, identifying relapse triggers and the role of spirituality in their lives. Other areas of inquiry in this section include treatment history but with a specific focus on the alternate coping strategies utilized in maintaining abstinence from heroin use, covering domains inherent to and experienced during the recovery process, including relapse threats, indicators of social functioning and support such as family relations, individual attitudes and goals, life stressors, coping methods, academic and employment ambitions, opportunities and accomplishments.

Respondents were asked about their participation in any therapeutic communities (TC's) or long term residential treatment programs, rehabilitation programs, detoxification clinics, attendance of twelve-step recovery groups (Narcotics Anonymous, Alcoholics Anonymous, etc.) and any other treatment modalities or therapies sought to address their heroin use cessation and abstinence efforts. They were asked about any

medical complications resulting from or related to their heroin use (hepatitis, tuberculosis, HIV infection, AIDS), what medical or behavioral regimens (if any) they are employing to address these complications and what effect these have had on their desistance and abstinence efforts. As this entire process may entail multiple attempts and overlapping treatments, the respondents were asked if this was their experience and if so, what effect this combination of treatment factors had on their ability to maintain abstinence from heroin use. As mentioned earlier, there existed the possibility that some respondents stopped using without any formal treatment or intervention such as by natural recovery or “maturing out” of their heroin use (see for example, Sobell, Ellingstad & Sobell, 2000; Waldorf, 1983; Winick, 1964⁴).⁵ In addition, respondents were asked if they experienced any legal (contacts with the criminal justice system, for example, arrests, probation or parole), interpersonal (interactions with family, friends and acquaintances), financial (employment, housing), emotional, and physical (health) problems during their recovery period as well as any alternate coping strategies they utilized in addressing any of these difficulties.

⁴ Winick maintained that addicts may “mature out” of opiate addiction by age 40. Robins, (1974), found a high remission rate for heroin addiction among returning Vietnam veterans and without any formal treatment. But as cited by Waldorf (1983), there has not been any detailed testing of the concept. Furthermore, Vaillant (1973) cited that he found no support for the concept in his study of opiate addicted men. Simpson (1990) also disputed the concept stating, “quitting opioid use is not simply a direct result of growing older or ‘maturing out’ of addiction,” (p. 246). The present study did not consider the existence of this phenomenon during the recruitment (a priori) phase, but rather in the post-hoc or analytical phase. Originally it was considered that if indeed individuals that did not seek any formal treatment interventions were recruited (that is, ceased using heroin, either “cold turkey” or by some other non-therapeutic means, but met all other recruitment criteria) they would present an interesting between-subjects comparison group to those that did seek formal treatment interventions. However, by study end, it was discovered that all respondents had historically sought some time type of treatment intervention, including detoxification clinics (detoxes), rehabilitation programs (rehab), methadone maintenance, and therapeutic communities (TC’s).

⁵ The DSM-IV also identifies the “maturing out” phenomenon, (defined as a tendency for remission to occur post age 40) but the specific factors associated with this phenomenon have not been identified. Males tend to be more affected than females, with the ratio of three to one for heroin dependence and 1.5 to one for other opioid dependence (DSM-IV, 2000).

The questions for the open-ended section of the interview and selected domains were developed from information garnered from a variety of sources. These include focus groups facilitated or co-facilitated by this author while serving on other projects (both with active as well as recovering individuals and in multiple settings, including several state prisons); previous responses to survey research related to drug use and abuse, (in and out of prison settings); anecdotal information provided by key street informants; literature searches from the criminology and substance abuse fields and intuitive data garnered from years of experience working with, and interviewing active and recovering heroin users. It was not designed to be exhaustive, although the intent was that it serves as a guide when inquiring about the many difficulties experienced by these individuals. One of the study goals was met almost from the onset of interviewing, as virtually all respondents confirmed that the initial outline aptly reflected many of their ongoing difficulties. By inquiring about the key components of desistance and recovery as identified and experienced by the respondents themselves, this study was able to document these components and examine how the individuals identified and were able to successfully implement them. Both parts one and two of the interviews were administered retrospectively with a focus on the processes as ongoing during the required abstinence periods. If respondents granted permission, the open-ended section of the interview was tape-recorded to facilitate accuracy. As was the case throughout the interview, during recorded portions, no name or other identifiers were used. In the event that respondents declined that any part of the interview be recorded or expressed any concerns in that regard, all information supplied by the respondent was hand written, with no tape recording taking place.⁶

⁶ A copy of the open-ended interview protocol (Part 2) is attached as Appendix III.

The Use of Grounded Theory

Grounded Theory is one of several qualitative methodologies that provide a general way of thinking about and conceptualizing data (Strauss and Corbin, 1990). An inductive process, researchers using these guidelines are interested in examining data to discover patterns of action, interactions between and among actors and in discovering processes within those patterns (Strauss and Corbin, 1994, p.276).

Grounded theory is developed by entering the fieldwork phase without hypotheses, describing what happens, and formulating explanations as to why it happens on the basis of observation (Glaser and Strauss, 1967). Although researchers may begin a study with general experiential themes or conceptual frameworks, these are modified and are grounded in the actual study data (Miles and Huberman, 1984). As grounded theoretical analyses are drawn from the data, they are likely “to offer insight and enhance understanding...” (Strauss and Corbin, 1998, p. 12). In addition, grounded theory is useful to “elaborate and extend existing theory,” (id). This study used a grounded theory approach to analyze the data, guided by a theoretical framework of desistance, in order to examine and describe the desistance and abstinence processes among this group of recovering ex-offenders. The principal aim of this study was to examine the process of desistance. Labeling effects on this process of desistance are considered in this analysis, in the hopes of elaborating this relationship.

In order to identify and isolate measures and themes of desistance from criminal behaviors and successful abstinence from heroin use, a constant comparative conceptual paradigm / iterative perspective was used to analyze the contents of the open ended sections of the interviews (Glaser and Strauss, 1967). Once transcribed, the interview data was read and re-read. Key data points were highlighted and underlined as the most

salient at the time. Initially, a thematic analysis was used to group the open-ended responses. In order to extract themes and patterns of behaviors common to individuals in recovery, string searches for words were performed. These string searches allow for coding of text pertinent to each of the developing themes, categories and concepts. This is an iterative process in which analysis begins with the first data collected, and the emerging constructs, themes and patterns direct the next phase of data analysis, reflecting these emerging themes (Miles and Huberman, 1994; Strauss, 1987). These emerging constructs and patterns may then become new foci of inquiry leading to further research.

All transcriptions were analyzed in depth and coded using these emerging themes and patterns. This process entails systematically searching the data to identify and/or categorize specific patterns within cases and then identifying these patterns between cases. These patterns of behaviors are grouped and reassigned as needed within each of the selected domains and become the key variables in the study. This constant comparative method is a procedure concerned with generating categories, themes and processes, among others. One advantage of this method is that it can be applied to any kind of qualitative information, including interviews, observations and field notes, allowing for integration of categories and their properties (Strauss, 1987; Glaser and Strauss, 1967).

This procedure, grounded in the data, calls for constant revision and refinement of the constructs and variables, as identified by the subjects in their open-ended responses. As additional data confirm or contradict emerging themes, new categories and codes are generated. These categories are then organized into groups that can be compared, both within as well as between individuals. The data was transferred into the Atlas-ti

qualitative data analysis software program (Muhr, 1991) for managing, coding and data analysis. Similar in operation to Nudist, or other qualitative data analysis software packages, Atlas-ti is quite useful for grouping themes and concepts within as well as between individuals. I participated in over sixteen separate hour-long Atlas-ti training sessions with the founder of a company specializing in qualitative data analysis with various software packages.⁷

Recruitment Strategies and Methodology

Often, access to "hidden" populations is not entirely possible or very difficult. For these groups, establishment of trust and a trusting relationship are key factors facilitating access. Sometimes, there exist "favors in kind" that may be useful for securing access. Referrals to treatment, legal services, even relatively simple (but not necessarily monetary) favors such as assistance securing personal documentation (identification cards, social security numbers, drivers licenses, etc.) may serve as the introductory mechanism that will facilitate continued access to these groups (Ziek, Tiburcio and Correa, 2002). The reciprocity and interactions established may often introduce researchers to the communities they wish to explore such that they are allowed glimpses and given entry into worlds they would otherwise be forbidden from entering. The ensuing trusts, mutual respect, indeed friendships that develop provide cornerstones to future explorations in these same or similar cultures and develop informants or guides facilitating future access (Dunlap and Johnson, 1999; Bourgois, 1997; 1995).

Ideally, through each informant, further client engagement is hoped for. I sampled the respondents for this study utilizing purposive sampling and chain of referral techniques (Biernacki & Waldorf, 1981). The use of such sampling strategies ensures the

⁷ For further information on the types of trainings engaged in for this study, visit www.researchtalk.com on the World Wide Web.

availability of a larger respondent base. Additionally, building rapport with respondents facilitates conducting these observations and interviews in different settings. Often these simply cannot be conducted unless the requisite trust and respondent engagement has been established, ensuring a successful immersion into whatever culture the researcher is attempting. This is particularly true when the information sought is sensitive in nature or can be damaging or perceived to be damaging, if disclosed. This includes both respondents' overly reporting drug use (exaggerating use of substances), but also underreporting or failing to report such use.

Subject Recruitment

Subject recruitment for this study began in July 2004, although I did engage potential respondents in two focus groups at area Twelve-Step meetings in the months before. The actual recruitment and interviewing phase of the study lasted until August of 2005, when the last person was interviewed. Twenty-five respondents were recruited and interviewed during this fourteen-month period, although several respondents, principally my study informants, maintain contact to the present day.

Building on prior drug fieldwork, research and ethnographic studies (Therapeutic Communities of America [TCA], 2002; Ziek, Tiburcio and Correa, 2002). I visited several venues suitable to the study's recruitment criteria. With over fourteen years experience recruiting and interviewing varied drug using and multiply disordered populations for intake, research follow-up and ethnographic purposes, I have gained a great deal of expertise in these fields, especially in the New York City and surrounding areas and established important contacts in various locations. As a result of this exposure, I have developed several connections in the drug treatment, criminal justice, mental health and medical fields. I recruited from as varied a subject base as possible. The

subject “pools” or locales included: twelve step recovery programs, drug treatment aftercare facilities, methadone programs, hospital clinics and other neighborhood locations suggested by informants and known to me. In addition, I established working relationships with “field informants” engaged throughout the years and as posited by other field researchers (see e.g. Terry, 2003; Dunlap & Johnson, 1999; Bourgois, 1995; Emerson, Fretz and Shaw, 1995) these informants are an invaluable asset when conducting studies with hidden populations (see also Ziek, Tiburcio and Correa, 2002). Recruitment flyers were also posted at selected venues.

The initial group of respondents consisted of contacts and informants known by and familiar with me through many years of previous street outreach and research efforts. This previous experience and recruitment techniques proved worthwhile given the high number of callbacks placed by interested parties responding to the posted flyers. All attempted communications (phone calls, messages, etc.) were returned in a timely fashion.

Wiebel also found that there were several key factors that needed to be in place in order to successfully recruit members of hidden populations. Echoing the importance of the rapport building process with informants and its utility in gaining access to such populations, he noted that some of his informants were hired to research projects because of their intimate familiarity with targeted populations, in addition to the legitimacy it afforded the research endeavor. The substantive argument is that individuals to be recruited into studies are more likely to participate if other individuals known to them have participated as well (Wiebel, 1990).

As stated earlier, prior to beginning the actual recruitment and interviewing process, I engaged prospective respondents through informal focus groups conducted at area 12 step meetings. Key informants met through years of contact for other projects were solicited for assistance in introducing me to the first cadre of eligible study participants.⁸ I developed key contacts in these various venues as field coordinator on multiple federally funded studies while collaborating with several principal investigators at the National Development and Research Institutes (NDRI) in New York City. NDRI is a not-for-profit, federally funded research organization established to advance scientific knowledge and innovative solutions in the areas of substance abuse, HIV/AIDS, violence, therapeutic communities and the related areas of mental health, public health, criminal justice, urban problems, prevention, harm reduction and epidemiology.

My previous full-time contact with many of these locales and individuals has been ongoing throughout the years and began while coordinating a field study examining the co-occurrence of mental illness and substance abuse in an urban homeless sample in New York City. During my tenure on that and other similar projects, I was able to effectively establish a significant “street presence,” in neighborhoods ideal for tracking active substance users. I define these as ideal for those purposes because at the time (mid to late 1990’s) they were hotbeds of illegal drug activity. In fact on some studies, storefronts were erected in those very neighborhoods given the greater ease of tracking, locating and recruiting otherwise “hidden” or underground populations. The trust and rapport developed over the years with these informants were very helpful towards the study’s recruitment efforts. In these group settings, the study was described, including project

⁸ See Ziek, Tiburcio and Correa, 2002 for more detailed descriptions of recruitment techniques in field settings and, for further information on gaining access to difficult populations; see also Biernacki and Waldorf 1981, for further information on effective sampling techniques.

goals and eligibility criteria, while emphasizing the need and importance of respondent participation. These informal focus groups primarily consisted of conversations with prospective respondents and served several purposes.

The focus groups allowed me to introduce myself to prospective respondents, and perhaps more importantly, helped me refine the open-ended questionnaire such that the questions became more focused on the issues most salient to the study and from the perspective of the recovering users themselves. Thus, their effectiveness was two-fold, not only suggesting overlooked information, refinement and supplying necessary direction, but simultaneously facilitating later recruitment efforts by identifying appropriate future recruitment venues. Additionally, these groups provided a forum for open discussion about the desistance process and length of abstinence, issues at the heart of this study.

Next, staff members and informants from various drug treatment programs, clinics, criminal justice and aftercare agencies throughout the New York City area were contacted. The nature of the study and recruitment criteria was explained to potential participants and flyers containing study and contact information were placed at strategic locations recommended by staff. Additionally, flyers⁹ were placed at many area 12 step recovery meeting places and handed to key gatekeepers at these locations. For these purposes, gatekeepers are defined as individuals that have been instrumental in locating and recruiting “hard-to-find” participants on previous studies. These gatekeepers are known to and have established working relationships with me, and have proven track

⁹ “Five Years After” study recruitment flyer is attached as Appendix IV.

records as instrumental to the recruitment process.¹⁰ The success and high retrieval rates attained on previous studies, (in many cases attributable to the help of these same individuals), lent reassurance that the proposed sample size would be attained (see for example Dunlap and Johnson, 1999)¹¹. Others have cited the usefulness of similar chain referral techniques as well (Wiebel, 1990; Biernacki and Waldorf, 1981).

Previous experience and recruitment techniques proved worthwhile given the high number of callbacks placed by interested parties responding to the posted flyers. Approximately three quarters of the individuals initially responding were ineligible for a variety of reasons, highlighting the recruitment difficulties inherent to this selected population. Many individuals were newly in recovery, some having taken their last dose of heroin within a week of placing the call to me. Other potential respondents were even under the influence when I met with them, (which not unexpectedly they disputed when we initially made contact). One of these potential respondents later asked me for drug treatment program referral information, which I provided him. Although not an objective of this particular study, this type of quid-pro-quo is what legitimizes street researchers in the field. These types of contacts and communications with potential respondents reinforce the mindset that ethnographers and street researchers can be helpful, and are not only out to exploit them.

¹⁰ Over the years I have been part of many survey research studies and ethnographies and am well versed in conducting them. I felt confident that immersing in these select cultural milieus was achievable, leading to effective respondent recruitment. This expertise however, in no way diminishes the contributions of my informants. The fact is, without their assistance, I would not likely have recruited the sample I did, nor in as timely a fashion. I remain indebted and grateful to them.

¹¹ Social scientists use the assistance of street contacts to assist in their research. For example, in a study examining strategies for gaining the cooperation of drug sellers and their families in order to conduct ethnographic research, Dunlap & Johnson refer to such informants as the “right contacts,” necessary as critical elements in successfully gaining access to hidden populations (Dunlap & Johnson, 1999, p. 128).

A few potential respondents, although abstinent for the required period and meeting other recruitment criteria, did not have the necessary criminal justice exposure. Although I certainly felt that in all of these “ineligible” cases, their contributions to the study would certainly be worthwhile as I feel that all of these experiences have some salience to recovery, I geared the recruitment strategy towards fulfilling the key dimensions originally proposed. Despite this, even if contacted informants were not themselves eligible to participate or showed no subsequent interest in the research study, they were asked to inform others who might be interested in participating, so they may contact me. I made myself available to answer any questions that may arise from active or former users.

Once a subject was deemed eligible, and amenable to participate, an interview date and time was scheduled at a place convenient to all concerned. On only a few occasions did I find myself traveling any more than the usual two-to-three hour round trip. In these cases, the interviews were conducted in neighboring states, two in Newark, New Jersey and one in Philadelphia, Pennsylvania. The rest of the interviews were conducted in the New York metropolitan area.

Prior to engaging in the study, all participants were read the consent form, furnished with a detailed explanation of the study, including permission to tape-record sections of the open ended portion of the interview and handed a copy of the mutually signed consent form if they agreed to participate.¹² Subjects were paid \$20 for their participation.

¹² “Five Years After” study consent form is attached as Appendix V.

The Utility of Fieldnotes

In order to focus on recruitment and other aspects of the study, at several points I found my fieldnotes to be my best allies. After I discovered that my digital recorder allowed me to transcribe all fieldnotes digitally (as long as I was the only one speaking, as the voice to text software is designed to recognize only one voice at a time), I basically never entered the field without it. Not having to write at all times, but rather listening, allowed me to feel and experience more of what was said as the recorder freed me to listen more intently.

As an example, in order to fully understand the concept of insanity *as it was used by the respondents*, I often had to review taped sessions over and again, and read and re-read transcripts. At times it was difficult to extract this concept of “insanity” from other references to “craziness” because I wanted to remain as neutral as possible and didn’t want to impose my own understandings or value judgments on the respondents’ interpretations. For example, some of the behaviors they engaged in and described to me were certainly understandable in the context of the “craziness” of searching for an illegal substance, possibly adulterated in such a way that it could be fatal if ingested, amid ever increasing amounts of police presence and pressure, and, in neighborhoods where there was a high probability of being robbed, or worse. Other behaviors, such as “getting off” in a subway station, might only be considered “crazy” by people who never took those kinds of chances, but perhaps not by the actors themselves. They were the ones who could identify these as salient, and not only empathize with the actions. But this was the entire point of the exercise. I wanted to find out their experiences and record them as *lived and experienced by them*, my feelings as to how “crazy” or “sane” these behaviors might be, were immaterial. Their interpretation of this dimension, however, was

important, particularly if my being present might affect that interpretation. By keeping these issues at the forefront during the interview process, I was able to maintain value neutrality throughout these encounters.

During the actual interview sessions, I attempted to maintain as much of this reflexivity as possible, again my opinions and viewpoints were secondary to those of my respondents as I attempted to search for their understandings as to what actions they took or failed to take. Despite all efforts to the contrary, of course, by engaging these individuals in the interview sessions I inevitably introduced myself as a possible artifact. However, acceptance by the respondent base on these terms is not necessarily a bad thing. The key lies in integrating these dimensions into the exercise of learning what terms like “recovery,” “insanity” and “clean” meant to these respondents, as individuals, and how these experiences might later be documented as a collective. Tunnell maintains that good qualitative research is the mixture of the participants view and the outsider’s perspective and explanations, and which occurs as an ongoing process (1998). Doing so results in researcher and respondent becoming: [...integrated into the knowledge that is produced, as the “how” and the “why” of doing sociology become intertwined] (id, p.214). My desire was that by initially listening to, and later reading their words I might in some way discover not just the spoken words of my respondents, but the meanings and significance they attach to these. As mentioned elsewhere, at all times I recorded my impressions of these interviews (and any potential contextual factors) immediately following the interview sessions, in my field log. These notes proved invaluable when later considering the dynamic, contexts and venue influences on the interview process.

The text of these fieldnotes contained not only observations of the alternating venues, the respondents, and their interaction, equally important were my own thoughts as I entered deeper into these worlds. Immediate reactions, (that I realized would be forgotten or replaced by other “more significant” ongoing thoughts, as sometimes happened on previous studies in years past) were spoken rather than written. This made this process much easier as I didn’t have to fumble around for a pen or search for the notebook to jot down all these “thoughts.”

Two key dimensions about these types of materials in field settings that highlight their potential effects on the process itself should be mentioned however. The first is that by having a recorder, and recording these encounters, it takes a certain degree of skill and experience to make the respondents feel comfortable enough that they almost forget the recorder is there. Doing so grants greater spontaneity throughout the interview process, further inhibiting scripting of dialogue. But one key issue is that when using the recorder, particularly in public places, like a park for instance, you make yourself a potential target. Thus it becomes very important to be aware of your surroundings in these settings. One specific occasion comes to mind and I will share that experience along with the significance I attach to it.

Last summer, (July, 2005) I had scheduled a meeting with one of my informants. He was to introduce me to a potential respondent, but as often happens while making these appointments; we needed to reschedule our interview session several times, until we could set a specific date and time. We finally decided to meet in East Harlem, in an area restaurant. At our appointed time however, my informant wasn’t there. I tried contacting him at the cell phone number he had given me, but to no avail. After close to

an hour had gone by, I decided to see if he might be at an apartment he had previously designated as somewhere he could be found, if I needed to see him but had given him no prior notice. The apartment is located on a very high floor in one of the many housing projects that dot the area. As luck would have it, on that particular day, both elevators were broken. I was noting times and leaving myself reminders on the recorder as I was trekking up the many floors to this apartment. Suddenly, the stairwell door opened and two young Latino males stood there blocking my path. One of them asked me if I was a cop, to which of course, I responded no. He then asked me why I had a recorder in my hand if I wasn't a cop. Now, I've been conducting street research and been involved in these types of studies for many years. As an Hispanic who was born and raised in the area, I've always felt comfortable in these communities. But at that moment, I have to say that I was very concerned for my safety. Thoughts raced through my head, such as what if they threaten me or ask for money or for the recorder, if I had been set up, or if they knew that I carried money to conduct interviews, and so on.

As it was, nothing happened; I simply repeated that I wasn't a cop and they just walked past me and down the stairs. As I continued walking up the stairs, I asked myself if I handled the situation correctly, if I said or didn't say something I should have, or not. In retrospect, I felt that if I had conducted an interview shortly after this incident, I would almost certainly have imposed my feelings of the moment on the interview process. I wondered if the fear or apprehension I was feeling would be evident to my respondent, (in any case, the interview scheduled for that day did not occur as I never did find that particular respondent or my informant.). But I remember thinking that somehow situations like this have some bearing on the process.

The second incident occurred on another occasion when I was filling out the consent form with one of the respondents for the study. He had already consented and signed the form but when I asked him if we could audio-record the open ended portion of the interview (which constitutes the second signature line on the actual document) and noticed the respondents apprehension, I realized how even something (I thought) as benign as a recorder can affect the very process. As was his right, this respondent refused that our session be recorded and as registered in my field notes afterwards, reinforced the notion that these individuals were sharing very personal information with me. As the recipient of this valuable information, I felt and continue to feel that it is my obligation to make them as comfortable as possible during its administration. If making them feel more comfortable occurs at the expense of my having to jot down things (sometimes feverishly) in order to record the things they are saying, then so be it. Shortly after that interview was concluded, I recorded my feelings at the time and the meanings I attached to the things that were happening. Other researchers have described similar incidents during their own experiences in field research settings (see for example Williams, 1993; see also, Spunt, 1993) and describe the importance of keeping records of these occurrences. Again, in these and other situations during field interviews, my notes primarily served as indicators of these and similar events. A typical entry in my field note ledger looked something like this:

NYCHA; Barrio; large group lobby and by stairwells, drugs? Elevator broken; many urine soaked stairs, heavy smell. Maybe better take from infs for future interviews; old timer coming up, Future "old timer" (> 10 yrs in and same yrs clean, same complex.)

These types of often-cryptic notes served as reminders of the immediate environs of the interview for that day. This particular interview that was also to be conducted in a

New York City housing development located in East Harlem (Spanish Harlem, or the “Barrio” as the area is better known) had the following “indicators,” (see TCA 2002, for further information on the use of such “tools” when conducting research in institutional or other field settings). The elevator was broken, (serves as warning not to conduct future interviews at night or off-hours; broken elevators represent the necessity to walk and up down sometimes darkened or unlit stairways); stairways in disrepair and unattended and perhaps a potential public health hazard, (the heavy urine smell again is an “indicator” of lack of maintenance or supervision); I left myself a note to check with my informant/s if future recruitment attempts and/or interviews might occur in the same building. For purposes of later recall, it serves well to know my state of mind at the moment. I gave myself this reminder to get a better read from my informant so I could be better prepared if any other interviews were scheduled in the area. And finally another reminder that an important interview may be coming up in the same area, one with a male ex-con that served ten or more years and has an equal amount of years abstinent from heroin.

This study’s goal was to recruit as culturally and ethnically diverse a sample as possible. In total, ten female and fifteen male respondents were recruited and interviewed (two male and one female respondents were recruited, consented to be interviewed but later refused). This population proved very difficult to recruit and track. In essence, it represents a sub-sample (long term recovering heroin users) of what is already considered a sub-sample (recovering heroin addicts), with the added stipulations (and recruitment difficulty) that they be ex-offenders and that their prior use be related to arrest and/or incarceration episodes. Despite these requirements however, I made a serious effort to recruit as high a number of respondents as time (and money) permitted. I also focused my

recruitment efforts on interviewing as many women as possible. In light of the many additional obstacles these women in recovery face, the dearth of research (see for example Waterston, 1993; see also Rosenbaum, 1981; 1979) exploring their sustained recovery efforts presents an opportunity for this study to make additional contributions, in addition to serving as possible pilot data for questionnaire refinement and implementation for future investigations and funding opportunities.

In summary, the research methodology for this study was multi-fold consisting of the in-depth semi-structured interviews, informal interviews with informants and prospective respondents, and a ledger containing my field notes, documenting observations and experiences as I undertook these forays into the field. The study protocol, recruitment plan and sampling strategy were guided by and employ several methods for gaining access to, immersing in the culture of, recruiting and interviewing the study sample. An ethnographic perspective developed over many years of conducting ethnography and survey research was the primary force guiding this methodology. The selected locales or venues included but were not limited to: twelve step recovery programs, drug treatment aftercare facilities, methadone programs, hospital clinics and other neighborhood locations suggested by informants and familiar to me. The informants (“gatekeepers”) from prior studies supplied great insights into many of the processes experienced not only by active heroin users but also those newly and historically in recovery. As they are accepted in their respective communities as trusted individuals, being recognized by and with them by other community members served as a venue introduction without parallel (Dunlap & Johnson, 1999).

Chapter Four reviews the findings from the study's Addiction Severity Index (ASI) administration and the instrument's relevance as a tool to gauge the activities these individuals engaged in while actively using heroin. The chapter provides the study participants' demographic information and summarizes other quantitative findings, including the respondents' past drug use and treatment histories and criminal behaviors engaged in during their active use periods. Chapter Five provides an in-depth examination of the study respondents, giving voice to the multiple ways they have achieved their long-term goals.

Chapter Four

Quantitative Findings

Quantitative Results

To compliment the qualitative data from the in-depth interviews, quantifiable data on demographic aspects of the sample have been extracted from the ASI-Lite interviews. This information includes frequency percentages on the following variables (when available): age, race/ethnicity, socio-economic status (as determined by last year's self-reported income), education, occupation, relationship status, number of children, HIV status, age at first heroin use, routes of administration, amount of use, years of heroin and other drug use, arrests, illegal activity, mental health, and treatment attempts. The majority of this information is presented in tables in this chapter although various pieces are elaborated on and discussed in Chapter Five.

The methodology entailed a multi-analytic strategy, utilizing both qualitative and quantitative techniques. Data collected with the ASI-Lite, primarily for description of drug use, drug treatment, mental health, criminal activity and incarceration histories was tabulated by hand and is presented in this chapter, which serves primarily as an overall description of the sample. The decision to use the ASI was purely a logistic one. This instrument provides a global assessment of the potential problem areas experienced by active and former users, thus these data supply profile and demographic information, assisting in determining what these individuals are desisting and recovering from. Additionally, the instrument facilitated recording the selected "pre-recovery" domains in a more timely fashion, allowing for a greater focus on the "post-recovery" abstinence period.

ASI Results

The average administration time for the ASI-Lite across all respondents was 35 minutes. The longest interview took 45 minutes and the shortest took 20 minutes to administer. Interview administration times appeared to be a function of reported drug use and criminal histories and not artifacts; that is, those reporting the least involvement in the designated problem areas had the shortest interview times. When including the open-ended portion of the interview and considering total interview administration times, the shortest interview was about ninety minutes long and the longest took just over two-hours. The average administration time overall was about one hour and fifty minutes. Several respondents (including my principal informants) were interviewed additional times, primarily to verify previous information, as well as to confirm and schedule additional respondent appointments. On several occasions, I either met with them inadvertently or ran into them at selected venues. For the most part, the latter types of meetings were informal, so no actual interviewing would take place.

For each of the designated problem areas in the ASI, a composite score represents the sum of answers within it. Higher scores indicate greater problems for each selected area. Incorporated in this part of the interview were questions inquiring about ages of onset for any drugs or alcohol reported by respondents. The results presented here, reflect composite measures on selected drug use and criminality variables for the twenty-five study respondents including illegal activity and drug and alcohol use histories. Fifteen males and ten females participated in the study. The ages of the respondents varied from 29-52. Three (two males and one female) respondents reported testing positive for the HIV virus. One respondent reported living with the virus for the past seventeen years.

As indicated earlier, all names reported in this document have been changed to safeguard respondent confidentiality. Table 4.1 presents the study sample's demographic characteristics, including age, race, ethnicity, place of birth, socio-economic status, education completed, number of children and living situation at time of interview.

Table 4.1
Respondent Demographic Characteristics (n=25)

Variable	n	Percentage
<u>Age</u>		
19-29	1	(4)
30-39	8	(32)
40-49	14	(56)
50-59	2	(8)
<u>Race/Ethnicity</u>		
African-American (non-Latino)	10	(40)
Caucasian (non-Latino)	4	(16)
Latino	10	(40)
Other	1	(4)
<u>Place of Birth</u>		
Brooklyn, New York	3	(12)
Manhattan, New York	8	(32)
Bronx, New York	9	(36)
Upstate, New York	1	(4)
New Jersey	2	(8)
Other	2	(8)
<u>Socio-Economic Status</u>		
Low	17	(68)
Middle	8	(32)
High	0	(0)
<u>Education Completed*</u>		
Some high school	2	(8)
High school/GED	9	(36)
Trade/technical school	7	(28)
Some college	7	(28)
College	2	(8)
Graduate school	1	(4)

*Some respondents engaged in Trade/Technical training in addition to formal education.

Variable	n	Percentage
<u>Number of Children</u>		
0	8	(32)
1-2	12	(48)
3-5	5	(20)
<u>Living Situation</u>		
Own apt/residence, w sig. other	11	(44)
Own apt/residence, w sig. other/children	5	(20)
Own apt/residence, w children	3	(12)
Own residence, alone	2	(8)
With family	2	(8)
Stayed with friend(s)	2	(8)

Table 4.2 provides a 2 x 4 table (Gender by Ethnicity) for this sample (n = 25). Pseudonyms were assigned to the respondents in order to facilitate identification of specific individuals throughout this work, but in particular, in the following chapter where the “respondent voices” are heard. Table 4.3 provides a list of these pseudonyms along with age, gender, ethnicity, education level and years abstinent from heroin use.

Table 4.2
Sample Breakdown
Gender by Ethnicity
(n= 25)

	<i>Males</i>	<i>Females</i>	<i>Totals</i>
<i>Black</i>	6	4	10
<i>White</i>	3	1	4
<i>Hispanic</i>	6	4	10
<i>Other</i>	0	1	1
<i>Totals</i>	15	10	25

Table 4.3
Age - Gender – Ethnicity – Education Level - Heroin Abstinence Years
(n=25)

	<i>Black</i>	<i>Latino</i>	<i>White</i>	<i>Totals</i>
<i>Males</i>	Rob 39 College grad MCSE Grad Courses 8 years clean	Miguel 52 3XFel HIV+ 17 yrs 11 years clean	Jeff 41 College Grad 6 years clean	
	Max 37 GED Unemployed 5 years Clean	Juan 42 GED - 2XFel College courses 8 years clean	Bobby 37 A.B. 6 years clean	
	Mike 42 1 year college 8 years clean	George 44 6 years clean 2XFel	David 29 3 yrs college 5 years clean	
	James 39 GED Auto Mechanic 6 years clean	Butch 45 10 years clean 2XFel		
	Anthony 43 7 years clean	Joey 38 6 years clean		
	Vic 36 Trade School 6 years clean	RayRay 51 "Old Timer" 14 years clean		
<i>Totals</i>	6	6	3	15
<i>Females</i>	Cookie 41 10 years clean	Sonia 44 Trade School 7 years clean	Marge 37 6 years clean HIV+	
	India 45 7 years clean	Marisol 39 2XFel Trade School 11 years clean		
	Cheryl 45 8 years clean HIV+ 2XFel	Maria 45 Trade School Some college 7 years clean		
	Sandra 46 9 years clean	Tee 44 7 years clean		
		Debby 36 Some college 6 years clean "Other"*		
<i>Totals</i>	4	5	1	10

* Debby is included in the Latino column in the interests of table management; she described herself as "a Latina with a Black mom"

Education

According to the National Household Survey on Drug Abuse (one of the main sources of information on the prevalence of illegal drug use in the US population) drug use tends to be associated with low levels of education (SAMHSA, 2003). This was not the case for the majority of the respondents in the present sample, however. Only two reported having less than a high school diploma or GED. Nine reported having attained either one or the other. One woman reported attending one year of high school, dropping out in the tenth grade. One male reported that although he had “almost completed” high school (he dropped out in the eleventh grade) he had every intention of “someday getting his GED”). Seven respondents reported some level of college participation; two obtained college degrees and one took classes in a graduate program shortly after completing college. Seven respondents received technical or trade training and reported various successes pursuant to completing it. One male, James, reported achieving much success after completing his training program, which was in auto mechanics. Significantly, he completed this training program after completing his prison term, during which he received his GED. James reported that his future aspirations included opening his own shop one day.

Marisol, another training program graduate, also reported being very successful after completing her program in Administrative Services. Again of note, she attributed her successful period of abstinence, in part to her ability to maintain gainful employment. Also of note, is that Marisol, as was the case for the majority of these individuals, completed these training programs and furthered their education while still within the criminal justice system in one form or another. This finding concords with the SAMHSA study (id), that is, were it not for the training programs these individuals attended after

they completed treatment programs or during their probation and/or parole periods, the majority likely would have fallen in the “low level of education” category. This finding reinforces the notion that by engaging re-entering individuals in training programs and/or continued education, their periods of abstinence can be further sustained, which likely will impact recidivism rates accordingly. Further studies investigating these phenomena are clearly necessary.

Table 4.4
Age Respondents Began Using Heroin
(n=25)

Age at First Use	Frequency	Percentage
11-19	11	(44)
20-29	13	(52)
30-39	1	(4)
Total	25	100

Table 4.5
Methods of Heroin Use
(n=25)

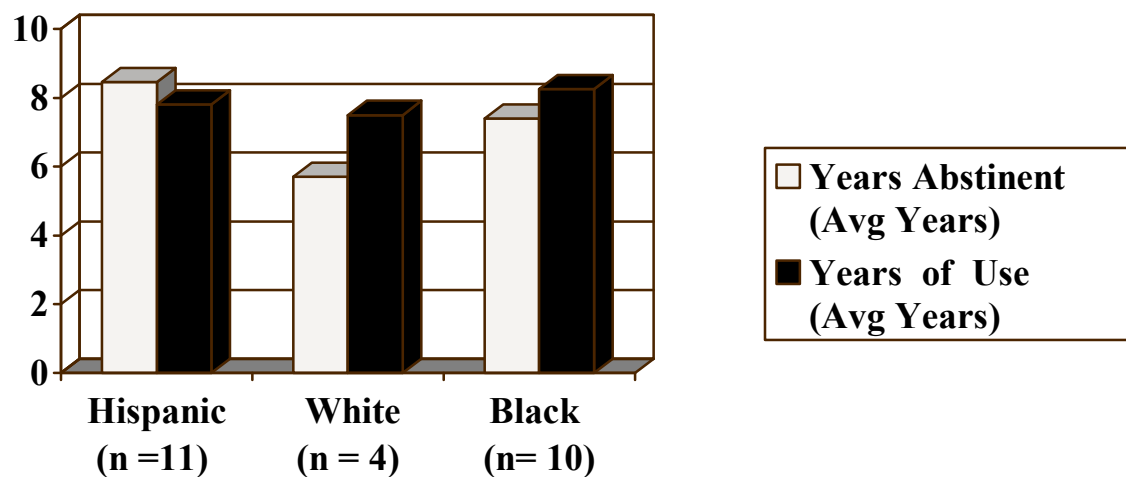
Methods of Use*	Frequency	Percentage
IVDU (Injected into vein)	21	(84)
Intranasal	13	(52)
Skin popped	14	(56)
Smoked	1	(4)
Total	25	100

* Some respondents indicated multiple methods of use so total percentages are greater than 100.

Table 4.6
Years of Persistent Heroin Use
(n=25)

Years	Frequency	Percentage
10-19 years	4	(16)
5-9 years	9	(36)
3-5 years	11	(44)
<3 years	1	(4)
Total	25	100

Figure 4.1
Five Years After
Years of Abstinence / Use
N = 25



Years of Heroin Use

All of the respondents reported lifetime heroin use, with 85% reporting intravenous use. The average number of years of reported lifetime heroin use was approximately seven and three quarter years. The shortest period of persistent (almost daily) use was two years and the longest period of such use was reported as close to ten years of prior (almost daily) use. Three quarters of the sample reported speedball use (heroin and cocaine mixture) in their lifetimes, although of these, all but one, reported heroin to be their lifetime preferred drug. Although lifetime heroin use patterns were reported in many cases to last ten years or more, the key recruitment criterion of heroin use in this study was daily or almost daily use for a year or more. In this case, as depicted in Table 4.6 some of the respondents were long-term users, having used on an almost daily basis for periods of up to ten years (n =4, 16%). Nine of them had been using heroin between five and nine years and eleven (44%) had been using from three to five years of

daily or almost daily use. One respondent reported less than three years of daily use. Although these figures represent periods of daily use, in many cases these periods were interrupted by hospitalizations and/or incarceration. Figure 4.1 (above) provides a graphic illustration that depicts the sample's years of total use / years of abstinence comparison, as grouped by Race.

In addition, all of the respondents reported multiple drug use and all but three indicated they had smoked marijuana and drank alcohol to intoxication at some point in their lives. Roughly three quarters had smoked crack at some point. Four of the respondents indicated they had smoked "Bazooka" (a powdered form of crack), these were grouped with the "ever used crack category." The majority (80%) reported non-prescribed pill use or abuse of prescribed medications (barbiturates, amphetamines, hallucinogens, other sedatives-hypnotics) and one respondent indicated that pills (barbiturates) were her lifetime-preferred drugs of choice.

While all but one respondent in the sample cited heroin as their drug of choice, in most cases heroin was not the first drug they ever tried. In Chapter Five, excerpts from the respondents' interviews describe their experiences with drugs before and after their heroin use, including their preference for heroin relative to other drugs. All of the respondents reported that they had tried other drugs before they used heroin. Only three of the respondents were not using another substance regularly before they used heroin. Most of the respondents (n=19, 76%) reported using cocaine either before or concurrent to trying heroin ("speedball"). Of these, eighteen indicated speedball use in their lifetimes. Twenty-two of the respondents (88%) said that they tried marijuana, and an equal number indicated they had used alcohol to intoxication. Six of the respondents said

that had used pills of various types but could not readily identify the class of pills and four of the respondents (16%) reported trying hallucinogens (two of the respondents had used LSD in tablet form, and two reported using “blotter acid”). These results are presented in Table 4.7 and Table 4.8.

Table 4.7
Frequencies of Other Drugs Used
(n=25)

Other Drugs Tried	Frequency	Percentage
Alcohol to Intoxication	22	88
Marijuana	22	88
Cocaine	23	92
Heroin with Cocaine	18	72
Methadone	17	68
Barbiturates	17	68
Sedative/Hypnotics/Tranqs	16	64
Amphetamines (Speed)	7	28
Crack	17	68
Hallucinogens	4	16
Multiple Drug Use	25	100

Table 4.8
Self-Reported Lifetime Preferred Drug
(n=25)

	Frequency	Percentage
Heroin	24	96
Barbiturates	1	4

Age at Time of interview

One of the respondents was between 19 and 29. Eight (32%) were between 30 and 39. The largest number of respondents in the study sample (n=14, 56%) was between 40 and 49 years old. Two respondents were between 50 and 59 years of age.

Socio-Economic Status

Respondent's socio-economic status (SES) was determined by self-reports of personal income over the last year and averaged over the last five years, as well as by career type. Most of the respondents (n=17, 68%) were categorized as low SES. Eight respondents (32%) were categorized as middle SES.

Criminality

In terms of criminality and reported criminal behaviors, all of the study respondents reported at least one prior felony arrest. Eighteen reported at least one prior felony conviction. Five respondents had two such convictions and one respondent reported three prior felony convictions. In addition to drug offenses, for which all respondents had at least one criminal justice contact (felony or misdemeanor arrest or conviction)¹³ the next most common charge and conviction across all respondents was, for the men (n= 9), auto theft (grand theft auto or attempted grand theft auto) and for the women, prostitution (n=5). Eleven respondents engaged in auto theft or reported being in a stolen car at various times during their active use periods. All of the women reported engaging in prostitution during their active use periods but only five reported being arrested for this activity. Five of the men also reported engaging and being convicted of prostitution of one form or another and one reported engaging in this activity with both men as well as women.

The next highest occurring arrests for both the men (n=7) as well as the women (n=5) were parole and or probation violations. The majority of both the men (n=11) and

¹³ These drug charges included arrests and/or convictions for both possession (22 respondents) and sale or attempted sale of a controlled substance (18 respondents). The drug most respondents indicated as precipitating the arrest was heroin, followed by crack/cocaine and pills, (most often valium) as the third drug most frequently possessed and/or sold at arrest. Sixteen of the respondents reported being arrested for both possession and sale or attempted sale charges concurrently, as well as on separate occasions.

women (n=8) reported engaging in shoplifting (“boosting”) and a total of ten respondents reported being arrested for this activity. In terms of lifetime incarceration, some respondents, although arrested multiple times, had spent little time in jail or prison, in some cases less than four months. Others however, had extensive self-reported arrest and incarceration histories, in some cases, approaching a decade or more of time served. Noteworthy is the fact that many of these same individuals also reported the most extensive drug involvement histories. Miguel, Mike, George, RayRay and Butch among others, were also the individuals that had sustained the greatest abstinence periods from heroin use, when interviewed. It is important to note that the tables presented here (Table 4.9 for example) report *arrest and incarceration* histories. For many of these individuals, these arrests represent a small proportion of the criminal activities they actually engaged in as also cited by other researchers (see for example, Golub and Johnson, 1999). Table 4.9 provides a synopsis of respondents’ self-reported arrest and conviction histories. Only one of the respondents reported being arrested during the abstinence (i.e. last five year) period. This individual, a Hispanic male, indicated that he was arrested for a domestic dispute with his former wife. The charge resulted in his accepting a guilty plea to disorderly conduct. As he was not on parole or probation at the time of arrest, this conviction did not result in any subsequent revocation hearings or further court action.

Although only one of the respondents reported being arrested during the abstinence period, five respondents reported engaging in criminal activity during this same time frame. The criminal activity reported was shoplifting (specifically the items most frequently shoplifted consisted of compact discs and engaging in “cattle rustling,”¹⁴)

¹⁴ “Cattle rustling” refers to a form of shoplifting, which involves taking beef and fish products from larger supermarkets. The most popular products (and easiest to re-sell) are filleted fish, salmon, shrimp and meat

although some reported a growing market for digital video discs (DVD's). Some of this transcript material is reviewed in Chapter Five.

Table 4.9
Criminality
(n =25)

Activity*	Arrests		Conviction**	
	n	%	n	%
Drug Charges				
Possession	22	88	22	88
Sale	18	72	14	56
Forgery	3	12	2	8
Weapons Offense	5	20	3	12
Burglary/Larceny/B & E	9	36	6	24
Auto Theft	11	44	8	32
Shoplifting	10	40	9	36
Robbery	4	16	2	8
Assault	3	12	1	4
Prostitution	15	60	10	40
Violation Parole/Probation	12	48	12	48
Other				
Policy ("Numbers")	2	8	2	8

*Criminal activities listed include only self-reported arrests and convictions from ASI instrument (Part 1 of interview protocol). These figures represent the number of individuals arrested for the activity; some respondents were arrested multiple times for the same or different activities.

**Includes felony and misdemeanor convictions.

Race/Ethnicity

Many of the interviews took place in predominantly Latino communities. The majority of the respondents were recruited within New York City's five boros, with close to half coming from the "Barrio" (East Harlem) area and the Lower East Side ("Loisaida"). Close to one third were recruited from various areas of the Bronx and Brooklyn, and the remainder were located in one northern county of New York, Long

products. Interestingly, respondents that reported engaging in this activity indicated that "really expensive meats" such as filet mignon and similar cuts of beef, are much more difficult to sell as street buyers often refuse to pay the higher prices associated with them.

Island, New Jersey and Philadelphia, Pennsylvania. The majority of the respondents were native New Yorkers. Hispanic respondents of Puerto Rican ethnicity made up the largest number of the sample (n=11, 44%). Most of the respondents were born in New York City, and two were born in Puerto Rico. The second largest group of respondents in the sample was Black (n=10, 40%). The remaining four respondents were White (16%). One of the Hispanic respondents self-classified as “other” (half Latina-half Black) although for most analyses she was grouped in the Latino category. The majority of the respondents were born and raised in the same neighborhoods they now lived in. Those that had moved to other areas of the city, reported still “occasionally” visiting friends and family in their old neighborhoods although some confessed that doing so sometimes made them uncomfortable, as they were somehow re-visiting “old haunts.” Some of this transcript material is reviewed in Chapter Five.

Living Situation

Most of the respondents who provided information regarding their living situation at the time of interview reported that they lived with their significant other (n=11, 44%). Four owned their own apartments in the version of housing cooperatives (co-ops). One reported recently beginning the paperwork to purchase a one family house.

Treatment Attempts

All of the study respondents had entered drug treatment at some point in their lives, with the vast majority (96%) of the respondents entering some treatment modality more than once. But of these, three-fifths (60%) used heroin after treatment (with the exception of their very last treatment experience), with the first occasion of heroin use usually occurring shortly after leaving treatment (average time to relapse less than one week). Over seventy percent of the sample had either tried methadone on their own

(*street meth*) or had been enrolled in this type of treatment modality at some point in their lives (n = 18). Close to one third of the respondents historically had entered treatment under some type of court mandate; five were mandated more than once. Interestingly, three of the respondents reported leaving treatment and re-entering the penal system by choice. One of those interviews was reviewed more in depth in Chapter Four. Tables 4.10 and 4.11 reflect the sample's "Treatment attempts" and "Types of treatment engaged in," respectively.

Table 4.10
Treatment Attempts
(n=25)

Treatment Attempts	Frequencies	Percentages
Attempted treatment	25	100
>1 Treatment Attempt	24	96
Total	25	100

Table 4.11
Types of Treatment Engaged in
(n=25)

Treatment History	Frequencies	Percentages
Methadone Program	18	72
Other Treatment	2	8
Detox	16	64
Rehab	7	28
Self Help (12 Step)*	17	68
Various Treatments	22	88
Total	25	100

*Denotes participation in five or more meetings (lifetime).

Although for the most part this group did not engage in violent felonies, some did engage in robbery, assault and weapons possession. The activities they engaged in with the most frequency, in addition to the one leading to the greatest number of arrests, were drug related crimes. Significantly, every one of the study respondents experienced at least one arrest or conviction stemming from the possession or sale of controlled substances. In other cases, the criminal activities engaged in were in some way related to drug

possession, use, or sale. Also significant for this group is that close to half the sample was rearrested for parole and/or probation violations, and these arrests in turn were often precipitated by drug possession or drug related activities, or technical violations resulting from drug use.

The entire sample reported multiple drug use patterns and all but one reported heroin to be their lifetime-preferred drug. More than four-fifths of the sample (85%) reported intravenous use. Three reported testing positive for the HIV virus. Every one of the respondents attempted drug treatment at some point, more than ninety percent of them engaged in multiple treatment types and attempts. Significantly, more than three-fifths relapsed shortly after leaving treatment during these historic treatment attempts.

In terms of re-entry, the biggest challenge for these individuals was the prospect of re-entering conventional society, in fact in some cases they were actually “entering” for the first time in their lives. These difficulties appeared to be the driving force behind their relapse and recidivism. As demonstrated by the majority of these respondents, by engaging in training programs and or furthering their education, their re-entry prospects were greatly enhanced. This finding reinforces the notion that by engaging re-entering individuals in such a way, their periods of abstinence can be further sustained, which likely will impact recidivism rates accordingly.

Perhaps the most significant finding for this group was that these respondents all of which previously used heroin for a period of two years or more of daily use, and whom have been arrested or incarcerated as a result of such use, had achieved from five to fourteen years of sustained abstinence at the point of interview.

Chapter Five Qualitative Findings

This chapter comprises the vast majority of this study's findings as expressed by the respondents. Although these findings are also interpreted and explained in Chapter Seven, this chapter provides a richer, more dynamic "flavor" of the desistance and abstinence processes as lived by the study respondents. This chapter also examines the study's methodology. It reviews the different ways that key study concepts were extracted from the data, and the multiple ways that the respondents were engaged such that they served as much more than subjects in a research study, in many ways they were conducting this investigation with me.

But first I will provide a brief review of the qualitative methods, the primary tool by which these data were produced and analyzed. I will then explore key concepts as related by the respondents. I have decided to group these according to category, originally I considered doing so by simply looking at abstinence and how they maintained their efforts and then at desistance, and so on. But as I was analyzing the data and grouping the key themes, I realized that there was simply too much overlap in behavior to separate these as distinct categories. To do so would have done each a disservice. So although I do present separate sections for each, there is a third section that comprises the crux of this dissertation's findings, the overlap between desistance and abstinence as experienced by the respondents. This demonstrates how intimately related maintained abstinence was to their desistance efforts and how both of these concepts were associated and ultimately encouraged these individuals to redefine themselves, further promoting their recovery efforts and serving as the principal catalyst towards sustaining it.

Coding and Analysis

As mentioned elsewhere, in order to identify and isolate measures and themes of desistance from criminal behaviors and successful abstinence from heroin use, a constant comparative conceptual paradigm / iterative perspective was used to analyze the contents of the open ended sections of the interviews (Glaser and Strauss, 1967). The data were transferred into the Atlas ti qualitative data analysis software program (Muhr, 1991) for managing, coding and analysis.¹⁵

The primary analytical tools for this part of the study comprised two principal types of coding techniques, “open coding” and “axial coding.” The initial type of coding or “open coding” is itself a two-step process. The first step involves a line-by-line reading of the text while looking for actions, events or processes. In this way, the data are broken down into categories creating a way to organize and interpret it (Glaser and Strauss, 1967). As these codes develop the researcher can memo or “tag” these such that the codes become more focused (id). The initial codes may be literal (in vivo) codes; these are more descriptive in nature. The second step of initial coding is more interpretative, which comprises a more focused analysis and often, grouping of in vivo codes. Focused coding requires developing a set of “analytical categories, ” (Hesse-Biber and Leavy, 2006, p.352). The very act of coding is itself a process, as stated by Miles and Huberman, (1994) “coding is analysis,” (p. 56).

Initial coding breaks the data down, while the second type of coding, “axial coding” is a way of examining connections and relationships between categories. Strauss and Corbin specify that the focus of this type of coding be on:

¹⁵ A previous chapter outlined the training I underwent and procedures utilized to facilitate analysis with this software program.

“Specifying a category (phenomenon) in terms of the conditions that give rise to it; the context in which it is embedded; the action/interactional strategies by which it is handled, managed, carried out; and the consequences of those strategies,” (1990, p. 97).

The final steps of this analytical process entail systematically searching the data to identify and/or categorize specific patterns within cases and then identifying these patterns between cases. These patterns of behaviors are grouped and reassigned as needed within each of the selected domains and become the key variables in the study. This constant comparative method is a procedure concerned with generating categories, themes and processes, among others.

Audiotaping

Four of the study respondents refused to allow our conversations to be audio-recorded. For these interviews, all information was hand-written. In cases where such permission was obtained however, the open-ended responses were audio-recorded initially utilizing a micro cassette recorder, but later, as the feasibility and practicality of using a digital recorder became apparent, a digital recorder (SONY ICD-ST25) was used. Digital recording facilitated transfer of all material onto an electronic format for later transfer to a computer database. Not only does recording these interviews enable a more even flow of data collection efforts, (such as minimizing interruptions) but also greatly facilitates later transcription. The audio or wav files contained in the digital recording are transferred to a computer for seamless data download and later analysis using qualitative analysis software. An additional advantage of reviewing recorded material is that by repeatedly listening to these tapes, potentially overlooked contextual factors are captured. Audio recordings purposefully lack any identifying information to safeguard privacy. All recordings, consent forms and other study material were kept separately from personal

data in locked file cabinets to protect respondent confidentiality. Finally, the data were transferred into the Atlas ti qualitative data analysis software program (Muhr, 1991) for coding and analysis.

Two respondents (who spoke little or no English) requested that the interviews be conducted in Spanish. Their requests were heeded and these two Spanish (at times “Spanglish”) interviews were transcribed manually, rather than electronically. Nineteen interviews were recorded as they occurred; twelve of these were digitally recorded and were later “re-recorded” in my own voice for transfer to computer databases.¹⁶

Investigating the Process: Voices of the Participants

This study seeks to answer how recovery from heroin use was successfully sustained for long periods of time and identify the tools these individuals used to maintain successful recovery. It was initially anticipated that effective methods of abstinence would vary, perhaps as a function of prior use history, prior criminal behaviors, gender, culture and developing patterns. Thus, an additional focus was to identify commonalities among the periods of prior use, methods of use, criminal histories and exposure, overall cessation strategies shared by these individuals, and how they actualized them and continue to do so. This procedure calls for constant revision and refinement of the constructs and variables, as identified by the subjects in their open-ended responses. As additional data confirm or contradict emerging themes, new categories and codes are generated. These categories are then organized into groups that can be compared, both within as well as between individuals.

¹⁶ It is much more difficult to use the “Voice to Text” software for transcription of one-on-one interviews or focus groups, as the “training” software for the program may not accurately recognize two or more voices simultaneously, as occurs during an interview or focus group. For this reason, I needed to re-record interviews in my own voice after numerous playback sessions.

Individuals recovering from heroin use have historically experienced multiple drug treatment episodes (Terry, 2003) and extensive involvement with the legal system, (Maruna, 2001; Terry, 2003; Preble and Casey, 1969; Golub and Johnson, 1999) and as posited by Waterston, the criminal justice system and other mechanisms of social control are “powerful and effective,” often rendering the users themselves “ineffectual,” (Waterston, 1993, p. 153). Waterston’s assertion seems plausible given the high recidivism and relapse rates demonstrated by heroin users, particularly those from the lower socio-economic strata. This also proved to be the case for the study participants. There were multiple instances where references were made to potential structural barriers to their recovery efforts such as the effects of gentrification and continued exposure to the criminal justice system (Waterston, 1993). Some of these barriers and how they confronted them are examined below.

Criminality, Prior and Ongoing

In terms of criminality and reported criminal behaviors, as reported in Chapter Four, all of the study respondents reported at least one prior felony arrest. Eighteen of the respondents (72%) reported at least one prior felony conviction. Five respondents had two such convictions and one respondent reported three prior felony convictions. All of the respondents had criminal justice contact related to their drug use. All of the women reported engaging in prostitution at some point in their lives and one third of the men also reported engaging in this activity. Overall, the women in this sample reported prostitution as being the criminal activity most engaged in, after drug related crime, followed by shoplifting (“boosting”). Some of the women reported engaging in specialized forms of shoplifting, one such case is reviewed later. The men’s overall primary crime was drug related (sale or possession), followed by auto theft (“doing cars”) and shoplifting. Close

to half of the sample had been arrested or re-arrested for parole and/or probation violations.¹⁷

Although only one of the respondents reported being arrested during the abstinence period, five respondents reported engaging in criminal activity during this same time frame. Shoplifting was the principal activity reported. As Joey stated:

“Sometimes things get too hard out there, its like if I wanna make the same money I can get from a straight gig, all I gotta do is boost five or six DVD’s and that’s a day’s pay.” He went on, “hey its like the saying goes, it’s about progress not perfection...”

He was referring to an adage often posted in twelve-step recovery meeting sites and other therapeutic settings, “progress not perfection” identifies one of the realities of life in recovery, especially as espoused by twelve-step recovery paradigms; if one strives to do better, it doesn’t mean one has to be perfect as long as one is making progress. The irony in this case however, is that Joey was using this saying to rationalize his behavior, perhaps indicating that he wasn’t actually “buying the whole program” (another adage signaling those who are only making half-hearted attempts at recovery). Treatment engagers, particularly twelve-step program participants, believe the only way to truly recover is to “fully engage in your recovery” (N.A. Text, 1991).

Anthony, a Black 43 year old male had this to say:

“I had several opportunities when I got out (from prison), Actually I should say I thought I had more opportunities than I actually did, like for example, did you know that you can’t have certain licenses if you’re convicted of a felony? I mean not ever, it’s almost like you have this permanent stain or mark and when they see the stain they say ‘Oh we got one, he’s got that felony from twenty years ago’ ...its really frustrating...and unfair if you ask me.”

¹⁷ Again this is significant as all respondents that had these types of technical violations, reported these to be drug related in one way or another.

Indeed, previous studies suggest that an ongoing difficulty inherent to desisting and the recovery process for these individuals is the act of reconciling their recovery and criminal histories with the normal challenges and difficulties of everyday life. These circumstances are common relapse stressors. Among other coping strategies, this study examined how these recovering ex-offenders were able to dissociate from prior connections and establish new ones, but more importantly how by changing these networks of friends and associates, they were able to effectively use positive networks to reinforce pro-social attitudes and behaviors. Others within their peer group often called them to task and the reinforcement of these positive networks assisted them with their abstinence. The key is that they negotiated these experiences without the use of heroin; underscoring the importance of the difficulties they have overcome.

Extracting the Voices

To demonstrate the process of extracting key themes that emerged from the data, I will focus on the key concepts gleaned from interviews with two of the study participants (Marisol and Butch)¹⁸ that illustrate this methodology. Additionally, transcript material from other participants is included to highlight key conceptual elements of the process.

Marisol, a 39-year-old Hispanic woman and former heroin and cocaine user has been abstinent from heroin use for 11 years. She is the mother of three children, ages 11-18, two girls and one boy. The oldest has been living with his paternal grandmother since he was four years old. Marisol decided to give him up to her former mother-in-law, in order to avoid legal or custody action by child welfare authorities. As an active user, she used heroin on and off for ten years. At the height of her heroin use she had developed a \$200 per day habit. She used in this fashion for approximately three years. During her

¹⁸ Reminder that all names have been changed to protect respondent confidentiality.

time in recovery, Marisol denies the use of any other substances, including alcohol. She initially stated that when she began her recovery efforts, she needed to “*white knuckle it,*” using the analogy of being on a roller coaster and holding on for dear life. Although not on a methadone program, she had attempted to “*kick dope*” with “*street meth*” (street methadone, usually purchased from program participants, selling a one or two day dose) on about 20-30 different occasions. During her active addiction she was arrested six times, four times for prostitution and two times for possession of drugs with intent to sell (heroin). Although in both drug arrest cases, she pleaded guilty to possession with intent to sell, during the interview she indicated that this in fact was not the case. She maintains that she was only holding the drugs for someone else and she was just unlucky, by being in the wrong place at the wrong time. Her fear of long incarceration served as the catalyst for her “*copping out*” or pleading guilty to a lesser sentence. Her second conviction carried a mandatory state prison sentence. However, her sentence was commuted with the stipulation that part of the sentence was incorporated to include her enrolling in an alternative to incarceration drug treatment program under TASC.¹⁹

During her treatment tenure, she wavered between as she termed it “*buying the program*” and opting out all together. At one point during her mandated treatment episode she “*acted out,*”²⁰ and when confronted, told one of the program directors that she preferred to be in prison than in the residential program, as prison gave her more “*freedom.*” She absconded from treatment, was later rearrested and as she indicates

¹⁹ Treatment Alternatives to Street Crime (TASC) is an offender management model that has been implemented in various forms since the early 1970’s. TASC facilitates treatment for drug-using offenders as part of an overall strategy to control drug use and associated criminal behaviors.

²⁰ Throughout these interviews, respondents regularly use terminology from their treatment experiences. This particular concept, “acting out” refers to not following certain program rules, thereby meriting sanctions, including program termination.

“thankfully” was given another chance to re-enter the program. She successfully completed this long-term drug treatment program where she graduated after nineteen months of in-patient treatment.

During the latter part of her recovery, Marisol states that things have gotten *“better.”* When questioned about what *“better”* meant in the schema of the interview, she stated that she felt better about herself, that she *“no longer had to run and hide.”* After her graduation from the treatment program, Marisol attended a training school focusing on secretarial skills and word processing. She successfully completed the training program and began, as she stated, her *“long assed job seeking”* venture. Ultimately, she was able to secure employment and has worked in the same position for the last four years. Marisol is employed as an administrative assistant, a position she states she would never have thought she could maintain in the past. She felt that throughout her active use period, her daily heroin use would be readily apparent to work colleagues as it always was to family members and those close to her.²¹ For this reason, Marisol never really sought out legal employment, opting instead to maintain her habit in other clandestine ways. She stated: *“in that way, at least my co-workers wouldn’t worry about me looking or acting high.”*

There were five key concepts that were gleaned from Marisol’s interview. These were employment, arrests, self-perception, labels and active drug use. Once transcribed, I read and re-read the interview data. I highlighted and underlined key data or what I perceived to be most pertinent to her recovery at the time. Initially, in her case, the most salient concepts pertained to Marisol’s employment experiences during her ongoing

²¹ Collectively, reestablishing meaningful familial ties was an important aspect of maintained abstinence for these individuals. Coupled in many cases with the renewed significance attached to interpersonal relationships, these ties in turn, set up strong support networks for them.

recovery efforts, in addition to how much she wanted to “*act properly*” as a parent. During the interview, she referred multiple times to her surprise at being able to maintain adequate employment, as well as describing her disgust with herself for having engaged in prostitution for so many years.

She considered this to be one of the key dimensions that was troubling her from her past. Having pleaded guilty to a felony charge, and especially during her earliest recovery period, she felt she would never be able to attain gainful employment or otherwise function as a “*normal person*.” At one point during the interview she stated that despite this perceived inability to get a “*regular job*” she would never go back to degrading herself the way she had before, by “*selling herself*.” Interestingly, this “key domain” of employment and economics became part of a collective concept I coded “Work and Self-Esteem.” The majority of study respondents discussed the difficulties they encounter when “accepting a petty wage.” This sentiment is particularly strong among those respondents reporting various successes in their previous criminal careers. Additionally, almost three quarters of the respondents highlighted the difficulties and triggers associated with the ongoing stigma stemming from their prior felony convictions. The salience of this concept of stigma towards the dimensions of “respect,” “self esteem,” and “work” cannot be overlooked. I thus maintained a sharp focus on stigma, and examined the relatedness of these concepts to the individuals’ abstinence and desistance efforts. This became one of the key study dimensions, as the fact that Marisol and others were able to accomplish what they felt would be unattainable, proved to them that they could overcome these significant barriers towards successful reentry in their lives.

Active Heroin use, Treatment and Abstinence

For this group, treatment completion was related to better outcomes, as other researchers have suggested (see for example, Hubbard, Craddock and Anderson, 2003; see also DeLeon, 2000). However, the caveat in this study is that during earlier treatment attempts, a high relapse rate to heroin use post-treatment was evidenced. This suggests the need for further investigation of this phenomenon. It appears that respondents who avoided full relapses to heroin use, or avoided relapses this second or third time around, made better use of and/or applied better coping strategies during their sustained abstinence periods. Some of this material as well as selected transcripts are reviewed below.

Multiple Treatment Attempts

In fact on this study, the majority of respondents had initiated some type of treatment intervention on multiple occasions. Although in several cases, the respondents entered treatment as part of a court mandate, these multiple treatment attempts indicate that at least on the individual level, the respondents were aware that they could not cease heroin use on their own, or sought out some type of intervention to address their use of the substance.

Mike reflected on this issue:

“I can’t even begin to count how many of those damned detoxes and rehabs I went to. There was even a time that going to rehabs was like the ‘in’ thing. That was, provided you had insurance to pay for them. They are always located in these great places, far from the streets, you know. I guess that for that little bit of time you’re in one of those places, its like you’re on vacation or something, yeah that’s it a vacation, but without bars or CO’s (Correction Officers). But it’s a revolving door man, it’s like you leave that great place in the country and like an hour or two later you back in the neighborhood, you getting high again. It’s like you celebrating being off vacation, its some scary shit, dope is no joke....”

Maria discussed how the “detox experience” in itself became part of her heroin use cycle:

“For me going to detox was like a salvation. But I guess you could say I got ‘saved’ like a dozen times...There was one detox in particular, the one on 18th Street, you know Beth Israel, I musta’ gone to that detox alone like five times. Sometimes it was like we would run into old friends there, as long as you showed up early and had a habit, you could get fixed right up...”

Bobby even compared his detox experiences to being incarcerated:

“It wasn’t really like a prison, I mean there never are any gates or anything like that and you can always sign yourself out, AMA (against medical advice). Yeah, (laughing) that’s one thing you sure can’t do in the joint...But it kinda reminded me of the bullpens (holding cells for arrestees). In detox there’s this whole black market for cigarettes, cause nobody has any, but you can get them, that is, if you know the right people. Well in the bullpens it’s the same thing, except in the bullpens, you can probably buy anything, it’s like a drug supermarket or something...but you gotta pay the price...and you know what else? Almost all of those institutional places smell the same, who knows, maybe it’s the stuff they clean the floors with, but all those institutional places especially the city institutions smell the same.”

Interestingly some of the respondents regarded their prison experience as “salvation” or as put by Max, a way to avoid dying on the streets:

“At least in jail I could get proper medical treatment, out here all I was dealing with was a bunch of bureaucratic BS. One agency kept shifting me over to another and another and so on, it was one big pain in the ass. The final result was I was in exactly the same place with no insurance. At least when I got busted I saw a doctor and as regularly as I felt I needed to, all I had to do was sign up for sick call. But what you have to realize, is that some of the brothers in the system have experienced the same kind of shit that I did. I mean if you’re homeless, hungry and getting high on just about anything you can get your hands on, jail doesn’t seem to be that bad an option, some of my former partners even told me they got themselves locked up on purpose, just so they wouldn’t have to hang out in the shelters. Ain’t that a bitch the fucking prisons make you feel better and safer than the shelters....”

A discussion of this recovery phenomenon and its relation to criminality would be incomplete without some important background information regarding previous active heroin use patterns, experiences, efforts at recovery and some possible reasons for these often unsuccessful attempts. I found it quite unusual that although generally referring to their prior heroin use and consequences of this use in almost horrific terms, at times, the

study respondents recalled good, even fond memories of their use. I questioned this phenomenon and wanted to explore these “*elements of a dry-drunk*” (as stated by Juan) in the vernacular of twelve-step recovery, (Juan explained: this represents a hidden desire to continue use at some later point; see also AA, 2004).

Other researchers have found this as well. As mentioned elsewhere, individuals who are recovering from heroin abuse will sometimes remember negative experiences regarding their former use in a positive light, at least initially (Terry, 2003; Waterston, 1993; Rosenbaum, 1981; Thomas, 1969). These negative factors, particularly those associated with withdrawal, (Thomas 1969) are often overshadowed by the thrill of the “score,” the pursuit of the drug (Preble & Casey, 1969), or the incredible feelings of euphoria experienced during stages of initial use (Thomas, 1969, p. 195) and the ultimate feeling of normalcy produced by “getting straight,” (once the habit has grown into an addiction, “getting straight” refers to addressing the physiological withdrawal by using more of the drug; see e.g. Thomas, id, p.199). These present some of the principal reasons newly recovering individuals are unable to sustain recovery episodes for extended periods. The sample data bore this out as well. For example, Mike a 42-year-old Black male recounted a tale of longing for that “*ultimate high*,” but a pursuit that never reaches fruition as the initial, or as he termed it “*cherry-breaking*” high can never be replicated:

“You know the strange thing is, one thing that I could never understand is as much problems and headaches that dope gave me, I still always chased that ‘one good high.’ Come to think of it, you wanna hear a story about some real insanity, some really crazy shit? You always hear about the insanity of the disease, well lemme’ tell you some really insane shit. Back in the day, there was this dope called ‘Tango and Cash.’ The name on the dope bag came from some movie or something.... Anyways, when that dope first came out like maybe three or four people OD’ed (overdosed) on it, and wouldn’t you know, it became the hottest

(most sought after) *dope on the street. Fuckin thing will kill you, but that just makes it more attractive, ain't that a bitch!*"

Insanity of the Disease

Interestingly, this concept of insanity or “the insanity of the disease” was mentioned over and over throughout the interviews. The insanity associated with addiction was mentioned at one point or another by virtually the entire sample of respondents and they reflected on this “insanity” as it touched different parts of their lives. During the initial recruitment phases,²² the concept of insanity became one of the overarching respondent comments throughout these encounters. In fact, when I met with Juan, also one of my principal informants, so we could examine this further, he suggested that this concept of insanity was not something that came solely “*out of the rooms,*” (NA, AA, etc.) but was actually something that he and others discussed among themselves when reflecting on the “*craziness*” of active heroin use.²³ Field notes I took at different points also suggest that there were different elements at play when examining this concept. Narcotics Anonymous defines insanity as: “Repeating the same mistakes and expecting different results,” (Albert, 2005). Indeed this appeared to be the case for the respondents in this study, as they discussed the “craziness” associated with their active heroin use and active use patterns. This “craziness” applied to heroin use as well as patterns of criminal behaviors engaged in to supply such use. Individual and more general meanings of this concept are examined here.

²² See Chapter 3 for a more descriptive examination of the recruitment strategies used for this study.

²³ Qualitative researchers, particularly ethnographers, refer to these types of searches for meaning, or interpretations as an act that is “reflexive and reciprocal in nature,” (Arrigo, 1998, p.75). This type of engagement enables researchers to explore respondent words exactly and contextually in order to achieve greater understanding of phenomena.

Cookie, a 41-year-old Black woman, abstinent for close to eleven years, as well as other respondents, expressing how they never envisioned themselves to be the persons they had become because of their heroin use, comprised one insanity domain. Cookie:

“Yes, I have to say that insanity can probably cover many different parts of my life, especially during the time I was using (heroin). I did things that I would never imagine during my runs (active use periods). I sold my body, robbed people, boosted just about everything I could carry and eventually went to jail. I was like another person, someone even I couldn’t recognize sometimes. My family didn’t recognize this other person either. It was just a whole lot of craziness, there really isn’t any other way to describe it.”

George presented a similar story:

“Its like you aren’t you for some reason.... when you’re out there (active in heroin use), dope is like air to breathe or something, without it you feel you’re gonna die. But I think its more than that, ‘cause even after I got out of detox or rehab, I only thought about how good the dope was gonna feel since I had been clean for a while.... its like you forget all the craziness that put you in detox in the first place, (laughing) even the judges that put you in detox...those I try to forget like immediately...” Later he ended his views on this aspect of active use with: *“Man, the more I think of it, the more I realize that is some seriously loco shit...”*

Rob talked about the craziness of looking to score:

“Man, it didn’t matter if there were three feet of snow on the ground, if the good dope was out there, I was gonna’ find it. I remember sometimes, that the blocks where the really good dope was at, like in certain parts of the Bronx or in other parts like in Brooklyn, over on Troutman... they used to have some really good shit too. Well anyway those areas were usually flooded with cops, you really had to know where to look so you could cop, get your shit and boogie outta there as quickly as possible. One time I was so sick, that it was raining, pouring, cats and dogs, man it was like sheets. I had copped, but couldn’t get off right there ‘cause there was too many cops, so I stashed my shit in my ‘drawers’ and took the train back to my neighborhood. But see, I had copped in Brooklyn and the train from there to my house took like almost two hours. Lucky for me I had my set (‘works’ or syringe) and my little bottle of water cause I was so sick I almost shit myself. Make a long story short, I got off the train and went into the back of the station and got off there, otherwise I really think I mighta’ shit myself, I had the runs so bad. But the point I was making was now that I think about it, those were some really crazy days, shit I took crazy, ‘ill-ass’ chances.”

Another quote as expressed by Bobby, a 37 year old White male, abstinent for six years:

“I think insanity is best defined as going about doing things the same way over and over AND always expecting different results, now that’s pretty crazy right...I remember hearing that in a meeting once, as a matter of fact you hear that in detox all the time, but you never realize that its true stuff, until you live it out yourself.”

typifies how the majority of the study respondents viewed their “active” use periods.

This begs the question, if by their own admission they were engaging in activities that were disruptive, dangerous, detrimental to relationships with friends and significant others and by all other measures “*insane*,” why continue? In asking this question, I was primarily focused on the aspect of abstinence, although certainly this concept applies to desistance or more accurately persistence as well. Why continue engaging in activities that you are conscious of and aware from past experience will cause you grief? Why engage in criminal activity that *you know* will sooner or later land you in a place you don’t wish to be in the first place? These concepts were the most salient to answering the key research question. At times I found myself almost persuading respondents to talk about their lives “after heroin” as opposed to “during heroin” or “while doing heroin.” This also proved difficult at times, as the consensus was that their “lives” during both these periods were so intimately intertwined, sometimes in very subtle ways. David, a White male, who at 29 was the youngest study participant, summed it up best:

“I’m still the same person, only I don’t use dope anymore...well really, I guess I’m not the same person in all respects, I guess if you count my lifestyle while I was doing heroin, and compare it to now, I’m physically not the same person, I eat better, I exercise, I don’t eat as much candy and junk stuff, but I haven’t forgotten how to do those things, you know what I mean? Its like when I would go boosting for stuff at the malls or go ‘hiking receipts’...”

NJT: Hiking receipts?

“Yeah, hiking receipts, that’s like when you go and buy something at a store, and you have your receipt right. Well, then you go back to the store and find the same item and return it, so it’s like you are giving them back their own stuff...”

NJT: OK, I get that part of it, but how is that related to your getting high or why you were boosting?

“Well like I was saying, I probably could still do that kind of stuff, you know ‘get over’ on the stores, but I’m not that person anymore, I don’t have to do those kinds of things anymore, but that doesn’t mean I’ve forgotten how...its like you’re taking crazy chances, especially when most of those stores have cameras and most of the time you don’t even know where they are, ‘cause just because they have a ‘big black ball’ on the ceiling doesn’t mean that’s the only cameras they have, you know?”

NJT: Right, I got that, but I was asking is how returning their own stuff to them gets you money, I mean unless you count that you got the item for free, how is that related to your getting high?

“Oh, I get it. Yeah well you could keep the stuff if you needed it, but that wasn’t the point, usually when I did that its cause somebody had already ‘ordered’ it from me, or I knew I could return it to a store and get money back, even if I didn’t have the original receipt...see what I mean.”

Thus another key concept entailed differentiating these patterns and processes of *stable* recovery from *intermittent* or *sporadic* recovery periods. These recovery periods are based on the individual respondents’ self-reported abstinence episodes. Other conceptual domains include desistance from criminal behaviors within the contexts of these abstinence periods. One key dimension this dissertation investigated is the effect of these separate abstinence periods on the individuals’ desistance behaviors.

The Same, Yet not the Same

Dealing with the day-to-day activities that generally are a part of everyone else’s world can have added difficulties for recovering individuals, especially those attempting to reintegrate. Negotiating the aggravations encountered on a daily basis, even mundane every day routine occurrences like the pushing and shoving on a crowded subway car during rush hour can add to a spiral of anger and frustration. Coupled with the added

difficulties of having a criminal record, and clearly exacerbated by the almost daily lack of success in obtaining gainful employment can potentially end in relapse, or worse. Juan, a 42-year-old Latino male, abstinent eight years (and also one of the study's principal informants) illustrated this point:

“Man, dealing with all those people with their coats and umbrellas and whatnot, I always felt like I didn't belong, no matter how much I tried to play their game, I just felt like I don't belong in that world. Seeing them every time I tried to go down and get me 'a steady' (job). And then to have them dudes pushing and shovin' me around, and they are probably the same dudes gonna' turn me down when I ask for the gig... its almost like an 'accident' waiting to happen, an I tol' you how I've always handled 'accidents,' I treat 'em...(referring to some type of inappropriate response, like shoving back or worse). But the worst thing is that in the back of my mind I hear that damned little voice, telling me that I can always go back to hustling...”

Many in the substance abuse and criminology fields might argue that this is nothing but an excuse or rationalization to use again or revert to previous negative behaviors. But regardless of the etiological consideration for resuming drug use in this specific case, investigating the recovering individuals' coping strategies, even for dealing with little hassles in life, merits discussion. As demonstrated in Juan's example, coping strategies, even negative ones, can be quite complex. The term “accident” as coined by him, and his “treating” of this “accident” suggests a few possibilities. When questioned about this, he indicated the intent to use again or “treat” the problem. He elaborated that he preferred “using” to ultimately responding in some other, more immediate negative way (perhaps by pushing back). But the negative outlook demonstrated by Juan is one of frustration, and lack of faith in his ability to get the job, even before he sets out to look for it.

The key issue lay in discovering the process of how he was able to overcome the self-destructive, health threatening and crime inducing behaviors associated with heroin

addiction and still focus on getting and keeping employment. Discovery and analysis of his particular behavioral patterns associated with successful abstinence revealed that at its core, sheer determination and being honest with himself served him well. He refused to give up and kept at the struggle. The most difficult barrier in his case was negotiating his criminal history, which was extensive. In addition, his prior convictions included serious felonies, which only made his job search more difficult, particularly when and if questioned about crime severity. When I asked him about this, Juan revealed that what worked best for him in this regard was to reveal as little as possible without actually lying:

“I never lied about my priors, unless you count lying by omission. I tried my best to put a positive spin on the time I was away, for example by pointing out my responsibilities on different jobs while in the system and how I actually supervised people while in one of the prison factories. I found that it almost always depended on who was asking the questions, and what they were trying to find out. I also made sure that I let them know that I had not only gotten my GED while away, but that I had also enrolled in college courses. You know, I hear that they are doing away with all of those college prep and college attendance classes at state prisons, if that’s true that would be too bad, I certainly feel they helped me, gave me more confidence in myself too.”

This statement touches on another issue plaguing this population, that of self-confidence or more accurately, lack of same (see for example, Maruna 2001).

For the present sample, the issue of self-confidence was manifest, playing an obvious role in Juan and others’ moving on with their re-entry to society. Self-concept and self-respect are crucial for successful re-entry and as pointed out by others (Maruna, 2001; Terry, 2003) the lack of such self-respect almost invariably leads to relapse, recidivism or both.

Modes of Use and Recovery

Although some studies suggest that differences exist between intravenous heroin users and heroin sniffers, (Carpenter, Chutuape, and Stitzer, 1998; Schottenfeld et al., 1993), little is known about whether these groups experience the process of recovery differently, or not. One of this study's sub-questions explored this issue, specifically focusing on the differences in the pattern of long term recovery as experienced by former heroin sniffers vs. former heroin intravenous users. Some of the study respondents vacillated between sniffing and injecting behaviors, and for the most part, it appears that doing so was more a matter of convenience than attempts at sustaining abstinence. But one element seemed to be present across all cases, as the subjects acquired more knowledge about the dangers of injecting (such as by needle sharing or re-using "older" needles), the less likely these individuals were to continue injecting and the more likely they were to alter their modes of use.

Joey a 38-year-old Latino male, for example, expressed a direct connection between his sniffing behaviors and fear of infection:

"Man I'm not using anybody else's works, period. I've seen some strung out brothers' use anybody's joints (syringes), but that ain't me. I don't care if I've got the shits (diarrhea) real bad, if I don't have my own works (syringe), I'll sniff even if it's a waste. Fuck it, if I had to scramble and get two bags instead of one, I wasn't using nobody else's works."

I found it unusual that if he were going out to hustle or "scramble" as he put it, why wouldn't he just buy some "works" and keep them for his own use. I asked him about this, his answer:

"That's actually a good question. First of all, most times I didn't feel like throwing good money away by buying works, besides I needed my 'gap' (money) just for my dope. But the most important reason was that if I'm gonna get busted, I'd feel like a real asshole getting busted for having works. Can you imagine me going back to the joint and the fellas ask me 'What you down for?' (what did you

get arrested for) *and me answering that I got popped (arrested) for having works? Man now that's a real 'dis,' in fact I might wind up washing somebody's drawers behind that.*"

This domain touched on public health concerns as well, that is, perceptions of use risk, risk aversion, harm reduction (curtailing needle sharing behaviors), social consequences of use (personal, professional and criminal justice sanctions or other "costs" of use), and negotiating mechanisms of formal social control such as arrests, incarceration, parole or probation, and as discussed by others, mandated treatment episodes (Waterston, 1993). Respondents were asked what influence these factors had on their desistance efforts and ability to maintain abstinence and how they successfully continued to negotiate these and other potential barriers to their sustained recovery.

Two interesting dimensions that I discovered here were how many of the study respondents referred to their drug use in the present sense, almost as if these were ongoing activities, despite having occurred, in some cases, more than a decade earlier. Further, I discovered how deeply the criminal lifestyle was entrenched with the drug using lifestyle, and significantly, what effects this behavior has on self-image. I questioned Butch about this phenomenon and he summed it up nicely:

"For me, using dope and 'getting over' were like two sides of the same coin. Soon after I got hooked on doogie (heroin) I realized that there was just no way I could feed my habit working a straight 'nine to five.' I mean lets face it; I didn't have a hell of a lot of other alternatives. The more dope I did, the more I needed and the more I needed, the more 'jammies' (scores or hustles) I had to do, to pay for it. Once I stopped 'doing dope' and I mean for good not just cutting down like in the past, I almost felt like 'now what?' So now I'm not getting high, what is supposed to change so dramatically in my life? But the funny thing its like you called this a study of 'process' and you know, that's exactly what this is, a process. Little by little, things have been getting better for me, and I think that's what's been helping me in this whole thing, that things are getting better. And not to mention that I don't have to worry about getting busted all the time...now that's the least of my worries."

Marisol initially discussed her need of heroin in order to function and later her ability to function with out the use of the drug. Throughout her interview she referred to her use in the present tense, while reflecting on her day-to-day functional behaviors (which she referred to as “*impossible*” if still using):

“It got to a point with me that all I did was ‘size up’ tricks for ‘potential.’ My only concerns were how much, for how long, how many times and how much more I could get out of ‘em. Dope makes me brave; it gives me courage, but that courage can make you stupid too. You wind up taking stupid chances and doing stupid things. I remember I had a job as a secretary with the phone company, and sometimes I found myself sizing up potential customers for my side business (prostitution). Can you imagine me checking out the bosses, messengers, whatever, but I didn’t see people, I saw dollar signs...all because of my using dope.”

Max found his own aspects of being functional as centering around his ways of “staying normal:”

“Man I found out the hard way, there is no magic pill that can make my dope using go away. And I tried all kinds of magic pills, methadone was probably the worst. I had to kick meth in the joint a couple of times and man, I would have rather kicked ten dope habits. That shit just gets in your bones and sooner or later you become a methagroanian...”

NJT: Methagroanian?

“Yeah (laughing) that’s like the meth dudes that you see that they can never speak a complete sentence, they usually just groan out the words...(laughing) Yeah meth is supposed to help but later for that shit, I may have bought some meth now and then on the streets but even that is dangerous, you wind up buying it from somebody that’s sick or with AID’s or something and then that’s that... it’s a good thing for me that I wasn’t actually on the program ‘cause I can just imagine how hard it must be to kick that shit cold, man there just ain’t no way.”

NJT: But wouldn’t you buy it from guys that get take home (doses)?

“Well yeah that’s what you do if you’re lucky, but sometimes you have to get it from somebody doesn’t have take home privileges so you have to buy spitback, man anyway you look at it, meth is maybe worse than dope any day.”

Despite this type of negative feedback from former program participants, the fact is that methadone programs although no cure-all for the heroin problem, have helped a great many people. Methadone was intended as a component of treatment, and as recommended by previous research, should only be viewed as a part of a comprehensive treatment plan. Coupled with various other harm reduction techniques, these can help not only individuals in programs but associated criminality and transmission of infectious diseases can be better addressed, thus enhancing social well being as well. But Max wasn't alone in his disparaging comments about methadone, most of the respondents in this study felt that it did them more harm than good. Of course their viewpoints must be taken in context, if such programs are administered as designed and treatment regimens followed as prescribed, there are many studies suggesting successful outcomes (see for example SAMHSA, 2002a). In Chapter Seven, I examine various treatment regimens within the schema of abstinence and desistance as experienced by this sample.

The second aspect that I found salient to recovery here was a common one revisited throughout the interviews and a concept central to this dissertation research, namely that of "respect" and its key dimensions, particularly in light of structural impediments to sustained recovery. Joey, for example, felt that if and whenever he was arrested during his active use period he would be embarrassed to disclose that he had been arrested for something as trivial as possessing hypodermic needles. But his embarrassment was somewhat misdirected as he wasn't embarrassed about the fact that he got arrested, he was referring to being ashamed about being arrested for something as trivial as possession of drug use paraphernalia as opposed to something more

“significant.” In his eyes, it was almost preferable to have been arrested for a more serious crime, to which he (and others) usually embellished the seriousness of, anyway.

Despite this, Miguel, who at 52 was the study’s oldest respondent, and whom along with Cookie, Sandra, Butch and RayRay had close to or more than a decade of abstinence from heroin use, spoke of how easy it was to find out what the underlying charges others faced, once in the criminal justice system. He also denoted a hierarchical system of respect from the inmate populace inherent to these charges:

“There really isn’t an ‘us-them’ mentality once you’re sentenced. In fact that’s true even when you’re in the detention cells (held as detainees or unsentenced inmates). Usually the house gang (unit trustees) knows the scoop about everything that goes on, not only in your unit but via other unit house gangs, in the entire system... believe me there are no secrets in the joint. That’s one reason why it’s so easy to get transferred when you find out somebody you ‘got beef’ with (potential violence) is coming to your building or even your unit (housing area). If you got sufficient props (respect) with the house gang captain (inmate unit leader) or if you’re a member of the house gang yourself, all you gotta do is go to the unit or housing area commander (Chief correction officer on the unit, usually the point man for such decisions) and tell him there’s gonna be beef. And that ain’t like rattin’, see ‘cause rattin’ is if you go and squeal that somebody’s got a ‘gun’ (shank or prison weapon) or drugs or something like that. You get no respect for being a punk (prison rat) in prison. But this is different ‘cause here you are basin’ your conversation on known facts. If you got beef, you know there’s gonna be trouble, and maybe you wanna’ look out for yourself or for one of your boys. Or maybe you comin’ up on parole and don’t want to find yourself in a position where you might have to take somebody out (kill or seriously injure another inmate) that might hurt your chances, see so that’s more like self preservation and you can still get props for that. But not a punk, a punk will rat you out simply ‘cause he’s scared or a pussy, like that, only to cover for his own ass, or to stay outta’ the box, things like that. Believe me, even on the street, people will know if you playin’ yourself while locked down...a punk is always gonna’ be found out one way or another.”

Importantly, this goes to the concept of respect (for self, as well as for and from others) as it develops for these individuals not only while in the correctional system, but also when engaging in activities leading up to their arrests. There are many crimes that are frowned upon “on the inside,” producing an hierarchy of more “accepted crimes.”

At the top of this hierarchy were the A-1 felonies, “*catching a body, or attempt’ murder*” (murder and attempted murder), most likely followed by serious drug crimes (seriousness denoted by the severity of the charge which, in turn, was usually determined by possession or sale amount). Next, followed the more brazen “*pistol stick-up kids,*” who by virtue of their demonstrated bravado in possessing and (sometimes using) a loaded gun, “*got their props,*” (merited respect). Although the bravado dimensions of this crime were acceptable on the inside, engaging in it was not without its price. Aside from the more obvious reasons, (that is, seriousness of offense, mandatory prison sentence for gun possession, etc.) other subtle dangers revealed themselves as well.

George, a 44-year old Hispanic male and admitted former drug dealer by trade, also confessed to committing occasional robberies, as need or “*demand*” warranted. He distinguished some of these subtleties:

“Sometimes out in the world you find yourself in a position where somebody is stepping to your ‘hood’ (territory). When that happens, you gotta send a message and it has to be quick. In the drug game you can usually do this by robbing whoever is stepping on your turf or having them robbed. That way they will get the message: ‘This is Red Tape zone, so step off.’ (Red Tape is the name brand or ‘stamp’ used by George during his earlier heroin dealing days). I remember once back in the day, I had robbed a couple of these dudes outta’ their stash, and like maybe three or four months later I got busted for some other thing, I think it was possession or something. Anyway, once I was locked up I met up with one of the dudes I had ripped off, and he had ‘been down’ (incarcerated) for a while and had been working out and stuff. Not only that, but he had gotten his props while he was in there. Lucky for me that I knew a lot of dudes in there too, and see its like I said before, your respect carries with you wherever you go, so I avoided what could have been some serious shit. Turns out we managed to get along in spite of the problems we had on the outside.”

At the middle end of the spectrum are the larcenies and felony thefts such as grand theft auto or grand larceny, followed by burglaries. At the lower end of the spectrum lie the less-serious petit larcenies and minor drug possession charges. However

it should be pointed out that throughout these interviews one crime was highlighted as the most serious, and said to be by far, the most despised by inmates, child molestation. Butch was the most eloquent respondent regarding what he called “*Short Eyes*” (Child Molestation):

“Man it don’t matter what you did on the outside, or your color or race... one thing that all cons hate is a ‘short eyes’ motherfucker. Man, I mean I even seen Latino brothers give up one of their own when he’s a ‘short eyes.’ I mean most people got kids or little brothers and sisters, or nephews or whatnot and we just ‘ain’t havin it.’ You rape a little kid, you better play ‘PC’ (protective custody) for as long as you in the joint, stay in there for your whole bid, otherwise you gonna get carved up nice....”

Family, Friends and Recovery

Some of the difficulties encountered by individuals in recovery include dealing with past acquaintances and friends who may still be active users or former “get high buddies,” (Andersen, 1999; Century, 1999; Terry, 2003; Rodriguez, 1993). During their time in recovery, the stigma and labels sometimes imposed upon them because of their prior use or incarceration history (such as junkie, or ex-convict), in addition to the negative legal, social and physical consequences attributed to both, are additional difficulties to be overcome. Joey, expressed this sentiment succinctly:

“Just about the only way that I can remember that I was able to ‘stay clean’ no matter how many times I tried, and you know it had to be about fifty...was I had to get away from all my ‘running buddies.’ Funny thing is I always thought this was all a bunch of bullshit, maybe a way for people to hold onto their dope and not share it, know what I mean? But damn if its true, no matter how long you been clean or how good you may feel, you better bet your butt that somebody’s who’s getting high is gonna bring you down a lot quicker than you gonna bring them up...”

In many cases their entire social network must change as a result, and old friends and acquaintances forgotten (Terry, 2003; Granfield and Cloud, 1996; Waldorf, 1983; Rosenbaum, 1981). As in Joey’s case, prior research also suggests that recovering

individuals must somehow remove active users from their life to forgo any temptation the latter's drug use may create (Agar, 1983), dissolve old relationships (Maruna, 2001; Waldorf, 1983), and form new ones (Knight and Simpson, 1996; Vaillant, 1992).

India, a Black woman, 45 years of age and abstinent for seven, referred to staying away from old acquaintances and refusing to give in to the guilt associated with her past, as two of her strongest “tools” for “*staying clean*:”

“I guess guilt has always been a big trigger for me, I had to teach myself how to be forgiving, yeah even learn how to forgive myself. I took my kids on drug runs, I turned tricks in my own house, shit...what ever happened to not shitting where you eat? I realize now, though, that all that past BS is just BS. Who cares? I did it, so what? I have to move on with my life...that's it. The past stays buried in the past...life goes on. But I will say that all those people that were part of my past, they have to stay in the past too, that's it, no half-steppin' they are part of that past and like I said, the past stays buried in the past...”

Additionally, one of the most stringent parole mandates stipulates that, while on parole, an ex-offender may not associate with ex-felons. For many, especially individuals from the inner cities where approximately two out of every five of the men between the ages of 18-25 are under some type of criminal justice supervision (Bureau of Justice Statistics, 1999), this mandate translates into their not associating with close to half of the total males within those communities. Even if not on parole themselves, these individuals must frequently ignore old friends, and dissociate from previous networks, in order to avoid any temptations these may present (Terry, 2003; Knight and Simpson, 1996; Waldorf, 1983). This pertains to associations with active heroin users, as well as any temptations of engaging in any previous criminal behaviors. This is especially true for those from the lower economic strata or returning from residential treatment programs, jails or prisons to neighborhoods in or around major heroin markets (Curtis, 2003; Curtis and Wendel, 2000; Maruna, 2001; Curtis, 1998). Some in the treatment arena also regard

recovery mechanisms similarly and refer to these concepts as removing oneself from possible threats to recovery, that is, “people, places and things,” (DeLeon 1995; see also NA Text, 1991). Conceptually, people refers to active users; places, to locales where drugs are bought or consumed and things refer to paraphernalia or objects that may trigger drug use experiences from the past.

Miguel spoke of his ongoing difficulties in this regard:

“Ok so my first sponsor (12-step mentor and pseudo adviser, particularly during early recovery) strongly suggested that I stay away from my old stomping grounds, and mostly stay away from my old running buddies too. But my question to him was, like, ok so where do you expect me to live? Where the fuck am I supposed to find an apartment, and like am I supposed to move downtown, maybe to a building with a doorman and shit. Yeah ok, maybe after I pull my next score...(laughing) makes me think I was better off in the joint, at least there if I moved it was ‘cause they moved me like I was some kind of fucking package or something, at least I had no choice then.”

Several other respondents expressed the difficulty they experienced when moving back to their old neighborhoods. Jeff 41, and one of only three White males interviewed for the study, discussed how his “old friends” although for the most part expressing admiration and support towards his recovery efforts, occasionally sent him mixed signals about their true intentions:

“My friends and particularly my family had every good wish for me when I tried to stay clean. They showed me support in every way possible, but sometimes I felt like it was almost like they were placating me and not really concerned about what would happen if I picked up (heroin) again. Sometimes at parties or other social gatherings, many would offer me drinks or pass a joint around. It got to a point that I almost felt embarrassed to say no. But then I realized maybe they just weren’t hip to what it meant for me to have even one drink or smoke a joint...inevitably I would just go back to my drug of choice...so in a lot of ways I realized that it wasn’t really that they were trying to tempt me, they just lacked knowledge of what smoking a joint might do to me...”

Regarding the neighborhood and its dynamic, Max a 37 year old Black male, abstinent from heroin use for five years, described the dynamic in “the Projects” or as he called it “*the “PJ’s”* or “*his world*” and how he was trying his best to stay away from all the temptations that “*his world*” presented him on an almost daily basis:

“There’s a lot of drama in the projects. Even for adults. I mean when we were kids, if you walked a certain way or talked a certain way or did certain things, you could wind up in some kind of static with other posse’s. But now? We’re just too old for all that mess. Shit (laughing) I think I saw a movie once that had a piece about ‘the world’s oldest gangster’...yeah I think it was ‘Huggy Bear’ played that part, remember ‘Huggy Bear’ from ‘Starsky and Hutch?’ But like I said there’s always drama. Like some of my friends deal crack, so that’s why I can’t get with them anymore, I ain’t about all that mess no more. I mean they’re pretty ‘game tight’ you know, like beepers and ‘cellies’ and they look like they know what they doin’ but it ain’t for me no more. I always thought that if you’re in need, there’s no way to avoid ‘the game,’ but that’s not true, you can make a choice to avoid all that mess, so that’s my choice.”

Regarding the difficulties experienced making new friends and establishing new peer networks, Debby expressed her participation in twelve step meetings as giving her a way to deal with her own insecurities regarding friendships and re-establishing herself socially:

“It’s not just going to the meetings, I mean going is better than not going. And sometimes the meetings are bullshit. But it’s different from when you were getting high, you know? I mean it’s even different from when you were trying not to get high, too. I know it sounds confusing, its just a little hard to explain...but you have to really get a feel for ‘staying straight’ you know what I’m saying, you really have to try and hear the message...even if for the wrong reasons, fuck it, just hear the message. But even that’s not enough, you have to get involved, get there early, make the coffee, help with committees, things like that, show a commitment, not only to yourself but to the meetings themselves...show that next person that she...she is somebody and that they matter...then its like...you become somebody too...”

In recovery, negotiating new networks is a stressful, ongoing event (Waldorf, 1983; Narcotics Anonymous, 1991). For recovering ex-offenders, establishing trust, and for many, negotiating their lack of trust in others generally, is very difficult (Maruna,

2001). Reconciliation with loved ones is an important component of the recovery process and recommended by therapeutic community treatment modalities (Deleon, 1988). In fact, one of the twelve steps recommended by Twelve Step recovery paradigms stipulates that one should make amends for earlier transgressions (Narcotics Anonymous Text, 1991) as an attempt to reconcile differences and heal old wounds. But making amends for earlier transgressions whether real or perceived, tangible (for example goods stolen for prior drug purchases) or intangible (emotional pain inflicted on others by former users) is not a simple task. This becomes an even more daunting task if the individual, when active, was using as a means of coping with whatever physical, emotional pain or discomfort s/he was feeling at the time (Rosenbaum, 1981; Thomas, 1969). These unresolved feelings may create a vicious cycle for active users; of discomfort, pain, relapse, and is often what keeps individuals active in their use patterns (Terry, 2003).

Individuals may experience an exaggerated sense of conflict when having disagreements with spouses or loved ones. If they were unable to develop positive coping strategies during active addiction periods, they may find themselves unprepared or unable to do so in recovery. Sometimes old wounds may reappear; old patterns of behavior and inappropriate responses to stressful situations may surface. Now abstinent, individuals must deal with these physical or emotional pains without the use of the preferred substance, in order to avoid the often-exaggerated consequences of not doing so. The familiar emotional crutch is no longer there, requiring alternate and perhaps unfamiliar coping strategies (Rosenbaum, 1981). This process entails an ongoing change in lifestyle, real acceptance of the problem/s, honesty with self and others, and a change in attitudes and behaviors. These changes occur slowly and the impatience created by this slow

process may sometimes, in and of itself, serve as a relapse trigger. But dealing with life on life's terms is much easier said than done, and for recovering users, the emotional baggage that was perhaps alleviated by the use of substances is now at the forefront and must be reconciled. James, a 39-year-old Black male in recovery for six years summed up difficulties in this regard:

"I have to say that it was always much easier for me to deal with stuff in general when I was high (on heroin). Most of the problems I had or thought I was having became blurred or went away when I was high. The big problem though, was that sooner or later, these damned problems would creep back up to bite me in the ass, no matter how much dope I did, they never disappeared, only were put outta' sight for a while."

Rob, Black, also 39 and in recovery for eight years, explained his own struggles and reflected on these in greater detail:

"For so many years, (in Rob's case eight years of active, almost daily heroin use) I lived what I can only describe as in some kind of dream state. I mean it was just one long dream, nightmare really. My whole life was centered on getting more dope, as long as I had my daily 'wake-up' everything else was gonna' be alright. But I always wound up shooting my wakeup the night before, so my wakeups became sort of like something else. No it was more like the whole 'wake-up thing' became like my reason to go on. In fact my whole fucking life was just one long struggle to get more dope. I can never forget that feeling of relief I always felt when I copped or had my bag stashed. It was like I felt that EVERYTHING (emphasis added) was gonna' be alright, as long as I had my dope. It didn't matter what the occasion, birthdays, holidays, Christmas, if I had my wakeup I was cool. Now if I didn't have my dope or if I had to take part in any of these things and I was 'dopesick,' everything was fucked up. And everybody around me was gonna' feel as fucked up as I did. Like nothing else mattered, I mean deep down, I'm sure they mattered, but it was like an engine without gas or oil or something, I couldn't function without my dope. Everything I did had to be done as quickly as possible so I could devote the rest of my time to what was really important, getting more dope."

Significant Others and Recovery

It is important to note that for the recovering individual this process is exacerbated if a loved one is an active user (Grella, Anglin and Annon, 1996; Powis et al, 1996; Ratner, 1993; Rosenbaum, 1981). The active person's behaviors and patterns of

use serve as a constant reminder of how effective or “useful” this crutch had been in the past. The question becomes, how does the recovering individual deal with witnessing similar use patterns in someone close to them and deal with these additional potential relapse triggers? Having recognized and experienced the consequences of active use in their own lives, witnessing similar patterns in loved ones is difficult, if not insurmountable. Juan discussed some of his misgivings and experiences regarding his marriage to an active user:

“Don’t get me wrong, I love my wife. In fact she is one of the main reasons I’ve been able to stay clean this long. If it hadn’t been for her who knows where the hell I’d be. And she is the mother of my kids, and you know for us Latinos, that’s a big thing. We try as much as possible to keep the family together, we gotta’ try to change the cycle of non-existent parents, well maybe they exist sometimes but in some upstate jail, its time to put a stop to that kind of stuff...Sometimes my old lady will drink too much, and she should know better. I’m not really trying to control her, but being that she is the one who has helped me through all this, she should know what her drinking around me can do to me...I mean shit, it’s a good thing she doesn’t get high (on heroin) too.”

The possibility that one or both partners (still) engage in illegal activities (possibly supporting past drug use or paying off prior drug related debts) can result in added stress for the recovering individual (Rosenbaum, 1981). Reminders of money mismanagement, whether related to drug use or not, might result in further triggers to prior drug-seeking or drug-using behaviors. Additionally, for those with children, financial difficulties arising from dealing with day-to-day activities involved in caring for and raising their children may prove too stressful for individuals in recovery, where they may resort to previous drug using behaviors as a coping strategy, (Powis, Gossup, et al, 2000). These types of issues may become even more difficult to address if the recovering individual is attempting to re-establish a relationship with their children or other family members (Wechsberg, Craddock and Hubbard, 1998). Debby a 36 year-old female Latina

experienced such circumstances when “re-entering” the lives of her husband and children:

“I think the hardest thing for me was to really sit down and look (emphasis added) at my kids. I mean really take a long hard look at them and not look through them the way I’ve always done when I was getting high. And it’s been a real, long slow process for me. Even though I’ve been ‘clean’ now for seven years, still to this day, if I have a cold or sniffles or allergies or anything that might make my nose run or my eyes tear, and my old man right away thinks I’m back on the shit. I mean damn how about a little trust and faith that’s all I ask.”

In cases where pre-recovery difficulties still exist, the individual may be unprepared to deal with these issues. Thus the cycle of recovery, relapse, treatment, detoxification, hospitalizations, increased exposures to arrests or incarceration and renewed recovery attempts may resume sometimes at a feverish pace (Terry, 2003; Maruna, 2001). At best, the individual is able to have some episodic period of abstinence, but these respites often translate into rest periods before the next cycle begins (Waldorf, 1970). Indeed, some respondents have referred to incarceration or treatment bouts as “rescue periods,” as also discussed by others, (Bourgeois, 1995). Similarly, Vaillant found that in his sample of recovering heroin users, *ninety-seven percent* had relapsed after a year (Vaillant, 1992, p. 48) and *none* of his methadone treated sample failed to relapse to heroin use even after incarceration and voluntary treatment (id, p. 52). These studies underscore the difficulties inherent to the desistance and abstinence processes and further highlight the need to better understand the patterns of successful long-term recovery. Regarding this “revolving door” of relapses and recovery, David had this to say:

“Whenever I got off dope, it was only like a little vacation that I gave myself. I can’t tell you how many times I went to detox. I know I said it was like ten times or so, but now that I think of it, for every one that I actually completed, there must have been about two or three that were just little mini-vacations. All I needed was some time to get away from ‘the man’ or my old lady or my moms or anybody else that didn’t see eye to eye with my’ druggin’ (referring to his heroin use). I think

that was the main thing for me at that time, maybe I wasn't ready to give up on my 'druggin' and nobody could tell me different."

Additionally, even if some of these individuals recognize possible threats to recovery, how do those lacking economic means respond positively to the temptation of avoiding "people, places and things," (Narcotics Anonymous, 1991) and act accordingly, for example, by moving or avoiding past acquaintances? The dysfunctional nature of active use and its deleterious financial and social consequences often precludes the later ability to relocate, not interact with family members or loved ones, or remove oneself from areas or situations where the drug is available. The recovering individual has made a conscious decision to change his heroin using behavior, but the reality is that s/he is in many cases returning to the same environments that may have contributed to the individuals' prior use. The difficult process of maintaining sobriety is subsequently that much more difficult.

As quoted by Biernacki:

"When addicts desire to give up their drug use and change their lives, they frequently are confused about what they should do instead. This confusion is especially dramatic for those who have been deeply immersed in the world of addiction for long periods of time. They may see themselves as having nowhere to turn, having burned their bridges with family and ordinary friends," (1990).

By discussing some of the things that have happened in their lives, these respondents were able to tell me how they've anticipated some of the consequences of their immediate actions. This type of consequential thinking fosters an almost innate sense of what is right or wrong not only in general terms but specific terms as well. For example, Joey discussed some of the issues that were raised by his mother regarding familial influence and the immediate and long-term effects of associating with family members or friends that were not yet "ready" to begin a drug free lifestyle:

“Family is very important to Latinos, I mean I’m sure you know too, the whole thing about getting together for the holidays or visiting one another is a real down home part of our lifestyle. And drinking too, that’s a real part of the holidays for us. I mean along with ‘Lechon asado’ and ‘arroz con gandules’ (fried pork and rice and beans) comes the ‘coquito’ (an alcoholic drink made of rum, milk and coconut) that we drink to celebrate. I mean for me and my family, its like ‘coquito’ is like a tradition, its almost an insult to say no if its offered to you. That was like Christmas time for us in my family. I remember my uncles always offered me drinks, and as long as my mom didn’t have a problem with it, it was always cool to drink, nobody had a problem with that. And it was basically the same in my friends’ families; yeah that was basically every holiday season for us. But luckily my family has been real cool and supportive about that. That’s a relief cause its hard sometimes to have to explain to everybody that I’m in recovery... like how that means I can’t drink either, I just... I don’t want to have to break it down for them every single time.”

In fact most of the problems that he's experienced with his mother, and by extension, his sister and other members of his family have nothing to do with his ongoing recovery efforts. Rather these tensions and problems have more to do with behaviors from his past. Joey indicated that his alcohol use often co-occurred with heroin binges, and that in effect, alcohol became a big trigger for him to go back to using heroin. In many ways, though, he realized that he was really setting himself up, as when he drank he knew heroin use was short to follow:

“Yeah I guess I would have to be stupid or sleepwalking or something if I said I didn’t know that by drinking I would go back to the needle sooner or later. I’ve heard that some guys can stop using (heroin) and still go back to other things, like smoking weed or drinking. But for me, its like the whole thing comes in a package, drinking, and dope its like they are married or something, all I needed was some Blackberry brandy and my shot of D, and that’s all she wrote....”

Despite this type of consequential thinking, enacting it was no simple task. He indicated that although it was helpful to know these things were related, other triggers from his past often re-appeared. For example, even simple arguments with his loved ones sometimes escalated to the point that he would seek a way out, and in his past, he acted on these triggers, usually culminating in his picking up heroin, again. But he realized that

this became a vicious cycle. Arguments led to heroin, which led to more arguments and more heroin and so on. The support he found from his family to assist him in identifying these triggers, and addressing them, was quite helpful to him:

“I didn’t really like that my sis and my mom pointed out some of the fucked up things I done in the past. But I realize that they had a role in my life too, they are not the enemy. I used to think that they were just people to get in the way of my dope, but no, its like I used all the fights with them and stuff as an excuse to just get high. Now we really sit down and talk, no it’s more than that, we don’t just talk, we communicate...”

Sonia, 44, a Latina abstinent for seven years, has also experienced multiple problems with her significant other. For example, recently, she called me and stated that she was close to the end of her rope.²⁴ She identified, what she called a “*big-time trigger*.” This trigger centered on her significant others’ alcohol use. She illustrated by giving an example. He had come in one night, reeking of alcohol and smelling of perfume, which heightened her suspicions that he had been cheating on her. But despite the fact that he was with another woman or she suspected that he was, what bothered her most was that he would come to the house smelling of liquor. She stated that he couldn’t possibly care for her, knowing that liquor was one of her “*trigger drugs*.” She felt that it was even more troublesome to her because he knew that he shouldn’t use alcohol around her. Doing so would “*wake the monster*” as she put it, and if she drank, she once again would be “*off to the races*.” Again, Sonia’s drug of choice is heroin. She indicated that she always used alcohol before, during or after her heroin use. So to her the use of heroin and alcohol was “*synonymous*” (these being Sonia’s exact words).

²⁴Renewed contact, as in Sonia’s case, demonstrates how baseline interviewing when conducted effectively can lead to significant sustained respondent contact, an issue that is so important for successful subject retention in follow-up or longitudinal studies.

Checking my field notes after this follow-up phone interview with Sonia, I came to an interesting conclusion. As demonstrated by Sonia, Butch, Marisol and others, it became clear that as time goes on for these individuals, and they accrue more and more “clean time” or periods of abstinence from heroin use, their world as they put it, gets smaller and smaller. This is due to a combination of things. Some people in their lives have died or have relapsed into heroin or other drug use. The fact that these significant others have used or continue to use other drugs, serves as a strong enough warning to them to disallow the possibility of any further association with them. Because of their drug use, even family members must often be ignored or cast aside as their use poses potential relapse triggers. Jeff, expanded on this point:

“Among people in recovery, there’s a saying we use: ‘if somebody is drowning in a sea of relapse and you decide you wanna be a lifeguard, you better beware that they gonna bring you down a lot quicker than you gonna bring them up...’”

Physical Health Risks and Recovery

Of the total sample interviewed for this study, three admitted to being HIV positive, two women and one male. Miguel, 52, has been living with the virus for 17 years. Abstinent from heroin use for the last eleven years, he is also the study’s oldest respondent. His interview data suggest that physical ailments such as HIV infection have some relation to the recovery process. The co-occurrence of heroin use and acquired infectious disease can either help or impede the process of recovery. The physical health risks of heroin use can have negative effects on this process for someone with an already compromised immune system. In this instance, someone who has been doing well for a while and then relapses may overdose (Frank and Galea, 1998), another key consideration given the increasing potency of the street market supply. As observed by Miguel:

“I’ve seen quite a number of people become infected throughout the years and unfortunately they just give up. A lot of them were all strung out to begin with so getting the virus just made things worse, much worse. But that dope is a bitch, man, it calls some people back to its ‘warmth,’ you know? Its like, no matter how bad things get out there, dope will ease the pain. But that’s BS you know? The truth is dope will just make things all the worse, especially if you’ve been off the shit for a while and get hit-up with some real pure shit, then you better kiss your ass goodbye.”

Interestingly, the co-occurrence of heroin use and acquired infectious disease (for example, HIV infection) can also help the process of recovery. Goodkin and colleagues found that active coping strategies (where attempts are made to change stress inducing situations) were associated with better immune status in HIV seropositive men than were avoidant coping strategies such as drinking or drug use (Goodkin et al, 1992).

Being HIV positive or having increased severity of infection can facilitate the process of recovery. Simply put, the realization that your life is in peril may help you to remain abstinent. Miguel considered this one of the main reasons he was able to put things “*in perspective*” and maintain his sobriety efforts:

“It’s been almost twenty years since I tested positive. But for me it may as well have been yesterday, I keep that test, those test results in front of me at all times. Its like they say, those that forget their past are doomed to relive it, well I don’t think I want to relive getting infected. I have to ‘keep on truckin’ and I can’t do that if I’m still getting high. But sometimes I remember what it was like, but I always try to make sure I block out any good memories I may have had about getting high, that way I can then let all the bad memories come back and that takes care of that...then I’m able to get grateful about my recovery, again.”

Despite observations like this however, HIV infection can be so debilitating for those in the latter stages who may find it too difficult or stressful to remain abstinent. One of the key dimensions observed by Miguel is that fear plays an important part in this process:

“At first its like you’re too afraid to get clean, its like a fear of the unknown or something, you know what I mean? I mean if you’ve been getting high for so many

years, it's like now a part of your very existence, like eating, sleeping and things like that. There was a time that dope was like my entire life, all of my thoughts were basically focused on dope, who had the best, where it was located and how I could score some. And keep in mind that I had a good job at the time, so I wasn't out there hustling or pulling scores. I mean I've done those things in my life, but not when I had a steady job, know what I mean? But I was able to keep my job for only so long, sooner or later the dope catches up to you and you lose it all. But before that happens, its like dope is so much a part of you that you are as afraid to give it up as you would an arm or a leg..."

But depending on how advanced the stage of illness, perceiving imminent death may serve some as a positive reinforcement to maintain abstinence. This is a complex process as there are many issues to consider. For example, the added stress of medication management and medical appointments must be considered. In such cases, more acceptable modes of heroin administration are a greater relapse risk, as the individual may perceive he can now sniff the drug and still get the same effect as before, enhancing risk factors. Additionally, given heroin's increased potency in recent years (Frank and Galea, 1998), even former sniffers are at risk of overdose and overdose death. This is true regardless of previous mode of ingestion, as the temptation of the better high (due to increased potency) is itself a risk. Miguel discussed his experiences in this regard:

"I shot dope for so long that I can't even remember when it became a problem for me. Its like one of those things, you do something every day and so many times a day that it becomes like a normal thing, almost like breathing. And I always told myself that I had it under control, but you never really do, its like another line you're feeding yourself, if you have a job, a family a car, whatever, you tell yourself, dope isn't really a problem. But when I found out I had the virus (tested HIV positive) I had to really take a long look at what my options were. Isn't it something? I had to get sick with this incurable deadly disease but even then, dope didn't allow me to live a healthy lifestyle. And you know I still got high for like five years even after I tested positive, dope ain't all that easy to let go. But then I had to, it was either let that monster go or die... I started exercising, I lost weight, built some muscle, and despite being positive, I haven't felt as good as I do now in years. But another thing is that from the word I hear on the street, street-dope hasn't been as good as it is now in years. And I been messin' wit' dope ever since you could cop 'two dollar bags.' That's what I tell the younger brothers, you gotta' watch your ass 'cause that high powered shit will take you

out in a heartbeat, and believe me, all those 'get high buddies' that you swear are your boys, they'll be the first ones to take your sneakers if you happen to check out (overdose) on that high powered dope. And my son, I feel like for the first time in years we are actually friends, its like his father became his brother after I stopped getting high..."

Sonia also spoke about a different type of health risk, not necessarily of any acquired diseases but of the dangerous behaviors she engaged in while seeking heroin:

NJT: You said you used to hustle “them” (referring to ‘tricks’ or customers) and also hustle your mother, what exactly did you mean by that? In what way did you hustle your mother?

I used to ask her for money and I went to men that she knew, (friends) and I hustled (had sex) with them for money. The longer I operated, the better I got at it. It got to a point that I could get money just for 'promising' sex. I got so good that I could tell if a guy was good for money, I mean real money just by looking at him. But then I started messing around with some dope dealers and they aren't so easy to 'trick'."

NJT: How are they different?

"Well for one thing they are pretty dangerous and not just some old friends of my mother's. You mess around with the wrong dope dealer and he'll blow your fucking head off, and not skip a beat...I mean how hard is it to turn a trick? Well shit I'll tell you, its damned hard.... When you're out there turning them though, you only think about the dope, its like that's all you care about "getting right" the rest comes later, you can face the world once you're straight."

Emotional Problems and Recovery

For those lacking sufficient medical insurance, yet experiencing ongoing emotional problems, re-entry post incarceration or treatment program completion is even more challenging. Tee, a 44-year-old Latina woman used heroin on an almost daily basis for approximately eight years, she has been abstinent from heroin for the last seven years. She also reported having been on medication for emotional problems for most of her adult life to treat her ongoing bouts with depression:

"When I got hooked on dope, I guess I was in my mid-twenties. At first I didn't even know I was hooked. It all started when I would get these nasty backaches. Also there was a time that I always felt like I had the flu, and it was always, I had

my nose running, my head would hurt, I just felt like shit all the time. But I didn't know that it had anything to do with dope. I used to sniff, first on weekends or at a party, really no big deal. But then I started using a little more, and a little more, until one day I noticed that when I sniffed, I didn't have a backache anymore. I asked one of my girlfriends about that and she was the one who told me I was probably hooked on dope. Now I had been taking these pills for depression, I think it was Prozac, I used to feel down a lot of the time, but for some reason after I had my first baby, it got real bad for a while, I mean I was really down in the dumps. But whenever I didn't take the pills, I would feel sad again after a couple of days. So I would sniff (heroin) and sniffing would really help, I mean it was like I would be almost asleep."

NJT: You said, "Whenever you didn't take the pills," was there a reason why you didn't take them?

"Oh shit yeah, there were plenty of reasons. I didn't like having to remember all the time, I mean it was like homework all the time, worrying about if I took it at the right time, and sometimes, I even...felt like I didn't need them anymore. But it may have been the dope, you know, by then I was sniffing heavy and right around then was when one of my girlfriends 'skinned me", you know 'skinpopped' (slapping her thigh) me. Now that was a trip, I felt like I was on top of the world...its funny too, 'cause after that first couple of times, you never feel it that way again, never..."

NJT: OK, cool but tell me a little more about the depression...

"Oh OK, I was saying that I kept taking the meds on and off, but I didn't realize how much I really needed them until after I got busted, because they really helped me during the time I was in. And I don't mean like helped me like when you selling pills on the street, I mean helped me with my depression..."

NJT: Selling pills on the street?

"Yeah, I know I'm jumping all over the place here, sorry about that..."

NJT: That's ok no problem, sometimes it's hard to remember little things, and then they come out all at once, so don't worry about it.

"OK, thanks...so another time the doctor had me on Ativans, and what I was saying about selling pills is that if I ever found myself really dope sick I could sell them or trade them for some meth (methadone). But when I got out of jail, it was like they kicked me to the curb, I mean I didn't have any welfare, no food stamps, nothing, except like \$105. they gave me when I was released. And that wasn't them giving it to me, that was like...my commissary money and money I had saved. So I was saying, it took me a while to get treated for depression again. I

didn't get a real doctor like until after I got my job with benefits, you know, like health benefits..."

The Con Mentality

Perhaps for some of these same reasons, some respondents have referred to incarceration or treatment bouts as “rescue periods,” (see also Bourgois, 1995). For example Sandra, (a Black woman who at 46 was the oldest female respondent) felt that at one point if she had not “*gotten busted*,” she would have died in some kind of turf war on the streets of her former neighborhood:

“Once you are in the ‘game’ (referring to drug dealing) like the saying goes ‘you gotta be in to win it,’ and that ain’t no bullshit. For that reason, you always have to be on the lookout for other groups. We used to refer to ourselves as ‘posses’ back in the day. Like if members from another posse start ‘sniffing around’ your turf, you gotta put that kind of shit down, right away. Otherwise you lose your respect, your customers and sooner or later your turf...So things get rough out there and back when I was in the ‘game’ (in her case the mid to late 1990’s) you had to be ready to do whatever was necessary, even if that meant killing somebody. But remember, I wasn’t the only one felt like that. Other posses felt the same way, so I coulda’ been ‘taken out’ just as quick. When I got busted, things was getting real rough out there and bodies was turning up all over the place, I remember reading someplace that those were some of the deadliest years in the city’s history, that ain’t no joke...maybe it wasn’t such a bad thing that I got busted and got took outta’ the game’.”

Spunt et al (1994) referred to these types of killings or deaths, that is, attributable to being involved in drug dealing activities, as “systemic.” The other two causes of their “tripartite definition” were “psychopharmacological” (in their study, these deaths were classified as resulting from use of the actual substance) and “economic compulsive,” (crimes reported as occurring to fund drug purchases).²⁵ Interestingly, the present study’s respondents’ own active drug using episodes and related criminal activities could be classified according to this schema. In fact, for some of these cases, all three

²⁵ See Goldstein (1985), for a more detailed discussion of this tripartite conceptual framework.

classifications would be appropriate to describe their prior drug seeking, drug using or drug enterprising activities, even within institutional settings

One individual with such experiences is Butch. Both Butch and his wife are in recovery, Butch has been abstinent for 10 years. But of this period, he really only considers his “clean” time to be eight years, because while incarcerated, he was using heroin on and off. Butch stated that his use during his time in prison was actually a survival mechanism. One of the things I wondered when conducting interviews with Butch was whether or not he was exaggerating the importance of using heroin, especially within the prison setting. I wondered if in fact, he was excusing such use patterns by rationalizing the necessity to do so while in this setting. But after meeting with Butch several times (Butch, who in the past has served as a study informant, was interviewed a total of five times over a period of several months), it was apparent that he was in fact quite candid about his experiences and his reflection of these. Butch often spoke of the “*drug game*” going on in the prison system. This was one of the reasons I met with him on so many occasions. Butch had quite a lot of insight into the forces driving him and others while in the system, in addition to elaborating on the utility of “*survival tools*” for those in his position.

During the period that Butch was incarcerated, there was a time of severe unrest and turmoil on Riker’s Island, New York City’s largest complex of correctional facilities, where he was housed. On one or two occasions these unrests resulted in periods of rioting on Riker’s Island. Butch indicated that he was housed at the “North Facility” during one such riot. North Facility is a housing unit holding male detainees on Riker’s Island. Comprised of ten facilities, Riker’s Island includes a jail for sentenced males serving

sentences of a year or less, several jails for detainee males, another for sentenced and detainee females, and a detention center for adolescent males (ages 16 to 18) among other facilities. The most severe of these riots occurred during August 1990, resulting in the entire correctional facility and all buildings within it to effectively be shut down, no one was permitted on or off the island, which is accessible by a lone bridge (Gonnerman 2000).

Butch often spoke of the “*house gang*” and of his initially being a member of the house gang, and later one of its leaders. He mentioned the importance of having weapons, of how these weapons were stashed and were kept in secret places and that in fact, even when not used to cause or bring violence onto others, also served as a reminder that nobody “*messed with the house gang.*” They not only had ways to “*get even,*” this in effect was one of the multiple ways they minimized danger to themselves (similar survival methods within institutional settings are described by Irwin 2005; see also Sykes 1958).

On occasion, Butch related, the weapons themselves were a means to an end, by virtue of just making the fact known that the weapon was in the general vicinity and accessible, even if the actual instrument was never used. But sometimes using such weapons was inevitable. For example, on one occasion, Butch got into a fistfight with a newly entering inmate (“*New Jack*”). This person was apparently someone that Butch had altercations with in the past, both inside prison as well as on the streets. When this individual entered the prison setting, Butch indicated that he had to “*show balls.*” In this case, meaning he could not let the other inmates, new or otherwise, push him around or “*step on his toes.*”

While in this setting, Butch had to demand and achieve respect in any way possible. At the time however, Butch did not know that the other individual had come in to that pod or living section with a weapon, as he had been sent from a different housing area and was not a newly entering inmate. That evening, the confrontation ensued, and Butch in fact had to use his own weapon to quell a disturbance that had been incited by this newcomer and a couple of friends who were also originally housed in the same housing area as the protagonist. This altercation initiated a “*shakedown*.” During a “shakedown” or institutional search, the inmates are roused up from their sleeping areas and the corrections officers come in and search the area for weapons, drugs, and/or to quell disturbances or potential riots.

The weapon that Butch used during the disturbance was discovered. He took ownership of the weapon and as a result was given “*boxtime*” (placed in solitary confinement), although Butch also related that on occasion, when weapons were discovered, his being “*written up*” depended on the correction officer on tour at the time, again another “*perk*” of being on the house gang, (Sykes 1958, also discusses this type of quid-pro-quo).

As demonstrated in Butch’s case, it appears that resulting from almost constant exposure to others with similar “con identities,” these individuals become institutionalized, not only by virtue of being incarcerated, but “institutionalized” in their ways of thinking. By inwardly accepting themselves as “convicts” they then “acted, thought and felt,” (Butch: “*like a con should*”). This type of solidarity is not unlike that discussed by gang researchers (Brotherton and Barrios, 2004) and others (Irwin, 2005).

Thus these individuals felt that they had a certain behavior code that they should abide by, in order not to be perceived as “outsiders.”

For the purposes of this dissertation, my focus was more on how they experienced these identity changes or identity transformations as posited by Maruna, (2003). Again the peer network appears to have played a significant role in that regard. This peer network is quite strong; the majority reported they learned from others that had succeeded, by learning and applying rules and behaviors “acceptable” in common situations. As the individuals apply these rules, they begin to abide by a new “code” of behaviors, which ultimately provide guidelines that can also be modeled and followed by others.

George revealed his feelings about his own changing perceptions due in large part to his interactions with others:

“They became more than my family, they really became a part of me. I felt I could turn to them whenever I felt I was losing it or feeling down. They had lived it so they knew what I was going through. And you know, this was true not only for those outside the “walls” but even some of the brothers inside the walls too.”

Con Mentality to a Con Identity

One interesting dimension of the effects of labeling and its influence on the desistance process that emerged from the data is how what I have termed a “con mentality” may transition into a “con identity.” Briefly, a con mentality is a survival tool that many of these respondents developed while actively using heroin and engaging in related criminal activities. Once incarcerated, this “con mentality” facilitated survival within the confines of the correctional institutions. But in addition to the act of engaging in criminal activities as a survival tool, the earlier stigma and labels attached to the behavior may cause what Lemert terms secondary deviance (Lemert, 1967). Here the

labeled individuals in effect reorient their lives and thinking around the label. This in effect becomes their new identity.

Similar to what Irwin calls “the convict code,” (2005, p. 32), their actions, communications and informal networks were guided by a commitment to negative values. In many cases, these commitments were survival mechanisms, engaged in to survive in these worlds. In the “outside” world these networks enabled acquisition of illegal substances and in many cases, the funds to acquire them. Once incarcerated, these commitments facilitated their being part of an accepted peer group, enabling survival within the institution. These commitments carried their own codes of behavior. As stated by Irwin in his example of “the thieves’ code,” an adaptation of his convict code, one of its mainstays was “thou shalt not snitch,” (Irwin, id, p. 33).

However, for some, initially establishing this con mentality, perhaps as a survival tool, escalated to their acquiring a “con identity,” where certain behaviors and actions were “expected,” rather than “suggested.”

Self Concepts

Individuals’ self-concepts are thus defined by how others see them, if these definitions are negative or usually so, the individual takes on the characteristics of the label. If then associating with other like-labeled persons, the individual ultimately accepts that group’s social behaviors, manifesting in his/her acceptance of the label. An extension of this concept may occur. As the individual perceives him/herself as criminal, the positive societal bonds are attenuated or weakened further, perhaps leading to even further criminal involvement.

Butch elaborated on how he experienced this phenomenon personally:

“It was always hard for me to be something else besides ‘one of the fellas.’ When I was growing up, being part of the group was what it was all about, you had to be ‘in,’ otherwise you was ‘out,’ know what I mean? If you didn’t belong, then that was that, you didn’t belong and you were treated like an outsider. And in my neighborhood, if you was an outsider, you might as well have been from a rival gang or something. Don’t get me wrong, I guess it wasn’t really all that bad, I mean you could be just an average guy that didn’t claim any turf (belong to any one clique or group) but that also meant that you couldn’t be down with any of the inside dope (news or goings on in the neighborhood). But the same way that we knew who was down and who wasn’t, so did the neighborhood. I mean everybody from the grocery store to the grandmas on the block knew if you was bangin’ (a gang member). And you had to represent, you had to show your colors otherwise you were out.”

This dissertation posits that once abstinent, the recovering individual must adopt new behaviors and patterns in an attempt to desist and “unlearn” the initial behaviors and secondary reactions in order to achieve a different “master status.” Other researchers have explored similar concepts as well. Terry referred to a similar phenomenon as “identity transformation,” whereby the individual essentially redefines him/herself as a motivation to change behaviors, (Terry, 2003). Maruna termed his concept a redefinition of the core self, (Maruna, 2001). But the process itself is far from simple (see for example Biernacki, 1990; Waldorf, 1983; Thomas, 1969). Some of the labels acquired during the active users’ drug use and criminal involvement may have become “permanent stigmas,” potentially barring them from future opportunities or inhibiting significant lifestyle changes, such as might be experienced by felony criminal convictions (Abramsky, 2004) or acquired physical or mental health problems (Schur, 1984, p. 24). In addition, some users may have permanently adopted some of the negative labels attributed to their use, such that they manifest in negative patterns, behaviors and lifestyles (Becker, 1963).

Relapse and its Triggers

All former users are vulnerable to relapse but perhaps some more than others. One of the possible reasons is how well established individuals are prior to their recovery

efforts. As observed by Miguel, even functional users, those with intact families, jobs, steady incomes and available (and accessible) heroin supplies will eventually succumb to the ever-pressing needs that increased use produces. This was true at some point for all of the participants in this sample and is collaborated by other researchers (Goode, 1972). The participants also reflected that even “chipping” (indicating occasional or more casual use) or using heroin as a “weekend warrior,” (using only on Saturdays and/or Sundays) would ultimately lead to daily use. James expressed his sentiments:

“There is no way that you can half-step when it comes to using dope. You either in the game all the way or you ain’t using, period. I know plenty people tried using occasionally but ‘chipping’ ain’t gonna’ cut it. Even guys that have shot up all their lives, then get ‘clean’ and then sometime later decide now they gonna’ try a different way and start sniffing instead, they gonna’ go back to the needle sooner or later, I don’t care who they is...”

Cheryl, a 45-year-old Black woman, abstinent eight years, was also one of only two women in the sample who reported being HIV+. She used heroin for about nine years and at one point on a near daily basis for six years. A dropout from multiple treatment programs, she finally “kicked her habit” while incarcerated, and reflected on her own experiences regarding relapse:

“Like I said before, dope has a way of calling you back to it. It’s like a little melody that plays over and over in your head, ‘come and get me’ or some shit like that. I went to a bunch of detoxes and in different areas of the city too. In fact I even went to a detox upstate when my union paid for it, yeah that was one of the few I completed. I was working as a housekeeper in one of those fancy buildings downtown. It was a good job too; I usually made some good money, that is, when I wasn’t throwing it away on dope. But damned if that ‘voice’ just interferes with everything, nothing gets spared, not the nasty things you find yourself doing, not getting the virus, not getting busted, not even my kids. One of the things that I regret the most was one time during Christmas I had bought one of those TV games for my kids and like two nights before Christmas, I went and traded it for some dope, I had to make up all kinds of lies as to why ‘Santa’ didn’t have it under the tree.”

NJT: This was during the time you were working?

“Yeah, and you can see even my job didn’t help...it was like everything eventually went to dope and drinking, but no matter what, it was always something that had to do with dope. Even when I got ‘straight’ (detoxed) and got back out there, like if I sniffed a bag or two a week, shit even sometimes it might be less than that, sooner or later I’d go back to shootin,’ it’s like I was convinced that I could handle it, but it always wound up handling me...”

NJT: So what was different this last time, how did you manage to stay straight?

“Well this time, I think I just had had enough. Right before I got busted, I had a long talk with my baby’s father, he’s my ex now, so we had decided that he was gonna’ stay with the kids while I went down south to see some family, you know one of those ‘geographicals’ (moving from one area to another with the hope that being away from the drug and the environment will decrease use or enable abstinence) but I guess things have a way of working themselves out right, even if its not when you exactly expect it.”

NJT: Could you tell me a little more about that, I’m not really sure what you mean?

“I mean I was gonna’ move away so I could just get away from everything, I mean everything, my husband, the kids, the drugs, everything. But I was sayin’ sometimes things can’t be seen for what they are right away.”

NJT: Yeah that’s the part I was talking about...tell me more about that...

“OK so like I said I was gonna’ leave, but before leaving I had convinced myself that I deserved one last get-high, you know, one for the road, like that...But I had a problem, I didn’t have the money to cop, I mean I didn’t even have enough to ‘get down on’ (split) a bag. And you know I couldn’t ask my old man for any money, he knew what time it was, he wasn’t giving me dime one. OK so I was feeling a little dope sick but nothing outta this world, but dope fiends got a way of exaggerattin.’ Even a little sick means like you dyin’ or something. So I ran into one of my home-girls’ old man. And I knew he was always into something, that guy always had some kinda scheme cookin.’ We decided we could go’ fishin’ for some tricks.”

NJT: Fishing for tricks?

“Yeah, like I make out I’m on the stroll, pick up a trick and take him to where we do our business, but then like right then and there my old man is supposed to show up and like get all angry at this guy being with his wife, you know? So like in order for my old man not to call the cops or kill him or something, the trick gotta’ give up the money. So I guess it’s almost like we robbin’ the guy except he’s giving it up willingly. But that time it didn’t go like that. This trick wouldn’t give up shit. He was like’ no, I ain’t giving up nothing.’ So my home-girl’s old

man started wailing on this dude, I mean he kicked his ass bad. Make a long story short, we both got busted and the guy pressed charges. Because I had gotten busted before, like I mean for other stuff, like boostin' and possession and things like that, this was my second felony, so I copped out and got a three-to-six. But I was sayin' I got busted and it turned out that was better for me than going down south. That's what I meant before about things working out better. Jail is where I finally kicked my habit, and I mean I kicked 'cold-turkey' too, no methadone, no pills, none of that stuff..."

The idea that illicit drug users can and do exhibit control over their use challenges the perspective promoted in the addiction as disease and treatment model of drug use.²⁶ Within these perspectives, all use is equivalent to addiction and abuse, which results in an all or nothing mentality. The idea that illicit drug users can and do exert control over their drug use is not new however. Others have documented patterns of control and variations in levels of drug use involvement among those who use illicit substances (Waldorf et al, 1991; Zinberg, 1984), although as previously cited, other researchers have disputed these claims (see for example, Goode, 1972).

For the individuals in this study abstinence can be viewed as both an event (“*I will no longer use heroin as of this day*”) and a process....“*I will remain abstinent or not use heroin for today...remain abstinent one day at a time.*” But as demonstrated by these study participants and their various relapse experiences, prior abstinence periods are no guarantee of future sustained abstinence nor protective factors to relapse. What these participants have demonstrated however is that if they implement successful coping strategies and apply *past* lessons and behaviors to *ongoing* triggers, they have a greater likelihood of maintaining a longer abstinence period. Thus for them, identification of these triggers, how they react to them, and not forgetting the results of *not* doing so have been key.

²⁶ This has also been referred to as the “pathology” or “medical” model (see Goode 1970, p. 301).

Desistance and Relapse

Desistance, for the individuals in this study on the other hand, might be viewed a little differently. It also classifies as an event (for example when considering last known criminal justice contact, arrest or conviction) but at the same time, it is also a process. Although there is no guarantee that the individual will not re-offend, the “renewed stakes” (in some cases, these “renewed stakes” are actually first time events, as some participants confessed to never having previously achieved this level of conformity) that the individual has established in different facets of his life including family, job and career, coupled with a strong pro-social peer network, lends assurance that re-offending is not a likely event.

Part of the confusion surrounding the conceptual elements of desistance and the permanency of it, is that conformity and functionality are such relative terms. For example, the following individual would likely be called “functional” in that she is no longer using heroin, is gainfully employed and has not had any criminal justice contact in close to seven years, yet others might argue that given her behavior, sooner or later, she may be re-arrested and that “functionality” ceases. Chapter Six discusses these aspects of desistance more in depth.

Marge 37, was the only White woman interviewed for the study and she was one of only two women who reported being HIV+. She has been abstinent from heroin use for close to six years. During the height of her addiction to heroin she used on a near daily basis for a little more than four years. She refused that our conversations be audio recorded and in fact almost refused to complete the interview at several points. Through out the interview she refused to answer various questions, but was not as reticent to speak about her criminal past. She has been arrested several times for prostitution and has been

convicted of this crime. She claims to never have been arrested for shoplifting although she confesses to still engaging in this activity. She also reported numerous convictions for drug possession and her only felony conviction was for possession with intent to sell. She attributed the vast majority of her prior criminal involvement to her “*dope habit*,” although when I questioned her further about her ongoing shoplifting, she responded, “*it was just something to do, sometimes when I’m broke...*” When asked if she wasn’t afraid that she might get caught shoplifting, she responded:

“I’m not too worried about getting busted for ‘boosting,’ I don’t really do it that often, and when I do its usually for little stuff so I can’t get charged with a felony...”

Her attitude suggests that she engages in this activity as a matter of convenience. But the elements of consequential thinking described by so many others in the study appeared to be lacking in her case. When questioned further she responded:

“Well, that’s one of my problems; as much as I try to take a step forward its like I get stuck in mud or can’t get moving for some reason. I never really boosted when I was ‘out there’ (active in her heroin use) unless I was really sick, or if I saw that it was ‘just too easy.’ You know like sometimes you go into one of those little stores that has all kinds of little knick-knacks, and they can be pretty pricey, but they don’t have any stickers or any of those theft things (theft control devices), so I would just ‘hit’ them, but not on a ‘regular.’ But now its almost like I do it sometimes to make ends meet. Like I said, I don’t really go for really expensive stuff, but little things, and usually its so I can save some money like when I’m shopping. But I guess its true that I can get locked up, but I mean how much time can they really serve me with for these little things...But come to think of it, its not even something I do around other people, its like something I do when I’m alone, I don’t know maybe I’m embarrassed about it...”

Again the reinforcement effects of peer pressure, in this case positive peer pressure, appears to be affecting her, although perhaps in a slower fashion than others in the study. For Marge, this afore-mentioned drug-crime connection may make maintaining abstinence difficult because although no longer using the substance, individuals may

revert to old criminal behavior patterns, as these may have become habitual. But as intimated by others in the study, it's important to identify these behaviors and their connections to triggering other prior criminal behavior patterns. Collectively, these may serve as triggers to relapse, so it may make the process of maintaining abstinence more difficult as even if they don't use a substance, they may revert to prior criminal patterns and the risk of relapse is greater. During earlier interviews, and again using twelve-step vernacular, Juan called this type of behavior "*getting high without the drug.*" He was referring to engaging in "active use" behavior although technically not using the substance. When questioned as to how to address such behavior, he succinctly stated that the only solution was to "*bring it all out in the open, let everybody around you know that you have this problem....*"

George demonstrated the best example of this phenomenon. A 44-year-old Hispanic male, George has been abstinent from heroin use for six years. During his active use period he used heroin for a total of twelve years. During that period he admitted:

"More often than not, I wasn't getting high (on heroin) not because I didn't want to get high, but because I couldn't, and I couldn't... for any number of reasons, but mostly due to being locked up..."

Shortly after his prison releases, (that is, during episodes when he remained abstinent while incarcerated) George considered remaining abstinent but these considerations usually did not outlast the day of release. Inevitably, he recounted, he would relapse ("*and sometimes quite heavily*") within a day or two of being released. George indicated that the length of abstinence episodes (from heroin use) while incarcerated was actually a function of many different factors, depending on the severity of his addiction at the time of incarceration, place of incarceration (for example in city

facilities whether he was housed on Riker's Island (with more access to methadone given their KEEP program (National Drug Court Institute, 2002) or at the more “*drug accessible*” Manhattan House of Detention (The “Tombs”). George indicated that the Tombs was a much easier jail to sneak drugs into during visits from friends or relatives. He stated that “*loonies*” (balloons filled with drugs) were a lot easier to swallow or “*stuff*” (insert anally) at the Tombs than at Riker's Island, where visiting rooms were more closely monitored, in addition to the Tombs being easier to reach by visitors. His contentions as to such drug availability within institutional walls appear to be supported by the literature (see for example National Drug Court Institute, 2002; see also AATOD, 2005).

The Utility of Active Heroin Use

Virtually all of the study respondents although for the most part reflecting on their prior heroin use episodes negatively, did have positive things to say about these episodes, regardless of how detrimental or costly these were. Cookie spoke of the “*prices*” she paid, but also reflected on how she “*cached a few chips*” (meaning she had good times) during her use as well:

“Using (heroin) almost always caused me all kinds of problems. Not only with my family, but with the system, as well. If I didn't get busted or beat or just plain robbed, it was the cramping and vomiting I would experience when I was 'sick,' or the constant hassle with my old man when he would see me high. But I have to say that when I was 'doing my thing' to get money, I almost always felt a rush, like I knew there was a light at the end of the rainbow. So even though I had to pay a price for getting high, I have to admit there were many times that I 'cached a few chips' along the way. My main hustle was 'boostin.' I can't describe how good I felt when I made a really good score, like if I scored dresses or blouses or something else I could 'turn' (sell) quickly. And music CD's...when they first came out, I used to score bigtime with those. Problem was, as time went on, the African guys would be selling all the bootleg CD's and no-one wanted to pay top dollar anymore.”

Again, the prior quote is indicative of the opportunity structure discussed earlier. Given a lack of opportunity, these are sought (or made) elsewhere. For many of these individuals, engaging in criminal activities was the result of an ever-increasing need for the drug coupled with limited opportunities that were further limited by their continued drug use. I suggest that for the participants in this study, heroin in fact provided a “utility” or escape mechanism that although similar in some ways to that produced by other addictions, is much different. Similar to other compulsive behaviors, such as exhibited by overeaters who use food to feel better, heroin use provided a momentary period where imminent problems were forgotten or eased (see also Rosenbaum, 1981, p. 34; Thomas, 1969, p. 195). Of course, for addicted heroin users this momentary period often led to escalation and further use. Heroin use and the pursuant need to hustle and get more may indeed give these individuals a sense of usefulness. Though misguided and self-destructive, the thrill of the cycle of acquisition of the substance itself (which for those lacking the monetary means, often involved engaging in other criminal behaviors to support their addiction) serves as an escape mechanism. This may be one of the principal reasons sustained recovery from heroin use is so difficult, namely, without the drug and the cycle of getting more with its pursuant hustles and scams, the individual now finds him/herself bored, with nothing “to do.”

The majority of the study respondents indicated that boredom played at least some role in their quest for the “*better high*.” Some of the key excerpts follow. Joey discussed how getting high gave him what he termed an answer to his “*search for the Golden Angle*,” in his case, one of the most salient aspects of abstinence (as well as desistance) was the concept of “searching” as gleaned from his interview transcript:

“I’ve been getting high for many years now. If you take into consideration the six years I’ve been off the shit, all together I musta used about ten-twelve years. Figure I was about 13 when I took my first hit, and remember that’s dope we’re talking about ‘cause I started drinking at a much younger age. But dope, I started messing with dope bigtime like maybe two, three no maybe like four years later like when I was seventeen or eighteen something like that. So you figure I’m 38 now so... that’s right, like eighteen or so is when I started buggin out on dope. Man I been searchin’ for that Golden Angle for a long time, right? But like I said before, if you heard news that someone was OD’ed ‘cause of some new dope, motherfuckers would flock to wherever it was... and the more people died or almost died, the quicker they would run to try and cop. I remember there was this dope ‘Tango and Cash,’ really hot shit... ‘Airborne’ too, shit I get goosebumps just thinking about it That shit was laying motherfuckers out and people couldn’t wait to get more. But the real dope, the really hardline shit, that was something called ‘357’ but for that we’re going back like maybe at the very beginning cause people would line up around the block to get that shit and police, forget about police, these dudes had that spot locked down tight...those were the ‘tato’ and ‘bajando days’ Yeah as bad as dope did me in the end, I gotta say not all the memories were bad...”

NJT: “Could you tell me a little more about the “Golden Angle?”

“Oh yeah, that was part of the excitement of getting high and ‘being down’ you know. It was like; your boys are down, so that means you got no choice but to be down. But it was even more than that; it was like using dope was like a lifestyle. I mean if you hooked up with the right people, you could even make some nice money, even if you was using a hundred- two hundred (dollars) a day even...yeah that was a golden angle...”

Vaillant (1992), and other researchers suggest that heroin use and the pursuant need to hustle and get more may indeed give these individuals a sense of usefulness during active addiction periods (see also Preble and Casey, 1969; Agar, 1983; Waldorf, 1983; Johnson et al, 1985; Rosenbaum, 1981; Waterston, 1993). As this “heroin use as utility” concept bore out in this study’s data, as well, one of the study foci then became what these individuals substituted for this “utility” or usefulness of the whole heroin searching/buying/using cycle, once removed.

The study data suggest that in the respondents’ past experiences, without the drug, and the cycle of getting more with its pursuant hustles and scams (see also Preble &

Casey, 1969; Thomas, 1969; Waterston, 1993; Terry, 2003), some found themselves bored, lacking this formerly familiar pattern in their lives. This phenomenon, having a criminal record, and particularly for those from the lower strata, coupled with any combination of a lack of employable skills, poor job histories, housing and financial problems and serious health problems, and an overall lack of structure in their lives, destroys their sense of worth. Despite knowing the negative consequences of heroin use, the familiarity and escape mechanisms that it produced may seem more appealing as a coping strategy than maintaining abstinence. In addition, past routine behaviors may again seem more appealing alternatives. Thus this cycle of relapse and recovery begins anew. Regarding this phenomenon of the utility of heroin use in the active users life, Preble & Casey in their seminal work Taking care of business: The heroin user's life on the street, describe a similar concept:

“...the quest for heroin is the quest for a meaningful life. And that meaning does not lie primarily, in the effects of the drug on their minds and bodies; it lies in the gratification of accomplishing a series of challenging, exciting tasks every day of the week,” (Preble & Casey, 1969, p.2).

In fact, for the majority of these respondents, the very act of engaging in heroin use and related criminal activities was itself an escape mechanism. Some reported that after completing whatever “score” or enterprise they were engaging in to acquire heroin sometimes made them feel better to the point that at the moment they no longer felt “sick” (experiencing withdrawal), such that they could save whatever supply they had acquired, in some cases until the next day for the morning’s “wakeup.”

Similarly, Thomas in his autobiographical “Down These Mean Streets,” (1969) presents his journey down the road of heroin addiction as a “*need to belong*,” useful as a vehicle to more effectively bond, particularly with other drug-using peers. But in the end,

this utility plays itself out as he stoically realizes shortly before becoming abstinent: “*who wants to be a man at this rate,*” (p.198), referring to the vast complications and difficulties heroin use and dependence has introduced to his life and here, referring specifically to the complicated process of “kicking” his habit and desisting from associated criminal activities.

Heroin use as experienced by these individuals, and the many journeys and trials and tribulations of “getting straight,” finding a new hustle, “scoring more dope,” (“Juan,” Personal Communication, 2003; Thomas, 1969; Preble and Casey, 1969) and renewing this cycle over and over again (Terry, 2003), creates a mechanism of usefulness for this type of user. This may explain why so many recovering addicts, after being released from detoxification programs, short-term rehabilitation programs, or other institutional settings relapse shortly after doing so (Vaillant, 1992).

Thus the cycle of relapse and recovery begins again. The key question then was what alternate coping mechanisms became “useful” to the study participants to replace heroin use, once such use was no longer an option. The data suggests that heroin was “useful” to some of these individuals in a broader sense. As these individuals are no longer experiencing any physical withdrawal symptoms, one question is why they go and resume the cycle (Rosenbaum, 1981). One all too common response to this question, and given by respondents on previous studies as well is that “*now that I’m not ‘sick’ any more, the dope should really kick in, and I’ll really feel it,*” (RayRay). Another response:

“Somebody, who I met at the detox told me a really good place to cop, the dude told me that the dope was really slammin’, so I just had to check it out, it was this stuff named ‘Unknown’ that they sold down in Brooklyn. So I went to check it out, and got hooked like in days...” (Butch when asked why he got high again after completing detox years earlier).

One of the key points this study explored however, is how others in similar situations used alternate coping strategies to avoid relapse. The study data suggest that these individuals indeed underwent a change in their utility patterns or how they perceived the usefulness of these prior behaviors and have identified substitutes to the "utility" of heroin use in their lives. These changes in turn brought about a change in their self-perception. They no longer saw themselves in the same light, and as a result they acquired a renewed sense of purpose.

A discussion of alternate drug use patterns merits inclusion. Although none of the study respondents reported substituting one drug for another, (in fact in many ways, these individuals were quite knowledgeable about the dynamic behind this kind of behavior and collectively frowned on "substitute drugs" if used for those reasons). Despite this, some of the participants confessed to using marijuana during their heroin abstinence period. For these individuals however, marijuana use is quite different from their heroin use. Marijuana is not addictive in the sense that they can and do stop, most often without difficulty. This has also been found in studies of marijuana users (Zinberg 1984). During their recovery periods, some of the participants in this study used marijuana on a sporadic basis, and three drank occasionally (once/week). In all, four out of the twenty-five used marijuana during their heroin abstinence period, and three confessed to drinking "on occasion." One individual also confessed to one bout of "X" (extasy) use at a party and one indicated that she had also used "pills" (valium and elavil), but only on two separate occasions.

Other than that, these participants admitted to no other drug use and given their prior use history, lends some support to the maturing out phenomenon. These individuals

started and stopped using marijuana and these other drugs on their own. Stopping was not difficult for them. They stopped when they wanted to and in fact only one admitted to smoking marijuana on a weekly basis, “for relaxation.” For these former heroin users who continue to use marijuana, that they abstain from continued heroin use is evidence of their control. Controlled use is more the norm than compulsive or problematic use when comparing their marijuana and other drug use to their heroin use. This is not surprising given heroin’s addictive properties and nature. What is surprising is that marijuana and pill use, as well as drinking during their heroin abstinence period, flies in the face of the twelve-step recovery paradigms that view such use as “relapse behavior,” (NA, 1991).

Interestingly, none of the marijuana users identified in this study were on parole, probation or court mandate, further suggesting that their decision to use was a choice, one which they likely not have made if they were under some type of criminal justice supervision or under closely monitored urine toxicology requirements. Some participants clearly stated that one strong disincentive to use marijuana or any other drug was that there existed the possibility of a “*surprise urine screen*,” as related by Cookie. She referred to her several treatment experiences as being episodes where she was sheltered from the outside world:

“After the initial edge wore off and I started feeling better, you know I mean after I kicked, the rest of the time I spent in detoxes or rehabs was like a little mini-vacation for me. It was a vacation from all the hustling and copping and all the aggravations that I felt when I was out there. But if you don’t really do some work on yourself, some real soul searching, when you leave the programs, you just go right back out there again, right back to the same old shit...”

The one key notion expressed by virtually all the respondents in this study is that recovery is a life-long and daily process, which does not end when clients are discharged from formal treatment. Indeed some former in-patient program participants suggested

that their recovery experience actually began once they left the protected environs of a structured treatment setting. For many individuals newly in recovery, dealing with many of the issues that may have initially led them to their drug use become obstacles that must be dealt with once again. These obstacles present relapse triggers that must be negotiated on an almost daily basis. In itself, this is an arduous task, and one that is clearly more difficult when maintaining such abstinence for long periods of time. It becomes particularly important for these individuals to know not only what is expected of them but what they themselves can expect from treatment participation or when re-entering from other institutional settings. This type of guidance can provide guideposts as to potential roadblocks lying ahead, and importantly, how to negotiate them.

The “closed doors” that many of these respondents often referred to were in fact opened by many of the very individuals in their peer groups. Empathy played a big part in the lives of these individuals but it appears that identification plays an even bigger part. Many of them, who in so many ways had experienced so much negativity in their lives yet had somehow survived, were in the best position to share these experiences with others entering recovery.

One tremendous difficulty inherent to this process, particularly for individuals that advocate participation in Twelve Step recovery paradigms is reconciling these twelve step tenets and other clichés such as “*not forgetting where you come from,*” or “*those that forget their past are doomed to relive it.*” Once recognized as a possible threat to recovery, how is someone able to respond positively to the temptation of “*people, places and things,*” and act accordingly? The dysfunctional nature of active use and its deleterious financial and social consequences often precludes the ability to relocate; not

interact with family members or loved ones; or remove oneself from areas or situations where the drug is available.

Additionally, reestablishing themselves once they have finally accepted their addiction or “hit bottom,” (N. A. Text, 1991) and attempted and instituted mechanisms of change is much more difficult if it is not the first time they are doing so. Often, the fear of yet another failure, itself serves as a relapse trigger. Active addiction has often created such a financial hardship that simply moving away or relocating to another neighborhood, city or state is not even an option. Thus they must struggle with “places” and other temptations, despite the knowledge that doing so endangers their recovery. This is especially true for those returning from residential treatment programs, jails or prisons to neighborhoods in or around major heroin markets (Curtis, 1998; Curtis and Wendel, 2000). For them then, coupled with the stigmatization and further diminished opportunities of now being an “ex-con” (sometimes for the second or third time) makes the already difficult task of re-entering difficult if not impossible. Again, for most of these respondents, their peer network facilitated many of these transitions.

Desistance and Change

The distinct discussions about initiation, continuation, abstinence and desistance decisions made sense to respondents in this study. They were able to discuss why they started, continued, and stopped using heroin. This supports the utility of this perspective for the study of illicit drug use, something initially documented by Bennett (1986) in his research with opioid addicts.

In line with the view that each stage of involvement is influenced by different factors or considerations, Clarke and Cornish (1985) held that decisions to desist from crime are heavily influenced by current life circumstances and the *accumulating*

experiences of the costs of crime. In the present research, the decisions to “*get out of the life*” and desist from continuation in the lifestyle were heavily influenced by the desire to stop using heroin. So as maintained by previous researchers, the drug crime connection held here as well.

The severity of negative consequences related to illicit drug use and the drug-using lifestyle, encouraged them to stop. This was similar to the opiate addicts studied by Biernacki (1986). In each of these cases, a re-evaluation of the costs of crime preceded the desistance process. It could be argued however, that the element of choice was not as strong for some as it was for others. For example, those that ceased their heroin use as a result of incarceration were initially at least, “forced to stop.” As intimated by Marisol and others, had they not “*gotten busted*” they more than likely would not have stopped. But this element of choice was present none-the-less. These same individuals chose not to resume using, once released. In many cases, this was a choice they had not exercised in the past, and that, in fact is seldom exercised, given the high relapse rates evidenced by those returning from outside institutions (see for example Vaillant, 1992). The element of choice is apparent in the desistance process as well; these findings suggest that the costs considered in the decision to desist are also offense and offender specific. The type of costs considered are also likely to vary on the basis of the level of involvement in crime or drug use as well. As discussed by Cookie, Marge, Cheryl and others, when considering these findings in light of abstinence, desistance begins with a re-evaluation. James summed it up best when referring to his bouts with shoplifting:

“I took a chance, but I knew I was taking this chance it wasn’t like I ‘needed to’ like when I was hooked on dope...I think for me the important thing is that now I know the chance I’m taking, I feel like I have some kind of stake in what I’m

doing. And I know I shouldn't really be taking stupid chances, but at least they're not as desperate as when I was hooked..."

Others who have studied desistance support this notion (see for example Maruna, 2001; see also Terry, 2003). This finding also fits with Biernacki's research with ex-opiate addicts, (Biernacki, 1990). For the heroin users in his study, the choice that results is all or nothing. Biernacki argued that heroin addicts can and do reform, even without treatment, but they must transform their identities to those of "ordinary" people, (Biernacki, 1986). In order to do so then, they must either revert to an old identity or create a new identity.

Individuals in the present study were addicted, suffered withdrawal symptoms and were immersed in a criminal lifestyle associated with their drug addiction. Yet they attempted to recover at various points, attending various detoxes, rehabs and programs. This goes back to the idea that there may be differences between transitory periods of abstinence and these in turn affect the desistance process. As their use patterns escalated to the point of no longer being manageable, the associated criminal activities escalated as well. Conversely, as they established significant bonds to others and made meaningful positive inroads in other aspects of their lives (increased schooling, steady employment, stable relationships) these inroads increased their investment in maintaining abstinence and prolonging their desistance efforts. Sampson and Laub also found that attachments or social bonds in adulthood increase some individuals' social capital, leading to desistance from most deviant behavior (1993). But as noted by a few of the participants in the present study (James, for example, as quoted above) that still engaged in some criminal activities, although abstinent, they still had a ways to go, again suggesting that their desistance experience is a process.

The key question however, how did others in similar situations manage not to persist in criminal behaviors yet maintain their abstinence efforts. This study posits that these individuals did indeed undergo a change in their utility patterns or how they perceived the usefulness of these prior behaviors and implemented substitutes to the "utility" of heroin use in their lives. These new behaviors in turn, helped them desist from prior behaviors. Their own self-concept, self-image or "reflection" (Cooley, 1997) was no longer as disparaging. As coined by Jeff:

"I no longer felt like the same piece of shit, I'd always been, I felt useful now, you know, a part of the human race again..."

Others also reflected on their need to act differently in order to maintain their abstinence efforts. Bobby for example, discussed his need to not only stop the substance use itself but to substitute alternate behaviors to fill the void created by his no longer engaging in heroin seeking activities:

"That was probably one of the most difficult things for me to do...I felt like I was no longer in 'the game,' I was totally outta' the loop. In fact I found myself unable to even go around the block ("old stomping grounds") anymore. Every time I'd run into one of the boys, I'd start thinking about my old hustles, and man that was probably one of the best things I remember about getting high (referring to heroin use specifically), it was the hustle, the scam, the game, whatever you wanna call it, I still miss that shit, so much..."

Butch presented a similar story:

"It got to a point with me, that all I cared about was being in the mix (the drug 'game'). Maybe even half of my whole drug using (referring to heroin use) was more like a celebration after I scored (engaged in a successful hustle). If the score was really good, that meant I could really celebrate. I think I even got high sometimes even when I was trying to cut down my use, but I had to celebrate. And if the fellas' were around, it also gave me a chance to show off a little, you know, let them know I was still the man."

Aside from the more apparent reasons (escape, peer pressure, etc.) for such use, it appears that heroin use served a more practical purpose, a "reason for living" in their

lives. On this as well as previous studies, recovering individuals have stated that when not using heroin and “hustling,” they considered themselves “unemployed” and “useless.” Others have explored this concept as well (Vaillant, 1988; Preble & Casey, 1969). But this dissertation examined in depth how the drug’s “utility” was substituted such that it was no longer an active part of the former users’ lives assisting them in their desistance and recovery efforts.

Marisol described her feelings this way:

”Dope gave me a way to deal. Once I was ‘off to the races,’ I didn’t feel I needed anything but my high, but that was only me, others always noticed when I was high, whether I realized it or not. And when I came down, all the shit would hit the fan again...But the truth is that all that really didn’t matter to me, ‘cause I knew as long as I had my ‘wake-up’ nothing else mattered...everything was gonna’ be OK, all I needed was my ‘wakeup’.... it gave me my only out, my only way to deal...”

During her recovery, Marisol was able to identify and later implement a “health-conscious” perspective in her life. She stated that exercising became important to her. Over time, she incorporated healthy eating habits into her exercise routines and even stated that at one point she achieved an almost “*all-consuming*” desire to stay healthy, and importantly, put these principles into practice. It also appears these substitute behaviors have helped Marisol desist from prior criminal activities. Her outlook, and especially her desire to maintain as she stated a “*healthy soul as well as body*,” crossed over into her behavioral patterns as well. She felt she could no longer engage (nor wanted to) in any activities that might deter her “*health*” objectives. To do so, she indicated would mean she was only “*starting from square one, or worse...going backwards.*” This is not unlike the “desisters” from Maruna’s study who typically claimed to have made something good from their previous trials and tribulations and who acquired a renewed

sense of purpose in life (Maruna 2001, p. 9). Sampson and Laub (1993) maintained that the lives of ex-offenders demonstrate both continuity and change. These study participants bore out this contention, in that in many ways they focused their energies in different pro-social directions but yet exhibited the skills acquired during their active use periods.

In some cases, respondents reported that their prior heroin use and related criminal activities all happened in some kind of “*mental haze*.” After years of non-use they felt that the time they spent “*using, getting and using more, was all just one big waste of time*.” Marisol felt that once abstinent, in many ways she had returned to a life she knew before:

“I was always ‘papi’s princess.’ When I got busted I think the hardest thing for me to do was tell my family that I was in jail. I don’t think they could ever believe it, especially my father. I was a regular schoolgirl when I was growing up, I even went to private schools and stuff, can you imagine how hard it was for my father to find out that I was turning tricks, and not even that, but that I was doing all this other illegal shit so I could get high? I never even smoked cigarettes in front of my father, I mean he’s always been like, he ain’t having that, he’s real ‘old school.’ I think that’s what’s helped me stay clean this time around, getting back to my upbringing and trying to act the way I was raised. It’s like even though my father drinks, I don’t think he ever used a drug, and my mother, forget about it, I think my father would leave her if she ever did something like that. Besides, now I got kids of my own and its time to stop this cycle, I gotta ‘get mines’ and if it’s too late for me, I know it ain’t too late for my kids. Believe it or not, jail helped me; its almost like getting busted was some kind of salvation for me. I know it sounds ridiculous but if I hadn’t gotten busted, I might be dead or maybe caught the virus or something. It got real bad for me when I was strung out, it got to the point that I didn’t really care or give a shit about anybody or nobody, not even me.”²⁷

This phenomenon and response to active use in particular, bore out in this study.

Aside from the more apparent reasons (escape, peer pressure, etc.), heroin use appeared to serve a more practical purpose, a “reason for living” in their lives. George stated that

²⁷ Others have discussed examples of this almost cathartic acceptance of incarceration serving as a modus of control and order (see for example, Brotherton and Barrios 2004, p. 244).

with out the hustle and bustle of “*being in the game*” he really didn’t feel any other purpose in life. Butch also reported that being on the “*street scene*” with all its action and “*hustles*” gave him a sense of purpose. He stated that he felt he was always on the “*lookout for something*” and on an almost “*endless search.*”

For these individuals as well as others in the study, this “purpose” of the entire heroin using cycle was amended or changed in such a way that it was no longer “purposeful.” By viewing and reflecting on all the negative aspects of their heroin use (physical withdrawal, incarceration, alienation from loved ones, etc.) they were able to reflect on the positive aspects of *not* using, rather than the utility of active use. Butch turned his “*searches*” around in that, during his recovery, he adapted his many skills to more acceptable venues and achieved a modicum of success at his new endeavors. These successes further instilled in him a sense of accomplishment, self-acceptance and respect. In turn, these awarded him with a new self-concept, one which he was now willing to strive for and not lose at “*any price.*”

Marisol indicated that she had successfully integrated employment and a work ethic into her life, such that by concentrating on her job and responsibilities, these occupied the majority of her time. Despite these identity changes, and although the participants in this study almost constantly reflected on their ideals for changing their lifestyles, in fact many found themselves unprepared to face the work environment for a variety of reasons. Many lacked sufficient skills to enter the work force and although several made various attempts at enhancing their skill set, such as by enlisting in government sponsored training programs, their lack of success at later acquiring suitable

employment added to their frustrations. Max discussed this aspect of his recovery and reentry:

"Some guys used to call me the 'mechanic,' 'cause I had this real knack for sorta knowing where the cards were gonna fall. I used to toss cards; Three Card Monte was my specialty. So whenever the fellas would see me on the street, they'd say yeah there's the mechanic, making his duckets (money) again. The best place for me was like down on Wall Street, yeah those 'suit types' always think they can get over, like everybody else is stupid or something, yeah but I had something for they ass...But after I got out (from prison), I didn't want to do that kind of thing any more, I grew tired of that kind of life, but I mean, what other stuff could I do. I looked, man I looked everywhere, but other than working as a messenger, there wasn't much else to be had. So that's what I did, I just decided that if I was gonna be a messenger, I'd be the best damned messenger there is. Turns out I've got a bit of a skill at getting around, I mean I did used to deal drugs (laughing) so I know the streets... yeah but drugs ain't happening for me no more...."

Terry (2003) addresses a similar phenomenon, which he terms "identity transformation." Terry posits that the recovering individual by transforming his/her identity achieves a new self-concept where the key is learning to respect oneself as a person of value. Biernacki, as well, stated that in order to recover, addicts needed to transform their addictive behaviors to more conventional ones, but indicated the difficulty of overcoming the associated stigmas of addiction especially if compounded by the stigmas of sex, race and class (1990). Additionally, during their time in recovery, the stigma and labels imposed upon them because of their prior drug use and/or incarceration history, in addition to the negative legal, social and physical consequences attributed to both, become additional difficulties to overcome. As experienced by these study participants, once abstinent, they needed to adopt new behaviors and patterns such that they essentially "unlearned" initial behaviors. This was particularly relevant when considering "permanent stigmas," pursuant to criminal convictions. These stigmas effectively served as barriers to future opportunities and potentially inhibited significant

lifestyle changes. For a great many of these individuals, overcoming these stigmas, whether real or perceived, clearly exacerbated the already difficult process of maintaining their recovery efforts.

Indeed, Marisol experienced this as well. She reported that this was especially difficult for her when she was seeking employment shortly after completing treatment. Whenever questioned about her criminal record, Marisol initially felt she “*just couldn’t tell the truth*” as doing so, virtually guaranteed her not being called back for the job. She stated that often, her insecurities were compounded by negative commentary from friends and family regarding drug use and former drug users. As such, she felt she was a “*two-time loser*,” and would never be able to “*make it in society*.” As time went on however, she developed positive relationships and in some cases with other individuals that had experienced similar situations in their own lives. Slowly but surely, Marisol built a foundation from which she could perceive herself in a more favorable light. Gradually she worked on her self-esteem, and began a significant relationship, *with herself*, or as she stated: “*the woman in the mirror*.”

Jeff stated that his “*crawling out of the hole that H produced*” was an almost interminable uphill battle. He elaborated:

“My family didn’t want anything to do with me, I mean I can’t really say that I blame them, I did some pretty nasty stuff to them. I can’t begin to tell you how many times I pawned my sister’s jewelry, even my mom’s wedding band once. But the really sick thing is that I often found myself blaming them if they didn’t understand why I had to ‘get straight.’ I guess my disease made me think that automatically people were supposed to understand how sick I really was, and I now know just how sick I was, I was one fucked up person. It seems like my whole life was centered around my next high and the funny thing is, it wasn’t really my next high... it became ‘the next time I could feel normal again.’ I don’t think I ever really gave a shit about what all this was doing to others and my family, maybe the dope was just clouding my mind...I really believed at one point that dope made things right for me, dope made me normal.”

Others also expressed their disdain and lack of respect for themselves for having engaged in their past drug seeking behaviors and related criminal activities. Although as indicated earlier, for some the excitement produced by being involved in what many referred to as the “*drug game*” was difficult to forget or match while abstinent, the aftermath of their prior use was what really made them look poignantly at themselves later on. Joey, reflected on this issue:

“Most people have no idea that drug use is a way of life for some...I mean dope became my entire life, I really didn’t know no other way to live, except to hustle and keep moving from place to place in search of a new hustle so I could ‘get straight.’ By the time I got ‘clean,’ it was almost impossible for me to become a regular dude, I just didn’t know any other life except ‘gaming’ and ‘gettin’ over.’ And ‘running game’ just ain’t all that respectable, know what I mean? Now if I’m back in the ‘joint,’ there I can deal, there I ain’t a nobody, I can get me some respect, and believe me, nobody ain’t gonna’ front on my respect in the joint. I think that was the hardest thing for me to do after I got ‘clean,’ was get my respect, I mean respect is real important, you gotta’ feel you can get some respect even if you ain’t nothin’ but a former dope fiend...If you’ve never ‘jonesd’ there ain’t no way you can ever know what a hard thing it is to kick and get clean...and man, staying clean is the real trick. I mean I done many hard things in my life, but nothing, I mean doing time, breaking parole, fighting with my wife or my family, nothing is as hard as staying clean.”

RayRay, a Latino who at 51 years of age was one of the oldest study respondents, used heroin on and off for more than ten years and during one period used on a near daily basis for three years. He correlated self-respect with happiness:

“My life has been like a series of chapters. For the last fourteen years or so, I like to call this chapter my reawakening. I don’t know if it’s just simply a part of life, but in the past I couldn’t come to terms with myself, who I am, and the things I was doing. For some reason, good things, bad things, legal things, illegal things, whatever, were all jumbled up into one big bubble. The bad thing was every time the bubble burst I found myself ‘strung- out,’ busted or both. No matter how many detoxes or rehabs I went to, the first thing I did when I got out was look for more dope, for some strange reason I just couldn’t stop. And as the dope got better and purer, the ‘bubbles’ just got bigger too. Once I stopped using (heroin) for good, I started to see things clearly and only then did I realize that the only person who could really burst that bubble was me, nobody else had that power. I got into

recovery, and then things started to fall into place. I've been a hustler and a scammer all my life, the trick is now I'm learning to play the game by the rules, I'm making the game work for me, and now, for the first time I really feel like I've got the power. I really feel that I can respect myself, get on with life and be happy..."

For many individuals in recovery, dealing with some of the issues that may have initially led them to their drug use become obstacles that must be dealt with once again. These obstacles present relapse triggers that must be negotiated on an almost daily basis. By exploring the complexities of desistance and long-term recovery from heroin use as self reported by these individuals, this study examined their process of maintaining successful abstinence from such use. It is proposed in this dissertation that long-term recovering individuals are in the maintenance stage of change (which for any individuals reporting lengthy relapse histories, present interesting within-groups contrasts between present successes at maintaining abstinence and historic "failures"). Briefly, the maintenance stage posits that the individual has shown change and is maintaining the changed behavior (Prochaska and DiClemente, 1984). Melnick and colleagues (Melnick, et al, 2001) noted the importance of continued client participation even after post-prison primary treatment for improved treatment outcomes. Similarly, Simpson, (1990) cited the importance of assessing individual goals as well as motivations of clients entering treatment. Participation and goal setting have proven to be equally important among this group as well.

Spirituality

Another concept expressed by a great many of the respondents was the question of religiosity in the context of spirituality. One does not necessarily have to have a religious background, or focus on an established religion, in order to have some spiritual connection. In fact, organized religion, except for the mention of God as an entity, is

never mentioned in 12-step recovery paradigms (N.A. Text, 1991). When the notion of God or a god is mentioned, it refers to a higher power, as understood by each particular individual. As a group dynamic, it is hoped that some type of collective conscience or “spiritual awakening” is achieved. In this study, this “collective conscience” was identified as the therapeutic alliance of the “peer group” mentality. By relying on others that had experienced, were experiencing, or could identify with the ongoing difficulties they themselves were living through, they achieved a collective spirit of survival and achievement. For many of the respondents this collective spirituality proved to be one of their self-reported key components to maintaining long-term recovery. George, for example, discusses how he achieved a familial mentality among his peers at 12-step recovery meetings:

“My running buddies were always like a family to me, I mean we used to hang out, get down on bags, hustle when we needed to, look out for each other. But no, really we didn’t really look out for each other, it’s more like we looked out for one another as long as there was dope somewhere. So like if I looked out for you, its ‘cause I knew you were gonna give me a taste, so I had like an interest in making sure you could score...But in the “rooms” (NA) I don’t feel like its phony. I really feel like these are people that have gone through a lot of the same shit I have, and it makes a difference. When we say in the rooms sometimes, God as we understand him, to me that means how we are all together as a group, and that’s really important to me...”

Thomas (1969) attributed his successful abstinence in part to religious inspiration, subsequent to converting to Islam. By re-examining himself in the context of these religious teachings, he achieved a new identity. Similarly some of Terry's (2003) subjects found new identities within themselves that they attributed to a spiritual reawakening, which allowed them to express their feelings outwardly. Several respondents in this study spoke of their spirituality in recovery and the deep respect they had for its effect on the process itself. Again, this was not necessarily a religious belief, although for some it was.

It took on different forms, but the common element is that they attributed this spirituality with enabling them as expressed by Cookie *“to forge on, and having faith that things were going to be OK, as long as you don’t get high.”* Maria a Latina who at 45 had achieved seven years abstinence, attributed her spirituality to going to church:

“When I went to church, I had a load on my shoulders, I would go there to talk to God, to have him help me, to try and see things differently. I used to talk to God on my own too, but when I was really feeling pressure, you know, when I was feeling like the world was on my shoulders, I would go to church and I felt like I was in His house, you know, He had to help me...and the load would be lifted.”

Similarly, as discussed by Brotherton and Barrios (2004) in their examination of the “Latin King” street organization, prayer and “countless renditions of biblical narratives,” (p. 264) were instrumental towards the group’s cohesion and establishing a collective identity.

The respondents in this study effectively engaged in something quite similar. Although organized religion was not necessarily a part of this process, the spiritual commonalities they experienced pursuant to the struggles they encountered and barriers they have overcome instilled a unifying mentality among them. For example, they expressed key differences between the terms “abstinence” which for most meant the act of simply “no longer using heroin” and “recovery” which although encompassing the former, also includes goal oriented behaviors and actions, along with this spirituality towards maintaining a drug free lifestyle. This in turn, enhances self-image, further reinforcing their pro-social attitudes and behaviors, including not engaging in other criminal activities. They developed agency in this entire process, they no longer took on the role of “victim,” intimating that they now realized (many confessed to this realization as being a new discovery) that they had a stake in maintaining their sobriety. Even those

that had long histories of incarceration reported that they ultimately felt that “this time was different.” They held themselves to task with others in their peer group. Despite the fact that these peer groups comprised different members and were located in various different parts of the city, the shared group / peer mentality was common among them. By recognizing and accepting their roles in this entire process, they were able to maintain their efforts.

For those that had achieved greater success in their training, employment and abstinence efforts, the act of distilling this information to others in similar situations became part of their own process of recovery and reentry. Many reported that engaging in such actions further instilled in them their feelings of spirituality and belief in the process itself. Faith was a big component of their efforts. Abstinence is achieved by learning, applying and maintaining a stable change in attitudes and behaviors. The key premise is that often a trial and error approach is necessary, which further suggests that multiple and varied treatment episodes may be required to achieve the goal of abstinence. Additionally, Miller and Rollnick (1991) add that hope in these contexts indeed arises from the variety of approaches to and attempts at recovery.

The process of abstinence as experienced by the present sample does appear to be more difficult for women. Of course to state this conclusively, a more robust sample is necessary as is controlling for specific variables such as length and frequency of use, conditions of use, and amounts of use. But the open-ended data does appear to concord with previous research studies highlighting the added difficulties experienced by women during their abstinence attempts (see for example Waterston, 1993). This aspect of the study is examined more in depth in Chapter Seven.

As mentioned elsewhere in this document, the lifestyles of heroin and other hard drug users are often dominated by secrecy and anonymity (Terry, 2003; Preble & Casey, 1969; Johnson, Williams, Dei, and Sanabria, 1990; Maher, 1997; Agar, 1973). During active addiction, they must deal with the fear of their use being discovered by family, friends, employers or criminal justice agencies. In many ways negative labels attributed to their use stick, such that they adopt negative patterns, behaviors and lifestyles (Becker, 1963; see also Lemert 1967, for more on “secondary deviance”). Often, they go on to become “successful criminals” adopting this lifestyle in favor of any other. Indeed some respondents related how even their entire prison experience actually served to enhance their criminal skills. Jeff for example spoke of how “*getting busted*” was similar to acquiring a formal education, albeit a criminal one:

“I went to college, but when I look back on my life I like to think I had two kinds of educations, you know formal college education, and my ‘real world’ education, you know, the one I got in the joint. It would be impossible for me to say that I didn’t come out of the joint with more street smarts than when I went in, I mean I think it would be impossible for any body to say that...”

During their time in recovery, the stigma associated with being a former user (or “junkie,”) or ex-con, in addition to the negative social, physical and legal consequences of their prior use present ongoing battles they must wage on an almost daily basis. In many cases their entire social network must change and old friends and acquaintances forgotten. Recovering individuals must somehow remove active users from their life so as to forgo any temptation the latter’s drug use may create.

Collectively, the respondents in this study reported that although difficult to obtain employment after completing their sentences and/or criminal justice mandates, they felt they owed their ability to do so primarily to their prior employment background,

experiences and training. The key dimension to consider however, is that despite not securing employment during active use periods (and for those achieving this but later losing these jobs), is that in virtually every case investigated for this study they attributed their success to the trainings they received either during active addiction or for the majority, after being released from correctional institutions. This suggests that indeed engaging in such training leads to enhanced productivity, which in turn prolongs the abstinence efforts as experienced by this group.

Catalano, et al (1991) discussed the dearth of available data on treatment process and its relation to understanding long term recovery. Indeed, these dissertation data posit that the desistance and recovery experiences actually begin once the individual has left the protected environs of a structured treatment setting. For many individuals in recovery, dealing with some of the issues that may have initially led them to their drug use become obstacles and potential relapse triggers that must be dealt with once again. This study also explored if they sought formal or informal treatment to assist them in their recovery and maintenance efforts. Given the lack of research on treatment process (Catalano, Hawkins, Wells and Miller, 1991), particularly with a focus on ex-offenders in recovery, the elements of desistance, successful treatment and sustained abstinence as applied and measured during the outcome or post-treatment phase are important considerations.

Heroin abuse has been a long-standing concern of substance abuse treatment. Research studies examining long-term abstinence from heroin use, however, have rarely focused on the long-term recovery process as experienced by the recovering individuals themselves. Assessing this process from recovering individuals' perspectives can better

gauge inherent difficulties. This dissertation explored the process of desistance and successful abstinence from heroin use as experienced by ex-offenders.

As demonstrated here and discussed by the respondents, the desistance and heroin abstinence processes are complex and achieving an explanatory framework to help understand the coping strategies to achieve these goals is something that is lacking in the criminological literature. Echoing this sentiment, Johnson and Golub (2002) in their review, state:

“...no medication, no form of drug treatment and no criminal justice punishment approach has been developed that can ensure that even a small proportion of heroin addicts become abstinent and remain abstainers for the remaining years of their lives,” (p. 119).

In Chapter Six I review the theoretical perspectives that emerged from this study, desistance and abstinence and consider both in light of the labels and stigma these respondents have overcome during their abstinence efforts. Chapter Seven examines these connections more in depth and offers suggestions as to directions for future research and practice.

Chapter Six **Theoretical Perspectives**

Theoretical Framework

Chapter Two reviewed some of the coping strategies addressed in the literature.

Domains that emerged in this study include coping strategies as engaged in by the actors themselves, lifestyle changes undergone to facilitate abstinence and tools they used to address some of the labels attributed to their prior behaviors. This Chapter discusses desistance, labeling theory and the criminological theoretical framework that emerged from this study, that is, abstinence from heroin use and desistance from criminal activities; two distinct but somewhat related concepts. The principal theoretical aim of this dissertation is to study the process of desistance. The effects of labeling on this process of desistance were considered in this analysis.

Desistance

The concept of desistance has not been defined concretely in the literature. In its most simplistic terms desistance entails the measurement of the absence of crime (Maruna, 2001). But one difficulty encountered by criminologists is reaching accord as to how long an individual must remain crime free to have desisted. While there appears to be consensus that most offenders eventually stop offending, little is known about the process (Laub and Sampson, 2001; see also Sampson and Laub, 1993). For example, once a behavior has stopped, for what length of time does it need to cease before it is considered “desisted?” As reflected by Maruna (2001), how does one measure the absence of an event? Similarly, Laub and Sampson (2001), question how desistance can be measured, unless individuals are no longer alive and the termination of the behavior can thus be conclusively stated. Thus, it is best to think of desistance not as an event but

as a series of events, and best understood as a process (Bushway et al, 2001). It is also something individuals think about over time and that occurs over a period of time.

Desistance might then be thought of as the interaction between life events and individual decision-making processes. The key dimension to consider here is that in effect this is also a process. Equally difficult is the process of desisting from behaviors that have been useful in other ways, whether financially gratifying or emotionally satisfying. Researchers (see for example Shover, 1985) acknowledge the lack of research exploring the process of desistance. Shover (id) explained that although most research acknowledges that the majority of offenders eventually desist, little is known about the process they undergo, adding that a change in the offenders' self concept may contribute to the process. Other researchers have suggested this as well (Bushway, et al, 2001).

With specific regard to desistance and abstinence from heroin use, researchers need to examine how desistance experiences are affected by abstinence. It is sometimes beneficial to explore the criminal trajectories of such individuals to ascertain the influences of factors on and differences in long-term outcomes. For instance, Sampson and Laub (1993) discussed how by achieving social capital (e.g. job stability, marriage) adults are able to strengthen social bonds, which facilitate significant turning points in the life course and play a pivotal role in undergoing change processes. Yet, in their qualitative analysis they also found that attachment to wives had no effect on desistance from substance abuse and violent behaviors (id). Vaillant found that his sample of heroin addicts had trouble engaging in alternative careers (1992). Further, *ninety-seven percent* of his sample had relapsed after a year (p. 48) and none of his methadone treated sample failed to relapse to heroin use despite incarceration and voluntary treatment (id, p. 52).

Yet up to the point they relapsed or committed their crimes it might be said these individuals had desisted. Maruna argues that “desistance might more productively be defined as the long term abstinence from crime among individuals who had previously engaged in persistent patterns of offending,” (2001, p. 26). Further, Farrington (1986) warns that even if individuals cease to engage in criminal activity for long periods (five, even ten years, or more) does not guarantee that offending has terminated. As can be seen, these scenarios lend to some of the confusion as to how to accurately measure desistance as an event, again lending more credence to the necessity of understanding desistance as a process.

By definition, all the individuals recruited for the present study were abstainers, that is, they are no longer using heroin. As far as desisting from other criminal activities, that remained one of this study’s focal points and was explored in Chapter Five. Further, Chapter Five also reviewed the abstinence process undertaken by these individuals and examined its relation to desistance from other criminal behaviors and if their heroin recovery process included the use of other drugs. Maruna, (2001) and others (Bushway et al, 2001) suggest that studies of desistance should explore what desistance is, (attempt to reach accord as to how to define desistance) and how individuals experience it, particularly if no longer involved with other types of offenses – specifically drug using offenses, in an effort to understand how abstinent individuals are experiencing the process of desistance. Again, this dimension of alternative careers with a focus on associations to the respondents’ former drug use was examined previously. One thing that is apparent from a review of the literature is that a clear definition of desistance has not been attained. By examining desistance as a process for long-term abstainers from heroin

use, this study adds to our understanding of the relationship between their offending patterns and such use, amplifying our understanding of desistance as experienced by them. Equally important in understanding the desistance process is considering labels and their effect on desisting and maintaining abstinence.

Throughout their drug using episodes and even later as they seek to recover, anonymity and secrecy dominate the lifestyles of heroin and other hard drug users (Terry, 2003; Maher, 1997; Johnson, Williams, Dei, and Sanabria, 1990; Agar, 1973; Preble & Casey, 1969). During active addiction, they must deal with the fear of their use being discovered by family, friends, employers or criminal justice agencies. Thus, they must often live in a world of lying, manipulation, rationalization and deceit, in the hopes of not being discovered, first as heroin users, then as their use escalates, as addicts (Agar, 1973). In many ways the negative labels attributed to their use stick, such that they adopt negative patterns, behaviors and lifestyles (Becker, 1963). Coupled with the ever-pressing need of getting and using more and more of the drug as usage patterns escalate, in addition to being faced with lost jobs, decreasing wage structures and by chance a faltering economy, they are faced with temptations to enter the underground market in search of more lucrative opportunities. For those exercising these options, they may go on to become more “successful,” adopting this lifestyle in favor of others. Previous researchers have explored this phenomenon in depth (Irwin, 2005; Maruna, 2001).

In their book examining subcultures and delinquent gangs, opportunity theorists Cloward and Ohlin explored the dimensions of this type of criminal engagement (1960). Drawing on strain theory, they argued that in order to explain criminal involvement, the availability of both legitimate as well as illegitimate opportunities need to be considered.

They classified their groups as falling under one of three categories or subcultures. They maintained that in lower-class areas, these subcultures depended on how organized or disorganized the neighborhood. Their three classifications were: the conflict group (whose main activities centered around physical altercations and fighting), the criminal group (the more organized of the three, devoted to theft and other criminal activities and more successful in neighborhoods where conventional and illegitimate behavior are closely connected to legitimate and illegitimate business) and the retreatists (the “double failures”) which engaged in drug use, were generally unsuccessful at both legitimate as well as illegitimate enterprises, but were known for their “conning” abilities or street savvy, (id). Although not the primary focus of the present study, in Chapter Five I examined how some participants in this study (see for example Butch) demonstrated overlap in their behaviors when considering this classification schema. Some exhibited characteristics of all three categories at different times during their drug using careers. As they revealed, they experienced added difficulties during their abstinence efforts as a result.

Labeling Theory

The relationship between drug users and their environment, institutions and individuals, are important factors for understanding these users and their continued use patterns (Waterston, 1993; Preble and Casey, 1969). Similarly, the influence of these factors on desistance and maintenance of abstinence needs to be studied (Rosenbaum and Murphy, 1990; Waldorf, 1970). Particularly germane to a discussion of former heroin users and ex-offenders in recovery are the influence of labels as important factors in the emergence of deviant subcultures (Becker, 1963) and the subsequent effects these labels may have on desistance and the recovery process.

Labeling theorists emerged in the 1960's arguing that society's members have an array of values, and that no act is inherently criminal or deviant. Instead, an act is labeled deviant or criminal when a more powerful group (i.e., the "moral entrepreneurs") deems it so. The power of labeling then propels the individual into a self-fulfilling prophecy, engaging in criminal acts and deviant behavior. In what later became known as Labeling Theory, Becker (id) discussed what he called an "interactionist theory of deviance." This approach takes into consideration not just the rule breaker, but also those that define the rule as deviant, as well as those that enforce those rules. Labeling theory posits that an individual's engaging in a deviant act, may lead to the development of deviant motives and interests leading to further engagement, but now as a learned response. This process is enhanced if the individual is caught and labeled a deviant. Once labeled a deviant, the individual may take on the characteristics of that label, in essence changing his/her public identity (Rodriguez, 1993, p. 84; see also Becker, 1963, p. 33). By associating with these other like-labeled persons, the individual ultimately accepts that group's social behaviors, manifesting in his/her acceptance of the label.

Additionally, being known as deviant in one area, for example as a drug user or heroin addict, leads others to believe the individual is generally deviant with all its inherent negative connotations. This label may then become the individual's only known public persona. This was the case for the participants in this study as well. The effects of such labeling might then become a self-fulfilling prophecy, in that the individual then adopts these negative connotations and is forced (or believes he/she is forced) into relationships with others so labeled or stigmatized (Johnson, et al, 1998; Furst, et al, 1998). The labeled status then takes on the role of as Becker referred to it, a "master

status,” (Becker, 1963). Secondary deviance occurs as individuals, by associating with these other like-labeled persons, accept the labels and act according to the way they think others will react towards them. The individual ultimately accepts that group’s social behaviors, manifesting in his/her acceptance of the label. Cooley called this concept the “reflected or looking glass self,” (Cooley, 1997).

Individuals’ self-concepts are thus defined by how others see them, if these definitions are negative or usually so, the individual takes on the characteristics of the label. If then associating with other like-labeled persons, the individual ultimately accepts that group’s social behaviors, manifesting in his/her acceptance of the label. An extension of this concept may occur. As the individual perceives him/herself as criminal, the positive societal bonds are attenuated or weakened further, perhaps leading to even further criminal involvement. One of the concepts this dissertation examined is how these recovering individuals overcame and or substituted these labels to sustain their recovery efforts.

This dissertation posits that once abstinent, the recovering individual must adopt new behaviors and patterns in an attempt to desist and “unlearn” the initial behaviors and secondary reactions in order to achieve a different “master status.” Other researchers have explored similar concepts as well. Terry referred to a similar phenomenon as “identity transformation,” whereby the individual essentially redefines him/herself as a motivation to change behaviors, (Terry, 2003). Maruna termed his concept a redefinition of the core self, (Maruna, 2001). But the process itself is far from simple (see for example Biernacki, 1990; Waldorf, 1983; Thomas, 1969). Some of the labels acquired during the active users’ drug use and criminal involvement may have become “permanent stigmas,”

potentially barring them from future opportunities or inhibiting significant lifestyle changes, such as might be experienced by felony criminal convictions (Abramsky, 2004) or acquired physical or mental health problems (Schur, 1984, p. 24). In addition, some users may have permanently adopted some of the negative labels attributed to their use, such that they manifest in negative patterns, behaviors and lifestyles (Becker, 1963).

Becker maintained that the “label” places the individual in circumstances that make it harder to continue normal routines and thus provoke abnormal actions. Waterston (1993) posits that such labels often present structural barriers, whereby street users become marginalized. As such, the criminalization and medicalization of drug control policies may be tied to class conflict, where society defines what behaviors violate the norm. For such former users, overcoming stigmas, whether real or perceived, exacerbates the already difficult process of maintaining recovery.

Regarding the heroin-crime connection, among the many issues recovering individuals, particularly recovering ex-offenders must contend with, one of the more difficult, is negotiating the stigma and labels associated with their prior use and/or behaviors and criminal justice sanctions. Some of these negative characterizations and labels include ‘Dope Fiend,’ ‘Ex-con,’ ‘Parolee,’ ‘Junkie,’ ‘Gangbanger;’ (Terry, 2003; Rodriguez, 1993; Thomas, 1969; Becker, 1963). These labels also manifest in very real ways, for example when looking for employment, being barred from certain licenses (for those with felony convictions) or when dealing with issues related to their children as in prior drug use affecting decisions by child welfare service agencies or judicial mandates denying child custody; further involvement or increased severity of treatment by the criminal justice system for predicate felons; their HIV status; as well as fostering

significant interpersonal relationships with family and friends. As I explored this conceptual framework of permanent stigma, these previous findings bore out in this dissertation data as well.

During their time in recovery, the stigma associated with being a former user (“junkie”) or ex-con, in addition to the negative social, physical and legal consequences of their prior use, present ongoing battles they must wage on an almost daily basis. In many cases their entire social network must change and old friends and acquaintances forgotten. Recovering individuals must somehow remove active users from their life so as to forgo any temptation the latter’s drug use may create. Indeed, the main tenets of twelve step recovery programs, (in which many of the study participants participated on an occasional or recurring basis) for example, are the removal of “people, places and things” from the recovering individuals life (A.A., 2004; N.A.Text, 1991). In this case, “people” represent active users who may tempt the person in recovery; “places” represent the places where the drugs were acquired, consumed or bartered (for example “shooting galleries”); and “things” represent the paraphernalia, associations or other reminders of active use (for example, needles, spoons or “cookers”).

Additionally, reestablishing themselves once they have finally accepted their addiction (or as posited in twelve-step groups, “hit bottom,” N.A., Text, 1991) and attempted and instituted mechanisms of change is much more difficult if it is not the first time they are doing so. Often, the fear of yet another failure, itself serves as a relapse trigger. In addition, for many, active addiction created such a financial hardship that simply moving away or relocating to another neighborhood, city or state was not even a

viable consideration. Thus they struggled with “places” and other temptations, despite the knowledge that doing so endangered their recovery.²⁸

These and other facets of the abstinence and desistance processes need to be examined further. Considering the negative associations attributed to heroin use and heroin users generally, studying the effective ways they overcame the challenges of not only the addiction itself, but the very connotations of that use and its associated stigmas also contains meaningful policy implications. In this dissertation the qualitative analyses were structured such that the individual abstinence and desistance processes could be explored. These individual experiences were then compared to those of others such that their collective experiences produced a framework from which maintained abstinence and desistance efforts could be better understood. Expanding on these findings, Chapter Seven re-examines the heroin abstinence-desistance relationship as experienced by the study participants and presents a framework to better understand this relationship. In addition, Chapter Seven concludes by presenting the policy implications of this research and presents suggestions for future directions in research agendas.

²⁸ In addition to transcript material, Chapter Five provides further in-depth analyses of these dimensions as experienced by the study’s respondents.

Chapter Seven Summary and Discussion

“When the prison gates slam behind an inmate, he does not lose his human quality; his mind does not become closed to ideas; his intellect does not cease to feed on a free and open interchange of opinions; his yearning for self-respect does not end; nor is his quest for self-realization concluded. If anything, the needs for identity and self-respect are more compelling in the dehumanizing prison environment.”

Thurgood Marshall (*Procunier v. Martinez*, 416 U.S. 396 [1974])

General Findings

The respondents in this sample of former heroin using ex-offenders felt they were accountable to others in their own emergent peer group. Given relapse, high recidivism rates and often-bleak personal outlooks for success, these peer groups are not static entities, however. New members flow in and out in an unexpected fashion, such that real, deep, and meaningful encounters where the intimacy of their abstinence experiences can be shared, trusted and compared are difficult to maintain, let alone ascertain. But the study data suggests that if successful in their endeavors to engage with “like others,” doing so assists them in their abstinence efforts.

These individuals might also be classified as falling within the “will do no wrong but, can do no right” variety discussed with one long-time sociologist and heroin researcher (B.D. Johnson, personal communication, January 23, 2006). During their period of desistance, we discovered, these individuals will “do no wrong,” that is, they will do their best to no longer engage in criminal activities. But the caveat is that many are unprepared to “do right,” despite their best intentions.

These data demonstrate that if given the opportunities and adequate training and most importantly a real chance at re-entering, they *can* succeed. Conversely, the data

from this study support the contention that if individuals returning to inner city communities from jails, treatment programs or other institutions are too ill prepared to successfully re-enter, and given less than college educations, practically non-existent work histories and lack of training (“can do no right”); their lack of success in obtaining gainful employment is almost a foregone conclusion, as demonstrated by the study populations’ prior histories.

Rose and Clear (1998), examined some of the effects of mass incarceration as witnessed in a Brooklyn, New York City community, similar to the communities from which the majority of the present sample participants were recruited. These effects include a loss of social capital, leading to economic as well as interpersonal conflicts; a break in ties to positive social networks; and political alienation, as witnessed for example, by the loss of voting rights. The participants in this sample experienced these individual and social effects, as well. These respondents experienced several levels of disenfranchisement as a result. Their re-entry experiences in general, were that much more difficult, given the lack of preparedness to do so once undertaken.

Most of the individuals in this study attained their GED or furthered their education while in the criminal justice system, which suggests that such programs are indeed worthy and more, rather than less funds should be allocated towards this facet of inmate rehabilitation. If given these opportunities, these individuals “can do right,” if shown how. Fostered by participation in these types of training and educational programs, they should be able to do better and have a greater chance of achieving long-term goals. But at the same time, because of that added education, failure is that much

less palatable and more difficult to accept. Thus opportunities to accomplish short and long term goals need to be at their disposal.

The only persons who can shed light on the ongoing struggle of negotiating prior criminal histories, desisting from previous behaviors, yet maintaining abstinence from heroin use and overcoming the temptations and difficulties inherent to long-term recovery from heroin addiction are the very individuals that have successfully negotiated these obstacles and attained such recovery. In essence, they are the true experts regarding this phenomenon and as the experts, they can shed light on how they have been able to overcome the many pitfalls of active addiction. The study findings suggest that for this group, gaining employment, establishing meaningful community ties, rebuilding familial relationships and establishing a strong peer support network were important factors in the process of creating a new sense of self for these recovering individuals. In addition, successful desistance entails developing a sense of purpose coupled with this new sense of self, such that the future becomes something to be aspired to, not dreaded. Obviously there is no way to ascertain how long the respondents' abstinence efforts will be maintained. Such predictions remain. Indeed, the recovery literature suggests that relapse is only a "pill, or a drink away," (N.A., 1991; A.A., 2004) and outcome studies reflect the relapse phenomenon to be so common as to affect a great many program graduates (DeLeon, 1991; 2000). But again, viewing recovery in this fashion appears fatalistic, implying that relapse is a foregone conclusion. Rather, as intimated by Marisol, and other study respondents, a more practical strategy is to maintain that sobriety, maintain that recovery, and maintain that abstinence effort "*for just one day, just for today.*" Projecting into the future has resulted, more often than not, in a destructive spiral of relapse, guilt,

progression and maintenance of drug use patterns for these individuals. But the respondents in this study provide persuasive evidence that sustained recovery from active heroin addiction is possible, even for a population of ex-offenders.

Zinberg (1984) was one of the first to emphasize the importance of noting that variations in drug use involvement exist. He argued that a distinction between drug *use* and *abuse* is necessary. *Use* is characterized as drug use that is “experimental, recreational and circumstantial” and “has minimal social costs” (p. 203). *Abuse*, on the other hand, is drug use that is “dysfunctional, intensified and compulsive” and “has high social and societal costs” (p. 203). Not all use is abuse. This is something that is typically overlooked by policymakers that focus only on the legal classification of a drug and promote total and complete abstinence as the only option. All drug use is viewed as abuse. This is a view also held by those who support the deviance model of drug taking, amid total abstinence as its solution (see for example Winick 1986, for a discussion of this model of drug use). When total abstinence is the only measure of success, resuming use after a period of abstinence is considered a failure, or if measured as some type of longitudinal treatment outcome variable, as a failed attempt or relapse (see DeLeon 2000 for more on longitudinal treatment outcome studies; see also, DeLeon 1991). Coupled with the many failures they have historically experienced, further mention of additional failures exacerbates their prospects of seeking and achieving long term goals of maintained abstinence.

While many argue that treatment is necessary to stop using illicit substances, it is evident that some of the individuals in this study were able to stop using illicit drugs on their own, without treatment, at least for this last sustained abstinence period. Although in

all cases, there did exist historic treatment attempts, in most cases relapse followed shortly after program completion or hospital discharge. Thus, although these treatment episodes were “successful” albeit for brief periods of time for some of the study respondents, later relapse experiences lent support to Deleon’s contention that there is a treatment “dose response,” (2000). Conversely, other researchers suggest that the smaller the “dose response,” in addition to lack of successful community transition, the more likely that relapse will occur (see for example, Strauss and Falkin, 2001). Despite the long history of drug use involvement for individuals in this sample, they were able to successfully cease use of the majority of the illicit substances they ever used, and importantly, stopped their heroin use, which for all but one participant was described as their “drug of choice,” or preferred lifetime drug.

These findings about their ability to control their heroin use to the point of stopping it completely and limit the negative consequences of use on their lives coincides with arguments posited by others who have called for issue of control to be incorporated into the discourse about illicit drug use (see Zinberg 1984). This is a perspective gaining attention with those who promote harm reduction approaches to drug policy (see for example Riley and O’Hare, 2000; see also Somers, Tapert and Marlatt, 1992). But what of the dysfunctional addicts? When did their heroin use create the dysfunction in their lives? The answers to this question, of course, must be considered in light of their previous criminal involvement. In theory, these individuals were functional at some point. When taking such prior involvement into account, where do we draw the line on separating the functional/dysfunctional dichotomy? The participants in this study, for the most part, fit the mold of once functional users who let their use get out of control and

engaged in activities they normally would never have considered. Indeed several discussed this element of their subsequent addiction and associated criminal behavior patterns. Marisol, Butch, Max, Cookie and others discussed how despite being immersed in a drug using lifestyle, they didn't engage in everyday criminal activities until their heroin use patterns had escalated to such a degree that they felt they had no choice but to do so. When they addressed these usage patterns and implemented alternate strategies, they were able to maintain their recovery attempts.

Two types of coping strategies have been discussed in the literature. The study respondents exhibited both types of strategies, active and avoidant and sometimes both, on a recurring basis. There appear to be two broad categories of coping skills: temptation-coping skills and stress-coping skills. Temptation-coping skills, like self-control and social skills are relevant for dealing with situations in which substance use, or the temptation to use, is present. Examples here are avoidance of the problem, "*people, places and things....*" Stress-coping skills are necessary to cope with major life events and stress provoking situations, examples cited in the literature and demonstrated by study respondents include deep breathing, exercising and meditation, among others (Wills and Shiffman, 1985). Many of them engaged in multiple strategies and the importance that respondents attached to specific strategies varied as well. Butch for example, maintained that one of his principal strategies involved a reassessment of who he is as a person:

"The first step was I became friends with myself, I learned that I'm not such a bad person after all, I learned to like myself and accept me for me."

Cookie initiated a strategy where she became more forgiving of herself for some of her past behaviors. One way she achieved this is by reflecting on these with a sense of humor:

“Laughter is the best medicine, I’ve learned to laugh at myself and at the stupid things I’ve done, it’s better than blaming myself all the time, like I used to before...”

Avoidance methods, in combination with a strong positive peer network served as

George’s strategy:

“As hard as it was for me to accept, I had to really pay attention and really learn what it means to stay away from those ‘people, places and things.’ ”

Juan reflected on his experiences with methadone and decided that for him:

“Drug free was the way to be... Recuerdate lo que dijo Frankie Ruiz... ‘A veces la cura es mas mala que la enfermedad’....” (Translation: *“I try to remember what Frankie Ruiz [the Latin singer] always said, sometimes the cure [in this case referring to methadone] is worse than the sickness.”*

One of the difficulties inherent to measuring this aforementioned dichotomy is that “heroin use” (as can also be said for the term desistance) is a term that has not been succinctly defined in the literature, particularly as regards studies of the present type. These disparate definitions take into account various dimensions of heroin use, for example, quantity used, frequency of use, consequences of use and at differing points in time. Zinberg and Harding (1982) for example, defined heroin users who could maintain and regulate their use as controlled users. As discussed in Chapter Five, Zinberg later distinguished controlled users from compulsive users as those who could regulate the frequency and not necessarily the quantity of the drug used, (1984). The key, however, is defining when these users become dysfunctional. Should research and policy organizations attribute major difficulties they experience to the users’ patterns of use? If

so, then how are “major difficulties” defined? In order to make more accurate estimations as to the consequences of casual or recreational versus “consequential” or “problematic” heroin use, these constructs should be measured over time, but with clearly defined and delineated time points. As posited by Harding (1988), longitudinal studies measuring these patterns of use should include quantitative measures (assessing frequency of use). Given recently published accounts of heroin overdoses in the New York City area, (see for example, Clancy 2005, warning of the drug’s increasingly deadly purity), the need to be wary of even casual, more acceptable modes of use, such as sniffing or smoking of the drug is clear. Thus further detailed explorations into these patterns of use are necessary, suggesting the need for more in-depth qualitative studies. Perhaps, combined mixed-methods studies measuring these phenomena over time will provide a better understanding of these dimensions of heroin use and patterns, and their associated long-term sequelae.

In this study, another important finding is that for the majority of those individuals who considered their addiction a disease and viewed themselves as sick because of that addiction, tended to do better in their treatment attempts, once they accepted this concept and addressed it accordingly. This has also been posited by some of the treatment and program literature (see for example DeLeon, 1995; see also N.A. Text, 1991). Also of note however, is that on prior studies I have collaborated on and as mentioned by some of the present study’s respondents, (particularly those for which treatment mandates were an option in lieu of incarceration) some appear to consider themselves “sick” as a matter of convenience. That is, they “needed treatment” but they admit that this “need” stemmed from a greater “need” to avoid further criminal justice

action. Despite this, as mentioned in Chapter Five, those that were not mandated to treatment in this study tended to do better than those that had no such choice. Research studies have suggested that length of time in treatment appears to be the best predictor of later success (see for example DeLeon 1988). So it stands to reason that if individuals are mandated to treatment, even if they do not desire to be there, they will show improvement in selected domains. Future studies should administer baseline measures assessing how knowledgeable these individuals are about their treatment seeking experience prior to entering treatment. It is important to know what their expectations are so these may also be addressed. As discovered by some respondents in this study, there is no “magic pill that will make drug addiction go away.”

For the present group, it appears many considered entering treatment a cut and dried solution to their addictive patterns. Lack of prior background information on program guidelines or desired outcome seemed to promote unrealistic expectations among these respondents. As a result, they failed during their historic treatment attempts. Future studies might initially explore just how knowledgeable these individuals are about addiction and recovery and examine how they incorporate this knowledge into the actual treatment experience, and how doing so in turn, influences their ongoing recovery efforts.

One of the most important contributions this study makes is the insight it provides into the recovery process and alternate coping strategies as lived by a much-understudied population, the women, especially the mothers in recovery, (Rosenbaum and Murphy, 1990; Grella, Joshi and Hser, 2000). Many of the women whom are typically arrested and incarcerated are single heads of households with an average of two dependent-age children each (BJS, 2000). In many cases, to have undergone such dramatic shifts in

behaviors, maintain sobriety and yet effectively deal with the additional obstacles they encounter on a daily basis is truly extraordinary. The complicated nature of heroin addiction is tough enough for men to recover from, but as cited by Rosenbaum (1981) and discussed by the women in this study, for women, this already difficult process is exacerbated by many of the reduced options at their disposal (George, 2001; see also Rosenbaum and Murphy, 1990). Considering the negative associations attributed to heroin use and heroin users generally, studying the effective ways they overcame the challenges of not only the addiction itself, but the very connotations of that prior use and their associated stigmas also contains meaningful policy implications. This is clearly an area that merits further exploration and it is my desire to continue investigating this phenomenon in future studies.

In 1998, 1.6 million people were arrested for drug offenses, 3 times as many as in 1980, and 289,000 drug offenders were incarcerated in State prisons, 12 times as many as in 1980 (23,900) (National Research Council, 2001). Little is known about the long-term recovery process. However even less is known about how ex-offenders experience this complex process. As regards ex-offenders from minority groups, particularly Hispanics, the literature is almost nonexistent. Hispanics have had a steady increase in addiction treatment admissions since 1992. Whereas admissions by Whites decreased by close to 2.0 % from 1992 to 2000, admissions by Hispanics increased 18.2% in that same period (SAMHSA 2002b).

The fact that some of the clients spoke little or no English would normally introduce a potential bias and certainly a recruitment difficulty. As a Latino, fluent in Spanish, I saw this as an opportunity to recruit a more varied sample, rather than a

hindrance. Future studies might explore this phenomenon as well. Particularly in the case of individuals that may be recent arrivals from Puerto Rico, the Caribbean or Latin America, it presents opportunities for comparisons between this sub-group's coping strategies and the English-speaking sub-groups'. Likewise, it presented the opportunity for an exploration and descriptive comparison regarding differences in client self-perceived "cultural inhibitions," (difficulties) or "facilitators" (enhancers to successful abstinence). Specifically, I refer here to the "social acceptability" of the use of certain substances, such as alcohol, in Latin American countries or Puerto Rico but perhaps not to the same degree in the mainland U.S. Clearly the nexus between these factors and sustained desistance efforts cannot be overlooked.

Although only two of the present study's respondents were solely Spanish speaking, they presented invaluable information regarding the cultural components discussed above. In the future I would like to recruit a larger base representing this sub-population. Other researchers have compared active use patterns between mainland heroin users and those from Puerto Rico (see for example Deren, et al. 2003; see also Robles, et al. 2003). In future studies I would like to examine abstinence patterns among these groups as well. Although the sample in the present study is certainly too small to offer conclusive evidence and despite interviewing only two respondents that spoke little or no English, the findings suggest that indeed there may be cultural factors that impede the recovery process for certain groups. For example, Juan stated:

"I think it's more difficult to maintain 'a dope quit' for Latinos. Even when you go to the rooms (NA, AA, etc.) a lot of the feelings and emotions that you express there might be more difficult if there are only Latinos there. I mean you know how it is, as men we're not really supposed to show that much emotion...its almost like if we're 'down' and 'hustling,' that's what is expected of us as men, we have to be the providers. You know its all part of that 'Machismo' stuff, if you're a man, a

real man, you deal with life, and if that includes jail or 'estando en la brega' (being in the 'game'), you deal and that's that..."

Given that Hispanics now comprise the largest ethnic minority group in the United States, understanding the recovery patterns and any potential cultural “facilitators” or “inhibitors” to their recovery process contains significant policy implications; again, further research is needed. Future research questions such as the following should be explored: “Are there any cultural and social effects of permissible drinking standards on problem drinking and progressive substance abuse and criminality?” “If so, can modifications to available treatment modalities be implemented successfully to address these cultural and social effects thereby improving retention during treatment episodes?”

Study Limitations

Self-Report and Generalizability

The findings from this study apply to the individuals in the sample. The findings on abstinence and desistance apply only to their decisions to enact specific behaviors. These research findings are limited to the degree that they focus on a small sample of adults in New York City and environs. The findings are not generalizable to other heroin users or to other types of criminal offenders. The sample is predominantly minority and has attained more than average education; with some having achieved college educations. However, by virtue of living in high crime and in many cases areas exhibiting much drug activity, they present an even stronger case for their maintained abstinence and desistance efforts. The majority of their peers and significant others were at one time (or in some cases still are) drug users and persist in drug-using lifestyles and criminal behavior.

Several studies have demonstrated the veracity of self-report in research studies. Sherman and Bigelow (1992) noted that opiate users *in treatment* tended to underreport

drug use. Real or perceived sanctions resulting from admitting to this or other drug use within the confines of a therapeutic community or correctional institution may also result in underreporting. It may also be the case that client's underreporting is solely due to a desire to shorten the length of the interview process by denying use of substances. Often, given that consent has already been obtained, and in situations where drug-testing is more routine such as in hospital environments, or therapeutic communities, where such triangulation is more feasible, records can be reviewed to better assess substance abuse and substance abuse histories. In any case, in those types of interviews, it is important for the interviewer to be wary of inconsistencies given throughout the interview process.

For this study, my best allies were my field notes. Throughout this endeavor I referred to field notes to guide me and provide contextual information of the interview process, my possible effects on that process, any possible effects of the immediate venue on process and any other factors potentially affecting response reliability at the time. Field notes are invaluable assets, as researchers can rely on these notes to facilitate later recall of key events (Emerson, Fretz and Shaw, 1995). As the primary timeframe of this study examined the period of abstinence, difficulties arising from respondent exaggeration regarding any ongoing behaviors were not expected. Additionally, prior research has shown that self-report generates sufficiently valid data for this type of research (Magura et al., 1987; Booth et al., 1996; TCA, 2002; see also Sobel and Sobel, 1990). Coupled with interviewer experience and the nature of the research questions, I had no reason to believe that the data gathered was not factual as lived and experienced by the respondent base.

Another limitation is related to the sampling strategy and the type of data used in this study. The individuals in the sample were identified from a chain referral or snowball sampling method. As such, the findings are restricted to the sample in the study. The data comes from only those willing to be interviewed thus it is subject to the limitations of self-report data. But in and of themselves, the sampling strategies used, demonstrate that not only active users can be recruited into these types of studies, these techniques are effective for those in recovery as well.

This examination focused on the influence of life events as singular entities. The qualitative analyses were structured such that the individual abstinence and desistance processes could be explored. Despite these individual level analyses, the collective experiences produced a framework from which maintained abstinence and desistance efforts could be better understood. With specific regard to desistance, researchers need to explore the trajectories of such individuals to ascertain differences in long-term outcomes (Sampson and Laub, 1993). Future research studies should examine maintained abstinence more closely and with larger more diverse samples, in addition to examining prolonged abstinence after initial failures.

Future Plans and Agenda

This study of former heroin users, has examined their desistance processes, the tools they utilize to sustain abstinence efforts and explored the practicality and effectiveness of implementing these in their lives. One thing that the data definitively points to is that long-term recovery is achievable. As suggested in this study, future studies need explore more first hand accounts of maintained abstinence efforts, as well as *sustained abstinence attempts*. Studies investigating these phenomena are clearly necessary, particularly as experienced by ex-offenders. Treatment services need to better

examine and strengthen relapse prevention and relapse coping skills among drug users, with a concentrated focus on re-entry by ex-offenders. Researching successful methods and strategies used to maintain long-term abstinence from heroin use reveals the process of agency and ownership they demonstrate to facilitate their successes. By providing an in-depth exploration into the alternate coping strategies ex-offenders have utilized to maintain recovery for such long periods of time, this research is addressing an important issue as yet not fully understood or explained in the criminological literature.

But further and deeper explorations are needed. For example, timing and financial constraints prohibited me from engaging in a more in-depth biopsychosocial exploration into the earlier lives of these respondents. I suggest that achieving a more accurate understanding of these recovery patterns may help develop an agenda for instituting and implementing policies and effective treatments designed to enhance long-term recovery and provide a better understanding of how long-term recovery from heroin use can be achieved. This study is taking a position similar to that posited by Zinberg (1984) more than two decades ago:

“...in order to understand how and why certain users had lost control over the drug or drugs they were using, I would like to tackle the all important question of how and why others have managed to achieve control and maintain it, (p. vii).”

Given the long established connection between heroin use and engagement in criminal activities for such a substantial number of users, (NIJ, 1995; 1999), the overburdening of the criminal justice system with substance abusers and associated criminality (Golub and Johnson, 1999; NHSDA, 1999; Belenko, 1998; Terry, 2003; Maruna, 2001; Yalisove and Kramer, 2001), the recently cited increase in heroin use by younger populations (SAMHSA, 2003; DASIS, 2003), the increased potency and

availability of heroin (Frank and Galea, 1998), and the public health concerns and difficulties inherent in the treatment of heroin use (SAMHSA, 2002), achieving an understanding of desistance and its relationship to the heroin recovery process becomes all the more necessary and important.

Sustained recovery from heroin use is very difficult, thus it is important to know what the elements and process of successful recovery and desistance are, as it affects a great many people. By further investigating the processes of long-term recovery and desistance, the information gleaned can be used as a prevention tool. Although this research was initially exploratory, it has also served a confirmatory purpose, having demonstrated that successful recovery is possible and sustainable.

Implementing an understanding of how these long-term recovering ex-offenders have been able to overcome specific and general barriers to recovery and effectively maintained their recovery despite the labels and stigma associated with their prior use, into policy and treatment agendas merits further inquiry. Desistance, abstinence and the process of long-term recovery are important topics requiring further research and study. Furthermore, developing appropriate *and effective* intervention and treatment strategies warrants further examination and implementation. Researching, analyzing and disseminating patterns of desistance and successful recovery as reported by the actors themselves are a step in this direction.

Sampson and Laub, (1993) argued that by achieving social capital adults are able to strengthen social bonds which in combination with turning points in the life course play a pivotal role in understanding change processes. Although for these participants it cannot be conclusively stated that any one of these events was instrumental to their

abstinence efforts, collectively it appears the combination of events strengthened their change processes. By establishing stakes in conformity, they enabled their recovery efforts and effectively desisted from prior behaviors. But the key for those that did so successfully was the *opportunity to do so*. Virtually every one of the respondents in this study talked about being tired of “*the life*” or “*the game*” or “*the hustle*” at some point during their interviews. But many, including Marisol, Miguel, George and Butch, referred to their having had the opportunity to change their lives. It wasn’t simply the desire to do so, although of course that played a pivotal role as well, but the opportunity to turn their lives around was instrumental to their maintained lifestyle changes. All were able to secure legal employment and importantly with a *livable wage*. It is certainly understandable why some might opt to go on the public dole; initially, if they are refused employment in practically all places they seek it. But secondly, if when factoring in the costs of going to a minimum wage job, the resulting wage is less than what they received by engaging in some government program, it practically serves as a disincentive to work. Despite this, many did work. Some even admitted to being embarrassed at the type of work they had to do initially. But sheer obstinacy promoted their success, as demonstrated by Max: “*I’m gonna’ be the best damned messenger there is...*”

In terms of their criminal justice backgrounds, collectively they accepted and took ownership for their previous mistakes, but understandably felt ostracized by being “punished” for these still, in some cases after ten years or more. Automatic bars to employment simply add to other frustrations experienced by these individuals. For example Rob applied for a position as a “census taker.” He took the exam, scored in the highest percentile (which he reported actually made him eligible for a supervisory

position), but was ultimately disqualified because of his prior criminal record. In so many ways these individuals have acquired skills during their active use periods that would likely give them high placement in the job market. RayRay reflected on this dimension of his “acquired skills:”

“I don’t know how much you know about the drug market, but I’ll tell you something. One thing that is hard as hell to do is sell ‘weak-assed’ coke, but no matter the quality, I was always able to get rid of it, its all about how you market your product...it takes some real skills to do that.”

The key is that despite these temptations and knowledge that they could achieve some measure of success by engaging in the illicit or underground economy, they for the most part opted out, as reflected on by Butch:

“...just cause I’m not out there doing my thing anymore, doesn’t mean I have forgotten what it was like or how to do it...I’d like to think though, that I’m a different person now, not that same dude from before...”

Perhaps most important for these individuals is that they be able to achieve success in their attempts at re-entry; as demonstrated by Marisol and others, there needs to be some type of *measurable and observable* success, something that the individual can point to and say, yes I did that, I finished that. In an effort to redefine themselves, they have to be able to feel that they are more than what they may have felt all their lives, that the stigmas from their past will no longer haunt them.

The explanation of desistance and findings from this study are compatible with other theoretical explanations that focus on change and importance of life events in adulthood. One theoretical perspective that complements the findings in this study is the life course perspective (Laub and Sampson 2001). According to the life course perspective, life events such as work and marriage (i.e., salient life events or transitions)

have the potential to change criminal trajectories (Laub and Sampson 2001; Sampson and Laub 1993). According to Laub and Sampson:

“[the life course-framework is committed to the idea of social malleability across the life course and the focus on the constancy of change, including the dynamic processes that serve to reproduce stability,” (2001, p. 44-45).

Changes in criminal offending in adulthood are tied to how such life events “affect social bonds and informal social control” (id, p. 44). Studies using this theoretical framework have identified factors that influence desistance (e.g., marriage, employment) and have sought to specify the conditions under which such life events lead to desistance (e.g., a good marriage) (Laub et al. 1998). Conventional social bonds and involvement with conventional social activities may help to explain these patterns.

This study’s findings highlight the usefulness of taking into account desistance as a lived experience and developing an understanding of the desistance and abstinence processes from the perspectives of the former users themselves. The analyses of periods of desistance presented in Chapter Five challenge the notion that desistance is only meaningful in reference to the end of the criminal career. Cumulatively, these findings suggest that when viewed in a broad manner, desistance is a process; it is something that is likely to occur over time.

Conclusions

As desistance is indeed a process, understanding the roadblocks to this process and how these roadblocks are identified and overcome has important policy implications. Achieving a further understanding of successful reentry from prisons and institutions as lived and experienced by those that have overcome these barriers will impact the lives of those returning from these institutions in significant ways. Both similarities and

differences in desistance experiences need to be outlined and understood in greater detail. The effects of sustained abstinence on desistance need to be examined as well.

The sampling method and relatively small number of respondents (when compared to larger panel studies) reduce the generalizability of the study's findings. For example, it may be possible that ex-offenders that fit all other recruitment criteria refused to participate in this or research studies in general, as a result of a desire to forget that part of their lives. On the other hand, this study provides a richness and in-depth analysis that cannot be gained in a solely quantitative study; instead providing a detailed analysis of the alternate coping strategies used by these individuals to assist them in their desistance and abstinence processes, one rarely found in the criminological literature. Methodologically, this study proves that snowball samples, which have historically been used to locate active heroin and other drug users by tapping into these drug using subcultures or networks, can also be used in reverse. That is, these techniques are effective with former users as well.

This research demonstrates the utility of examining desistance from a grounded approach that incorporates analyses of desistance as both an event and a process. Desistance is something that can be examined as an event. However, it is best understood as a process. It is something individuals think about and enact over time; to truly understand desistance experiences, the view of desistance as both an event and a process should be considered.

Two main findings emerged from the analyses of periods of abstinence. Abstinence periods vary with regard to duration. Individuals stopped using heroin for different periods or lengths of time, relapse experiences varied and the respondents

reported various reasons as to how or why they were unsuccessful in these prior abstinence attempts. The analyses of periods of desistance also demonstrated that there exist variations with regard to finality and outcome. Not all who abstained from heroin use stopped using other drugs as well. There were also variations in possible outcomes following a period of desistance. As demonstrated by those who shoplifted after they got “clean,” rationalization of behavior patterns was evident. So although lessened, some criminal activities were still engaged in. However, a number of different factors influence abstinence from heroin use. If persistence in criminal activities and its connection to active heroin use is understood as part of the same process, then indeed the majority of study participants were successful in this process. During the time period the study measured, all were abstinent from heroin use. But as the desistance experience is a process, there is no guarantee that these individuals will not engage in further criminal activity or relapse to heroin use. One thing that was evident was that collectively, the level of criminal behavior was lessened during the abstinence period. This was true for non-drug related behaviors as well as for drug possession and other criminal acts directly related to drug use.

The findings demonstrate the importance of reconsidering what desistance is in light of abstinence. As demonstrated here, some who abstained from heroin use (hard drug use) resume other drug use without progressing to their hard drug preference. Thus, the all or nothing mentality that any drug use leads to hard drug use does not seem to hold up in this sample. On the other hand, only four respondents out of this sample of twenty-five used any substances after they stopped using heroin. Again this does not conclusively prove anything about future drug use, but suggests that by maintaining their

quit for the length of time they did, in light of research suggesting that the average time to relapse in two years or less, (see for example DeLeon, 2000) there is a good chance they have established sufficient coping mechanisms and strategies. These, coupled with a strong peer support network, can help them maintain stable abstinence patterns.

Not all who abstain from drug use do so from all drug use. This is something that others have documented as well (see for example Waldorf et al., 1991; see also Shover, 1996). This point is often overlooked or discounted in theoretical discussions about abstinence and desistance (particularly when accounted for by drug use) where desistance is conceptualized as a final or complete end of all criminal involvement. Other perspectives have failed to take into account alternative outcomes that exist in the post desistance period. Additionally, the end of a form of criminal behavior does not necessarily imply the end of all criminal behaviors or the end of a criminal career. As suggested elsewhere in this dissertation, this is one of the main issues among researchers measuring desistance, reaching accord as to when the act ceases.

Three categories of factors influenced abstinence for the participants in this study: health concerns, lifestyle activities, and familial and social interactions. Desistance was influenced by familial and social interaction, lifestyle and health concerns, as well as a desire to improve living situation. Important here is that the fact that the respondents defined improvement of living situation as being directly related to incarceration and being involved (or more correctly not involved) with the criminal justice system. The importance of these considerations varied among individuals.

As regards the issue of children and family, men and women demonstrated divergent patterns, with the women exhibiting more familial cohesion, as well as a strong

desire to be reunited with their children as also found by other researchers (see for example, Petersilia, 2001). These added demands are perhaps some of the reasons why maintaining abstinence is more difficult for women (see for example Waterston, 1993; see also BJS, 2000).

Qualitative methods are suited for exploratory studies and allow for flexibility to be incorporated into research and process. Coupled with the textual analyses made possible by incorporating the Atlas-ti qualitative analysis program, this study further demonstrates the usefulness of qualitative methods to examine prolonged abstinence from heroin use and desistance as a process.

By definition, all the individuals recruited for this study were abstainers, that is, they were no longer using heroin. As far as desisting from other criminal activities, that was one of this study's focal points and the data suggests that indeed the heroin crime connection also occurs in reverse. Once these individuals have achieved a stake in conformity, accepted themselves to be these new personae and acted as these individuals "*should act*" in their mind's eye, their criminal inclinations and behavior also decreases or ceases. But desistance is best understood as a process (Bushway et al, 2001). It is something individuals think about over time and that occurs over a period of time. This study explored how the abstinence process has been undertaken by these individuals and examined to what degree they desisted from other criminal behaviors and if their heroin recovery process included the use of other drugs. Maruna, (2001) and others (Bushway et al, 2001) suggest that studies of desistance should explore what desistance is, (attempt to reach accord as to how to define desistance) and how individuals experience it, particularly if no longer involved with other types of offenses – specifically drug using

offenses, in an effort to understand how abstinent individuals are experiencing the process of desistance. This study offers burgeoning research in that regard. Future panel studies might further document the mechanisms of change for these long term recovering heroin users, in order to assess the similarities and differences in desistance experiences. Equally important in understanding the desistance process is considering labels and their effect on desisting and maintaining abstinence.

The study is intended to help researchers and practitioners gain more insight into former heroin users' abstinence process as experienced by the former users themselves. Researching, analyzing and disseminating patterns of successful recovery and desistance as reported by the actors themselves are a step in this direction. This study demonstrates the effectiveness of using qualitative methods to explore a phenomenon in such a way as to make it better understood by the actors themselves. In this fashion, nuances associated with these processes can be more fully examined. By examining the individual and social processes as lived by and affecting these respondents this study has reviewed their desistance processes and experiences and these concord with Farrall, (2004):

“If the desistance literature demonstrates anything, it is this, that people can, and regularly do, stop offending without the assistance of any of the branches of the criminal justice system, (p. 25).”

Indeed, future studies need to provide a forum for these recovering individuals. Once released from correctional institutions, the participants in this study, for the most part maintained active employment and were leading productive lives. Many of them attributed their successes to trainings they received while in the system. This is an important consideration given the generally less than average levels of education they reported prior to their incarceration and generally reported in the literature (see for

example SAMSHA, 1999). This calls for an increasing, not lessening, of such programs within the criminal justice system. If federal cutbacks are inevitable, then this certainly should not be the place to start. In terms of job performance, attitudes toward reentry and the act of reentering conventional society, they experienced frustration and disappointment but maintained their focus. By effectively bonding with others in similar situations, that have conquered many of the same dilemmas, and establishing a strong peer support network, they were able to overcome many of the barriers they were experiencing. From this vantage point, it certainly appears that enlisting governmental monies and programs towards rehabilitation, job training and education, rather than incapacitation, is a necessary shift.

Further research of this type is needed. There exist disproportionately high incarceration rates among minority populations, particularly for drug offenses. Considering many of the potential barriers these individuals already face when they re-enter society, coupled with the recent proliferation of heroin use, not only in the inner city but in other communities as well and in light of recent federal cutbacks, during a time when more rather than less research and dissemination is needed, I feel that achieving a thorough understanding of their recovery processes and how they overcome and continue to deal with relapse triggers will help so many others in similar situations as well as make a significant contribution to science.

Although theory building in qualitative methods is generally an ongoing process, “guiding hypotheses” were generated during the course of fieldwork undertaken for this study. These were used as tools to further areas of inquiry, generate questions and search for patterns. As these were discarded and revised, new hypotheses were added, as

fieldwork progressed and provisional findings were formulated (Marshall & Rossman, 1995). As such, one of the primary goals this research study intended to provide was met, developing groundwork for enlisting different methodologies into future investigations examining these phenomena. Using different methods, such as a larger sample in conjunction with structured interviews, has the potential for assessing the generalizability of my findings. Additionally, fuller representation of younger age groups, as well as comparisons of “successes” from differing program modalities and treatment paradigms would allow for a better understanding of how age, maturation, desistance and the recovery and re-entry processes are related and experienced by different groups.

Austin (2001) reports that as part of pre-release programs in correctional facilities in several states, few inmates are exposed to a re-entry type program. For those states where such programs are offered, few provide assistance on securing housing upon release. As a result, upon release those individuals lacking such assistance will return to their respective communities, in many cases the same communities where they engaged in behaviors that ultimately led to their incarceration. Further program planning while incarcerated would help address these types of issues. Some of the approaches Austin recommends, such as what he calls a “harm reduction” model for reentry (id, p. 331) merit further exploration. Part of this model calls for increasing inmates education levels and training experience *while incarcerated*, and placing a greater onus of responsibility on the inmate post release, allowing for greater supervision of high-risk inmates post release.

Clear and colleagues (2001) offer program recommendations for reentry, particularly to neighborhoods demonstrating high rates of incarceration. Some of their

recommendations include: reestablishing contact with family members, thereby maintaining or reinforcing bonds; providing housing; relaxing restrictions on felony record prohibitions; forming self-help support groups for ex-offenders and assisting ex-offenders in securing and maintaining employment. Some of the research recommendations offered by the authors include: investigations of social networks, including ties with religious organizations and elements of structural support such as job availability.

Practically every one of the aforementioned recommendations offered by Clear et al, was discussed by the present sample as instrumental or affecting their recovery and desistance experiences, in one fashion or another. Some of the respondents found themselves needing to address a multiplicity of these issues when re-entering. The overarching concern and difficulty experienced and expressed among the present participants, was the difficulty they experienced when re-entering the job market (in some cases, they were actually “entering” for the very first time). For those with multiple felony convictions, this process was termed “near impossible.” Butch, Miguel and others reported that on many occasions the frustrations they experienced was so overwhelming that they almost felt disinclined to suffer further abuse and engage instead in alternate activities they “knew” would be financially productive. Butch for example discussed his temptations:

“When I first got out, I had all these dreams and whatnot as to what I was gonna do. I told myself that everything was gonna be different. You know in the joint, all that most of the dudes talk about is how they gonna’ score bigtime or move some product ‘cause they met some bigtime connection and how things are gonna’ be different this time. But for me I wanted things to be different completely, I didn’t want to hustle no more, I was just so sick of all the bullshit. And you know like I told you before, its not like I don’t know how to hustle, even in the joint, I’m a master at that game, but you know, you just get fed up with all the bullshit...But

when you get out, nothing is the same, I mean everybody is still hustling and shit on the block, but all those dreams and shit that you fed yourself while you locked up don't mean shit, cause the reality is you ain't gonna find a job... man its hard as hell to get a hook-up. But like I tell some of the fellas, ' you just gotta' keep looking, sooner or later you gonna find something. But I gotta' tell you man, the temptations to go back out there, are some strong ass shit. You know, just cause you ain't in the game, don't mean you forgotten how to play... ”

As can be seen in Butch's case, even so many years later, he recalls the ongoing struggle between the assimilations of the “con mentality- con identity” dichotomy discussed in Chapter Five. The majority of respondents themselves offered recommendations quite similar to those offered by Clear, et al (id), and collectively offered their opinions and experiences as to how these changes and aspirations can be made reality, not only for themselves, but also for others attempting the re-entry process.

Appendices

Appendix I ASI Documentation



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February 13, 2006

Mr. Tiburcio,

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in your dissertation. However, it should be cited.

Please contact me if you need further assistance.

Respectfully,

Veronica Murray
Executive Assistant to
A. Thomas McLellan, Ph.D.
Director
Treatment Research Institute

From: MaryLou Cardell [MCardell@tresearch.org]
Sent: Wednesday, December 14, 2005 1:15 PM
To: nelson.tiburcio@ndri.org
Subject: Public Domain

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Please let me know if you have any other questions.

Mary Lou Cardell
Information Specialist

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12/14/2005

Addiction Severity Index Lite - CF

APPENDIX II

Thomas McLellan, Ph.D.
John Cacciola, Ph.D.
Deni Carise, Ph.D.
Thomas H. Coyne, MSW
Remember: This is an interview, not a test

Item numbers circled are to be asked at follow-up. ≈
Items with an asterisk are cumulative and should be rephrased at follow-up. ≈*
Items in a double border gray box are questions for the interviewer. Do not ask these questions of the client. ≈

INTRODUCING THE ASI: Seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychological. All clients receive this same standard interview. All information gathered is confidential.

There are two time periods we will discuss:

1. The past 30 days
2. Lifetime Data

Patient Rating Scale: Patient input is important. For each area, I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you for the area being discussed.

The scale is:

0 - Not at all
1 - Slightly
2 - Moderately
3 - Considerably
4 - Extremely

If you are uncomfortable giving an answer, then don't answer.

Please do not give inaccurate information!

INTERVIEWER INSTRUCTIONS:

1. Leave no blanks.
2. Make plenty of Comments (if another person reads this ASI, they should have a relatively complete picture of the client's perceptions of his/her problems).
3. X = Question not answered.
N = Question not applicable.
4. Terminate interview if client misrepresents two or more sections.
5. When noting comments, please write the question number.
6. Tutorial/clarification notes are preceded with "•".

HALF TIME RULE: If a question asks the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.

CONFIDENCE RATINGS: ⇒ Last two items in each section.

- ⇒ Do not over interpret.
- ⇒ Denial does not warrant misrepresentation.
- ⇒ Misrepresentation = overt contradiction in information.

Probe and make plenty of comments!

HOLLINGSHEAD CATEGORIES:

1. Higher execs, major professionals, owners of large businesses.
2. Business managers of medium sized businesses, lesser professions, i.e., nurses, opticians, pharmacists, social workers, teachers.
3. Administrative personnel, managers, minor professionals, owners/proprietors of small businesses, i.e., bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent.
4. Clerical and sales, technicians, small businesses (bank teller, bookkeeper, clerk, draftsman, timekeeper, secretary).
5. Skilled manual - usually having had training (baker, barber, brakeman, chef, electrician, fireman, lineman, machinist, mechanic, paperhanger, painter, repairman, tailor, welder, policeman, plumber).
6. Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator).
7. Unskilled (attendant, janitor, construction helper, unspecified labor, porter, including unemployed).
8. Homemaker.
9. Student, disabled, no occupation.

LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Pain killers = Morphine, Dilaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Syrups = Robitussin, Fentanyl
Barbiturates:	Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
Sed/Hyp/Tranq:	Benzodiazepines = Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = ChloralHydrate (Noctex), Quaaludes
Cocaine:	Cocaine Crystal, Free-Base Cocaine or "Crack, and "Rock Cocaine"
Amphetamines:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal
Cannabis:	Marijuana, Hashish
Hallucinogens:	LSD (Acid), Mescaline, Mushrooms (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy
Inhalants:	Nitrous Oxide, Amyl Nitrate (Whippets, Poppers), Glue, Solvents, Gasoline, Toluene, Etc.

Just note if these are used:

Antidepressants,
Ulcer Meds = Zantac, Tagamet
Asthma Meds = Ventoline Inhaler, Theodur
Other Meds = Antipsychotics, Lithium

ALCOHOL/DRUG USE INSTRUCTIONS:

The following questions look at two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days. However if the client has been incarcerated for more than 1 year, you would only gather lifetime information, unless the client admits to significant alcohol /drug use during incarceration. This guideline only applies to the Alcohol/Drug Section.

- ⇒ 30 day questions only require the number of days used.
- ⇒ Lifetime use is asked to determine extended periods of use.
- ⇒ Regular use = 3+ times per week, binges, or problematic irregular use in which normal activities are compromised.
- ⇒ Alcohol to intoxication does not necessarily mean "drunk", use the words felt the effects", "got a buzz", "high", etc. instead of intoxication. As a rule of thumb, 5+ drinks in one setting, or within a brief period of time defines "intoxication".
- ⇒ "How to ask these questions:
- "How many days in the past 30 have you used...?"
- "How many years in your life have you regularly used...?"

EMPLOYMENT/SUPPORT STATUS

E1. Education completed:
 • GED = 12 years, note in comments.
 • Include formal education only.

 Years Months

E2. Training or Technical education completed:
 • Formal/organized training only. For military training, only include training that can be used in civilian life, i.e., electronics or computers.

Months

E6. How long was your longest full time job?
 • Full time = 35+ hours weekly; does not necessarily mean most recent job.

/
 Yrs / Mos

E7. Usual (or last) occupation? (specify)
 (use Hollingshead Categories Reference Sheet)

E10. Usual employment pattern, past three years?

1. Full time (35+ hours)	5. Service
2. Part time (regular hours)	6. Retired/Disability
3. Part time (irregular hours)	7. Unemployed
4. Student	8. In controlled environment

• Answer should represent the *majority* of the last 3 years, not just the most recent selection. If there are equal times for more than one category, select that which best represents more current situation.

E11. How many days were you paid for working in the past 30 days?
 • Include "under the table" work, paid sick days and vacation.

EMPLOYMENT/SUPPORT COMMENTS

(Include question number with your notes)

Added questions:
What would you say was your total income over the last year, it doesn't have to be exact, an estimate is fine?

When did you receive these trainings

EMPLOYMENT/SUPPORT (cont.)

For questions E12-17: How much money did you receive from the following sources in the past 30 days?

E16. Mate, family, or friends?

• Money for personal expenses, (i.e. clothing), include unreliable sources of income (e.g. gambling). Record *cash* payments only, include windfalls (unexpected), money from loans, gambling, inheritance, tax returns, etc.).

E17. Illegal?

• *Cash* obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc. **Do not** attempt to convert drugs exchanged to a dollar value.

E19. How many days have you experienced employment problems in the past 30 ?
 • Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized.

ALCOHOL/DRUGS COMMENTS
(Include question number with your notes)
NEED TO INCLUDE HOW MANY ARRESTS WERE EITHER DIRECTLY OR INDIRECTLY RELATED TO HEROIN USE.

D12 Inhalants

D13 More than 1 substance per day (including alcohol)

ALCOHOL/DRUGS COMMENTS
(Include question number with your notes)

ALCOHOL/DRUGS

Route of Administration Types:
1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV
• Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.

	Past 30 Days	Lifetime (years)	Route of Admin
D1 Alcohol (any use at all)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D2 Alcohol (to intoxication)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D3 Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D4 Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D5 Other Opiates/Analgesics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D6 Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D7 Sedatives/Hypnotics/Tranquilizers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D8 Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D9 Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D10 Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D11 Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix III

FIVE YEARS AFTER INTERVIEW

Pre-Abstinence Period

1. Can you tell me some of the ways you were paying for your drug heroin use; was there more than one way? (Working, (on or off the books), Public Assistance, “Hustling,” Criminal activities, etc.)

Post-Abstinence Period

2. Tell me about your last heroin using experience. I realize it was more than five years ago, but could you recall some of the circumstances? At the time did you know this was going to be your last time? What made you think that was going to be your last time? Was stopping a gradual process or did you just stop using? What if any, was your involvement with the criminal justice system at that time (For example, were you on parole, probation, arrest, remand, TASC, BK DA, open cases, etc.?)?
 - a) After you stopped using heroin, did you ever find that you were using other drugs instead?
 - b) If you stopped all drug use at the same time, how did you succeed? Can you tell me some of the things that you felt made it easier for you; some of the things that made it difficult?
 - c) During the time that you weren't using heroin (your time in recovery, your time abstinent, time you were “clean”...depending on R preference) did you have any experiences that reminded you of what your life was like when you were an active user, things that for whatever reason made you want to use?”
If so, “Can you describe these for me, and what kinds of things did you do instead of using, when you felt this way?”
 - d) Do you attend any type of twelve-step meetings or programs?
3. What were the reactions of your family/friends (“running buddies”) who were familiar with your drug use, after you stopped using heroin this last time?
 - a) Were they helpful, if so, in what way?
 - b) Did you ever experience any problems being around “old running buddies?” If so, could you tell me about those experiences?

4. The next few questions are about what life has been like for you as a person maintaining abstinence from heroin use (living day to day without the use of heroin).

Employment and Financial

- a. When you became abstinent from heroin this last time, were you working at the time? Tell me about that experience. (If not working, tell me about the first job you got after you became abstinent this last time)
- b. Did you ever have any difficulties finding or keeping a job? If so, “What kind of difficulties?” How did you handle these difficulties? Did you ever lose a job or have so much difficulty (R defines “Difficulty”) with a job you had, that you quit that job? If so, “How did you deal with that experience?”
- c. What kinds of things have you done to assist you in securing employment? (For example, VESID services, job training, etc.)
- d. Have you experienced any type of money problems during your time in recovery?
If yes, “How have you dealt with those problems?”

Family interactions, relationships and friends

Since you stopped using heroin, what has your relationship been like with any of the following people, family members, spouses, significant others? Can you describe these for me?

Have you ever experienced any ‘triggers’ from your past that were related in any way to your relationship with your spouse (girlfriend/boyfriend)?”

If so, “Can you describe these ‘triggers’ and how you dealt with these situations?”

Do you have children?

If so, “What has your relationship been like with your children?”

”What about your social network, did any changes occur within that/those network/s, after you stopped using heroin?”

Criminal Involvement and Criminal History

Since you stopped using heroin, what have been your experiences regarding your criminal record?

“Have you experienced any difficulties regarding your record?”

If so,

- a) What kinds of things did you find supportive?”
- b) What kinds of things have made it more difficult for you?

Have you been involved in any type of illegal activities since you stopped using heroin?

Spiritual

Do you believe or have faith in a higher power (or some force outside yourself, and keep in mind that this does not necessarily mean religious)?

If so,

Can you describe this force or higher power and what, effect if any, this faith or higher power has had on your maintaining abstinence?

5. Anything else you feel is important or that you would like to add?
6. Do you know any other people recovering from heroin use that might be interested in participating in this study?

Thank you for your participation it is greatly appreciated.

Appendix IV
Recruitment Flyer

FIVE YEARS AFTER RESEARCH STUDY

This is a research study of the process of maintaining abstinence from heroin use

The purpose of this study is to learn how people in recovery from heroin use for five years or more have been able to maintain their recovery.

I am a Ph.D. student; this study is part of my dissertation research.

The study seeks to interview former heroin users who have not used heroin during the last five years or more.

The findings from this study will provide information and encouragement for others who wish to recover from heroin use and maintain sobriety.

If interested and eligible for this study, you will be interviewed and compensated for your time.

All information collected for this study will be strictly confidential and used only for the purposes of the dissertation.

Interviews will last approximately ninety minutes and will be held in a variety of locations.

Please call Nelson Tiburcio for more information

1- (718)- 908- 9141

Appendix V

Five Years After Study Consent Form

Five Years After Study Informed Consent

My name is Nelson Tiburcio, and I am a student at John Jay College of Criminal Justice in New York City. I am asking you to participate in a research study. I plan to interview former heroin users and ask them questions about their previous drug using and recovery experiences. To qualify for the study, individuals must be former heroin users who used the drug on an almost daily basis for at least a year, had some type of criminal justice involvement directly related to their heroin use and have remained abstinent from heroin use for a period of five years or longer.

I plan to use the information from this study for my Doctoral dissertation. The study hopes to provide a better understanding of ways to treat and help prevent drug use in our communities. As the real experts, you can greatly contribute to this effort.

This interview consists of two parts. The first part asks questions about your previous drug use and the types of things you engaged in to support your use. The second part focuses on your time in recovery; how you have maintained your recovery from heroin use, the type of situations that have made it easier and things that have made it more difficult for you.

There is minimal risk of harm to respondents in this study. There exists the potential that you may experience negative past reminders related to your drug use. Despite this, the majority of the interview will focus on your time in recovery. One potential benefit is that sharing your experiences enables you to contribute to the knowledge base of the long-term recovery process.

All of the information you provide is confidential. Each participant will be interviewed separately. Identification numbers instead of names will be used and the list with the identification (ID) numbers of all the completed interviews, as well as the interviews themselves will be kept in a locked file cabinet at my school and nobody but myself will have access to any of the information you provide.

For the second part of the interview I will ask you if we can tape-record our conversations. During these recorded parts of the interview no names will be asked or

used, and as above, all recordings will be kept in locked file cabinets at my school. I am the only person that will hear these tapes and any information on them will be used only for the purposes of my doctoral dissertation. If you decline that any part of the interview be recorded or express any concerns in that regard, all information supplied by you will be hand-written, with no tape-recording taking place. If you choose to discuss an issue regarding child abuse or significant harm to a child, this is a reportable offense and it may be appropriate to report to authorities. All material collected from this study, including any interviews, documents and tape recordings will be destroyed after a period of five years.

Each interview will take about ninety minutes to complete and each participant will be paid \$20. If you are uncomfortable answering certain questions you may refuse to answer them, but you will still be paid. Participation in this study is voluntary, if at any point you choose not to participate, just let me know and we will stop the interview immediately. A signed copy of this form will be given to you.

I have read the above form and understand its contents. The researcher has answered all the questions I had to my satisfaction. He has furnished me with a copy of this form and I agree to participate in the Five Years After Study:

Research Subject: _____ *Date:* _____

Researcher: _____ *Date:* _____

I grant permission to tape-record the interview. I understand that if I choose that the interview not be tape-recorded, I can still participate in the study and be paid for my participation.

_____ **The interview may be tape-recorded.**

_____ **I prefer that the interview not be tape-recorded.**

Research Subject: _____ *Date:* _____

If you have any questions or concerns regarding this study, please feel free to contact me:
Nelson Tiburcio 1-718-908-9141.

If you have any questions about your rights as a research volunteer, call or write:

Lawrence Kobilinsky, Ph.D.
John Jay Institutional Review Board
899 Tenth Avenue
New York, N.Y. 10019
212-237-8884

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