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Until I get off parole...then I can swim in it if I want to: Facilitators and barriers of drug use among formerly incarcerated Black drug offenders

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Abstract

Black Americans are overrepresented among those incarcerated for drug-related offenses. Drug use, post-incarceration, is associated with high risk of recidivism and overdose deaths. We explored factors influencing drug use among former Black drug offenders. Qualitative interviews with 30 Black Americans released from prison within the past year explored drug behavior, as well as institutional, environmental, and social factors that influence drug use. Findings show participants re-entered drug-enticing environments and social networks. Being on parole, drug programs, and social support influenced abating drug use. Drug interventions post-incarceration should consider the environment and social networks as leverage points for behavior change.

Keywords

Substance use; drug use; prisoners; drug environment and drug Abuse

INTRODUCTION

Black Drug Offenders

The United States (U.S.) currently has the highest incarceration rate in the world (Kaeble, Glaze, Tsoutis, & Minton, 2015). The largest proportion of those incarcerated (46.3%), are imprisoned for committing a drug-related offenses (Federal Bureau of Prisons, 2017). A high percentage of individuals arrested (63% – 83%) test positive for one or more illicit drugs (Office of National Drug Control Policy, 2014). The U.S. prison population presents a highly contrasting visualization to the actual racial and ethnic makeup of the U.S. population. Black Americans (Blacks) make up only 13.3% of the U.S. population, but they

All procedures performed in this study were in accordance with the ethical standards of the Columbia University Medical Center Institutional Review Board and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants in the study.

represent 37.7% of the prison population (Federal Bureau of Prisons, 2016, Ulmer, Painter-Davis, & Tinik, 2016). This disparity in the penal system results in Blacks being incarcerated for drug-related offenses at a much higher rate than non-Blacks. Although 12% of Blacks are reportedly drug abusers, they disproportionately make up almost 38% of arrests with 59% of those arrests resulting in imprisonment for drug-related offenses (Moore & Elkavich, 2008). The narrative of overrepresentation of Blacks for drug-related offenses is also evident in New York City as Blacks comprise 43% of drug felony arrests, 46.3% of drug misdemeanor arrests, and 42.1% of drug allegations, compared to non-Blacks (New York City.gov, 2016).

Drug Use After Release

For formerly incarcerated individuals, illicit drug use is a well-documented predictor of recidivism that influences re-entry into the judicial system (Dowden & Brown, 2002; Stahler et al., 2013). Among released drug offenders, 51.2% will be re-arrested for a new drug offense within 5 years of being released from prison (Durose, Cooper, & Snyder, 2014). Black offenders are particularly vulnerable as they have the highest recidivism rate (81%), compared to Hispanics (75%) and Whites (73%) (Hughes & Wilson, 2003). Returning to drug use results in high rates of recidivism (Durose, et al. 2014) and is a public health issue because drug use post-incarceration has been associated with a high risk of overdose and drug-related deaths (Binswanger, Blatchford, Mueller, & Stern, 2013; Krinsky, Lathrop, Brown, & Nolte, 2009; Merrall et al., 2010). Approximately 60% of deaths among recently released individuals are due to drug-related fatalities (Merrall et al., 2010). Therefore, the transition from incarceration to community is an opportune time to provide resources and support in order to curb drug use and recidivism (Inciardi, Martin, & Butzin, 2004; Zhang, Roberts, & Callanan, 2006).

Drug Recovery and Treatment

Despite three-quarters of Black prisoners struggling with substance abuse problems, only 11% of offenders receive treatment during their incarceration, and fewer than 5% receive treatment upon return to the community (National Center on Addiction and Substance Abuse, 2010). Among Blacks, substance abuse treatment has been found to be beneficial after incarceration (Butzin, Martin, & Inciardi, 2005; Inciardi et al., 2004). In a study that compared those receiving therapeutic community drug treatment (74.6% Black) to no treatment groups (66.7% Black), participants who were assigned to the transitional treatment group had more than four times the odds of remaining drug free and were less likely to experience recidivism 42 months after release (Inciardi et al., 2004). In another study, those participants (73.5% Black), involved in a work release program post-incarceration were three times more likely to abstain from drugs, and their time to relapse was two times longer than those not in treatment (71.9% Black) (Butzin et al., 2005).

Regardless of whether or not they experience incarceration, studies have shown that Blacks have unique challenges that negatively influence initiation and engagement in substance abuse treatment resulting in program non-completion and/or relapse (Acevedo et al, 2012; Mennis & Stahler, 2016; Jacobson, Robinson & Bluthenthal, 2007). Exposure to environments that are more prone to crime, poverty, drug use (James & Johnson, 1996;

Howard, LaVeist & McCaughrin, 2009), high unemployment before and after treatment (Walton, Blow & Booth, 2001; Rounds-Bryant, Motivans & Pelissier, 2003) and socioeconomic disparities such as housing inequality (Jacobson et al., 2007; Saloner & Cook, 2013) have all been considered as negative influencers that influence drug use. Treatment during and after incarceration is associated with substantial benefits, including: 1) a higher rate of employment, 2) longer time to relapse, and 3) more than three times higher rates of abstinence among drug treatment participants, compared to standard post-release supervised individuals (Butzin et al., 2005). The positive effects of post-release treatment are effective even five years after release, and those who completed the program had abstinence rates of 32.2% compared to 9.9% among those who did not receive treatment (Butzin et al., 2005).

PURPOSE OF THE STUDY

Despite literature demonstrating that illicit drug use post-incarceration and incompleteness of drug treatment is a major societal and public health challenge, there remains a gap in the literature in understanding the contextual factors that influence drug use among formerly incarcerated individuals as they transition back into society. To the authors' knowledge, only one qualitative study has explored post-release drug use contextual factors among formerly incarcerated individuals (Binswanger et al., 2012). In Binswanger et al. (2012), 38 individuals, who were released within the last two months of which 34% were Blacks, participated in the study. Four themes surrounding drug use experiences after release included: 1) relapse in the context of poor social support, co-morbid health conditions and poor economic resources; 2) ubiquitous exposure to drugs in living environments as influencers for drug use; 3) intentional overdose as a "way out" of challenges and stressors, and accidental overdose was associated with lowered drug tolerance; and 4) drug treatment programs, community resources, family and spirituality were identified as protective factors for relapsing (Binswanger et al., 2012). The study's findings, in particular, the themes surrounding drug use in the context of socioeconomic challenges provided some evidence of influencers of returning to drug use after release. The study however had some limitations: 1) only 10 (34%) of the participants were Blacks, and 2) had limited knowledge of the percent of participants who had drug-related offenses or participants with drug problems.

A gap exists in literature in exploring drug use behavior among formerly incarcerated Blacks who are disproportionately incarcerated for drug-related offenses. Post-incarceration, Blacks may have unique sociocultural experiences that might facilitate or hinder drug use. This study seeks to explore the risk behaviors, social influences, and the environmental influences of illicit drug use among formerly incarcerated Black drug offenders in the New York City, New York metropolitan area.

METHODS

Participants

The participants were recruited from criminal justice and social services agencies that serve individuals recently released from prisons in the New York City area. Research staff conducted presentations and recruitment flyers were posted at the agencies. Snowball

sampling was used as an additional recruitment strategy. From May–July 2015, semi-structured interviews were conducted with 30 participants who met the following four eligibility criteria: 1) released from prison during the past year, 2) self-identified as being Black, 3) incarcerated for a drug-related offence during the most recent incarceration, and 4) had to be at least 18 years of age.

Procedure

Participants were consented and interviewed in a private room on the Columbia University Medical Center campus to determine if they met the inclusion criteria. Participants were informed that their rights were protected by a Certificate of Confidentiality issued by the National Institutes of Health. Once eligible, each participant took part in a one-hour confidential interview in a private on the Columbia University Medical Center campus. Interviews were conducted by the principal investigator or a trained research assistant who had previously taken graduate courses in qualitative methods and who also had experience with previous qualitative interviews. Both interviewers were Black women with extensive experience working with minority or criminal justice-involved populations. While some evidence exists of interviewer demographic characteristics' influence on interview responses (Bastos et al., 2009), neither interviewer felt as though any interviewer-interviewee gender differences impeded the data collection process. With permission from each participant, interviews were audio-recorded for quality assurance and transcription purposes.

Participants' demographics and drug-related behaviors prior to and after incarceration were collected through closed-end questions. Qualitative in-depth interviews included questions asking participants about their drug use behavior before and after release, reasons for using drugs after release, and whether or not they had a support system to stay off drugs. Interviewers' questions about drug use behavior before and after release included: "How did you start using drugs again?" and "Do your networks, mentors, or support systems help you stay off drugs?" The Statistical Package for the Social Sciences (SPSS) (v21) was used for survey data entry and descriptive data analysis. Participants who completed the survey and in-depth interview were compensated \$30.

Data Analysis

For the qualitative data, we analyzed the transcribed data using thematic analysis. First, we read the data for familiarity and then conducted the data using line-by-line coding. Then, the principal investigator developed a codebook. Data were then coded and examined for emerging themes. The research team identified general categories of drug behavior, which included drug use, drug programs, drug-related social support, the drug environment, and factors influencing drug use or abstinence. The research team coded transcripts, and later the team conducted inter-rater reliability using five participant transcripts regarding reliability in coding transcripts. After we found reliability to be consistent among coders, we finalized data coding and analysis of themes.

FINDINGS

Sample Characteristics

The majority of the participants were men (76.7%; $n = 23$), never married (76.7%; $n = 23$), heterosexual (66.7%; $n = 20$), and had achieved at least a high school education (63.3%; $n = 19$). Seven participants (23%) were full-time employees and four reported selling drugs (13.3%) as a source of income. Many of the participants (76.7%; $n = 23$) experienced at least one night of homelessness post-incarceration and reported living in shelters or transitional housing. Twenty-seven participants (90.0%) reported two or more drug-related incarceration periods; 40% ($n = 12$) reported being on parole since their last offense. Most of the participants (80.0%; $n = 24$) recounted receiving aftercare drug or alcohol counseling. However, 13 of those participants (43.33%) used illicit drugs post-incarceration (see Table 1).

Themes

Participants in this study identified social, institutional, and environmental factors that influenced their drug-related behaviors, as well as supported abating drug use. The following two themes were related to drug use: 1) participants exposed to drugs from their physical environment (e.g., neighborhoods, shelters, or home); and 2) social networks that influenced negative drug behavior. Themes related to support in abating drug use included 1) parole as a system of surveillance, 2) access to drug treatment programs, and 3) positive social support from family and friends.

Environment and Access to Drugs

Participants were exposed to drugs from their physical environment. Ubiquitous exposure to drugs and drug use in the physical environment was a major facilitator for drug use after release. At the macro level, participants reported that drugs were easily accessible in their neighborhood. Almost all participants could easily access drugs in their neighborhood through previous social relationships or simply by paying attention and observing who was selling drugs. One participant shared:

I was stressed out one day. . . . And one day I was walking down 110th [Street] and Lexington [Avenue]. And I heard somebody said, “Yo I got. . . .” What was it? I don’t remember the name. . . . Then I’d been hearing that name for a while back. So, I said, “You know what? I got \$10. I’ll go play. I said I’ll buy one and I’ll buy a pack of cigarettes and I’m good to go”. And that day I relapsed. . . . I started sniffing one bag. And gradually, I went to like five bags. *Q105*

According to our participants, accessing drugs is a process in which the first step is to find the drug dealer or someone who was currently abusing drugs. The second step is to carefully craft language in order to build trust so one would be provided with a name of a drug source. The third step is to convince the drug source that one is a legitimate and trustworthy customer. Even after being incarcerated, being knowledgeable about the social norms of how to purchase drugs was crucial in being able to access and use drugs. Being vigilant and gaining trust was essential in the process. Another participant stated:

Because in the area I got to leave out of my house to get to the corner. And to get past the corner, I've got to get past the other corner. So, if it's the same people who are on the next block always did, and if I pass by and I see people there smoking weed and doing whatever, appear to be selling this and that, I wasn't born yesterday. I can see certain transactions going down, and I can see things, so okay. Hmm. . . . If they don't got it, they know where it's at. And they see me all the time so they know I'm not a threat. You know? *Q089*

Even when individuals relocated to a new neighborhood, participants did not view the move as a solution to escaping from the ubiquitous drug environment. A participant said:

No matter where you go, there you are and the drugs can be everywhere. Don't think because you moved [into] a new neighborhood, people don't look like they're using drugs. You know they are using them. *Q090*

At the micro level, that is, the household level, participants' living environment also influenced their experiences with drug use and exposure. The majority of our participants, ($n = 23$; 76.67%) reportedly lived in either homeless shelters or transitional housing, that is, "three-quarter houses." Three-quarter houses are transitional housing units for recovering addicts (Prisoner Reentry Institute, 2013). Among our participants, ($n=8$; 61.53%) who used illicit drugs reported living in shelters or three-quarter houses. Additionally, for parolees who were homeless, living in shelters or "three-quarter housing" was mandated from the parole officers to meet supervision requirements, such as mandated curfews and drug screenings. Participants reported that they were exposed to drugs and witnessed drug use in residences. Those residences were meant to serve as drug rehabilitation centers designed to provide support for addicts. Another participant revealed:

That's a terrible place [shelter]. . . . So, it was about 10 when I got back, and one of the guys on my same floor—so I'm standing at the entrance of the door. And he tells me, "Yo, check this out. Is your man all right?" . . . The same position that that man is in right now, that's the same as when I left him. So I took the blanket off him and he was dead. He was like foaming [he had overdosed]. He was dead 7 or 8 hours. *Q040*

Another participant shared his experience with the shelter system:

I was on [name of street cross-section]. Now if you know [name of the city], that's in the heart of everything, pretty much. It's just infested [with drugs]. And I think it was my third week there [and] I said I can't do this. I can't stay here. I didn't have my own bathroom. I didn't have a kitchen. I was sharing everything. I was having to walk up three flights of stairs just to fix food. . . . And I could see where it was a trap because people could get comfortable there and just literally fill their bodies with drugs. I couldn't do it and I couldn't see it. I knew that wasn't the life for me. So I said no, I can't take this. But since . . . I'm just going to have to find myself. . . . Well, I'm just going to put myself on the street. I think I can do better living on the street than I can like this. I can't do this. And so she [case manager] gave me a call and she said I think I found someplace that'll be perfect for you, a

perfect fit for you. And so that's when I moved down there [street name]. And I've been there ever since. *Q003*

At the transitional housing, participants stated that their roommates visibly engaged in drug use. This drug use persisted despite supervision procedures, such as time curfews, fingerprint checks, and drug urine tests. One participant asserted:

A lot of the people in the shelter system now are toxic. They get involved in drugs, especially that K-2, heroin, and some kind of restricted drugs, Cimboxin [Cyboxin] and all that kind of stuff. *Q087*

Because of the perceived freedom that resulted from residing in three-quarter houses, participants generally considered three-quarter houses to be more protective against drug exposure, as compared to homeless shelters. Participants shared that they had more freedom and control of their living environments in three-quarter housing, as compared to shelters. In shelters, participants felt that they had little control over their environment. For example, many said they did not have control over the people who are around them. The increased freedom and control of who was around made three-quarter houses better environments for resisting drug use and exposure to drugs. Exposure to drugs and drug-use increased in homeless shelters, as compared to three-quarter houses, despite reports that homeless shelters were more supervised environments with less freedom. One participant declared:

You know, I have a structure too [in a three-quarter house]. And so, it's a positive environment and community, you know, to live amongst one another. No violence, there aren't any drugs. Whatever they do is their business, but being in a shelter, you are forced to do things whereas I have more freedom now. *Q090*

Social Networks and Drug Behavior

Social networks appeared to influence negative drug behavior. Family members, friends, or sexual partners comprised the social networks, and these people initiated discussions on locating drugs or recommended sources for locating drugs. Sexual partners were the primary initiators for some participants returning to drug use and abuse. Because of weak familial ties, significant others became the primary form of emotional support, which led to re-initiation of drug use. Another participant contended:

And as I said, I wanted more than just a sexual relationship. I wanted someone to be with. And [I] come to find out, [that] she was a toxic person, that she was a regular heroin user. And I had used heroin in the early part of my lifestyle, street lifestyle. And it didn't take long for me to start using [again]. *Q087*

Another participant added when questioned how he started using drugs again:

Out of experimentation. Because I guess. . . I used to drink a lot. And so the drink just wasn't strong enough. And so there was a drug dealer that used to live in the building. He used to hide his drugs up underneath the pipe. And my apartment was on the second floor and I could see down into the, what do you call it? I could see down. And we used to see him hide drugs. So one day we took his drugs. And it was crack cocaine. And that's how we started. And from that day on, I became a

crack addict for about five years. No, about seven years. [*And you said “we.” Who was with you?*] That was my ex. *Q094*

Sharing special events with family and friends resulted in illicit drug and alcohol use among the participants. At these social gatherings, temptations to re-engage in drug use were powerful. Even though social network members were aware that the participant was on parole, these members enabled the parolee to get access and consumption to drugs. One of the participants said:

They'd probably be like that, like even the weed. "Be like, yo, you sure?" I'm like, "Yes. . . . No, give me that. Just a little bit." So I just took it, rolled a joint, they were smoking a blunt. I rolled a joint; I smoked half of the joint. I ain't going to smoke a whole joint. And I have a little weed left, so I took that, rolled it up in like a brown paper. I put it in my pocket and then two days later, I was outside; it was nice out. . . . So I went and rolled that up and walked all the way from 166th [Street] all the way down to 147th [Street]. . . . I smoked a little weed walking down and then I came back up. . . . And then the next day they [did the] urine [test]. I mean you got me. *Q063*

It was evident that social network members played the following dual role: 1) as influencers for drug use and 2) as a source of positive social support to refrain from using drugs. Family members and friends were the strongest advocates against drug use and abuse.

They'll [family and friends] make me reaffirm that I want to go straight. . . . They'll be like, "No, no, you don't smoke." And I'll be like, come on, man. They'll be like, they just look at me like, are you serious? Or even a drink, they'll be like, no. They had a cookout about what, maybe three weeks ago, two, three weeks ago. And this girl, she came out with a bottle of some type of vodka. And she was like, "Hey, you want a cup?" I was like, no. Then my homeboy was like, "No, he don't drink. He in a program." *Q107*

Another participant also shared:

... this one lady that she's on me, man. She likes my vibe. She's like a highly intelligent, probably don't need to be doing that stuff, and this and that, just try to stay focused on what you need to get so you can go where you need to go. And if it comes down later to life that that is what you choose you want to do again, you know, you do your thing. But just stay focused on this thing that you need done. And I respect her for that. *Q102*

Support in Abating Drug Use

Some of our participants (n = 17; 56.7%) shared that they had not used any illicit drugs since release from prison; 12 of the participants (40%) reporting being abstinent even from alcohol. During the qualitative interviews, participants who were not currently using any illicit drugs shared that social support, community supervision and support programs were also facilitating agents in helping participants to stay clean. One participant added:

I have a care program that I pop into... [*And how would you say that they help you?*] You can talk to individual counselors. They can help you with situations,

problems. They have a network of people in different places that can help you if you run into a legal, financial, or housing problem. *Q001*

Several of the participants shared a sense of personal responsibility and expressed that they were their own motivators for abating drug use. When questioned about whether or not he had any networks, mentors, or support systems to help him stay off drugs, one participant responded:

Counselors and stuff that I go to, but it's only institutional things. So it's all institutional, so now I'm trying to do it on my own. This is nothing like you got a flat or you had a bad day, this is nothing to get high on, or the consequence far outweighs the circumstances . . . I'm really trying to get off drugs. *Q099*

In addition to participating in drug programs, participants shared that they were also responsible for their decisions to stay clean. One participant commented:

I have people that I talk to like my therapist...that's one of my supports. My doctor, I don't really talk to him about that. Being that I am in a program, I've got a counselor, I talk to. . . very little while. I made a decision that I am ready to change. I want to leave everything alone. I am doing this on my will power because after 30 some years of doing this, there's got to come a time when you just got to throw in the towel and say I can't do it anymore. *Q05*

Lack of social support was a reason for some to cite that they were their main source of motivation to stay clean. When questioned if anyone else is part of his support system or if he had a mentor, one participant said:

No, not really, my bridges are burnt. When you say your bridges are burnt, is that . . . It means there is no hope. Time is up. Nobody puts out a hand no more. So now, you can't just ask, you really have to beg a person. I'm not into begging no more. *Q099*

Moreover, for those who cited self-motivation as a reason to stay clean, avoiding consequences and wanting to better their lives were discussed as catalysts to abating drug use. One participant commented:

No, to me it's mind over matter. I want to get ahead. I'm broke. . . I'm trying to focus on my career and my life. I don't want to go backwards. . . I work out a lot. *Q103*

Employment opportunities were also cited as reasons to stay clean. One participant stated:

It's not really actually needed. I have always been a strong-willed person, myself, so if I am going to do a drug, I am the type of person where I do the drug, the drug doesn't do me. When it came down to . . . in 2008 was when I was very much so into doing a bunch of different drugs and stuff. I was a promotional event coordinator. I am selling the stuff. There were, like, the shrooms that were there, the ecstasy, the marijuana. I had started smoking weed because I had a day where I just . . . I went zero to a hundred-plus and I knew I needed to calm down. I was like, you know what, I know one of you all have it, give it to me, I need to calm down, because AT&T just blew my mind. I did it almost every day . . . like, every other

day, but a job opportunity presented itself and I was, like, no, if they piss-test me, this is a no-go. After that I was just, like you know, I really don't like how I feel groggy when I am high on weed so I am not going to do that anymore. It was just that simple for me. *Q104*

Parole was commonly described as a system of surveillance and access to drug treatment programs. More than half of the participants ($n = 18$; 60%) reported that being on parole after release was the main factor in refraining from drug use during the transition to the community. Among parolees, only five of the participants (27.78%) reported using drugs after release and 12 of participants (30%) described parole as a motivation to staying clean. First, those on parole were mandated to report to environments where they could be supervised after being released. This kind of supervision directed that participants on parole had to live in shelters or three-quarter homes. One participant shared his experience with being connected to supervised housing:

No, I was paroled to the shelter system. So when I went to Bellevue and they told me that every three names in the computer, it pops up automatically, they send like three here and then three there. But there was a dude from Brooklyn. They sent him to [inaudible]. He didn't want to go to [inaudible-mumbling]. So I was like, yo, let us trade places. And that's when she told me about the computer and the three names and all of that. I said ain't no way you could take us out and then resubmit us, and try to see if we pop up? Because he don't want to go to [inaudible], I want to go to [inaudible]. Know what I'm saying? I'll catch a bus right across the bridge and can walk and see everybody I need to see. She was like, no. So now I'm out in Brooklyn with no money. Well, I had some money but it wasn't enough. It was like \$40. Know what I mean? So I used that . . . cough med. I'm glad I didn't smoke then. If I would've smoked cigarettes, I'd have been through. *Q63*

Parole provided access to aftercare drug treatment resources and a system for support in abstaining from drug use. One participant voiced:

You know now that I'm off the drugs and I look like a million dollars, you know what I'm saying? I'm taking care of myself . . . [and] I'm moving forward. But now that I'm not on drugs and I'm succeeding with parole, in fact, I just went to parole today and now she's congratulating me on doing such a good job. Now I report once every two months. *Q093*

Parolees were subjected to drug tests to confirm abstinence from drugs and compliance with the parole expectations. Another participant shared:

Piss in a cup for them. He's clean. He's clean? He's clean. What the f[explicit] you expect? I observe and analyze. I see that you get a bunch a weirdos that's coming in and out from the street. But these are people from the past that came from jail and have nowhere to go. *Q088*

Some parolees were also mandated to attend community-based drug programs. The mandates offered an additional layer of community resources to assist the participants in dealing with their drug habits. Many of the participants shared that their social workers (i.e.,

parole or aftercare appointed) were their main source of support in staying sober and clean. One participant affirmed:

I have my social worker at BRC [name of community-based program]. . . . We talk about it a lot. And I do have this outpatient program . . . and all of these different groups, living with a mental illness and substance abuse. These things we talk about on a one-on-one, twice a week. *Q090*

Some participants also shared that they enrolled in more than the minimum required programs required by parole. When asked about what support systems did he have to stay off drugs, the participant responded:

New York Department of Corrections and Community Supervision, which is a division of parole. . . . So I've taken it a step further. And I enrolled myself into another program only because I know me. And one is for anger management, and the other one was for chemical dependency. This one I didn't need, but Parole mandated this. *Q087*

The consequences associated with violating parole rules were reportedly a common motivating factor in abstaining from drugs. However, not all participants viewed parole as positive motivation. Some of the participants saw their parole as a short-term plan for refraining from drugs and revealed their plan to return to drug use once their parole ended. One participant commented:

You know, I mean honestly. Without those types of extreme consequences . . . I mean, I will feel like a damn fool if right now I go out and roll up a blunt and smoke, knowing 1) I'm on parole, 2) that in my very next dirty urine for marijuana basically for anything, I'm going to get violated . . . Well I can't smoke this year, because I do love marijuana because it works for me. I [will] smoke next year when I get off of parole [I will start smoking again]. *Q107*

Another participant added:

And I can do without it [marijuana]. Until I get off parole, and then I can swim in it if I want to. Make stew and make soup if I want to with it. But I'm thinking, thinking that I really don't need it like that anyway. *Q089*

DISCUSSION

This study explored the contextual factors that influence drug use after release among former Black drug offenders. Our results suggest that former inmates are released into drug environments that are ubiquitous with drug relapse triggers, inadequate resources and limited support to refrain from drug use. For many of our participants, the re-entry experience included well-documented challenges, such as housing insecurity (Geller & Curtis, 2011; Harding, Morenoff, & Herbert, 2013) and poor social support (Binswanger et al., 2012; Visher & Travis, 2003), which influenced their return to drug use. The stress reduction hypothesis suggests that drug use may occur as a stress and coping mechanism (Boardman, Finch, Ellison, Williams, & Jackson, 2001; Rhodes & Jason, 1990). Socioeconomic programs have been found to reduce drug use and exposure among Blacks.

Relocating to neighborhoods that are more advantaged has been associated with reduced drug/alcohol network members and decreased substance misuse (Cooper et al., 2013; Linton et al., 2016) therefore emphasizing the importance of socioeconomic support programs.

In the context of the environment's influence of on drug use, the majority of our participants were either homeless or on parole after release, as supported by previous literature that demonstrates housing challenges during transitioning back into society (Binswanger et al., 2012; Cooke, 2004). Those on parole shared that they were mandated to live in supervised or transitional housing environments. Participants, especially those living in shelters, reported being exposed to drug use and drugs through their roommates. Three-quarter houses were reported as better living environments, they were described as environments with more freedom and privacy, and with less exposure to those using drugs, which contradicts a recent report that found numerous concerns about three-quarter housing in New York City (Prisoner Reentry Institute, 2013). The transition home environment may be a potential avenue for drug programs and services (Visser & Travis, 2003). Our results suggest that housing options for recently released individuals should serve to be environments for targeted interventions. Hence, engagement in programs, which were designed to provide intensive support during the re-entry period, could help in reducing the risk of relapse among this population (Butzin et al., 2005; Inciardi et al., 2004).

At the neighborhood level, the transitional housing was located in or near neighborhood environments with access to drugs. Despite prolonged periods of incarceration, participants returned to drug use using former methods of accessing drugs in their neighborhoods. This finding parallels a previous study which discovered that recently released individuals return to similar environments, such as their pre-prison neighborhoods. These localities are characterized by high levels of poverty with Blacks being more likely to return to high-poverty neighborhoods (Harding et al., 2013). The high-poverty environments have been characterized as having higher deprivation due to hardship, residential segregation, access to substances, lack of social resources, and stress. Other factors, such as individual family history and socioeconomic status, are all circumstances that perpetuate higher rates of substance use and availability (Galea, Rudenstine, & Vlahov, 2005). Cognitive and behavioral therapy programs, which emphasize coping mechanisms to managing stressors, have been shown to reduce substance abuse among Blacks (Kurtz, Stall, Buttram, Surratt & Chen, 2013), and these types of programs may be warranted for this population. Programs that address the marginalized experiences of formerly incarcerated Blacks may be crucial in promoting sobriety and preventing relapse among this population.

In their interviews, participants stated that they were not only exposed to drugs and drug use in their environments, but also described social networks that encouraged drug use. Though some social network members encouraged drug use, others served as support systems that discouraged and reminded participants to refrain from drug use. Events, such as social gatherings were triggers for drug use due to the consumption of alcohol and other drugs, which were common at such occasions. Our findings of the dual effect of social support—in both influencing drug use and restraint are comparable to previous research (Mowen & Visser, 2015; Pass, Younge, Geter, Al-Bayan, & Wade, 2015; Snell-Rood, Staton-Tindall, & Victor, 2016). In a study of community re-entry challenges faced by incarcerated women,

participants described reassessing social networks and relationships that provided and enabled drug use before their incarceration. Those same networks and relationships also triggered those same participants' return to substance abuse (Snell-Rood et al., 2016). Another finding, which has been lauded as a protective factor for drug offenders post-incarceration, is the role of family relationships, especially among individuals with children (Mowen & Visser, 2015). This discovery suggests that more research is needed to understand the unique factors that determine positive social networks, which, may be incorporated into drug treatment programs. Additionally, substance abuse intervention programs that utilize social networks and family support may be beneficial among the group (Cheney, Booth, Borders & Curran, 2016).

As for facilitators for abating drug use, many participants stated that being on parole was a major motivator from abstaining from drug use. The ambivalence toward sobriety, as expressed by some participants, may be representative of their reluctance to fully commit to their recovery and recognition of challenges related to sustained sobriety. Participation in drug treatment and interest in abstaining from drug use appeared to be a result of community supervision mandates rather than personal commitment to abstinence. These mandates were important components for relapse prevention. Participants on parole shared that they were subjected to random drug screenings with harsh punishment for testing positive for substance use. The participants, for the most part, therefore abstained from drug use. Some participants shared intentions to return to drug use after completing parole term. Future research should strive to better understand methods of sustaining and strengthening motivation to stay clean after drug treatment programs.

Another influence of parole was the requirement to attend drug treatment programs. Mandated drug treatment programs provided participants with resources for abstaining from drug use. These participants cited their drug counselors as additional social support for abstaining from drug use. Consequently, those participants who were able to abstain from drug usage by; 1) strategically avoiding their former neighborhoods, 2) adhering to parole requirements, 3) staying involved in aftercare drug treatment and rehabilitation programs, and 4) relying on positive social network members to encourage abstinence from drug use. However, these participants reported that they expected to resume their drug use once they were no longer under community supervision. Future research should strive to better understand methods of strengthening treatment readiness and commitment.

Limitations

This study has some limitations that must be acknowledged. First, our sample size is small, which limits generalizability. The sample size, however, is adequate for a qualitative study (Morse, 2000). Second, due to the sensitive nature of the subject at hand, namely, drug use, the participants might have been cautious about discussing their experiences with this sensitive topic. Third, our participants do not represent all formerly incarcerated individuals, and they may have unique experiences. Their accounts therefore might not necessarily reflect the experiences of others. Fourth, most of our participants were homeless or in transitional housing, therefore limiting generalizability of findings. Studies are needed to understand the experiences of those who are released through the lens of housing

opportunities. Fifth, our sample comprised only formerly incarcerated Blacks therefore also limiting generalizability. Future studies should also examine Black identity and experiences in order to further understand culture and substance use behavior.

Despite the limitations, our study has some advantages. Because the participants self-identified as Black Americans with a history of drug-related offenses, we were able to get insight into the unique experiences from this high-risk population. Additionally, our study illuminates the environmental and social experiences of drug-use after post-incarceration for a hard-to-reach population. Lastly, our qualitative study provides rich contextual influencing factors for drug use that may be overlooked by quantitative research studies.

CONCLUSION

Given the socio-environmental factors that influenced drug use among our participants, interventions may be warranted. Such interventions can incorporate a social determinants' approach and also consider the environment and social networks as significant leverage points for behavior change. Researchers have long proven that incarceration alone does not help to guide the individual in desisting from repeat drug offenses (Mitchell, Cochran, Mears, & Bales, 2016). The need for effective drug treatment programs while incarcerated and immediately post-release cannot be overemphasized (Inciardi et al., 2004; National Center on Addiction and Substance Abuse, 2010; Taxman, Perdoni, & Harrison, 2007). Prison therapeutic communities where participants with drug problems are separated from the rest of the prison population and received targeted therapeutic treatment have been shown to be effective when compared to the absence of these kinds of therapeutic communities during incarceration (Bahr, Masters, & Taylor, 2012). Additionally, the intensity of substance abuse interventions may need to be matched with the severity of the drug offense in order to be truly effective (Guerrero et al., 2013; Zeng & Ajzen, 2014). Lastly, research is needed to identify culturally appropriate programs and interventions among former Black drug offenders.

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Table 1

Demographics of study population (n=30)

	Frequency	Percent
Total		
Gender		
Male	25	83.3%
Female	4	13.3%
TransMale/Transman	1	3.3%
Age	Mean 46.83(SD=8.68)	
Less than 30	2	6.7%
30 to 49	16	53.3%
Over 50	12	40.0%
Ethnicity		
Black non-Hispanic	27	90.0%
Black Hispanic	2	6.7%
Level of Education		
Less than High School	11	36.7%
High School or GED	9	30.0%
Some College or more	10	33.4%
Marital Status		
Never married	23	76.7%
Married	1	3.3%
Separated or Divorced	6	20%
Sexual Orientation		
Heterosexual	20	66.7%
Bisexual	6	20.0%
Gay or Transgender	4	13.3%
Incarceration duration (years)	Mean 4.51(SD=6.12)	