Published in final edited form as:

Alcohol Treat Q. 2018 ; 36(1): 32–53. doi:10.1080/07347324.2017.1355222.

Older Former Prisoners' Pathways to Sobriety

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Abstract

This study explores how older age shapes processes of substance abuse cessation among male substance users recently released from prison. Semi-structured in-depth interviews and brief surveys were conducted with 15 men aged 49+, released from prison in a large, Eastern U.S. city. A follow-up interview was conducted with each participant (n=15). Conventional content analysis was used to analyze these data. Aging was central to the stories men told about attaining and maintaining sobriety. Men gained clarity after forced detoxification in prison, which was often followed by a period of reflection and evaluation of their lives. Older age seemed integral for this period of sobriety and reflection to catalyze cognitive change, a phenomenon I term *Sober Aged Reflection*. Further, men described a heightened awareness of mortality that had come with older age, and were deeply afraid of dying in prison. This fear helped inspire a new commitment to sobriety and concordant rejection of the crime that had been linked with their drug use in the past. Finally, men revealed identities and goals that had changed with time, changes incompatible with on-going drug use. Policy implications are discussed.

Keywords

aging; incarceration; substance abuse cessation; prisoner reentry

Winick (1962) first proposed the idea that for roughly 2/3 of the population of illicit drug users, substance use declines with age in a natural process of “maturing out.” More recent research has clarified that while most illicit drug users will cease usage before the age of thirty, for a significant minority, usage will go on much longer (Heyman, 2013). Examining these long-term users, researchers have begun to uncover the ways in which older age influences drug use patterns and practices (Anderson & Levy 2003; Levy & Anderson 2005; Cepeda, Nowotony & Valdez, 2016). In contrast to this emerging research, very little is known about how or why older people desist from illicit substance use. Yet, just as a subset of substance users will continue to use in older age, so, too, will some cease their usage. Indeed, Heyman (2013) suggests that remission from substance use can occur at any age, and remains relatively stable across the lifespan.

Substance use drops precipitously in young adulthood (Bachman, Wadsworth, O'Malley, Johnston, Shchulenberg, 1997; SAMHSA, 2000), a shift that has been linked in part with substantial changes in the social roles and responsibilities that accompany early adulthood

(Bachman et al, 1997). For instance, parenthood and full-time employment may leave little time for experimenting with drug use, or spending time with friends engaged in such use. Further, these social roles may be accompanied by new identities that are incompatible with substance use. Abstinence initiated in later life remains less clearly understood, with research pointing to a complex array of possibilities that can be broadly grouped under negative push factors (e.g., health or legal problems, personal crisis), positive pull factors (e.g., “key events,” situational changes), and cognitive changes (Best, Gow, Taylor, Knox & White, 2011; Best, Ghufuran, Day, Ray & Loaring, 2008; Blomqvist 1996; Sobell et al, 2001; Weiss et al, 2014). Missing from this rich body of work has been a particular focus on how aging, and the life changes often experienced in late adulthood, may influence the decision to desist from substance use. Yet older age brings with it substantial changes in social roles and responsibilities (Rossi & Rossi, 1990), social networks (Van Tilburg, 1998), perspective and goals (Carstensen, 2006), and physical bodies (Hébert, 1997). And just as aging substance users differ in their use patterns and experiences than those younger (Anderson & Levy, 2003; Levy & Anderson, 2005; Cepeda, Nowotony & Valdez, 2016), it seems likely that older people likewise differ in their motivations for and processes of substance use cessation.

The focus of this study is older, chronic substance users recently released from prison. As criminal sentences have grown longer, and repeated spells in prison more frequent, aging prisoners represent an increasing share of those incarcerated. In 2010 prisoners aged fifty and above composed 16% of those incarcerated in U.S. state and federal institutions (Guerino, Harrison, & Sabol, 2011), and 12% of those released each year (Carson & Golinelli, 2013). Substance use disorders are also extremely common among those incarcerated (Fazel, Bains & Doll 2006), with more than half of state prisoners reporting symptoms consistent with substance use disorder in the year prior to prison entry (Mumola & Karber, 2006). While older prisoners also evidence high rates of substance use disorders (Arndt, Turvey & Flaum, 2002), their experiences with substance use treatment differ. Older prisoners and reentrants are more likely to complete substance use treatment and less likely to relapse following treatment than their younger counterparts (Inciardi, Martin, and Butzin, 2004; Gordon, Kinlock, Couvillion, Schwartz and O’Grady, 2012; Zanis, Coviello, Lloyd and Nazar, 2009). The mechanisms underlying this positive relationship between older age and treatment outcome remain unexplored.

Literature

While contemporary research supports Winick’s (1962) original contention that most substance users cease usage by middle age, it has also been established that, for those who do not succumb to death, use can continue unabated into old age (Hser, Evans, Grella, Ling & Anglin, 2015; Hser, Hoffman, Grella & Anglin, 2001; Termorshuizen, Krol, van Ameijden, 2005; Rosen, Hunsaker, Albert, Cornelius & Reynolds, 2011). For instance, Hser, Hoffman, Grella and Anglin (2001) conducted a 33-year follow-up study of heroin-dependent criminal offenders admitted to the California Civil Addict Program between the years of 1962–4 and found that more than 48% of the 581 men initially interviewed had died at follow-up, and only 20–22% of the initial sample reported abstinence. Of those still living, more than 40% reported past-year heroin use, while about half tested negative for heroin.

Similarly, Termorshuiz, Krol, Prins & van Ameijden (2005), drawing on the Amsterdam Cohort Study among Drug Users (n=899; 1985–2002), a sample of persons with a history of addiction to heroin, cocaine, and/or amphetamines, found that, of those still living, only 27% reported a period of four-month abstinence from either drugs or methadone 20 years following drug use initiation. Based on these data, they conclude that the concept of “maturing out” is not applicable to most drug users.

While drug use need not cease in old age, use patterns do seem to change. Exploring the drug careers of persistent heroin injectors, Levy and Anderson (2005) and Anderson and Levy (2003) conduct in-depth interviews with 40 chronic users aged 50–68. They found that aging users remain immersed in their addiction careers, although respondents did report what the authors term “adaptive” drug use, namely switching to substances easier for an aging body to tolerate, or simply easier to obtain. Driven by biological and social changes, older users moved to the periphery of the local drug scene. Despite their increasing marginalization, authors conclude that older users are unlikely to “retire” from their chronic usage in the absence of illness or death. More recently in a study of Mexican-American long-term heroin injectors, Cepeda, Nowotony & Valdez (2016) show that older men, increasingly beset by “dysfunctional life changes” as a result of escalating substance use, did not “mature out” and enter a period of recovery, but rather “matured in” to a more stable or maintenance level of heroin use in older age, a use trajectory facilitated by the strong social support of families and social networks.

Less explored has been the fact that some older drug users do, in fact, reduce or cease usage over time. In an Annual Review, Heyman (2013) analyzed data drawn from the nationally representative Epidemiological Catchment Area Survey (ECA), which surveyed 20,000 representative drug users between 1980–1984, and found that while 50% of 18–28 year-olds who ever met the criteria for addiction were in remission, 80% of those 64 and over did. In another study analyzing remission trends among the California Civil Addict sample, Hser (2007) documented a rising rate of heroin-abstinence over the three decade period, from 37.8%, when men were in their mid-thirties on average, to 41% in mid-forties, and 55.8% in mid-fifties. Explanations for this declining rate of drug use in older age have been variously described as a process of “maturing out” (Winick, 1962), as a result of heightened mortality among substance users (Moos, Brennan & Mertens, 1994; Hser, Hoffman, Grella & Anglin 2001), or simply the result of a stable rate of remission over time that subsequently accumulates among older cohorts (Heyman, 2013). Drawing firm conclusions from this body of research is complicated by differences in findings by the type of substance used, the population of users studied, and differences across cohorts. Regardless, whether older substance users remit at a heightened or stable rate relative to their younger peers, correlates or explanations for recovery may be quite different among older substance users than those identified among younger users. Yet remarkably little is known about the shift away from substance use in older age.

Among substance users generally (i.e., those of younger ages), motivations for and correlates of remission can be characterized broadly as composed of negative “push” factors, positive “pull” factors and cognitive/identity factors. In a survey that aimed to understand heroin career dynamics and desistance factors among former heroin users (many currently

working in the addictions field), Best, Ghufuran, Day, Ray & Loaring (2008) reported that “tired of the lifestyle” was the dominant factor influencing the decision to desist, followed by “reasons related to psychological health.” In a qualitative study investigating heroin cessation among a small sample of low-income New Yorkers, Weiss et al (2014) identified three primary motivations to cease heroin use: desire to improve one’s quality of life, the desire to “do right” by family and others, and fear of a negative outcome, such as illness, incarceration or death. Finally, many former users identified a “turning point,” often preceded by a significant life event (whether positive, like marriage, or negative, such as a serious illness), that initiated a firm decision to desist (Best et al, 2011; McKintosh and McKeganey, 2000; Prins, 2008). Whether recovery is initiated and sustained via a similar process for substance users in a later stage of the life-course, and those experiencing the stressors of prison and prisoner reentry, remains unknown.

Research on older former prisoners reentering society suggests that they face considerable material and social stressors during this process. Western, Braga, Davis & Sirois (2015) found that, among their sample of prisoners released in Boston, Massachusetts, older offenders, as well as those with histories of mental illness and addiction, were the most materially disadvantaged (insecurely housed and less likely to be employed) and socially disconnected. A qualitative study of older men returning to the community following prison found that, while men were able to connect with and rely upon some family members and establish basic public benefits, older men’s release experiences were nonetheless marked by pervasive disconnection from key desired social relationships and roles (Wyse, 2016). Despite these challenges, older prisoners and former prisoners are less likely to recidivate than their younger peers, and, as noted previously, more likely to progress through treatment and refrain from relapse. This suggests that older former prisoners may be more committed to conventional goals than their younger counterparts.

What factors might explain abstinence initiated in older age among criminally-involved chronic drug users, who may have spent decades using drugs? And how do drug users themselves explain and make sense of this dramatic shift late in life? This article begins to address the gaps identified, employing longitudinal interviews with a small sample of men aged 49+ recently released from prison to illuminate how formerly incarcerated older men explained their decision to pursue sobriety late in life, the factors that influenced their sobriety processes, and how aging shaped these motivations and processes.

Data & Methods

Data Collection

This study draws upon a sub-sample of interviews collected within the context of a larger study examining the processes of prisoner reentry and social integration among older men recently released from prison. Twenty men aged 49+ who had been released from prison for a period of one year or less to the city of “Easton”¹ were recruited to participate in the initial study. Grounded theory guided protocol development and the interview process (Glaser & Strauss, 1967). The protocol addressed broad thematic areas the PI believed to be relevant to

¹“Easton” is a pseudonym for the large, Eastern U.S. city where the study was conducted.

the process of prisoner reentry, but allowed interview subjects substantial latitude to direct the conversation towards topics of particular importance to them, thus allowing new concepts to emerge. Emergent themes and concepts were then woven into the protocol in subsequent interviews. Two in-depth, semi-structured interviews were conducted with each participant to establish the material and social dimensions of men's reentry process. Additionally, brief survey instruments assessing subjects' physical and behavioral health status were administered to interview subjects at the first meeting. This paper draws upon thirty interviews with fifteen participants who described sustained and often debilitating substance use histories and their paths to sobriety.²

Study procedures were approved by the University of Michigan's Institutional Review Board. The sample was recruited through flyers hung at halfway houses, non-profit and governmental offices serving disadvantaged and ex-offending populations throughout the city. The Primary Investigator (PI) also established contacts with workers at many of these organizations who passed along information about the study to those they knew to be eligible. Inclusion criteria consisted of men aged (50+) who had been released from prison within one year, and who were not residing in a nursing home.³ A \$50 incentive payment for participation was offered at each interview. At the initial contact, the PI described the primary goals of the study and participants were screened for inclusion. At the initial in-person meeting, the informed consent was signed and approval to audiotape the interview was secured.

The PI met with subjects in public locations throughout the city, including coffee shops and private public library quiet rooms.⁴ Interviews ranged between 1.5 to 2.5 hours and covered a diverse array of topics, from the community and social context to which offenders returned to their processes of personal and social adjustment following release. Questions addressed a broad array of topics touching on social integration: subjects' material well-being (Do you feel that you've had trouble making ends meet since you were released?), social networks (What family members and friends have you spent most of your time with since you were released? Can you tell me a little about those people?), health (Can you describe any health problems that you have?), and criminal history and engagement (How likely do you think it is that you will return to prison and/or commit another crime? Why do you think this is?). The semi-structured protocol allowed participants to guide the conversation towards topics of particular relevance to them, as well as the opportunity to bring up additional topics. The follow-up interview occurred two to three months following the initial interview and revisited key aspects of subjects' reintegration (housing, substance use, etc.) to assess changes that had occurred since the prior interview. The second interview also allowed the interviewer to revisit and verify information obtained in the first interview, in a process of "member checking." Interview timing was designed to capture the rapid transitions that tend to occur in the first year following prison release. Analysis drew on both interviews.

²Five of the original twenty participants neither described nor screened positive for a current or past substance use disorder. Interview data with these participants were not utilized in this paper.

³While inclusion criteria specified that men should be aged 50+, within the course of one interview, one subject revealed that he was aged 49.

⁴Public locations were sought for interviews as a safety precaution for the interviewer, as some interview subjects had a history of violent crime.

Protocols contained short screening tools measuring men's health and well-being. Screening tools included the Patient Health Questionnaire-9 (PHQ-9) assessing possible depression, the Activities of Daily Living (ADL) Screening assessing the subject's ability to perform activities of daily living, and the Michigan Alcohol Screening Test (MAST) to assess possible alcohol use disorders. Substance use disorders were further identified by subject response to questions such as, "How would you describe your use of drugs and alcohol?" Subjects were given a choice as to whether the screenings would be administered orally or on paper. Most subjects chose to complete the screening tools independently and by hand.

Data Analysis Strategies

The open-ended portion of the interviews was digitally recorded and professionally transcribed verbatim. Completed documents were reviewed by the PI for accuracy. Conventional content analysis guided data analysis (Hsieh & Shannon, 2005). AtlasTI Qualitative Analysis Software was used for data organization and coding. Each transcript was read carefully to identify key themes. These themes and concepts were identified in the text and a keyword or "code" used to capture this thought or experience. After open-coding five interviews, preliminary codes were identified. All remaining transcripts were then coded with the developed code list. Additional codes were added as new concepts were encountered. The original transcripts were re-coded with the finalized code list. Finally, text linked with key codes was systematically reviewed and compared both within and across interviews to identify dimensions of participant experience and common patterns of substance use and cessation.⁵

The idea for this project, exploring the motivations and explanations for substance use cessation late in life emerged inductively from the interview data. Of the original 20 men interviewed, 15 described substance use as a fundamental driver of their criminal behaviors, and abstinence as initiating a new phase and way of life. Men's vivid descriptions of their paths to abstinence in older age emerged as an important, albeit unanticipated theme.

Participants

Characteristics of the sample are presented in Table 1. Largely aligned with the demographics of those on supervision within Easton, 14 of 15 subjects were Black, one-third had less than a high school education, roughly 60% had never married and 2/3 had grown children. The average age was 54.8, with an age range from 49–64. The average length of incarceration, skewed by the very long sentences of a few, was 63 months while the median was 36 months. The sample was quite disadvantaged, with a high degree of personal challenges, which are presented in Table 1. Substance use histories were lengthy and generally severe. Men had struggled with substance use disorders for nearly nineteen years on average. For most, struggle with substance use had marked the bulk of their adult lives. Many were polysubstance users, a classification that applied to 40% of the sample. Of these, most had used crack/cocaine in combination with heroin. Twenty percent of the sample characterized heroin as their primary drug of choice, and one third characterized

⁵A second coder analyzed a subset of interviews to establish inter-coder reliability. Coding was found to be largely consistent across coders.

cocaine/crack as the primary drug of choice. Methamphetamines were the drug of choice of just one subject. The severity of men's drug use was largely defined by the men themselves (men often characterized their substance use as "vicious" or "chronic," for instance), but also supplemented by information drawn from the survey component of the study as well as information gleaned from questions regarding criminal history and family relationships. Cases classified as severe were those in which substance use essentially drove subjects' daily lives—requiring multiple bags of heroin each day, constant criminal acts to acquire money needed for drugs, and an inability to hold down conventional social roles and responsibilities—jobs, families, etc. Substance use characterized as moderate to severe was that in which men might self-describe their drug-use as functional—largely because they were able to remain employed, and yet men also described hospitalizations for overdose, and/or multiple marriages ending over drug use and the behaviors that had accompanied it, for instance.

Findings

The men interviewed described age as playing an important role in their processes of becoming and remaining sober. Incarceration and the forced detoxification it necessitated were crucial first steps in many men's abstinence initiation, and allowed further change processes to unfold. Commitment to change was also spurred by sustained periods of sobriety spent in prison; men reflected upon and evaluated their lives in processes of *Sober Aged Reflection* and, disappointed with what they saw, vowed to do better. A growing awareness of their own mortality could initiate *Sober Aged Reflection* and commitment to change as well. Following prison, men described a tenacity to remain clean that was often rooted in fear—of dying in prison and wasting their remaining time. Finally, men spoke about an identity shift that had unfolded over time, and a growing desire to give back and help others. This generative turn conflicted with on-going drug use, and the lifestyle that had accompanied it. In these ways, the aging process was woven into the stories men told about attaining and maintaining sobriety.

Incarceration as a Turning Point

Detoxification as a Stepping Stone—For men debilitated by their drug use, involuntary confinement in prison, and the accompanying detoxification that it had forced upon them, had been a crucial first step in their path to sobriety. Fifty-three-year old Samuel exemplifies this. In our initial interview, he described the slow creep of addiction into his life. At first, he had been able to indulge in cocaine use on the weekends or at parties with the upper-middle class professionals with whom he had worked but, following a separation from his wife, he found himself using more frequently. Soon thereafter his son was killed in a drive-by shooting and he "went off the deep end," entering a deep depression. He began using crack 3–4 times daily as well as alcohol, a habit that led him to lose his job, home and life savings. Living on the street, he began committing crimes to secure the money he needed to support his habit. This phase of his life continued for seven years. At our first interview, he described what had finally enabled him to stop:

I was incarcerated... I got incarcerated and when I came out I never went back to it. Prison. ... because see, the thing is if I hadn't have gotten locked up I would have

maybe been still in the street using. I might be dead or something like that. No, there's a positive side to the incarceration. That is the fact that when the police put the handcuffs on me I'm like, "thank you..." in other words, "thank you because now I'm going into a forced detox."

Although initially in the interview Samuel pointed to the importance of programs and meetings, he quickly corrected himself, and identified prison as the crucial first step. Recently released into the community, he remained committed to sobriety not only because of how drug use had affected him in the past, "cocaine had me sleeping on the street," but also because of how his goals had changed with age. In a substantial shift from his pre-prison mentality, he described wanting to marry, return to work and save for retirement. He also hoped to ease his mother's stress, as she had suffered through Samuel's drug use and incarceration. In these ways, Samuel revealed a renewed commitment to conventional roles and relationships following his incarceration, a shift he described as not possible in the absence of forced detoxification.

Detoxification was an important factor for Sol as well, a 50-year old man who had used heroine and crack daily since his teen years. He put it simply, "You can't get to it so you ain't got no other choice." He went on to explain that, this time, incarcerated 72 months, sobriety had settled in and become established in a way that it never had in the past.⁶ While his own initiative came into play to sustain that sobriety, detoxification in prison had been the crucial first step. Following this conversation, I inquired as to whether he thought drug treatment that provided detoxification and a period of inpatient recovery could have played a similar role, and he responds in the negative, "Because I don't, I don't adapt. I have to go to jail, regroup, get deep inside myself." For Sol, substance use treatment had never been able to initiate a period of sobriety as he had found time spent in prison or jail could.

Similarly, 55-year-old Stanley describes how his recent incarceration had helped him overcome a 20-year battle with cocaine that had fueled criminal behaviors and multiple incarcerations, and distanced him from family:

Actually *being* incarcerated helped with that. See, because, I mean you can get the drug in there. But it just didn't make sense to me to continue on a habit in a prison and bring a bad habit from prison back to the streets. That *really* didn't...didn't make sense to me. So even though it was there, I refused to, you know, after detoxing I refused to... [return to drug use]"

While detoxification was a crucial first step for Stanley, as for Sol, sustaining that sobriety, both in prison and the community, required a cognitive shift and commitment to change.

Sober Reflection in Prison—While some men pointed to the period of detoxification following initial incarceration as the catalyst for a cognitive shift, for others, it was the sustained period of sobriety prison facilitated that made the difference. Prison allowed men time and space to reflect critically upon the lives they had led prior to incarceration, and

⁶Of course, it is possible to obtain illicit substances in prison and jail, yet the men in this study had not gone that route. They cited various reasons why, from feeling "too old" to become involved with criminal networks within prison, to being a man who liked "three martinis" rather than the home-grown alcohol available in prison.

begin to plan for a different kind of life after release. For many, this change process was closely tied to a growing awareness of their own mortality. In this respect, men experienced the most recent period of imprisonment differently than they had those in the past.

This was the case for David, a 61-year old man who had bounced between heavy and functional heroin use since his teen years. In the past, David explained, “On and off if I’m not in the penitentiary it’s just a matter of time before I resort back to it [drugs].” Similarly, drug treatment had had little effect, “basically they never really played too much of an importance on me because even when I do get out of a, say, an outpatient program I went back to using.” During his periods of functional addiction, he had been able to work, and his parole officers had tried to work with him. Despite this, “I continued to give them dirty urines...- and I had plenty of breaks - after program, after program, after program.” Yet, something different had occurred this time. David explains:

...it’s basically because of the eighteen months solitude that I got while I was locked up...Solitude that I got for myself. I sit down and thought about a lot of things. The only things that I would really deal with was my problems...And it led me to functioning on my life and that’s what I’m doing today. At this age it’s imminent that I try to get myself together because the older you get and the more you go to jail the more it’ll start telling you you gonna die in jail. And that’s something I don’t want. I’m trying to do everything right.

Despite the fact that the neighborhood he returned to following prison was rife with street drinking and “drug passing,” David had remained sober for ninety days following his release from prison, the longest period of time he had abstained from heroin use outside of an institution since his teenage years. “I haven’t had no problems, no new convictions, no new arrests,” And of his friends, many of whom remained immersed in the world of drugs, he stated, “I don’t indulge in nothing that they do.” He explained that it was the time for reflection on his problems, the “solitude,” that prison had availed, coupled with a growing recognition of his mortality that had made the difference this time. For David, as for others, prison stints at a younger age had not yielded the same resolve to change.

Others described a cognitive “turning point” they had experienced in prison that had set their lives on a new trajectory. This was true of Truls, a 55 year-old African-American man who had spent more than thirty years engaged in crack, PCP and marijuana use. Released after 91 months incarcerated, he vividly described an awakening, an “aha moment,” that he had experienced one night while in prison:

I woke up one night...and just couldn’t sleep for, like, three nights. Because I kept thinking, everything, everything I ever did in my life was just throwing back in my head. I couldn’t sleep. And I realized something. I was getting reacquainted back with a person I had lost for a long time, which was me...And I started thinking about all the stuff that I did in my life and I just told myself, man, I do not want to do this no more...And so I started doing everything I could to change myself.

This perspective contrasted sharply with his thought processes during prior periods of imprisonment, when he essentially plotted, “How I could come out and commit the same crime a better way,” this time, he explained, “I thought about planning a better way to be

me...” For Truls, this moment of insight had no clear impetus, after thirty years of heavily using crack, PCP and marijuana, he “woke up one night” with the realization that had fundamentally changed his life. A sustained period of sobriety seems to have played a role, but alone was not enough (as he had experienced this in prior prison and jail sentences as well). Rather, a period of sobriety paired with the perspective born of older age seemed integral to initiate this change process, a conjunction of circumstances I term *Sober Aged Reflection* (SAR).

While for some a period of *Sober Aged Reflection* was spurred by the experience of incarceration at an older age, for others, the death of a loved one was the catalyst. Sixty-year old Michael, who had cycled in and out of prison largely as a result of parole violations since the 1970’s, explained how his mother’s passing had been instrumental to his “aha moment:”

I think that what happened was that... when I went back in on the violation and then... I lost my mother. And I just... looked...at everything in my life. And my main thing was like, ‘why am I keep coming back in this motherfucking spot on violations? Why just violations? You see. And the top of the thing was that I was always high. I was out just getting high. Acting on impulse. You feel me? Just moving on impulse like so many other individuals ...So I had to make up my mind. What do I have to do so I won’t come back off on the inside of here? And it was just easy. Stop drinking. Stop getting high, man...And that’s why I said... ‘if I ever live to get out I’ll never drink again.’ And I’m a do the work that you ask me to do. So I got off on the inside of my work with God and my service. And that’s what I’ve been doing...My work with God.

Michael’s mother’s death shocked him into taking stock of his life and life choices, and identify the behavior that was causing him to endure “the same disappointment” over and again. His mother’s death highlighted his own mortality and spurred a conscious decision to stop abusing drugs and alcohol. It also inspired a new, generative commitment, to do “God’s work” were he one day able to live outside of the institution.

The death of family or close friends likewise could inspire men to critically examine and evaluate what had kept them incarcerated when they had wanted to say goodbye. This was true for 50-year-old Jacob, who had spent more than twenty-five years engaged in “vicious” cocaine addiction that had led to multiple criminal charges, including violent assault. He described recurrent dreams of being stabbed to death that were just beginning to lessen in frequency. Similarly to Michael, Jacob described the death of his mother and brother during his recent incarceration as spurring *Sober Aged Reflection*:

I think this incarceration right here really helped me...Because it sent me...to look at things. See, my mother died in this incarceration and my brother died...like, three months apart...And I really looked at it for what it was. I couldn’t be there. Everything I’m missing. For what? For nothing. For some bullshit! For you to spend three thousand dollars a week on drugs, which is crazy!”

The shock of these deaths, experienced while he was incarcerated (and sober), forced him to critically examine not just what had kept him from the funerals, but how drug use had come

to dominate his life. This critical reflection inspired a change in perspective, and a desire to keep others from going down his path:

... I see things differently now. I look at where I made my mistakes at and where I don't want my nieces and nephews and my daughter, my grandson not to go through this bullshit. Whatever I can do to talk to them and explain to them what life really is, not what all this bullshit that you see is, that's what I want to do...I'm gonna tell them..... If you choose to take that road then... you need to prepare for what's coming. That's what I see. I see the results of this shit. From 1985 to now I see the results of this shit.

He explicitly weighs his deep desire to “be there” following his mother and brother’s death against the force that kept him away (drug use) and found it sadly wanting. With these deaths, Jacob experienced a realization of his life passing him by, and with this came a commitment to change and desire to keep others from going down his own path.

Sobriety Following Release: Mortality as a Motivator—Commitments made while incarcerated, far from the “people, places and things” that had triggered men’s drug use in the past, might be readily abandoned upon reentry, particularly given the substantial stressors of searching for jobs and housing. And yet, for many, a new recognition of their own mortality kept them from sliding back into drug use. Nearly half of men spoke of a fear of dying in prison as a strong motivation to stay away from drug use (as well as criminal activities) as the thought of dying in prison inspired a deep anxiety in men that discussing time in prison more generally did not.

Fifty-five-year-old Stanley, addicted to cocaine since the 1980’s and recently released from 60-months incarcerated, expressed this fear in response to a question about his likelihood of prison return: “I can’t. I can’t. I’m fifty-five now. For me to stand in front of a judge right now he would honestly believe that my life should end there... it’s no room for no error in this stuff right here. So, you know, I ain’t got the time left to be making a whole bunch of mistakes or to go back to prison...” Despite the fact that Stanley had been sentenced to prison repeatedly over a period of decades as a result of his cocaine addiction and the criminal behaviors that had stemmed from it, it wasn’t until he recognized that he could die in prison that maintaining sobriety became essential; ending his life in prison represented something more profound.

A recognition of his own mortality similarly inspired a fundamental change in 57-year-old Ray, addicted to crack cocaine for decades. He described a profound shift in his relationships to drugs that had occurred during his recent incarceration. In response to a question about whether he still wrestled with a desire to use drugs, he responded: “This, I mean, I want to live. You know, drugs is like...it’s just not what I want in the picture. Drugs is just not, it’s not part of my life anymore. It really isn’t because, like I say, I don’t, I don’t know how much longer I have to live. I do not know this.” Ray’s recognition of his own mortality had inspired a complete change in his thinking around drugs; he could no longer afford to waste the limited time he had left.

Notable was the degree to which men believed the weight of this distinction, between living and dying in prison, should require no explanation. That is, dying in prison seemed to represent something more than yet another life stage spent incarcerated; rather subjects seemed to suggest that the place in which one passed away represented a commentary on the life one had lived. Even if men had spent long periods of time engaged in drug use, criminal offending or incarcerated, there was always a chance to turn their lives around, to be something better than they were before--in their own eyes and in those of the people who cared about them. Were they to die in prison, such a transformation would never be possible.

Men also felt that time was passing quickly by and, having failed to attain the kind of life they wanted, the rapid passage of time weighted heavily. This is illustrated by 59-year-old Richard, who had spent fifteen years cycling between functional and chronic heroin usage, and in and out of prison and jail. In the course of our first interview he repeatedly appended the caveat “with what time I have left” to his statements. I asked if he believed he only had a short time left to live and he responded the following:

Well, you know, twenty years can go just like that. (snaps fingers) You know, the next twenty years I’ll be eighty years old...And then after twenty-five years I’ll be eighty-five... And I reflect back twenty years ago, I feel like I feel now...I’ve been saying that whatever time I got left. Because a lot of time it’s gotten away from me. I wasted a lot of time in my life...I could have found happiness and kept it. I found happiness. But keeping it is another thing.

Seeing the rapid approach of the end of a life filled with regrets and unhappiness, men had no intention of *ending* their lives as they had frequently *spent* their lives: in prison.

Growth & Generativity

Woven throughout the interviews was a common theme: a desire to “give back” and make something of their lives with the time they had left to live. This desire to contribute to future generations is a commonly recognized feature of the aging process, wherein goals shift from an inward to outward orientation, and life narratives supportive of these generative commitments help older people make sense of their lives (McAdams and Logan, 2004; Erikson, 1950).

Truls, introduced previously, presented a particularly strong example of this generative-turn. Following his prison-based “aha moment,” he committed wholeheartedly to bettering himself, taking part in every self-improvement course and opportunity available in the prison, whether the content applied to him or not. Ultimately, he began teaching the classes himself. The transformation in his approach to life was illustrated in his marked change in reaction to a fixture in his neighborhood:

It’s like when I used to go [to the neighborhood] there’s this guy sitting on the wall, right...He’s always on this wall... Every time you see him he’s like, “How you doing?” I don’t care what time of day you come by there, “How you doing?” I can go to jail and come back. And I come back out and he’s still sitting on the wall. Haven’t done anything with their lives, still stagnating, still doing nothing. And there used to be a time where I could just run up to them and *shh*. You know, just

want to hang with them. Now I see them, I feel sorry for them...And I just say to myself, *man* by the grace of God. Still sitting on that wall, still doing nothing, still being a fool, stagnating. Just being a lump on a log. I don't do that lump on a log anymore.

A period of *Sober Aged Reflection* in prison inspired an awakening, and from that moment on he turned away from a life centered on drug use—stagnation as he now saw it--and towards a life centered on sobriety, growth and giving back. He declared that moving forward, “I want to be proud of everything I do today. The last thing I do before I die, somebody gonna be proud of me. That’s my goal.” He planned to continue leading groups, develop a new career as a plumber and serve as an emotional and financial support for his family.

One clear way men could contribute in their older age was by teaching, counseling or mentoring others at risk of, or actively involved in, drug use and criminality. Having passed through that life and emerged beyond it, men saw themselves as uniquely well positioned for such roles. This was true of fifty-six-year-old Daniel, whose addiction to crack had ended multiple marriages, contributed to job loss and lead to disconnection from his daughter. He described how his recent incarceration had helped him to connect with the advice he had been offered by an NA sponsor years earlier:

...he told me, “Man, look man, this is what it is. You can do it with a gun and do it fast. Or you can do it a moment at a time on drugs because it ain’t nothing but slow suicide.” And that stayed with me. And once I got inside... I had that moment that I told you was just me, myself, and the truth. And I looked at me...I said...I know man is happiest when he bring happiness to another. And I’ve...studied Jesus, Mohammed, Buddha, Confucius, Hinduism, spirituality, meditations. So I just came to a point where I said in my life, I just want to help people. In other words, I want to support the life force. I want to work for God...And that has brought a change in my life and positive things happen.

Advice that Daniel had been offered in the past and not acted upon became influential when a period of *Sober Aged Reflection* in prison led to a heightened awareness of his own mortality and awakening of a desire to give back. For Daniel, this took the form of training to become a certified addiction counselor, training that ultimately resulted in a new career.

For the men in this study, most of whom experienced a heavy weight of shame and regret when they looked back over their lives, sobriety in their later years presented an opportunity to create something new. While for some, this meant building relationships with their children and grandchildren with whom they could share their hard-fought life wisdom (Jacob, Richard, Truls, Ray), for others it meant securing a stable job, saving for retirement and helping to support their families (Samuel, Stanley, Richard), religious engagement (Michael, Daniel), or working to become drug counselors or other helping professionals (Truls, Daniel, Ray). In nearly all of the interviews, men described goals for the future that were both less grandiose and less individually-oriented than their goals had been in the past.

Discussion

This study contributes to the literature on substance use cessation by detailing how older age shapes sobriety processes among a sample of older men returning to society following prison. Men gained clarity after forced detoxification in prison, which was often followed by a period of reflection and evaluation of their lives. Older age seemed integral for the conjunction of circumstances to serve as a turning point and catalyze cognitive change, a phenomenon I termed *Sober Aged Reflection*. Further, most men experienced a heightened awareness of mortality as they had aged, and were haunted by fears of dying in prison. This fear helped inspire a new commitment to sobriety and concordant rejection of crime that had been linked with their drug use. Finally, men's identities and goals had changed as they aged, in ways that were incompatible with on-going drug use. In all of these ways older age was integral to men's sobriety goals and processes.

This research expands upon prior work on addiction recovery by describing how aging, and changes associated with older age, are linked with older former prisoners' (and entrenched substance users') explanations for and processes of substance use cessation following prison. While prior work has found that older chronic users adapt their substance use, but remain immersed in it (Levy & Anderson; 2005; Anderson & Levy, 2003; Cepeda, Nowotony & Valdez, 2016), these data reveal that an involuntary period of sobriety may interrupt an addiction career, and set men on a new trajectory. Building on Best et al (2011), whose respondents in remission from heroin identified older age as an important turning point away from substance use, this research suggests that detoxification and sobriety experienced in prison may serve as an important "turning point" away from drug use for older men. Aligned with past research, subjects identified both push and pull factors that had catalyzed their remission processes (Blomqvist, 1996; Best et al, 2008; Weiss et al 2014), although the nature of these pushes and pulls (fear of dying in prison, reflection on mortality, desire to "give back"), were substantially shaped by men's older age. Finally, this work contributes to research that has found older prisoners and reentrants are more likely to complete treatment and less likely to relapse than their younger counterparts (Inciardi, Martin, and Butzin, 2004; Gordon, Kinlock, Couvillion, Schwartz and O'Grady, 2012; Zanis, Coviello, Lloyd and Nazar, 2009), by identifying pathways that may link older age with these positive outcomes.

Limitations

The implications of this study may be limited in several respects. First, all study participants were incarcerated in prison, a fact which may make the sample population and their experiences unique, and results may not apply to older substance users who have not served time in prison. The time men spent in prison was also lengthy, which may have allowed their commitment to sobriety to take hold away from "people, places and things" that could trigger renewed use. That being said, nearly all men in the sample had experienced lengthy periods of incarceration in the past, which they described as *not* motivating a resolve to change as had this most recent incarceration. Future work should evaluate whether a period of *Sober Aged Reflection* experienced in other contexts, such as substance abuse treatment, may similarly serve as a turning point. While a limitation in some respects, the fact that the sample was not recruited from a substance use treatment program is also a strength of the

study. Indeed, it has been noted that the reliance on treatment programs to identify those in recovery is a limitation of prior work in this area (Best, 2011; Hser et al, 2007). Second, while I was not able to independently verify men's professed sobriety, men were quite forthright in discussing a variety of other sensitive topics (illness, poverty, criminal pasts, relationship problems, etc.). In addition, because I was not connected to any criminal justice or treatment organization, men had no clear motivation to mislead. Despite this, men's responses may nonetheless have reflected a desire to be perceived favorably (social desirability bias), and this, too, remains a limitation of this work. Third, as a qualitative study with a relatively small sample, it is impossible to provide information on the prevalence or frequency of the processes that I identify. Although I emphasized only those that appear consistently across multiple participants, it is possible that additional pathways would be uncovered in a larger, more diverse sample. Finally, subjects in this study were predominantly African American, and the processes described may not characterize the recovery experiences of men from other racial-ethnic groups.

Implications for Policy and Practice

This research holds implications for public policy and practice. Men described the period of detoxification and imprisonment as essential for facilitating reflection and a personal reorientation that allowed cognitive changes to take root. Yet men also described prison as degrading, dehumanizing, a painful period of separation from family, and a waste of time. Taken together, these themes suggest that sentencing men, whose crimes do not pose a risk to public safety, to drug treatment in the community as an alternative to prison could serve the same function, while decreasing the personal and social harms associated with imprisonment. Research suggests that treatment in lieu of prison can effectively reduce substance use without endangering public safety (Dyner & Sung, 2000; Lofstrom and Raphael, 2015). For those who are incarcerated, expansion of treatment programs that have been found to be effective for a prison based population, namely, Therapeutic Community (TC) Programming and residential substance use treatment (RSAT) (Mitchell, Wilson & MacKenzie, 2007; Wexler, Falkin, & Lipton, 1990), should be expanded. Currently, it is estimated that less than 20% of those incarcerated who could benefit from substance use treatment receive it (Chandler, Bennett & Volkow, 2009). In the current study, only a few men reported experiences with substance use treatment, despite decades-long addiction histories and entanglements with the criminal justice system. Further, not one participant reported having ever used a medication assisted therapy (MAT) for drug and alcohol use disorders (e.g., methadone, naltrexone, buprenorphine), medications that have been found efficacious in treating substance use disorders. Expanding access to such medications both within the criminal justice system and in the community more broadly is vital. Finally, the data presented here also have implications for practice. First, the perspectives presented highlight the fact that even decades-long substance users may find new motivation to cease usage, given the right convergence of circumstances. The strongest motivations for change highlighted across interviews were heightened awareness of mortality, as well as a desire to fulfill the roles and responsibilities of older age (grandparent, advisor). Such insights could be harnessed by motivational interview techniques that engage treatment participants' thoughts about death and dying, draw out interest in the roles of older age, and help

participants make the connection between substance use cessation and achieving later-life goals.

Acknowledgments

This research was supported by an NIA training grant to the Population Studies Center at the University of Michigan (T32 AG000221). This material was also supported with resources and the use of facilities at the Center to Improve Veteran Involvement in Care (CIVIC), Portland VA Health Care System.

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Table 1

Sample Characteristics

Variable	Overall Sample (N = 15)
<i>Sociodemographic characteristics, % (N)</i>	
Age (M $\pm$ SD)	54.8 (4.6)
Male Gender	100% (15)
Race/ Ethnicity	
White, Non-Hispanic	6.7% (1)
Black, Non-Hispanic	93.3% (14)
Familial Status	
Never married	60% (9)
Married	6.7% (1)
Divorced	33% (5)
Children	66.7% (10)
Education	
Less than high school	33.3% (5)
GED/High school diploma	26.7% (4)
Some college/College graduate	35.7% (5)
<i>Substance Use History, % (N)</i>	
Years of use, (M $\pm$ SD)	18.9 (12)
Primary Drug of Choice	
Heroin/opioids	20% (3)
Cocaine/crack	33% (5)
Methamphetamines	6.7% (1)
Polysubstance	40% (6)
Substance Use Severity	
Recreational	6.7% (1)
Moderate to severe	27% (4)
Chronic	67% (10)