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DEAD, IMPRISONED, RELAPSED: THE FATE OF HOMELESS SUBSTANCE ABUSERS
TWO DECADES LATER

by

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A dissertation submitted in partial fulfillment of the requirements
for the degree of Doctor of Philosophy
in the Department of Sociology
in the College of Sciences
at the University of Central Florida
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Major Professor: James D. Wright

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ABSTRACT

Guided and influenced by a famous follow-up study in criminology focused on desistance from crime, this dissertation studies desistance from crime, homelessness, and substance abuse. In the early 1990s, The New Orleans Homeless Substance Abusers Project (NOHSAP) was founded as an experiment funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to uncover optimal treatment strategies for homeless alcoholics and drug addicts. The program ran for three years (1991-1993) and in those years, 670 homeless New Orleans men and women were admitted into treatment. Some of the original clients were followed for as long as 18 months, but none of them had been re-contacted since the mid-1990s. This dissertation involves finding these individuals and re-interviewing them, to discover what life trajectories they have taken some 17-19 years later. Guided by social bonding theory, this project shows what baseline factors and conditions explain variability in life outcomes.

The methodology for this study consists of three main parts: 1) a quantitative analysis of mortality data; 2) a historical analysis of criminal histories and 3) in-depth interviews. Nested logistic regression models explained differences among those who have died ($n = 91$) and those still living. The same method was used to explain differences among those currently incarcerated ($n = 56$). Follow-up interviews were conducted with 32 individuals in a variety of settings including at their homes and in prisons.

Findings from the quantitative results show that social bonding theory seems to be a weak explanation scheme among this population. Results from the qualitative data, however, are contrary and show social bonds to be crucial in the desistance process. Like Laub and Sampson's study, marriage and employment were strong predictors of desistance. Individuals

interviewed tended to be sober, but disaffiliated with twelve-step meetings. Other themes from the interviews involve presentation of self, the importance of religion, and a process of aging out of crime. Policy implications from these results focus on the importance of choosing a good life partner, the reduction of alcohol and drug use among abusers, and emphasizing stable employment.

I dedicate this project to the subjects of my follow-up study. These individuals spent long hours talking to me, listening, and opening up to very personal questions. The original clients of The New Orleans Homeless Substance Abusers Project were fundamental to my dissertation, and I thank them for their participation.

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CHAPTER ONE: INTRODUCTION

Homelessness and substance abuse have long been studied as intertwined conditions that are difficult to sort out and treat (Devine and Wright, 1997; Stahler and Cohen, 1995; Skinner, 2005). Relatively few large data sets have been collected and analyzed on homelessness, substance abuse, and their interactions. Tracking homeless substance abusing individuals over the life course is extremely difficult. Most studies focus on one-year or three-year follow-ups, or are based on simple one-shot cross-sectional surveys. For this reason, most of the available research is largely descriptive and atheoretical. In order to test selected major theoretical frameworks relevant to homelessness and substance abuse, detailed life history information is needed.

In the early 1990s, Jim Wright, Joel Devine, and Neil Eddington founded the New Orleans Homeless Substance Abusers Project (NOHSAP), an experiment funded by NIAAA to uncover optimal treatment strategies for homeless alcoholics and drug addicts (Devine et al., 1997). NOHSAP was a three-phase program: detox (3-7 days), Transitional Care (30 days), and Extended Care/Independent Living (12 months). The program operated for three years (1991-1993) and in those three years, 670 homeless New Orleans men and women were admitted into treatment. Extensive baseline data is available on all 670 clients and six-month follow-up data is available on 620 of them. In order to examine treatment effects on variables like housing stability, employment status, substance abuse behavior, and family relations, detailed tracking data were obtained at baseline. Some of the original clients were followed for as long as 18 months, but none of them had been re-contacted since the mid-1990s. Many years had passed

and New Orleans has seen many changes, most notably the destruction from Hurricane Katrina in 2005. Where are these individuals today? What are their stories? How many are clean, sober and stably housed some 17-19 years later? How many are still homeless alcoholics and drug addicts? What life trajectories have they taken? How many are already dead? And what baseline factors and conditions might explain variability in life outcomes? These and related questions comprise the foundation of this research and will be explored within this project.

Substance abuse is generally considered by sociologists to be deviant, delinquent, or criminal. Homelessness, although sometimes recognized by sociologists as a structural rather than an individual problem, has also become somewhat criminalized and the individuals who comprise this group are stigmatized. Homelessness and substance abuse are closely related in the popular consciousness (Dietz, 2007). A recent Gallup survey showed that the majority of Americans feel that drugs and alcohol are a major cause of homelessness (Gallup, 2007). Being a homeless alcoholic or a drug addict is viewed less as a medical condition than a sign of moral decay. Assumptions about the slothful, homeless addict (“the drunk, the addicted and the just plain shiftless,” as one writer has put it) are still prevalent (Rayburn and Wright, 2009). This view impacts all areas of an individual trying to get one’s life “straight.”

Is it truly surprising that homeless individuals often drink and use drugs? According to sociologists who apply a social bonding framework to this problem, the answer is no (Akers, 1997). These theorists generally promote the idea that deviant behavior is to be expected from individuals without appropriate social bonds, and this should be especially true among the homeless population. Precisely because the homeless have fewer and weaker social bonds, they represent an important population for testing social bonding theory.

By building on social bonding theory (Hirschi, 1969), this research seeks to put various assumptions, descriptive observations, and research findings about homelessness and substance abuse on a solid theoretical foundation. Social bonding theory has proven to be very successful in explaining the criminal behavior of offenders, especially desistance, or in other words, ending one's life of crime (Laub and Sampson, 2003). Perhaps these social ties are also indicative of the life course as it relates to homelessness. To examine social bonds among the homeless, interviews for this project were conducted with a follow-up sample of homeless, substance abusers from New Orleans.

One of the most prominent applications of Hirschi's theory is Sampson and Laub's age-graded life course theory. This theory explains how ties to conventional institutions (such as marriage and employment) serve as protective factors against certain criminal activities, including substance abuse. This application of Hirschi's theory produces a general theme that individuals can change their lives for the better. Perhaps these social bonds produce desistance from homelessness in the same manner as they did among the criminals studied by Sampson and Laub. But this, of course, presumes an element of free choice in whether to be homeless that is equivalent to the free choice of whether to commit a crime, and perhaps this key assumption does not hold.

The information collected from individuals that went through the NOHSAP program in 1991-1992 is extensive. First, baseline data were collected through a comprehensive intake survey that averaged about an hour and forty-five minutes. These data enable us to test for relationships between variables measured at baseline and life outcomes at later points. Secondly, because of the detailed identifying information gathered at baseline (names, dates of birth, Social

Security numbers, and the like), these data enable us to do subsequent criminal history searches online. Third, for the same reasons, the baseline data make it possible to determine which of the individuals are still living and which ones have passed on, producing a solid set of mortality data. Finally, through follow-up interviews, life-outcome narratives of some NOHSAP clients are available, adding a unique twist to the project and an original contribution to the existing literature. These data enable us to explore many facets of the subsequent life trajectories of these New Orleans homeless substance abusers.

Homelessness and substance abuse are topics of long-standing interest among sociologists and are intimately intertwined (see Rayburn and Wright, 2009). In a recent qualitative, longitudinal study of “transitions through homelessness,” Carol McNaughton articulates the “life cycle” of many homeless addicts:

Once people have entered a life of trauma, poverty and institutionalization, as the [homeless] participants here had, sometimes from birth, there are many multi-faceted individual and societal factors that interact and can be a barrier to their moving out of this situation (McNaughton, 2008).

As McNaughton’s book reminds us, while we know a great deal about how people become homeless, we know much less about how homeless people transition out of homelessness and back into stable living. Many homeless individuals could be categorized as coming from a life of “trauma, poverty, and institutionalization,” indeed; they have been poor, traumatized and often homeless from the beginning of their lives. For example, many homeless adults came through the foster care system and have in some sense been “homeless” from the beginning. Further, many have faced formidable barriers to moving out of homelessness.

It is helpful to understand what “homelessness” means. For most homeless individuals living in the United States, having no housing is a brief and temporary situation (Phelan and

Link, 1999). For the majority of cases, homeless people live on the streets only temporarily. These individuals are known as the precariously and episodically housed. They spend only brief periods of times living on the streets, sometimes living in shelters, jails, hotels, or similar places (Wright and Devine, 1995).

However, there is also a group of homeless individuals who will have much longer and more frequent periods of being without shelter. The federal government defines these individuals as chronically homeless. These individuals almost always have a disabling condition such as being a substance abuser and either spend a whole year or more continuously homeless or have been homeless four or more times in the past three years (National Alliance to End Homelessness, 2007). The individuals enrolled in NOHSAP are therefore chronically homeless individuals (their addictions qualify them as “chronic” by HUD’s definition), although rather surprisingly, the majority were experiencing their first episode of homelessness when they were enrolled in the NOHSAP program.

In New Orleans, the barriers to overcoming homelessness or addiction would include inordinately high poverty rates, a very unfavorable employment environment, an atmosphere conducive to drunkenness, and most recently, Hurricane Katrina. It is thus of great interest sociologically to ask of a sample of homeless addicts how many remain homeless and addicted nearly two decades later, how many have overcome their histories, and how and what differentiates the two groups?

Long before Hurricane Katrina, New Orleans was a deeply impoverished city. In the NOHSAP years, more than a third of the entire population, and more than half of New Orleans children, were living in poverty (U.S. Census Bureau, 2008), figures that remained much higher

than national averages through to the cataclysmic Hurricane Katrina. The year before the Katrina disaster, about one-fourth of the New Orleans population was still living in poverty. So, in general, it is clear that NOHSAP alums did not graduate into a highly favorable local economic climate.

By re-contacting the NOHSAP sample nearly two decades later, we can also answer questions about how Katrina impacted people who were already struggling and more general questions about how some people escape from the cycle of poverty, homelessness, and addiction and re-enter a more stable life.

Crime, Homelessness, and Social and Criminological Theory

These questions about homelessness, addiction and the life course comprise the core of this project, but it proves helpful to examine crime and homelessness more generally, in a broader theoretical framework. Criminality among homeless individuals, especially homeless men, has been a topic of public concern for many decades (Lindelius and Salum, 1976). Concerns about problem drinking, crime, and danger have driven fear-based public policies regarding homelessness.

Many cities have enacted legislation that prohibits behaviors common among homeless individuals which has led to a criminalization of the condition of homelessness. Compared to 2002, there has been a 14% increase in laws that prohibit sitting or lying down in specific public spaces, a 3% increase in laws prohibiting loitering, loafing, or vagrancy, and an 18% increase in laws prohibiting aggressive panhandling (National Coalition for the Homeless and National Center on Homelessness & Poverty, 2007). Contributing to this fear-based perception, daily news reports are filled with stories about homelessness and crime. There is current concern over

“colonies of homeless sex offenders” in major metropolitan areas such as Miami (Skipp, 2010). Due to increased restrictions on sex offenders’ residences, upon release individuals are forced to live on the streets. Also of concern are reports of crimes being committed against the homeless (Kohm, 2006; Lown et al., 2006; Padgett et al., 2006). News headlines such as “Two men strangle, beat homeless man with stick” are of increasing concern, with some groups calling for this type of attack to be classified as a hate crime (Gilroy Dispatch, 2010). Although both of these topics are related and relevant sociological research topics, this project is not concerned with crimes against the homeless. The topic under review is how chronically homeless people get off the street and how. Further, how (if at all) do former homeless addicts get and stay clean and sober? The topic, in short, is “desistance” from homelessness and from addiction and how criminal histories and activities might contribute to these desistance processes. The NOHSAP intake form collected quite a bit of information about the individuals enrolled in the program, making it possible to study subsequent criminal histories. Therefore this review also covers literature that discusses the types of crimes homeless individuals commit and the severity of these crimes. The types and severity of crimes homeless people commit are of interest for two reasons. First, lengthy patterns of criminal activity and convictions may complicate the process of becoming unhomeless and unaddicted. Secondly, one chapter of this project is dedicated to prior and subsequent criminal histories of the NOHSAP sample.

Despite these common assumptions about crime and homelessness, scientific studies have generally found that the crimes committed by homeless individuals are not serious offenses (Lindelius and Salum, 1976; Snow et al., 1989). Despite consistent findings, there is a strong

public perception that the housed must protect themselves from the homeless. What types of outcomes do these irrational policies have?

When Snow et al. (1989) embarked upon a project to assess criminality among homeless men in the late 1980s, they were prompted by many media reports that indicated that homeless individuals were dangerous and facilities that serve them should be kept away from housed individuals, just as today. Their findings indicated that homeless men did indeed have a higher overall arrest record than the general public, but the crimes for which they were arrested were minor charges such as public intoxication and shoplifting.

Snow et al. offer a harsh warning that the criminalization of begging and the blockage of shelter construction may ultimately narrow options for homeless individuals. If this happens, they caution, homeless individuals may start committing more serious crimes due to their more limited options. Recent literature on the criminalization of homelessness has confirmed that begging laws are harsher, and shelter construction has been blocked, just as Snow et al. predicted (Donley and Wright, 2008). This therefore opens the question, are homeless individuals committing more serious crimes today than they were in the 1980s? Or, are homeless individuals still committing the same types of non-violent, minor criminal offenses? Because we can construct complete criminal histories on the NOHSAP sample, both before and after their enrollment in the treatment program, we can analyze trends over time in the number and kinds of crimes homeless people commit. We can then compare these data to Snow and Anderson's data from the 1980s to understand changes in criminality among homeless individuals over time. Criminological literature tells us that offenders normally desist from crime as they age, and the NOHSAP respondents have aged almost two decades since baseline. It would seem to follow

that their criminal activity will have lessened dramatically from what it was when they were drinking and using drugs. Therefore we may also be able to understand the normal processes of criminal desistance with age, as it can be observed in a sample of homeless addicts over twenty years.

The analysis reported in subsequent chapters exploits various theoretical perspectives on deviance and crime, including Travis Hirschi's theory of social bonding, Hirschi and Gottfredson's theoretical writings on self-control, Sampson and Laub's theory of age-graded social control and the theory of cognitive transformation. By developing and testing these perspectives and theories in this project, we are able to address uncertainties in our knowledge about desistance from homelessness, crime, and substance abuse.

Much of this project focuses on the life course perspective. Since the NOHSAP baseline data allow access to a source of data on the sample's mortality (The Social Security Death Index), we can explore in great detail an important and often-overlooked aspect of the "life course," namely death. How do the characteristics of individuals still living eighteen years after a housing and treatment intervention differ from those who have died? To what extent are social bonds protective factors helping to prevent early death in a sample of homeless substance abusive people? We examine conventional social ties and their influence on mortality rates among this population. We also pursue questions about the effects of respondents' homelessness and addiction histories as well as their social and demographic statuses as of the early 1990s on premature mortality. So the literature review appearing below as chapter three also covers the literature on mortality, homelessness, and substance abuse.

In summary, this project examines various aspects of the life course of a sample of

individuals all of whom were homeless alcoholics and drug addicts living in New Orleans 17 to 19 years ago. What “life outcomes” have these men and women experienced? How many “became” (or continued as) active criminals? How many are still homeless and addicted? How many are dead? And what baseline and life course factors might account for these varying life outcomes? These are the questions that motivated this project.

The following chapter sketches the theoretical framework that informs this research. Chapter three reviews the pertinent literature; Chapter four comprises an overview of the methods of the research. One element of these methods, how NOHSAP participants were located two decades later, is described in detail in Chapter five, which includes the difficulties and findings associated with the research process itself. Chapter six portrays the findings of the mortality analysis. Chapter seven describes marriage as a desistance factor and chapter eight does likewise for employment. Chapter nine discusses other desistance themes that emerged from the qualitative data including presentation of self, maturation, and religion. Chapter ten explains how individuals stay sober and how many disaffiliated from twelve-step meetings. Chapter eleven findings come from the criminal record data, giving further detail in desistance of criminal behavior or ongoing offending. Chapter twelve is a concluding chapter providing a summary, conclusions, and implications from the findings.

CHAPTER TWO: THEORETICAL FRAMEWORK

Desistance

The general theories outlined below are concerned with *desistance* – in our case, desistance from substance abuse, crime, and homelessness. Desistance from crime *per se* generally is not the focus of this project; I am more concerned with the body of literature about substance abuse and homelessness. However, desistance from crime has been far more extensively studied and provides hints about desistance from other kinds of deviance, such as the two topics I am concerned with specifically. Also, as I establish later, most of the people in my sample had prior criminal records (77%) and because I have access to data on their subsequent criminal careers (if any), I also ask whether the factors known to produce desistance from crime in the general criminal population also apply to a homeless sample.

The term desistance refers to a change in a person's pattern of behavior from crime involvement to non-involvement (Bushway et al., 2003). Desistance has been focused on as an important area of crime research because researchers found knowledge about the causes of desistance to be more easily identified than causes of crime (Uggen and Pilavin, 1998). In other words, questions of why offenders quit offending (as most eventually do) are easier to answer than why they begin offending in the first place. Further, knowledge about why people quit committing crime is more easily translatable into detailed policy implications.

Desistance has become a more prominent theme in criminological theory within the last two decades. While most of the desistance work focuses on crime generally, there is a small and growing body of research on desistance from substance abuse. However, there is very little research that incorporates desistance from homelessness. Further, the processes of desistance for

these differing problems may or may not be similar. Crime and excessive drinking are things a person can presumably stop by choosing to do so. However, a person would not necessarily get over homelessness by simply deciding not to be homeless.

The discussion of theoretical frameworks applicable to desistance begins with Travis Hirschi's theory of social bonding. Then, I move on to Hirschi and Gottfredson's theoretical writings on self-control. Next, Sampson and Laub's theory of age-graded social control, which draws upon the previous theories, is examined, followed by the theory of cognitive transformation.

Hirschi's Theory of Social Bonding

Hirschi's theory of social control, also known as social bonding theory, begins by proposing that delinquency results when an individual's ties to society are frail or broken (Hirschi, 1969:16). This is certainly a problem among both substance abusers and the homeless. Hirschi's theory describes four main aspects of social bonds: attachment, commitment, involvement, and belief (Akers, 1997). The stronger these elements are, the more one will conform to society's expectations. However, if these ties are weak or broken, individuals are more likely to violate the law or break social norms. This explanation of crime and deviance has been extremely successful within criminological theory (Williams and McShane, 1999). Numerous studies have tested this theory and it has been supported by research evidence (Cernkovich and Giordano, 1992; Rankin and Kern, 1994).

Social bonding theory is the most commonly tested theory within criminology (Chriss, 2007). Hirschi's social bonding theory assumes that stronger bonds with conventional social entities encourage normative behavior. Perhaps the most important of the four elements is

attachment. The strengths of attachments to parents, friends, and children can inhibit deviant behavior. Hirschi wrote that it did not matter specifically who a person was attached to, be it a parent or friend. What mattered was that a person was attached to someone. Individuals are more likely to follow social norms if they are concerned about the opinion of others regarding behavior and commit to behaving in an acceptable manner (Reio et al., 2009).

Among homeless substance abusers, these perspectives lead one to expect that stronger attachments to non-homeless, non-deviant others would encourage a more conventional lifestyle or strengthen a homeless addict's resolve to overcome homelessness and addiction. In this sense, both homelessness and addiction can be seen as anomic conditions (i.e., conditions characterized by weak internalization of social norms). By internalizing norms in the form of self-care, nutrition, and reduced alcohol and drug consumption, individuals with stronger social bonds should spend less time involved in deviant lifestyles and therefore live longer. Attachment, according to Hirschi, is an important component even if the significant others are deviant as well. Hirschi's research found that the weaker the social bonds, the higher the probability of delinquency. Therefore we would assume that the weaker the bonds of homeless individuals, the higher the probability of criminal involvement, substance abuse and extended homelessness, and therefore, perhaps, earlier mortality.

Other elements of Hirschi's control theory may also prove to be important predictors of longevity and desistance in the lives of homeless substance abusers. Involvement is the term Hirschi uses to explain the degree of participation in conventional activities. The more time homeless substance abusers spend engaged in conventional activities such as work, church, relationships with family, etc., the less time they will have to be involved in drugs, alcohol, and

other criminal activity. Contrary to the stereotype, many homeless people are employed, attend church services, and have ongoing family relationships. In the NOHSAP sample, 64% of respondents considered themselves “somewhat” to “very” religious, with 36% reporting recent church attendance (going to church within the past couple of days or weeks.) Also, 75% of NOHSAP clients reported that they had a profession, trade or skill, with over half the sample reporting having been paid for work in the last month. Individuals in NOHSAP also reported having close relationships with family members. The most frequently reported close relationship among NOHSAP clients was with a child (78%), followed by relationships with siblings (73%), their mother (72%) and a spouse (68%). The least frequently reported close relationship with a family member was a relationship with one’s father; only 45% of the sample reported having this type of relationship. Involvement in these matters, in other words, is a variable among the homeless, not a constant. Involvement is thought by other researchers to be the weakest element of this theory (Akers, 1997).

Commitment, in social bonding theory, refers to the investment an individual already has built up in society. In my study population, educational attainment may be considered as an indicator of commitment. Homeless substance abusers with relatively more education may think they have more to lose than someone with less education, therefore decreasing one’s chances of engaging in criminal activity and increasing the chances of living. Among the NOHSAP sample, 48% had less than a high school education, 36% had a high school education only, and 16% had more than a high school education. If social bonds decrease drug use, alcohol use, and criminality and increase life quality, we should also expect that these social bonds would help

prevent premature death. Homeless addicts who started out with stronger social bonds will be less likely to have died than those whose bonds were weaker.

Among the homeless, in other words, the prediction is that the elements of social bonding theory (attachment, commitment, involvement, and belief) should be correlated with reduced substance abuse, increased time clean and sober, reduced involvement in crime, reduced time spent homeless, and increased odds of survival over the two-decade period to be studied. Assuming social bonds and crime as well as crime and mortality are correlated, then it is likely that social bonds and mortality rates are related as well. In the literature review that follows, studies are explored that demonstrate established relationships between the concepts of social bonds and crime first and then criminal/deviant behavior and mortality.

Self-Control

Hirschi and Gottfredson (1983) have made important contributions to the study of crime and aging, and more particularly, what happens to criminal behavior as offenders age. In this work, they explain how involvement in crime does not level off during adult years. Instead, it declines with age, especially after about age 25. This has directed researchers to pay attention to the entire life course of criminal and deviant careers, not just the transition to adult life. Finally, this theoretical explanation concludes that there is no special theory needed for the early age of onset of crime. Hirschi and Gottfredson argue that past researchers who have spent time developing theories to explain why some individuals commit crimes earlier than others are unnecessary. The early onset of crime idea explains that there is a negative correlation between age of first involvement in crime and the frequency and severity of criminal behavior in later

years. Hirschi and Gottfredson make it a point to examine the decline of criminal behavior over time, not just this onset and subsequent abrupt transition out of crime.

Not all researchers have fully agreed with Hirschi and Gottfredson's explanations of desistance in the criminology literature. Greenberg (1985) wrote a response to Hirschi and Gottfredson explaining that these claims were "overstated and misleading." Greenberg maintains that strain and social control are important sociological concepts to explain crime, even though Hirschi and Gottfredson state that these things vary across societies and between groups. Further, Greenberg argues that Hirschi and Gottfredson's assertion that longitudinal and cross-sectional research designs are equally comparable is incorrect. Greenberg defends longitudinal designs, especially in the study of crime and the aging process.

Other researchers have further commented on the relationship between age and crime in regards to study design and overall theoretical findings (Lauristen, 1998; Shover and Thompson, 1992). Lauristen (1998) found that both panel and maturation effects should be paid particularly close attention to in longitudinal studies that rely on self-report data. Further, regardless of a person's age at the time of data collection, involvement in crime declined substantially with time. Other studies of age and desistance tested legal risk, differential expectations, past success at pursuits (legitimate and criminal), and age (Shover and Thompson, 1992). Among a sample of serious, previously imprisoned offenders they found age as well as past avoidance of confinement and level of education to be significant predictors of desistance.

There has recently been some interest in Gottfredson and Hirschi's General Theory of Crime with an application to homelessness. Gottfredson and Hirschi (1990) argue that self-control is an important component of criminal behavior. They discuss impulsivity,

shortsightedness, risk taking behavior, and low frustration tolerance as predictors of engaging in crime (Gottfredson and Hirschi, 1990:90). They argue that these traits develop in childhood and persist over the life course to produce a certain type of individual with low self-control. Pressures from school, caregivers, and similar socialization institutions work to help develop self-control (Vazsonyi and Huang, 2010). Other behaviors that these individuals exhibit are analogous to crime, sometimes deviant, requiring little planning, and producing a great deal of excitement. This low self-control has consequences. It inhibits an individual's ability to succeed in conventional social institutions and form social bonds. Low self-control has predicted deviant behaviors such as drunk driving, criminal offenses, and homelessness (Akers, 1997).

Gottfredson and Hirschi show how failed social activities, failed relationships, and failure within social institutions are common features among individuals with low self-control. Further, these individuals have difficulty making and keeping friends, being more likely to spend their time with others who also have low self-control. Also, they experience difficulty maintaining stable employment and tend to gravitate toward spending their time on the street. All these traits characterize homeless individuals.

Gottfredson and Hirschi view economic failure as being indicative that a person lacked self-control, therefore prohibiting them from succeeding in institutions that require planning or delayed gratification. These individuals tend to have unstable jobs and dislike settings that require supervision or restrictions on their behavior. These characteristics are also common among homeless individuals.

The General Theory of Crime has been important in criminological research because it draws attention to the importance of key life experiences such as schooling, delinquent friends,

substance abuse, and interventions by the criminal justice system (Brannigan, 1997). While researchers have tried to argue that many individuals commit crimes like robbery to obtain money for alcohol and drugs (Brannigan, 1997), this general theory of crime would say that there is no need to make such a link between these two expressions of deviance. Both of these behaviors (robbery and abusing substances) are expressions of the same underlying predisposition (i.e., low self-control).

Age-Graded Theory of Social Control

Many applications of Hirschi's theory have been examined over the years. Perhaps most influential of these applications is theory focusing on the life course, specifically Sampson and Laub's Age-Graded Theory of Social Control. Several researchers can be credited with helping to develop life course research. Long before Sampson and Laub, Glen Elder became interested in aging and the problems individuals encounter along the way. Instead of focusing on child or adolescent problems in development, he shifted to studying the life course more generally. His early studies focused on children of the Great Depression, where he studied social change and life experiences (Elder, 1974). Other research topics Elder confronted included age differentiation and the life course, historical change in life patterns, and life course patterns in the military (1975; 1979; 1993). Elder focused social science research on the life course to help relate individual change to larger social structural transformations.

Elder's studies of the life course originated from early studies of the life course developed by Matilda Riley in the 1960s. In an age-based study, Riley related age cohorts to social structures over the life course (Riley et al., 1972). Riley placed individuals in birth cohorts and then analyzed historical effects, creating age-graded life patterns. Within this study,

patterns were viewed in terms of culture, institutions, and social structures. Riley et al. (1988) thus became one of the earliest researchers to advance a macro view of age stratification.

Perhaps one of the most influential studies of life course, at least for present purposes, is Laub and Sampson's (2003) consideration of ties to conventional institutions as restraining involvement in certain criminal activities including substance abuse. Long before publication of *Shared Beginnings, Divergent Lives* Sampson and Laub began studying desistance. They along with most criminologists realized that criminal behavior peaked during the teenage years and fell off thereafter, but by concentrating on this early peak, sociologists had failed to address larger questions about the life-span (Sampson and Laub, 1993).

Further, Sampson and Laub felt that criminologists were not paying enough attention to the end of criminal careers. They began working on the life course perspective that paid attention to socialization into adulthood and early childhood experiences. In beginning to develop this theory, Sampson and Laub defined two basic concepts that are central to studying the life course. First, they paid close attention to trajectories, pathways or developments over the life span. These are defined as patterns of behavior or as sequences of ways of living one's life over a long period of time. Examples of events that mark or define trajectories are marriage, divorce, employment, job loss, parenthood, military service, and criminal behavior.

Secondly, they defined transitions, which are included within trajectories. Transitions are things that happen over shorter periods of time and are somewhat abrupt. Examples of transitions include getting a job for the first time, or getting married for the first time. These themes may be useful in mapping out early trajectories of the NOHSAP sample. For example, we know that among NOHSAP clients, the average age of first arrest is 16. When researchers

study trajectories and transitions they are examining the life-course where they focus on the duration and order of major life events such as the ones mentioned above. They are also able to tell how these events influence social development. When trajectories and transitions meet up, they often create “turning points” in one’s life.

Throughout the life course, the bonds formed through various transitions are very important to desistance, specifically the bonds of employment and marriage (Holt-Lunstad et al., 2008). The application of Hirschi’s theory to the study of delinquency by Laub and Sampson produces a general theme that individuals can change their lives, and this idea is central to the current study. Among a population of one-time homeless substance abusers, positive life changes would include staying clean and sober, finding and keeping a stable job, having a place to live, possibly entering into long-term stable intimate relationships, and, in the immortal words of the Bee Gees, “stayin’ alive, stayin’ alive.” Laub and Sampson’s study focused on both structural changes and human agency. Individuals who desist often have an inner desire to change their lives. Therefore, this study examines both an individual’s sense of agency and the larger social structural forces that help with desistance.

Sampson and Laub’s more recent work on crime desistance (Laub et al., 1998; Sampson and Laub, 1993; Laub and Sampson, 1993) has gained much popularity among criminologists. In their work, they located and conducted follow-up interviews on a data set originally collected by Sheldon and Eleanor Glueck. The original Glueck study sought out to examine the causes of delinquency. The Gluecks studied 500 delinquent males from Massachusetts and 500 non-delinquent males that matched up in age, socioeconomic status, ethnicity and intelligence. Sampson and Laub obtained these files and began re-interviewing the surviving men. Through

these interviews, they thought that they might be able to find out why some of the men desisted and why others continued to commit crime.

Their research found that social bonds of marriage, employment, and a successful military career were important predictors of desistance from crime. Living with a spouse, they found, created “more to lose” among a sample of white, male delinquents in Boston (see Glueck and Gluck, 1950). Living with a spouse influences the way persons conduct their day-to-day lives. Laub and Sampson only studied the effect of these social bonds on male offenders; the present study is able to examine those social bonds on females as well.

Sampson and Laub’s theory is sound in that it has plainly defined concepts and made consistent causal statements. It is a life course theory that explains crime over time and has been used to describe an array of criminal behaviors. Researchers are still finding out how restricted this theory is and upon which populations its assumptions are valid. This will be discussed further in the literature review section. For now, it is sufficient to note that Sampson and Laub’s theory has been successful in that many studies have sought to test it over the last several years, most successfully, as I discuss in more detail later.

This theory is therefore expected to be helpful in evaluating the arrest records, mortality rates, and narratives of the current sample of New Orleans homeless substance abusers. The individuals in the sample who have since been arrested or imprisoned, for example, may have differing demographic characteristics or life-course characteristics than those who have never been arrested. For example, single individuals may have different criminal histories than married individuals. There may also be gender differences in arrest records. Just as Sampson and Laub were lucky to have very detailed information available in the Glueck files at Harvard, I

have a great deal of information from the NOHSAP study that may predict differing “life outcomes” two decades later. This allows a test of the Sampson-Laub desistance theory’s applicability to the life courses of the homeless. Do the same factors that produce desistance from crime in their research produce desistance from homelessness, crime, and addiction among a sample of New Orleans homeless substance abusers?

Theory of Cognitive Transformation

Although it has gained much recognition in criminology literature, Sampson and Laub’s theory has been criticized for trying to take Hirschi’s social bonding theory as originally developed for juveniles and applying it to an adult population. Some argue that constraint among adolescents is quite different from that among adults (Giordano et al., 2002). Giordano and colleagues argue that adult offenders that desist undergo cognitive shifts that lead to desistance. Cognitive shifts are mental processes and their connection to communication; an overall readiness that makes behavior changes possible. These authors draw upon Mead’s symbolic interactionist perspective of an active individual who latches on to presented opportunities. This concept was not present in Sampson and Laub’s theory on desistance.

By way of life history narratives, Giordano et al. (2002) emphasize the ways in which adult offenders change their lives. They discuss four types of cognitive transformations. First, they discuss the actor’s basic openness to change, which they emphasize as being particularly important among substance abusers. By agreeing to enroll in a treatment program, we may assume that NOHSAP clients had a considerable openness to change. However, they may also have only been interested in the program for its provisions of food and shelter, not a desire to change their lives. Second, an actor must be exposed to a particular set of “hooks” for change to

occur (similar to the term “turning points” as used by Sampson and Laub). In other words, just recognizing the want or need to change is different from becoming receptive to something specific, like marriage. Third, an actor must have the ability to be reflexive, envisioning a new life and leaving the old one behind. The final cognitive transformation is when the actor sees deviant behavior (such as drug use or crime) as no longer appealing or personally relevant. These transformations are linked and build upon one another.

This perspective has been criticized for putting too much emphasis on the individual and not enough on the structure. For example, “while actors can be said to have choices, that does not mean that such choices are free floating of any structural restraints, but rather that some other option existed, albeit also restrained” (Deacon and Mann 1999, p. 413). This attention to both the individual and structural barriers seems an especially helpful framework for studying life course transitions among the homeless. While homeless individuals often have individual disabilities such as substance abuse and mental illnesses (Fischer and Breakey, 1991), they are also constrained by larger structural forces such as lack of affordable housing (Rayburn and Wright, 2010).

Giordano et al. (2002) also emphasize that it is important to consider “desistance talk,” how individuals talk about their desistance. They write that individuals discuss their accomplishments (and failures) using certain communication skills to which they have access. Sampson and Laub were able to understand what individuals talked about and what they left out of their narratives by using quantitative data. This theoretical perspective also seems applicable to the current study that combines criminal histories with narrative accounts.

Overall findings from Giordano et al. contrasted with those of Sampson and Laub. They

did not find marital or job stability to be important predictors of desistance. They suggest this may be the case due to the racial differences in the populations studied. African-Americans were particularly unlikely to have these social bonds at a follow up point. This is important to note, for New Orleans is predominately an African-American city and the NOPHSAP sample is about 85% black.

Giordano's theory of cognitive transformation has been supported by research. The changing role from addict and criminal to socially conforming individual has been documented by researchers (O'Connell et al., 2007). The research also confirmed Giordano's theory that changes in life are not equally distributed across time or social categories. Controlling for drug use and treatment effects, African Americans were less secure than whites in the O'Connell study.

Researchers have suggested that identity theory is not a substitute for other sociological or criminological theories, but rather an additional component to combine with other theories (Paternoster and Bushway, 2009). These authors again emphasize the distinction between one's current identity and the kind of person one wishes to be. Slowly, the life of a criminal becomes less and less satisfying, and the costs to social relationships are too high. The same might well be true of addiction and homelessness. Paternoster and Bushway believe that the external changes in offenders (marriage, employment, desistance) do not happen until there is an internal, intentional decision to change. In this way, this theory of identity is less structural than Laub and Sampson indicate.

The NOHSAP baseline data has some measure of agency, or views of internal and external control as it relates to life problems. When asked who's fault failure is, 46% of the sample

reported that it is a person's fault, 15% said it was not a person's fault, and 39% indicated that it was both a person's fault and a product of external forces. However, an overwhelming majority of NOHSAP clients felt that their lives would improve if they were more spiritual and worked harder (92% and 95%). Also, when asked directly if their problems were their own fault, 88% agreed. NOHSAP clients also felt powerless when discussing their problems (74%). These discrepancies indicate differences in how much internal or external control a NOHSAP client felt they had over one's life and may prove to be pertinent in which ones desist from homelessness and crime and which ones do not. Further, these ideas are important to keep in mind as narratives of these individuals are analyzed.

CHAPTER THREE: REVIEW OF THE LITERATURE

Studies of social bonds and their effects on desistance have become increasingly popular over the last decade. Frequently desistance is studied among delinquents with crimes such as theft, robbery and substance abuse. These desistance processes often take many forms; sometimes the change is abrupt, and sometimes it is gradual (Bushway et al., 2003). Studies of desistance should be able to examine a few key elements of life change. At a most basic level they should be able to tell the difference between people who continue to commit crimes and those who (after committing some criminal acts) quit. Second, desistance studies should be able to tell whether the change is permanent or fleeting. Finally, these studies should be able to describe the transition (Bushway et al., 2003). Although many studies of desistance have focused on crime or substance abuse, there has been little attention paid to desistance from homelessness.

Desistance From Crime

Studies of desistance from delinquent behavior have overwhelmingly found support for conventional involvement as an important predictor. For example, staying in school and being connected to one's parents are predictors of desistance from delinquency. In a study of delinquents aged 12 to 15, levels of delinquent behavior changed over time with opportunities for conventional involvement among other constructs (Ayers et al., 1999). Skill building, rewards for conventional involvement, family management tools, and social bonding were significantly associated with changes in delinquent behavior over time. This study also found gender differences in desistance. Compared to continuing offenders, desisting males had more skills for conventional involvement (social skills, school work, substance use refusal) whereas

desisting females only showed higher social skills. The authors recommended programs that increase bonding to school and conventional peers, belief in the moral order, and norms against drug use for both males and females. For females, interventions specifically aimed at the family level were suggested while interventions for males were aimed more at school and social skills.

Another recent work studying desistance examined parenthood and marriage as social controls (Savolainen, 2009). This study found support for the basic assumptions of the theory in the ability of these controls to restrain adults. Another recent study found that while social bonds are important in early years, they continue to influence the life course over time and should subsequently be studied in adult life as well (Fothergill et al., 2009). This study looked at adult marijuana and cocaine use in a cohort of African Americans from Chicago. Assessments were conducted at age 6, age 16, age 32, and age 42. Researchers focused on social adaptation, social bonds, and economic resources as predictors of adult drug use and found that more frequent substance use in adolescence, lower income, and less frequent church attendance increased drug use later in life. Overall, social maladaptation over time and social integration and economic resources in the early adult years were important desistance factors.

Although social bonding theory is generally applied to juvenile delinquency, the theory has also been used in research on adult populations (Longshore et al., 2004; Feeney et al., 2007). While measuring social bonds among substance abusers has been fairly common, it has only been applied to homelessness sparsely. Among the homeless, social bonds are generally thought to be extremely weak and especially troublesome between parent and child (Swick, 2008).

Due to Hirschi's social bonding theory being widely popular in sociology, researchers have continually come up with new ways to measure social bonds (Lucas and Dyrenforth, 2006)

and link them to deviant behavior. McCarthy and Casey (2008) recently examined the closeness offered by adolescent romantic love. They concluded that this social bond, while usually thought by society to be problematic, fills an important void and discourages negative outcomes. Other recent studies on delinquency involve measuring religious and family characteristics, finding that these two variables continually influence the extent to which adolescents commit delinquent acts (Petts, 2009).

Another study of desistance explored the lives of inner-city African American and Latino men involved in violence, drugs and other crimes (Hughes, 1998). By examining the life courses of these individuals, changes in attitudes and behaviors were uncovered that prompted these men to change their lives. This study had similar findings to Laub and Sampson's study in that marriage, having children, and employment were pathways that led to desistance. The individuals in this study developed respect and concern for their children, developed fear of being physically hurt or put into jail, began contemplating what they wanted from their lives, and had individuals in their lives that supported these changes.

While many researchers have tested social bonds and their effects on criminal desistance, not all of them have shown adult social bonds to be important. In a study using the Ohio life-course study (Schroeder et al., 2007), researchers found that adult social bond variables explain little of the relationship between drug and alcohol use and crime. Perhaps this came about from measuring adult bonds in a slightly different way than previous studies. Whereas Laub and Sampson (2003) looked at marriage, employment, and military experience, Schroeder et al. (2007) used two variables to measure social bonds: marital happiness and occupational prestige. The first of these seems more plausible as a "social bonding" measure than the second.

Schroeder et al. (2007) also found differences between alcohol and illicit drug use. Whereas most researchers measure “substance abuse,” these authors argue that there is a difference between using alcohol and using drugs. Regression analyses found drug use to be a much more powerful predictor of offending than alcohol use. Drug use has a much stronger effect on criminal offending and more long-term influence than alcohol use. The authors conclude by suggesting implications for offenders to develop strong bonds to a “prosocial” partner, emphasizing the importance of the respectability of the spouse/partner.

Part of the reason for these mixed findings is that Hirschi’s social control theory leaves key concepts undefined operationally so different researchers measure them in different ways and get different results. There are also conceptual issues in that “social bonds” have been conceptualized as everything from identification with peers to degree of parental supervision, attitudes toward school, work, sports, and education, and the importance of reputation (Williams and McShane, 1999). This wide variety of key concepts and operationalizations surely contributes to the contradictory research findings. In short, “social bonding” can (and does) mean many different things, not all of which are necessarily related to crime or delinquency in the same way.

One study with policy implications suggested the importance of “creating and cultivating social ties” (Doherty, 2006). To examine the process of desistance from offending, Doherty analyzed data from a sample of delinquents. The data was drawn from the Gluecks’ study and follow up as well as from Laub and Sampson’s follow up. The authors use a self-control scale with constructs including impulsivity, irritability, and inattention and found that a person’s levels of self-control and social integration were strong predictors of desistance. People are more likely

to desist if they have high self-control or are socially integrated. The author proposes residential community corrections programs, day reporting centers, and home confinement to foster social bonds to family, employment, and society.

Another important study using Sampson and Laub's theory is Uggen's work on employment and recidivism (Uggen, 2000). The study examined individuals with an arrest history and randomly assigned them to a treatment or control group. Findings from the study showed that individuals who were given jobs had lower rates of recidivism. These results have been used to justify programs to help criminal offenders find and maintain employment after release from incarceration. Perhaps due to the assorted findings from examinations of Hirschi's social control theory, the policy implications are not always clear, another reason researchers now focus more on Sampson and Laub's theory.

The majority of studies have found some support for Hirschi's theory of social bonding. However, some researchers have also reported negative results (see also McCarthy and Casey, 2008; Petts, 2009; and Sweeten et al., 2009). Recently, researchers doing a cross-cultural study of deviance found that Japanese students engage in significantly less deviance than American students (Fukushima et al., 2009). Although variables from Hirschi's social control theory were applicable, the researchers concluded that the theory failed to account for lower levels of deviance among Japanese students. Another recent study reanalyzed the Richmond Youth Project data used in Hirschi's classic study and reported findings contrary to Hirschi's original study (Unnever et al., 2009). Specifically, the reanalysis showed that perceived racial discrimination is a robust predictor of delinquency.

Desistance from Addiction

Studies of desistance among substance abusers only (as opposed to studies of criminals or the homeless) show that desistance often stems from health concerns, pressure from family and friends, and extraordinary life events (Walters, 2000). Further, when asked about the reasons why they remain sober, former substance abusers gave reasons such as social support, having friends that did not use drugs, willpower, and transformed identities.

Desistance from substance abuse shares some of the same characteristics as desistance from more general criminal acts. Social networks, gaining sober friends, and moving away from drug using friends are all common themes in drug desistance literature (Best et al., 2008). Employment is also important in desistance, along with religious and spiritual factors (Morgaria and Orford, 2002). Similar studies have also found prosocial behaviors helpful in desistance from drug use. Tiburcio (2008) found positive peer support, motivational tools, exercise, meditation, and skills enhancement to be important predictors of desistance among a sample of drug abusers who had been abstinent for over five years. Other studies have found similar patterns in regards to marriage and becoming a parent (Esbensen and Elliott, 1994), namely, that becoming married and a parent increase the odds of quitting drugs. Interestingly, the study found demographic characteristics to have little effect on desistance.

A follow up study was also conducted with substance abusers in New Haven, a similar population to the New Orleans Homeless Substance Abusers Program (Hartwell, 2003). The NIAAA originally funded 14 cities for similar programs, New Orleans and New Haven representing two. All of the 14 sites were similar in that participants completed a personal history form and an Addiction Severity Index. However, other than those two requirements,

each site had discretion in research design and data collection. Unlike the New Orleans project, the New Haven project only enrolled men into the program and those who reported being a current or recent cocaine user.

Aside from these rather large differences, the individuals in both studies have many similarities. The average age of the individuals when they enrolled was almost identical, the majority reported using multiple substances, and participants frequently had prior substance abuse treatment histories. Among the individuals in the New Haven study, eighty percent had been arrested (most for disorderly conduct and drug-related charges).

Hartwell (2003) conducted follow-up interviews twice among 30 individuals, at one year after the project ended and again the following year. After conducting life history interviews with a convenience sample of these individuals, Hartwell then applied classic and contemporary social control theories to the interviews. Supporting Hirschi's social control theory, Hartwell found consistent patterns of non-normative social ties (poor or violent relationships with one's parents, for example) among non-desisters. Many of the men in the study said their best friend was their favorite drug, showing that they were often more committed to drugs than to people.

Hartwell pushed for structural changes to alter the life course of these men such as creating jobs, affordable housing, and efficient shelters. Structural changes, such as the above mentioned, might create a turning point in a person's life, thus enabling the person to create social bonds that were previously not present. None of the 31 men that Hartwell interviewed three years later had broken the cycle of homelessness and substance abuse, however. Spending three, six, or nine-months in treatment was not going to change the life course for these individuals, according to this study's findings.

The Hartwell study also serves as an example of applying social bonding theory to an adult rather than a juvenile population. Whereas social bonding theory generally is used to explain crime, delinquency, or deviance among youths and adolescents, the theory is sometimes applied to adult populations and has been helpful in explaining desistance (Stack et al., 2004). In a recent study examining work, parenthood, and marriage as social controls, Savolainen (2009) found support for the basic assumptions of Hirschi's theory of the ability of these controls to restrain adults. Other recent studies have also shown that while social bonds are important in the early years, they continue to influence the life course over time and should subsequently be studied in adult life as well, especially when examining drug use (Fothergill et al., 2009). Studies such as these show how Hirschi's theory is "applicable to any type of criminal or deviant behavior, not only delinquency" (Akers, 1997:84).

While most studies have examined either homelessness or substance abuse and desistance, very few studies have examined both. Getting sober is more difficult when a person has no home, no telephone, and weakened social bonds. More specifically, as stated by Bazemore and Cruise in a study of Alcoholics Anonymous and homelessness:

The AA philosophy of stressing alcoholism...above all other problems may lead to significant difficulties in extending and adapting social model programs to address broader needs of populations who require, among other things, affordable housing and stable employment" (1993, p.613).

Researchers have done some long-term follow-up on Alcoholics Anonymous members, but this provides a narrow outlook on desistance as they only examine abstinence from alcohol. Researchers studying desistance from alcohol under the AA view often are able to pay attention

to social networks such as attending meetings, being involved with other AA activities, having a sponsor (or mentor in the program), being a sponsor, and interacting with AA members outside the doors of meetings (Cloud et al., 2004). Mapping out desistance from social bonds in this arena is somewhat common, but like other studies of substance abusers, difficult to collect data on over the course of many years.

The life histories of homeless persons are inadequately understood yet very important in trying to reduce the consequences of homelessness (O'Toole et al., 2007). While some argue that homeless alcoholics should make sobriety a priority, others put emphasis on housing first, but with a life full of serious risks (Booth et al., 2002; Metraux et al., 2004), it is questionable how and where these individuals should begin. Researchers have shown that having an economic base and a place to live are almost requirements to maintaining sobriety (Stark, 1987). Yet staying sober, finding a job, and securing a place to live simultaneously seem nearly impossible.

Desistance from...Life

Eric Klinenberg's (2002) research on the Chicago heat wave, while not concerned with desistance, found that general social support played a very important role in mortality rates for at-risk populations, such as those living in poverty. His book, *Heat Wave*, has become an extremely popular sociological work dealing with poverty, mortality, and disaster. Very few works that dissect social problems have achieved such acclaim. Klinenberg argues that the breakdown of social ties among individuals in Chicago led them to become isolated and subsequently led to their early demise.

Research has shown social isolation to be a crucial threat to the lives of homeless, alcohol-using men (Andreev et al., 2007). These authors found that social marginalization is a challenge that impacts the mortality of the homeless. Violence, alcohol use and acute infections all caused homeless individuals in the study to die prematurely. The authors point out the invisibility of these individuals within public health surveys and argue that social capital acts as a protective factor that is missing among the homeless. In this study of a Russian population, the researchers found that unidentified individuals accounted for 6% of all male deaths among those aged 25-54 (this number doubled or tripled in large cities). These problems are not confined to Russia (we saw similar social marginalization issues in *Heat Wave*). The researchers made the policy suggestion of demanding further research attention to vulnerable populations and appealed to public Russian health officials to prevent the deaths of unidentifiable persons.

Mortality among the Homeless

Homeless men and women die at significantly higher rates than those in the general population (Barrow et al., 1999). What this means is that although the overall mortality rate is the same for everyone (we will all eventually die), homeless individuals die at much younger ages than those who do not spend time homeless. When researchers try to figure out precisely how much higher these mortality rates are, they have several factors to consider (Nickasch and Marnocha, 2009; Wright and Weber, 1987). First, basic demographic characteristics produce higher mortality rates in the homeless than in the general public (Hodgetts et al., 2007). The homeless are among the poorest of the poor, and poverty is known to be linked with mortality (Scribner et al., 2009). In addition, homeless individuals tend to be male and from non-white ethnic groups, and these groups also have higher rates of mortality (Michimi, 2010).

In addition to these differences in demographics that contribute to mortality, behavioral characteristics also contribute to mortality (Kelly and Caputo, 2007; Lillard and Waite, 1995), one of which, substance abuse, is of interest to our present study (Glasser and Zywiak, 2003; Lewis et al., 2000; Tracy et al., 2007). In a recent study employing life history narratives to examine mortality among the homeless, researchers concluded that not having a home was a result of substance abuse and lack of family support (Shibusawa and Padgett, 2009; Homish and Leonard, 2008). Rates of substance abuse are generally much higher within the homeless population than in the general population. For the homeless, estimates of alcohol abuse are roughly 40-50%, while alcohol abuse for the general population is about 5% (Wright and Weber, 1997). Measuring drug abuse has been slightly more difficult, but corresponding rates follow the same general pattern. With rates of abuse and addiction as high as these, there must be at least some effect on the life span of homeless substance abusers.

In addition to alcohol and drug abuse, chronic illnesses and diseases are much higher among the homeless than the general population. Homeless individuals commonly suffer from heart, liver, and kidney disease as well as skin infections, cancer, HIV/AIDS, pneumonia, and tuberculosis at elevated rates (O'Connell, 2005). Whereas the average life expectancy in the general population is 78 years, homeless individuals can only expect to live between 42-52 years (O'Connell, 2005). In addition to the more obvious health problems of living an unsheltered life, homeless individuals also often lack transportation, identification, and knowledge about where to get treated for medical problems (Whitbeck, 2009).

Very few studies of the causes of death among the homeless have been conducted in the United States (Snyder and Eisner, 2004). Researchers have shown that "cause of death" is a very

vague concept in any case, especially among homeless individuals (Alstrom et al., 1975; Wright and Weber, 1987; Cheung and Hwang, 2004). With quantitative data on deaths among the homeless population, it is often easy to overlook the multi-faceted nature of disease. Both interview data and life histories of the homeless give researchers a better idea of the complexity of the condition of not being housed. For example, take the story of “Jimmy” from a 1987 study on homelessness and health.

Jimmy’s life is largely non-descript. He is a white male born in 1923; he receives no benefits despite his being a veteran. He is an active alcoholic and lives on the streets. Other than injuries sustained in falls and fights while drunk, he has no notable health problems. On January 6, 1987, he is beaten to death at a local mission in a fight over a package of tobacco (Wright and Weber, 1987: 124).

Jimmy’s death is not uncharacteristic or necessarily rare in reviewing the case histories of homeless individuals. Homeless individuals suffer from a number of potentially fatal disorders (alcoholism, drug addiction, tuberculosis, violence, etc.), any one of which might turn out to be the specific “cause of death.” With such compounded troubles, we may not be able to know what exactly *causes* homeless individuals to die so early, but we do know that the length and quality of life as a homeless individual is a fraction of that of a housed individual.

Researchers in other countries have found mortality rates among the homeless to be similar to those in the United States (Morrison, 2009). Among patients hospitalized for drug-related problems, homeless individuals experienced a greater likelihood of death from drugs compared to the general population (seven times as likely). Other studies have found similar results, citing drug and alcohol use among the homeless as having a greater influence on mortality rates than mental illness; there was also an association between length of homelessness

and mortality (Beijer et al., 2007). Specifically, the mortality risk for those homeless for five or more years was estimated to be five times greater than those homeless for shorter periods of time.

The opportunity analyze deaths with variables measured two decades ago is rare. Most prior studies of mortality start with a large number of deaths and reason backwards to causes and circumstances of death. With these data, we start with a very well described sample of living people and reason forward to their deaths. This is a uniquely valuable contribution because we know the denominator and have a very reliable and valid data source.

From these studies of crime, addiction, and mortality, we can see that researchers have focused on the life course from many different starting points. However, only one study has examined how homeless individuals become unhomeless (Hartwell, 2003). By focusing on services received and only conducting limited follow-up interviews (no more than a few years), researchers are unable to examine the major assumptions of Laub and Sampson's work. By conducting follow-up interviews with a sample of the New Orleans Homeless Substance Abusers Project, this project fills the gaps within this literature.

In particular, we are able to measure desistance from crime by inspecting years of criminal histories among homeless substance abusers. We are able to test social bonds and their effects on desistance over the life course. By conducting in-depth follow up interviews with a sample of NOHSAP individuals, desistance from addiction is determined as well. By asking clients about their substance abuse history twenty years later, a long-term image of addiction desistance over the life course can be verified. Further, we are able to take a look at the life course by studying mortality rates and social bonding variables simultaneously.

Desistance and Gender

Studies that have examined desistance among female criminals show results different from those of Laub and Sampson (Brown and Ross, 2010). Researchers such as Brown and Ross have given credit to the Laub and Sampson follow-up study but also take issue with the sample being comprised only of men. The factors that help men get over homelessness, crime, and addiction may be very different from the factors that help women do the same. The romantic relationships that have been shown to be so important for desistance among samples of male offenders have proven to be stressful and risky for women; on the other hand, employment seems much more important in men's desistance than women's (Brown and Ross, 2010). This trend has been confirmed by other studies, and is important to acknowledge for the current project because we have a sample containing both genders (Leverentz, 2006).

Other studies have also questioned whether marriage is as important for desistance among women as it is for men. But in a mixed gender sample of 5,000 prior criminals in the Netherlands, Bersani et al. (2009) found that marriage does reduce criminal offending for both men and women. Among the NOHSAP sample, fifteen percent are female so we must be sensitive to possible desistance differences between genders.

Homelessness

Homelessness has been an important social issue in the United States for over thirty years (Burt et al., 2001; Rayburn and Wright, 2009). Researchers trying to estimate the number of homeless individuals in the United States have come up with varied estimates, with some approximations as high as 3.5 million (Glisson et al., 2001). Due to this high number of individuals with no home, homeless shelters often fill to capacity leaving men, women and

children living on the street (U.S. Conference of Mayors, 2005). In addition to the limited number of shelter beds for these millions of homeless individuals, there is also a cautiousness on the part of homeless individuals to make the shelter their home (Burt et al. 2001; Wright et al., 2007), making urban streets the “home” of many.

A recent study of homelessness among substance abusers found social integration to be an important factor. Specifically, drug users who did not have contact with their parents and who lacked close friends were more likely to be homeless (Coumans and Spreen, 2003). The study also found that drug users with severe physical problems were three times more likely to be homeless than drug users with no severe physical problems. These attributes (not having contact with parents or close friends, and having physical problems) combine to add to the marginalization of drug users, making it more likely for them to be homeless.

Crime and Homelessness

The relationship between crime and homelessness is multi-faceted. Many homeless people commit crimes of varying seriousness. Even more homeless people are victimized by crimes committed against them, some of which are committed by other homeless people and some of which are not. Many homeless people, men in particular, are homeless because of inadequate discharge planning in the prisons and jails; many remain homeless because they have criminal records that prevent them from working or renting an apartment. In order to examine crime and homelessness, we must first get an idea about the general increase in the criminalization of the condition of homelessness.

Recently, a great deal of concern has been expressed about the criminalization of homelessness, i.e., the redefining of homeless activities and survival behaviors as criminal acts.

Many communities have even tried to expel their homeless populations from the streets by sending them to other cities. “Greyhound therapy” supplies homeless individuals with a bus ticket to another city in hopes of reducing the number of people living on the street (Post, 2002). These types of social policies are acts of social control that seek to control the deviance homeless individuals allegedly bring to a city. For example, the cities of Las Vegas, Dallas, and Orlando have recently passed laws that restrict feeding homeless individuals, with many other cities making similar restrictions (The National Coalition for the Homeless and the National Law Center on Homelessness & Poverty, 2007). These practices are sometimes known as “dumping”(putting troublesome people on a bus to another city) and have been documented for many years in the United States (King and Dunn, 2004), but have generally proved to be useless in addressing the problem of homelessness (Fabyankovic, 2000).

The National Law Center on Homelessness and Poverty and the National Coalition for the Homeless have found that these types of criminalization efforts have risen in recent years (2006). From 2002-2006, these organizations found an 18% increase in laws prohibiting aggressive panhandling despite empirical studies finding that only a small percentage of panhandlers are homeless and only a small percentage of homeless people panhandle (Scott, 2002). Other studies have found that only 5-40% of homeless individuals engage in panhandling (Lee and Farrell, 2003). In 2004, Orlando passed Orlando Municipal Code section 43.86 that requires panhandlers to obtain a permit from the police department. Similar ordinances have been passed in various cities around the United States, essentially making it a crime to panhandle.

Other cities have enacted similar legislation. In 1999, Cleveland police began focusing on arresting panhandlers and the homeless to make streets more pleasant for holiday shoppers (Amster, 2003). In Honolulu, Hawaii during 2003, “sweeps” to collect homeless individuals by the police department were common (Altonn, 2003). In New York City in 2006, Mayor Bloomberg announced banning homeless individuals from sleeping under highways and the creation of barriers to block homeless camps (Cardwell, 2006). Also in 2006, city prosecutors in Los Angeles charged local hospitals with dumping homeless patients in skid row (Frew, 2006).

The report also found a 14% increase in laws prohibiting sitting or lying down in specific public places. The 2004 report reads:

... cities attempt to eliminate visible homelessness through enforcing “quality of life” ordinances, which seek to improve the “quality of life” of housed and higher-income individuals by removing from sight those people who look poor and homeless. Arrest and incarceration have become an expedited way of removing individuals from sight (National Coalition for the Homeless, 2004, entitled, *Illegal to be Homeless: The Criminalization of Homelessness in the United States*).

The problem of homelessness in the United States is by no means new, and legal measures have been taken since at least the Colonial era to raise public awareness and deal with homeless individuals (Rossi and Wright, 1989). Around the time of the Revolutionary War, there were “rising numbers” of homeless individuals in “urban areas” (Markee, 2003). In the years following the Civil War, armies of “homeless men” roamed about the country, creating a deviant subculture of “hobohemia” (DePastino, 2005).

The trend towards criminalizing the behaviors associated with homelessness has not diminished, and is perhaps growing stronger (O’Connor, 2006). Perhaps now more than ever,

intolerance for poverty and the homeless is acceptable (Barton, 2003), leading towards violence against these marginalized individuals (Saewyc et al., 2006).

In discussing “crime and the homeless,” there are, as intimated earlier, three different aspects to be aware of: (1) “Real” crimes committed by the homeless (who sometimes steal things, assault and kill people, deal drugs, and do other illegal things), as opposed to nuisance status offenses (e.g., loitering, panhandling, public intoxication) that often clog the arrest records of the homeless; (2) crimes committed against the homeless (e.g., homeless as victim rather than perpetrator); and (3) the “criminalization” of behaviors associated with homelessness as a means of social control. Some homeless individuals commit crimes to survive (stealing food, shoplifting, prostitution), others commit predatory crimes (robbery, assault, murder), and still others commit status offenses (public intoxication, sleeping in the park, panhandling). It is important to remember these distinctions as we move into discussing the specific criminal histories of the NOHSAP sample.

From the literature, it is difficult to get an overview of the types of “real” crimes homeless individuals commit. One frequently studied crime type is drug-related offenses (Fischer et al., 2008). Studies have documented homeless youth committing offenses such as robberies, burglaries, and theft to obtain money for a variety of drugs (Sanders et al., 2009). Other studies have found similar results, i.e., that deviance and criminal activity among homeless youth is fairly high. Schwartz et al. (2008) found that although homeless youth committed crimes, they understood society’s norms. In response to a series of vignettes administered to homeless youth, the majority did not see themselves as bad and still held mainstream ideals. The

researchers concluded that there were discrepancies between street culture and mainstream cultural values due to deviant subsistence strategies.

Studies of the adult homeless population have confirmed similar trends. Crimes committed by homeless individuals tend to be driven mainly by efforts to survive and by higher rates of substance abuse (Greenberg and Rosenheck, 2008). These researchers also found homeless individuals to be more likely to be arrested for property crimes and to have been involved with the criminal justice system before becoming homeless.

In a sample of homeless youth, researchers found that the effect of unemployment on crime was mediated by other variables such as anger, which leads to crime (Baron, 2008). Other variables were found to be important in leading to crime, such as negative perceptions, lack of support, low social control, and prolonged homelessness. Studies of homeless street youth found it unlikely that youth fear stigmatization and societal rejection when discussing crime (McCarthy and Hagan, 2005).

Although homeless individuals throughout the United States suffer from extreme poverty, the residents of New Orleans, including criminals of New Orleans, were gravely affected by Katrina. Ex-prisoners tend to be geographically concentrated in relatively small numbers of neighborhoods (Kirk, 2009). The destruction from Katrina influenced where parolees began living upon release from prison. Kirk (2009) found that moving away from New Orleans substantially lowered a parolee's likelihood of re-incarceration. For follow-up purposes in this study, we may see desistance among those who have moved away from New Orleans.

CHAPTER FOUR: METHODOLOGY

The purpose of the present study is to identify possible desistance variables in the lives of homeless substance abusers and estimate their effects on various life outcomes. I examine the life course of a sample of New Orleans homeless substance abusers from the time they entered into NOHSAP (1991) until the present. I examine the quality of their social bonds and the long-term outcomes of being a homeless substance abuser in New Orleans over the course of nearly two decades. Through this study, I examine whether or not Laub and Sampson's age-graded theory of social control applies to desistance from homelessness or addiction in the same way it applies to desistance from crime.

Program Description

The New Orleans Homeless Substance Abusers Program (NOHSAP) was a NIAAA-funded, residentially based, adult resocialization project for homeless alcoholics and drug abusers in the greater New Orleans area. At the time NOHSAP was established (1991) the population of the city of New Orleans was about half a million. The most current population estimate for the city (2008) is approximately 312,000 (U.S. Census Bureau, 2008), the precipitous population loss reflecting the aftermath of Hurricane Katrina. The metropolitan area population in the early 1990s was approximately 1.3 million and is now approximately 1.1 million. When NOHSAP began, New Orleans was the nation's twenty-fifth largest city, but now ranks forty-fourth (U.S. Census Bureau, 2010), between Richmond, Virginia (43rd) and Hartford, Connecticut (45th). In 2008, approximately 24% of the city's residents were living below the poverty level (U.S. Census Bureau, 2008). Although the demographics of the city have changed

quite a bit since Hurricane Katrina, New Orleans is still a predominately African American city (61% in 2008 compared to 68% in 2000).

When Katrina hit New Orleans in 2005, media attention was drawn to the concentrated poverty conditions of the city (Wilson, 2008). Indeed, many were stunned by the apparently Third-World conditions that prevailed in the city. Katrina impacted all residents of New Orleans, but the poorest of the poor had difficulty fleeing the city. Families within the inner city of New Orleans did not have access to transportation to leave the city during the disaster. Wilson's 2008 report of concentrated poverty describes public opinion polls about the poor. In the United States, polls continue to reflect the idea that individuals are poor because of their own shortcomings. He refers to Katrina as a "cruel natural experiment" that prompted Americans to feel sympathy for the effects of racial discrimination and economic depravity again.

Substance abuse problems are thought to be more common among the homeless of New Orleans than among other homeless populations in other cities (Wright et al., 1993). While many cities have laws and restrictions against public drunkenness, New Orleans life regularly promotes intoxication and all that it entails. In the early 1990s when NOHSAP began, bars were often open 24 hours a day, and there were drive-through frozen-daiquiri shops. Aside from problems with alcohol, New Orleans has also had a share of difficulty with drugs. As a city on the Gulf of Mexico, New Orleans has miles of waterways and is the second largest exporting port in the United States (U.S. Drug Enforcement Administration, 2008). Prior to hurricane Katrina, New Orleans had one of the highest proportions of arrestees involved in crack cocaine use and largest cocaine markets among the Southern United States. In fact, the rates of New Orleans are only slightly lower than Manhattan, New York (Dunlap et al., 2007).

NOHSAP was designed to attain four goals: 1) permanent sobriety from drugs and alcohol; 2) stable permanent housing; 3) economic independence; and 4) a reduction in family estrangement. By way of well-designed interventions, NOHSAP hoped to successfully reintegrate homeless substance abusers back into society. The main philosophy for NOHSAP was that until safe and secure housing was taken care of, homeless individuals would have little chance of conquering their alcohol and drug problems. NOHSAP was founded on a social learning perspective. Just as individuals learn to use drugs and alcohol, they can unlearn these behaviors and replace them with new ones. NOHSAP was an experimental program based on the thought that there is hope for even the most debilitated among the homeless population.

NOHSAP was designed to be an intervention process with three phases: 1) detoxification; 2) transitional care; and 3) independent living. The process of detoxification was designed as a seven-day program of getting off drugs and alcohol, being introduced to Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings, counseling, and case management. Individual and family detoxification facilities were available, with a 40-bed capacity. When NOHSAP was created, it was the only treatment facility in Louisiana, and possibly the Southeast, where women could come with children and still receive full treatment services.

Clients in NOHSAP were given an apartment. Single individuals had one to three roommates; women and children were given their own apartment. Clients were responsible for cooking their own meals and taking care of their apartments. Space in the second phase of the intervention process, transitional care, was very limited. Through randomization out of a pool of detoxed and eligible clients, some were transferred to the residential transitional program. The ones who were not randomly selected at the end of the seven-day detox period (the vast majority)

were discharged with a referral to an outpatient facility (i.e., released back to the streets). Those discharged from detox to the streets were treated as the study's control group and they comprise 506 of the 670 persons who received a baseline interview (75.5%).

Transitional Care, following detox, consisted of a 21-day program including only twelve beds. Assessment was much more thorough, group meetings were held twice a day, and clients were placed in an off-campus twelve-step drug or alcohol group. Individuals who completed this phase became eligible for the 20 bed, 12 month Independent Living program. All of the same services within transitional care were still present, but services such as GED education, job training, and job placement were added. There were no fees or charges associated with living in any of these phases of the program.

NOHSAP was located within a forty-two-unit apartment building in New Orleans East, a very pleasant residential section of the city. The apartments were newly renovated, and in many cases, the nicest places NOHSAP clients had ever lived. The Program first saw clients in February 1991, eventually treating 670 individuals.

Description of Participants

The NOHSAP sample was overwhelmingly comprised of African-Americans (82%). The average age at the time of entry was in the early 30s. About one third of the men were veterans. Most of the clients had some work history and some job skills at the time the program started, but as a whole were not prepared for employment. Most of the clients had limited educational backgrounds as well, but the majority had at least twelve years of education. The vast majority were born and raised in New Orleans.

Fewer than 40 percent of the clients, upon entry, had previous episodes of homelessness, so most were experiencing their first episode of homelessness when they entered NOHSAP. The clients for NOHSAP were recruited at the Charity Hospital Emergency Room. After a month or so of the program being available, it became well known that NOHSAP was a good deal if a person could get in. Therefore there was some strong motivation to be “homeless” when NOHSAP came to pick individuals up from the hospital. Over half (53%) identified as multiple substance abusers; slightly less than half (48%) reported having problems with alcohol, and a very large percentage (85%) reported abusing crack cocaine. Prior to NOHSAP, about 27% had previously gone through some sort of alcohol treatment program, and about double that (54%) had gone through drug treatment. At the launch of the present study in 2010, the average age of the NOHSAP clients was 51. The oldest original subject is currently (2011) 86 years of age and the youngest is 36 years of age.

Method

The methodology for this study consists of three main parts: 1) quantitative analyses of mortality and incarceration data; 2) an analysis of criminal histories; and 3) in-depth qualitative interviews. In what follows, detailed information is given about all three phases of this research project.

Mortality

To compare the lives of those NOHSAP clients still living to those that have passed, I obtained full names, dates of birth and gender of all NOHSAP participants and ran the names through the Social Security Death Index. I was then able to obtain year of death and create a

new variable from this information. 91 of 670 or 13.6% of the homeless individuals within this study died since NOHSAP began. This new variable enables us to compare those still living with those who have since died, and more specifically, to attempt to predict mortality in the sample from baseline variables. Before conducting a nested logistic regression analysis, I conducted a series of cross tabulations among the variables to understand the zero-order correlations. Results of the mortality analysis are presented in chapter six.

Criminal Histories

To get some ideas about post-NOHSAP criminality among this sample of individuals, I took a random sample of 50 NOHSAP clients (either still living or deceased) and conducted a criminal records search using the Criminal District Court Docket Master Search of New Orleans Parish. By making use of archival and historical qualitative methods, I am able to put together a snapshot of the criminal histories of this population. In addition to the master docket search, I searched the Internet for any newspaper articles or other published information on crimes committed by these individuals. For each person randomly selected, I created a time line of criminal offenses, weaving in episodes of homelessness and substance abuse treatment self-reported in the NOHSAP intake form. Special attention was paid to the types of crimes committed, severity of offenses, and the amount of time sentenced and served.

Including as much detail as possible, I was able to search the New Orleans Parish criminal history database. By developing a file for every person randomly selected, dates of birth, and social security numbers were included, as well as last known addresses. These record searches include the years of 1980-2010. I then categorized the arrests to see how frequently

they were violent offenses, property offenses, or drug-and alcohol-related offenses. The age of the subject was coded for each time he or she was arrested.

The New Orleans master docket search did not provide any information for the individuals who moved out of the city or who committed crimes out of the city. Just as Laub and Sampson limited their search to the state of Massachusetts, I limited this search to the city of New Orleans. Like researchers before me, I cannot say what concerns may have been created by limiting this search to New Orleans. However, for purposes of this study, the New Orleans search provided enough data to understand the foundation of criminal histories of homeless substance abusers over the life span. These criminal histories, of course, only document the crimes that came to the attention of the criminal justice system in New Orleans. In this respect, they are “official criminal histories,” documenting perhaps the more serious offenses of this population.

While it is easy to search the New Orleans Master Docket for a person’s criminal history, it is not always easy to make sense of or process what you get as a result. This is why having a sample of fifty individuals was necessary for this portion of the project instead of doing it for everyone. While some individuals had no arrests, some had very lengthy records. For example, to get an idea of what a criminal history looks like, here is an example:

MAG#: 206374	DOCKET MASTER	Date: 04/07/2010
	Time: 17:45:22	
ORLEANS PARISH MAGISTRATE COURT		
=====		
DEFENDANT(S):	CNTS CHARGE(S):	
=====		
NAME OF CLIENT: XXXXXXXXX		
1 RS 14 67 C	BOND:	0.00
THEFT MULTIPLE OFFENSES > \$300		
=====		
DATE	PROCEEDINGS	
=====		
01/20/1989	NAME OF JUDGE	
	FAPPH M3. S.H. 2-20-89 10AM M1	
02/20/1989	NAME OF JUDGE	
	STATH HEARING CONT TO 03/20/89 AT 10 AM	
=====		
=====		
NAME OF CLIENT: XXXXXXXX		
1 RS 40 967 (C) (2) A04P	BOND:	10,000.00
POSSESSION OF COCAINE		
=====		

Figure 1: Criminal History Example

The criminal history record for this individual continues on for a total of five pages. With this portion of the project, I am interested in depth, not quantity. I wanted to put together a story of the lives of these individuals. From this report, we are able to see the exact dates of arrest, court hearings, costs of bonds, arrest codes, reason for arrest, and amount of time sentenced.

Looking over their criminal histories before and after NOHSAP achieved several goals. First, the NOHSAP baseline data that I have is self-reported. People do not always tell the truth when they are asked questions about their criminal pasts. By looking over pre and post-NOHSAP crime records, we can see how truthful these individuals were about their pasts. Secondly, from this data we are able to establish trends in criminality and homelessness. Some of these individuals never had criminal trouble until they found themselves homeless. For

others, they got in trouble with the law, lost resources, and consequently became homeless. Therefore, going over these data in detail answered the question of which generally comes first, crime or homelessness?

Interviews

This final portion of the research project is loosely based on ethnographic and oral history interviews. To enroll and recruit former NOHSAP clients, I used the telephone and mail, holding interviews at a convenient location for the participant. To gain participants, I sent letters to all 578 of the NOHSAP clients still living during the years of this follow-up study (2009-2010). Participants were asked to participate in a follow-up study, for which they previously gave consent. In the initial NOHSAP intake process, all clients gave consent to be followed up at a later date to track their progress. Due to this consent, the University of Central Florida's Institutional Review Board did not require an additional consent form to conduct interviews.

As a first step in this follow-up process, I sent letters to any current addresses I could find for the NOHSAP clients. Due to the extensive nature of prior interviewing in NOHSAP, I had a lot of information on these individuals, including names, addresses, and phone numbers of parents, next of kin, and other similar types of information. I began this process by reviewing Internet sites targeted at finding people. Specifically, I made use of ZabaSearch, a free people and public information search. Solely using the names to track these individuals would be impossible, but having their dates of births narrowed down the search quite a bit.

Many of these individuals have left New Orleans due to Katrina or possibly even before. However, we know that almost all of these individuals were born in New Orleans, and maybe for that reason, they have not left. As Wilson's (2008) report indicated, many poor New Orleans

residents were unable to leave during Katrina. The NOHSAP clients were the poorest of the poor in New Orleans, increasing the possibility that they may still be living in the city.

To get a clearer idea of how many NOHSAP clients left New Orleans post-Katrina, I compared the locations of death pre-and-post Katrina using the Social Security Death Index. Among the NOHSAP individuals who had died before Katrina hit, almost half died within the city of New Orleans (45%). Another quarter died in other places within the state of Louisiana (24%). For a fairly large percentage (22%) the location of death was unknown, and 9% died in other states.

After Katrina, the distribution of deaths changed, showing larger numbers of individuals dying in other states. The number of individuals dying within the city of New Orleans decreased by about half (to 24%). The number of individuals dying in other states nearly quadrupled (to 31%). The number of deaths in other parts of Louisiana and the number of unknown deaths stayed nearly identical (24% and 21%, respectively). While this does not give an extremely reliable estimate of how many individuals in this sample left New Orleans, it does show that as many as half may well have left the city due to the hurricane.

The mail follow-up process began with a compiled list of addresses that I felt had the best chance of reaching the NOHSAP individuals. For individuals that I could not find an address for, an address for a close relative was used instead. The letter indicates the purpose of the study and reads:

Dear [insert first and last name],

You may remember participating in a study conducted by Jim Wright and Joel Devine of Tulane University during the 1990s. For this study, you were interviewed about your time spent homeless, work experiences, family life, and alcohol and substance abuse. This study has been very helpful to individuals with backgrounds like yours. I am in the process of making contact again with those who participated in this study and would greatly appreciate your assistance.

Your involvement is very important to me because your story is one of a kind. As a student, I am interested in the lives of individuals who have spent time in New Orleans, in homelessness, and with alcohol and drugs. Just like the interview you gave years ago, I want to learn about what you are doing now and how New Orleans has changed over the past eighteen years.

I hope you will be able to help me by letting me ask you a few questions to catch up with your life. The interview will only take about thirty minutes and I am willing to ask you these questions through a written letter like this, on the phone, by email, or by me coming to you in person. I am willing to do whatever is most convenient for you to get an idea of how your life has changed since you participated in this project in the early 1990s. All of the information you share with me will be kept confidential. I only want to collect this information so this research can help individuals with housing and substance abuse problems. I will meet you in any location, at a time that is suitable to you.

Please feel free to contact me by email, telephone, or reply with the stamped envelope included with this letter. If you get this letter, there is a chance that I may have a phone number listed for you as well. If so, I will call you within a few days of you receiving this letter to set up an interview.

Thank you very much for your time,

Rachel Rayburn

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Figure 2: Follow-up Letter

Depending on the client's disposition, the interview was done by mail, telephone, or in-person. The interview asked questions about how the participants have been doing since the time

of the last interview. Interviews were semi-structured around the following set of follow-up questions:

1. What type of employment have you held since 1991?
 - a. What was the most rewarding job you have held?
2. Are you currently married?
 - a. Tell me about your past marital history over the last eighteen years.
3. Do you have any children?
 - a. Were any of your children born after 1991?
4. What has your drug and alcohol use been like since then?
 - a. Have you been involved in Alcoholics Anonymous or Narcotics Anonymous?
 - b. Tell me about your experiences with these groups.
 - c. Have you been in any inpatient treatment centers like NOHSAP since 1991?
5. How many episodes of homelessness have you had since 1991?
 - a. Tell me about the different places you have lived, other states and cities.
6. Have you served any terms in jail or prison over the past eighteen years?
 - a. If yes, ask: Would you tell me a little bit about the times you were incarcerated?
7. Have you had any major hospitalizations since you were in NOHSAP?
8. Where were you when the September 11th attacks happened?
9. Where were you when hurricane Katrina hit?
10. What has been your residential history since Katrina?

Semi-structured qualitative interviews have been important methods of study in various social worlds such as religion, criminology, substance abuse treatment and homelessness (Mohatt et al., 2008; Rayburn and Wright, 2010; Sampson et al., 2006). Perhaps one of the most observable differences between the qualitative and quantitative approaches to studying homelessness (or anything else) is the underlying theoretical assumption about how we know what we claim to know. For example, in qualitative studies of homelessness, researchers tend to place emphasis on how individuals who are homeless *understand* their lives (Loates and Walsh, 2010). This project began with a similar theoretical standpoint; I sought to understand how NOHSAP clients view themselves and their lives after all these years. Although I have been researching homelessness for several years now, I do not assume I know what homeless people need, how they feel, or in this case, how they have been living for the past two decades. Therefore qualitative interviewing became the final chosen research method for this project.

Specifically, I conducted these detailed narrative interviews to understand more about how current or former homeless substance abusers navigate their worlds. As a researcher, I am equipped with a strong knowledge of substance abuse recovery and homelessness, but only a limited understanding surrounding desistance processes. As shown from the literature review, there is simply a lack of research on desistance from homelessness or addictions among this population. By employing semi-structured interviews as a research method, I am able to learn about the lives of these individuals with little presumption (Gubrium and Holstein, 1999).

I did not offer these participants any type of compensation for their time other than the chance that this research could help influence policy at some point in the future. I expected to interview twenty-five former NOHSAP clients in-depth and expected these interviews to last 1-2

hours each. However, I finished the study with 32 interviews. Other than the loosely structured interview questions, I encouraged individuals to discuss any aspects of their lives they felt important. I tried not to lead participants in any particular direction during the interview in hopes that I could discover the desistance processes they feel are important.

Analytic Strategy

By agreement with the IRB, interviews were not tape-recorded; but instead, detailed notes were taken during the interviews. These notes were coded by a team of researchers familiar with the topics of homelessness and substance abuse. The data process is “open coding”, where we classify themes and ideas. For example:

And we talked and we talked and the whole time we're talking I'm thinking to myself, how am I supposed to tell this chick that I live in a homeless shelter? Or do I lie? And I mean, what do I do here? You know, we're sooner or later if this gets any better she's gonna find out that I live in homeless mission and that I'm homeless.

Stigma Management. Here the respondent does not know whether he should disclose his homelessness or keep it hidden. Difficulty making the decision.

These interview notes were analyzed using Strauss and Corbin's (2008) outline of axial coding, comparative analysis, and open coding to develop a theoretical explanation of how homeless substance abusers desist. Axial coding is the process of relating concepts to each other, and is inseparable from open coding (breaking data apart). Thus, coding consisted of breaking data apart, identifying concepts, and putting the data back together. I summarized and analyzed from front to back multiple times to ensure reliable and complete accounts. My initial coding process began with a simple full reading of all of the pages of the data. The next step was to look for any instances where social bonds or desistance processes were described. From this

point, I started grouping these occurrences into tighter categories and developing themes describing these topics.

One sub-theme of some interest is whether even a single person in the sample makes any sort of direct or indirect reference to his or her time in the NOHSAP program as part of the narrative of desistance from addiction or from homelessness. Put crudely, NOHSAP burned through approximately \$3.2 million, the largest share of which was spent on treatment and related services. Did these funds result in long-term desistance for anyone who came through the program?

Focusing specifically on Strauss and Corbin's guidelines, I asked the data specific, consistent questions, analyzed the data minutely, and frequently interrupted the coding to write theoretical notes. While coding, I kept in mind what the original objective of the research study was to find out what life trajectories these New Orleans homeless substance abusers have taken. Secondly, I coded by including many "categories, incidents, interactions, and the like" minutely (Berg, 2007). Also, I kept notes about ideas that were triggered by the data, keeping a record of where comparable concepts, remarks, and groupings line up.

As Laub and Sampson did, I expected to face enormous obstacles in phase three of this research project. The NOHSAP sample of homeless substance abusers is large: 670 individuals went through the program. Further, a large amount of data was collected from these individuals. Also, no researchers have had contact with these individuals for at least 18 years, a significant time gap. The last addresses for these individuals were documented in 1991-1993, many years before Hurricane Katrina. The NOHSAP data file has no recorded telephone numbers for these

individuals. However, unlike the Glueck archive, I had social security numbers available for all NOHSAP clients, a key piece of identifying information in a large-scale data set.

Just like the delinquent men of the Glueck study, I searched for individuals who frequently have criminal histories. Even if these individuals did not have criminal pasts, they have deviant pasts as substance abusers living in homelessness. I assume that some of these individuals were not interested in being located. Further, the individuals who got their lives on track had employers, spouses, or children who may not know about their past. Still, through the combination of using mortality data, criminal history searches, and life-history narratives, I produced interesting and theoretically rich data.

In many ways, this project is a replication of several previous studies. By examining social bonds and substance abuse, this analysis is anything but novel. However, by adding in the much less studied case of homelessness as deviance, this project makes a unique contribution. Further, very few studies have been able to examine homelessness, substance abuse, or social bonds over time. In this study, then, I examine social bonds, the quality of these social bonds, and the long-term effect of being a homeless substance abuser in the City of New Orleans. Through this study, I am able to examine whether or not Laub and Sampson's age-graded theory of social control applies to homelessness in the same way it does to crime more generally.

CHAPTER FIVE: TWO DECADES AND A CATEGORY FIVE HURRICANE LATER...TRACKING HOMELESS SUBSTANCE ABUSERS IN NEW ORLEANS

Fully assessing the success of substance abuse treatment and transitional housing interventions requires a longitudinal research design, a long time frame, and a large sample. The average response rate in substance abuse studies of non-homeless populations is approximately 75%, with a range from 34 to 95% (Biglan cited in Snow et al., 1992). Because there are so few studies of homeless substance abusers over time, we cannot speculate on the average response rate for this group. It would be fair to say that they would generally be much lower. Minimizing attrition requires locating the subjects for follow-up and encouraging respondent cooperation (Thornton et al., 1982). Major impediments to collecting longitudinal data for this project on homeless substance abusers include inexperience with tracking those without stable addresses, the destruction of Hurricane Katrina, and cost.

Many of the questions that sociologists are interested in answering about homeless substance abusers are best addressed by using data on the same people across time. Using these types of data in studies of homeless substance abusers has been minimal. Contacting homeless substance abusers years later is a vital methodological issue, and the trials and successes of this project are sure to be helpful to any researcher studying other similar populations over time.

The main determinants of success in tracking individuals are the size, mobility and dispersion of the sample, the amount of time elapsed between follow-ups, and the persistence and creativity of investigators (Clarridge et al., 1977). For this project, I set out knowing that many of these factors were stacked against me. The initial NOHSAP sample was large (670), homeless individuals are known to frequently be unstably housed, and Katrina devastated New

Orleans in 2005. Further, approximately 18-19 years had passed since any contact was established with the sample. As I set out to track NOHSAP clients, I knew I must be especially persistent and creative to compensate. Eckland (1968) supports this method, expressing that persistence with prodding is much more important than finding the correct type of prodding device.

However, I also knew that my perseverance alone would not enable me to find NOHSAP clients. The research methodology for the follow-up interviews, however, was much more of a craft than a science (Claridge, 1977). To achieve any valuable response from this sample, I took a multi-faceted tracking approach (Wright and Devine, 1995). An intrinsic problem with follow-up studies is the research conclusions being biased because of selective attrition of respondents. When I set out to find these homeless substance abusers, I realized the ones I would find would most likely be the success stories. I would most likely be able to find the ones that had addresses or telephones. The individuals that have addresses that are housed (“the successes”) greatly differ from those I was not able to find.

When designing the questionnaires and interview schedules for NOHSAP, the original researchers put emphasis on follow-up interviews. The last 15-20 minutes of the interview was devoted to obtaining information on where the client normally spends time, emergency contact persons, mailing addresses, presence of visible tattoos, street names, etc. However, after two decades, most of this information proved to be irrelevant in finding these individuals. The researchers on the original New Orleans Homeless Substance Abusers Project stressed each individual’s motivation to participate. The clients from the program appreciated being part of something valuable and enjoyed having the opportunity to help others. The original staff (those

who conducted the interviews) were trained to establish rapport with clients, which proved to be important in this follow-up process years later.

Mail Follow-Up

Contact by mail is the least expensive tracking method available, and requires the least amount of effort and training. Therefore, sending a letter on university letterhead was the first method of contacting the NOHSAP clients. Relying upon mailed letters assumes that the respondent both has and uses a mailing address. About sixty-percent of the initial mail-outs to clients using addresses found both on ZabaSearch and Intellius were returned as non-deliverable. As for the letters that were delivered, it is a guess as to how many actually ended up in the hands of former NOHSAP clients.

When trying to contact respondents, follow-up letters were personalized as much as possible. The personal first class letter on UCF letterhead thanked them for being part of the original study and asked them to reinterview at their convenience. The inside address of the letters included a 'Dear Mr.' or 'Dear Ms' salutation and a blue ballpoint pen signature at the bottom. The 2 hour interview that individuals participated in during the original NOHSAP data collection was the longest sustained interaction some individuals had had with a single individual in years. This rapport proved very useful, and in several of the follow-up interviews I conducted, these individuals assumed I was the original interviewer and asked me several specific questions.

During the first set of mailings, respondents were sent a stamped self-addressed envelope to mail back their whereabouts, perhaps by including a phone number. In addition to this envelope, two one-dollar bills were included. However, no client used the return envelope, and

about half of the letters in that first mailing were returned as undeliverable. Successive mailings without these two inclusions indicate that these inclusions had no real effect on the response rate.

Within a week of mailing the letters, 24 came back as undeliverable and one man from Huntsville, Alabama called me. As the letters came back, I felt frustrated, but not surprised. I figured that at least half of the letters had made it to someone, and that I would be hearing back from more people shortly. After three months, I had still only heard from the one individual from Huntsville. The first mailing served as a pilot study of sorts, and I then examined methods to see how I could improve my response rate. What I had to base my success on was an interview with Chris, a white male living in Huntsville, Alabama. Chris called me as soon as he got the letter. He rang my office phone late on a weeknight. I normally would not have been there that late, and was very surprised the phone rang. I picked it up and he asked for me. I said that he had reached the right number and he responded, "How did you find me?"

This question made me very nervous. I knew it was a good possibility that many of these individuals had a strong desire NOT to be contacted. After a few minutes of talking, I realized that he was just surprised, and was happy to talk with me. In fact, the next day I found two messages from him on the department voicemail. I have since begun to check my office voicemail regularly. Due to my surprise, I did not feel prepared to conduct the interview on the spot. I was not mentally prepared to switch roles from student to researcher that quickly. I grabbed a nearby notepad and began writing down everything I could. I asked for his contact information, a good time to call him back, and set up an interview for the following evening.

By the time this interview opportunity came up, I had a good idea of what I wanted to find out. I had already been through several sets of revisions with the Institutional Review Board

and therefore had a list of questions and certain protocol to follow. However, I did not have an idea of how the questions or process would actually work out. I felt that I sacrificed some of the depth of the project to meet the IRB requirements and was curious as to how much information I could get from the questions that had been approved. Further, I only had a vague idea of what to ask these individuals. What I thought were important, relevant questions to ask a homeless substance abuser 18 years later might be completely irrelevant.

The data set I was working from was basically a life history questionnaire. There were pages of information up until 1991 for many aspects of these individuals' lives. Therefore I did not want to spend my time collecting information prior to this time. However, it was difficult for Chris to open up and talk to me just starting from 1991. His life story ran together and he was often telling me stories that preceded this date. For example, I suspect that types of employment held by these individuals is a key factor in keeping them housed or homeless so I asked, "What type of employment have you held since 1991?" Luckily, Chris has been working the same job since this time, but I think I should have rephrased the question. Perhaps I could have said, "Tell me about your current job" followed by "Tell me about your job before that." This way I could have worked backwards.

Chris and I talked extensively (58 minutes) about his life since 1991. He felt he was very lucky that he wound up with his current employer and that he could work his way up through the ranks to have a fairly respectable career. The same trend followed when I asked him about his marriage. I asked, "Are you currently married?" He replied yes and I followed with "Tell me about your past marital history over the last eighteen years." Like the employment question, Chris had only been married to one woman during the eighteen years, a commitment which he

credits with getting him out of homelessness. He was able to tell me the story about how they started dating while he was living at the homeless shelter, and their subsequent marriage.

I asked Chris several other similar questions about children, arrests, hospitalizations, and living situations. The interview went extremely smoothly, yet I was sad that I was not sitting in front of him and was missing out on facial expressions and other advantages of the face-to-face interview. Chris wanted to show me pictures of his children, and his wife, and could only do so through email. I was interested in seeing his home and his work, which he was so proud that he obtained. This is not to say that I could not travel to Huntsville, Alabama and conduct another interview, but that was fairly unrealistic at this point in the interview process.

The only problem I encountered was that another graduate student walked into the office at the end of the interview. Not only was this generally disruptive, I was not particularly thrilled about the idea of another person hearing the interview. Another concern at the end of the interview was that Chris asked to be my friend on Facebook. This way he could show me pictures of his family and keep in contact with me. This was very surprising, I had never thought about this pre-interview and did not know exactly how to respond. After some consideration, I decided to add him as a friend, but kept all personal information on a strict privacy setting.

On the other hand, despite the disadvantages of the phone interview, I gained some opportunity; I did not have to show compassionate facial expressions and was thus able to write seven pages of notes. The first interview on the phone went by quickly; there was an extremely large amount of quick dialogue going back and forth. I think we both felt more uncomfortable on the phone with gaps in the conversation and just talked to avoid these. This problem is not something I encountered with face-to face-interviews.

Overall the interview was a success, especially for a first interview of this kind. This first interview with Chris was a benchmark, it gave me an idea of what to expect from the remainder of the 31 interviews I conducted. Due to its importance, Chris's story is a main thread throughout this dissertation. Various chapters start off with Chris as the main character, with interviews from others following.

Over the course of this project, a total of 1,010 letters were sent to addresses thought to be held by former NOHSAP clients. Of these, half were sent back as undeliverable (507 letters, 50.2%). At 33.5 cents a letter, the cost of the mailings totaled \$338. Mailings were sent out in increments, about 50 letters at a time. Over the course of the 16 mailings, small changes were implemented that seemed to have no effect on the response rate. Spending more time personalizing the letters and including two one-dollar bills had no effect on the response rate. If individuals felt it was important to participate in a follow-up study, they called. The types of individuals that responded to my letters were in most cases successes. Individuals living on the streets, or in shelters, did not receive my letters. Finding these individuals required travel to New Orleans and close contact with the homeless shelters, prisons, and treatment centers in the area.

Phone Tracking

For about a quarter of the sample, at least one phone number was obtained through the search engines used to locate the mailing addresses. Prior research indicates that telephone contacts yield higher response rates than mail contacts (Alwin and Jensen, cited in Clarridge et al., 1977, p. 189). This is generally true due to interest and enthusiasm being conveyed much more readily in spoken words instead of printed words. Also, telephones allow one to eliminate

or pursue a follow-up interview much more quickly than by mail. However, among this population, every phone number obtained proved to either be unserviceable or a wrong number. Therefore mailings were a much more reliable method of tracking than telephone calls.

Agency Tracking

Some follow-up success in previous studies has been found from referral agencies (Eckland, 1968, p. 60). In August of 2010, I made my first trip to New Orleans as a researcher. I had two goals upon arriving during the three day trip: 1) to have a meeting with Bridge House, a local homeless and substance abuse facility and 2) to visit some of the addresses where letters had not been returned to find why no one had responded. The first goal proved to be fairly easy; I set up an appointment with two men who are in charge of following up on Bridge House clients for periods of up to a year. When I met with them and explained my goal of tracking down the same types of individuals 18-19 years later, they said it would be nearly impossible. With a list of information on NOHSAP clients, we started to make our way through the Bridge House data. New Orleans has many agencies providing services to homeless clients, and I reached out to them to assist me in our follow-up efforts. From the original data collection of NOHSAP, a working relationship with Bridge House existed. I asked the staff at Bridge House to go through the records and find out how many NOHSAP clients subsequently cycled through the facility since 1991.

The process of looking through the records of 670 individuals through the Bridge House records was nearly impossible. Bridge House has limited resources and assigned me to work with two employees that could help me with the records. Unfortunately, I could not sit down with the system by myself; I had to have someone doing the work for me. Looking through all

670 files would have taken a full day, if not two. Therefore, I decided to take the first three pages of files (138 individuals) and spend a few hours looking their information up. The specific job of these two employees was to conduct follow-up interviews for Bridge House clients up to a year after their graduation from the program. At first, the employees were hesitant to spend time helping me. They said they had difficulty keeping up with the follow-up interviews after three months, and asked how I expected to find the same individuals nearly twenty years later. I explained how important the project was and that I had traveled to New Orleans to try. They were impressed by my persistence and agreed to help.

Unfortunately, none of the 138 NOHSAP clients were currently receiving treatment at Bridge House, but 12 had gone through the facility post-NOHSAP. That means that about 9% of individuals received drug and alcohol treatment at Bridge House after NOHSAP. Some individuals came in right after NOHSAP (August 1993) and some were there much more recently (September 2004). Some individuals were even at Bridge House pre and post-NOHSAP (March 1990 and June 2000).

Looking through the files of Bridge House did not provide much in the direct tracking of individuals. However, meeting the employees who had the same goals (follow-up) that were willing to help had enormous dividends. Both individuals were willing to share resources, phone numbers, and methods of follow-ups that I had not previously known about. Most importantly, one individual showed me how to use the Louisiana Department of Corrections inmate tracker, which became imperative to the success of this project.

In fact, the most effective way to track these individuals came from the Louisiana Department of Corrections (DOC) Inmate Locator. This offender locator system is available to

the public. By using a touch-tone phone, anyone is able to access the offender locator system 24 hours a day. Callers need to know the offender's DOC number or may enter the offender's name and date of birth to access housing assignment, address of the facility where the offender is located, a contact phone number, and a projected release date. The system is updated every 24 hours and includes information on those offenders under probation or parole.

With the first pass of the NOHSAP sample through the list, I was able to obtain confirmed addresses for 56 individuals. I learned that five individuals were serving life sentences at the state penitentiary, and the others were divided with half being on probation or parole and the other half serving sentences in various correctional centers around the state of Louisiana. I sent out letters to all of these individuals and the response rate was much higher among incarcerated individuals than the other letters I mailed out. Within two weeks, nine incarcerated individuals responded to my request to interview them.

Incarcerated individuals were much more willing to agree to follow-up interviews. They were often desperate for attention, lonely, and wanted someone to listen to them. Some of the incarcerated individuals never responded to the letters. Some responded once and never wrote again, and others have written up to six letters. Many of the individuals wrote very long letters, almost always in difficult to read cursive lettering. Some sent Christmas and Valentine's Day cards wishing for happy holidays. They often inquired, not about the study, but about the researcher. They asked questions about favorite movies, music, pets, personal relationships, and sometimes requested pictures.

The longer a person was serving out a sentence, the more desire they had to foster a relationship. The letters were often sad, depressing, and utterly devoid of hope. One time, a

letter came to the University addressed from a man that was never enrolled in NOHSAP. He was serving a life sentence at the state penitentiary and wrote a three-page letter asking for help. One of the five lifers must have given (or sold) him the information from the follow-up study.

Another currently incarcerated NOHSAP client refused to participate in the follow-up study unless I met certain demands. The list of demands included things such as being transferred to another prison, soap, t-shirts, and shoes. He explained that having these things would give him some reputation in the prison that he was currently lacking.

Most of the incarcerated individuals openly welcomed an in-person interview. Some asked about the specific day so they could get a haircut and look presentable. When I got consent from several individuals that they would participate in a follow-up in-person interview, I began to write letters to the wardens of the prisons where they were located. The majority of wardens worked with me to ensure progress with the research project. Only on one occasion did a prison warden deny my request to conduct research. The warden of that prison said that my research provided no benefit to the institution and therefore I was not welcome to come. Even after mailing a second letter explaining how this research could directly benefit the population and institution, I was denied.

After receiving approval from three prisons, I planned a trip to Baton Rouge, Louisiana to conduct face-to-face interviews with about a dozen incarcerated individuals. (For a full explanation of the costs associated with this project, see Appendix.) From the Baton Rouge airport, I rented a car and set up a base in St. Francisville, Louisiana, about 30 miles north of the airport. St. Francisville is a small town comprised mostly of bed and breakfast inns and antique

shops with a population of about 2,000. The choice of lodging was primarily decided upon by recommendation of an employee at the Louisiana State Penitentiary.

Getting settled in late, research started the following morning at the state penitentiary. The city of Angola is about 25 miles northwest of St. Francisville, but the travel time is about forty-five minutes figuring in bridges and possible stops. The drive through Tunica Hills to get to the prison is beautiful, as is the land upon which the penitentiary is located. It took about forty minutes to get through security, as I had to be escorted by the warden's assistant at all times. From the assistant's office we immediately went to start the interviews. Four of the five individuals serving life sentences were located in the same building; the fifth was on lockdown and required us to travel to another cellblock.

By the time the assistant and I got to the main dormitory style facility, all four inmates were lined up outside waiting for us. All four were black men, wearing mostly denim attire so dated it looked as if decades had passed. The assistant and I entered into a room with the first inmate who was cuffed on both the wrists and ankles. This individual had recently got into some trouble and many of his privileges had been taken away. After the interview, the warden's assistant scolded the inmate for the way he talked during my interview. The assistant said the inmate needed to stop blaming other people and expressed disappointment at his recent troubles.

The next two inmates originally refused to participate in the interview. They entered the room carrying many legal documents, clearly hoping to make a case to me to be released. Before I had a chance to explain that I could be of no assistance, they refused participation for another reason. The prison required individuals participating in research to sign a consent form. This form gave the prison the right to make determinations about the prisoner based on what was

said during the interview. In other words, what was said during the interview could later come to cause problems for the individuals. The two individuals who originally refused to participate still had a great deal of hope that their cases could be appealed and did not want to do anything that could possibly jeopardize their chances of release.

After the interviews were completed, I was taken on a tour of the state penitentiary. The tour was rather extensive as the prison is located on 18,000 acres, with a little over 5,000 inmates, and 1,800 staff members. We toured a small town inside the prison gates where some 200 employees live. Their children are picked up for school by buses and come back to the prison grounds after school. We may have spent the longest time visiting the dog kennels. Angola staff are especially proud of the dogs they breed. Trained dogs included Bloodhounds, German Shepherds, Rottweilers, and wolves.

Also on the tour was the inmate cemetery. Most individuals that come to Angola will never leave, and many bodies are never claimed and removed by relatives. Only recently has the prison started providing coffins for inmates (made by other inmates). The prison has also been training inmates in hospice care, so inmates are taking care of other inmates in their last hours at Angola.

For lunch we drove over to the warden's ranch house, where inmates prepared an extensive, traditional southern meal. Big Lew is the chef at the ranch house and gets help with the cooking from Samuel, ET, and Hop Sing. Big Lew, in addition to cooking for the Warden, at one time cooked for the Governor of Louisiana. Almost everything we ate was grown on the 18,000 acres of the Louisiana State Penitentiary. Fresh mustard greens, corn, chicken, beef, mashed potatoes, gravy, corn bread, sweet iced tea, fresh chocolate chip cookies, and lemon

meringue pie were all on the menu that afternoon at the ranch house. Inmates insisted on pulling the chair out for me, bringing me everything, addressing me as ma'am, frequently refilling my drink, and cleaning up everything immediately after I was finished.

Lunch was also a time to talk to a few guards about what I was doing there. As soon as I mentioned homelessness, sociology, desistance, or anything about the project, they had an opportunity to ask pointed questions about the problem of recidivism. One guard's father had worked in Angola, and his brother now works there as well. He wanted to make sure that he educated me about left leaning sociologists and their ridiculous conceptions about wanting to regulate firearms.

After lunch I headed back to St. Francisville. It was a long, very odd day at Angola. I did not find it nearly as dreary as I thought; in fact they treated me so nicely I almost did not want to leave. Many people call Angola a modern day slave plantation. I felt this quite deeply during parts of the visit, especially lunch. Angola, the largest prison in the United States, is the only prison with its own zip code. Primarily black men participate in planting, picking cotton, and taking care of crops. The visit was ironic; beautiful acres of land with the one purpose of holding thousands of men for the rest of their lives.

On day two of the trip, I had a very early start as I began my miniature road trip to Angie, Louisiana. Four of the men from the original sample were incarcerated at Rayburn Correctional Center, some 100 miles east of my base. Angie is a town of about 250 and is situated right on the Mississippi border. The wardens of Rayburn were especially welcoming of my visit to the prison. One of the wardens highly emphasized education among the inmates and was excited to

have a scholar come to visit and conduct research. The inmates were also excited to visit with me, perhaps thinking I had some sort of authority because of my last name.

The scenery of the 200-plus mile roundtrip drive to Angie was similar to Angola, with rolling hills, haystacks, horses, and beauty. The interviews went well, I was allowed to sit with the inmates alone in an office with a door shut. They were much more open in answering questions and there was no pressure for speeding the interviews along, so the data collected were rich. At the end of the interviews, the warden assisting me asked for my help. He asked for textbooks for inmates, my availability to teach courses for free and other institutional support. This put me in a rather difficult situation, as I felt indebted to the staff for all their assistance. I indicated that I would investigate providing what assistance I could, and months later still received e-mails and phone calls asking for help.

The third day of the trip had a tight schedule as I had an evening flight to catch back to Florida. The final prison stop, Dixon Correctional Institute, is a mere fifteen-minute drive from St. Francisville. I was scheduled to meet with four inmates, but upon arriving found that one had been released. I asked for information about the location of the offender, but was told I would not receive any help finding him. The feel of this prison was completely different from the last two. It was obvious that I was not welcome from the minute I stepped onto the property. I was told to stand and wait for my escort at the prison gates. When the truck quickly pulled up and stopped, a strong hand on the horn was my pick up.

My escort had no desire to help me and did not want to hear anything about the research I was conducting. For the first two interviews, I was put into some sort of recreational meeting room. Generally, I was left alone, but staff came in and out throughout the interviews causing

disruptions. For the third interview, I was taken to another building where I interviewed the third individual in someone's office with the door open. Staff stood outside talking, working, and generally handling the day-to-day operations of the prison. After the interview I was promptly escorted off the property and instructed on how to get home. I drove back St. Francisville, then to the Baton Rouge airport to fly back to Florida.

Field Tracking

On a separate trip from conducting the prison interviews, I flew to New Orleans to visit some of the addresses I had listed for NOHSAP clients. Finding NOHSAP clients by traveling to the listed addresses I had proved to be expensive, time consuming, and pointless. On day one, I picked five addresses that were close to my hotel in New Orleans. For two addresses, someone answered the door, looking very suspicious of me, and indicated that no one by that name resided there. For another two addresses, no one answered the door and I left a printed letter similar to the letter I mailed initially. For the final address, I talked to a person's neighbor that indicated someone by that name did in fact live there, and I left a printed letter on her door. I never heard from anyone at the addresses in which these letters were left.

On day two, I was very exhausted and disappointed in my lack of success the previous day, but set out nonetheless to visit four addresses. Among these four, no one answered the door at the first address so I left a letter. At the second address, the client's mother answered the door and I talked with her quite a bit. She indicated that she did receive the original letter and forwarded it to her son. During Hurricane Katrina he evacuated to Dallas, Texas and never came back. She said that she would give him my contact information so that he could call me for an interview. She was very glad that I stopped by, insisted on hugging me, and told me how lonely

living in the lower ninth ward was since Katrina. She spent five years evacuated as her home was being rebuilt, but was now happy to live on the only piece of land she has ever owned.

On the third stop I met another family member of a NOSHAP client, but she was not nearly as delighted to see me. She was the sister of one of the clients and said, “he don’t come around here no more.” With some prodding, she gave me his new address and sent me on my way. The final address was a law office, with no place to leave a letter, and most likely was just a mailing mistake.

With all of these tracking methods utilized, I conducted interviews with 32 NOHSAP clients. The characteristics of the follow-up sample closely matched those of the original sample (Table 1). The rate of never married individuals in the follow up sample was higher (72% compared to 56% of the original sample); this is most likely because of the high number of interviews conducted on incarcerated individuals. Similarly, 91% of the follow up sample are male and only 9% are female. Again, this is characteristic of the incarceration rate. Another possibility is the higher likelihood of single men being more willing to talk to a female interviewer.

Table 1. Demographics of Original Sample and Follow-Up.

	Original Sample	Follow-Up
Race (Black)	78%	82%
Detox-Only	76%	78%
Never Married	56%	72%
Gender (Male)	85%	91%

A number of variables were at work to make this project very interesting methodologically. Creativity was used to find ways to conduct these interviews and this made for a rather non-standard interview set. For example, due to the distance between myself and the incarceration of many of the respondents, many pages of interview data are in letters written between jails and the university. Some interviews were conducted in person in Louisiana (n=9); the majority was conducted by telephone (n=15), and some by snail mail (n=8). However, in many cases, a combination of one or two methods was used to collect as much information as possible.

For example, in some cases, letters were written before and after an in-person interview. Some individuals, after the telephone interview, wrote letters telling me that they wanted to be more open during the phone interview, but could not because someone was listening in another room. For these reasons, the standard set of interview questions became very unstructured. From the start of data collection to the end, 59 letters were received by individuals in the study. These are mostly what have been come to be known in the University mailroom as “jail mail.” Incarcerated individuals understand the nature of this research project, but have little or no communication with the outside world. So they continue to write and these letters are important sources about the life histories of the individuals from NOHSAP.

CHAPTER SIX: DEATH, DRUGS, AND DISASTER: MORTALITY AMONG NEW ORLEANS' HOMELESS¹

Early mortality among the homeless population is often related to deviance (violence) and substance use. This connection suggests applying social bonding theory to other outcomes besides deviance. Assuming social bonds and crime have a relationship, and crime and mortality have a relationship, it is likely that social bonds and mortality rates have a relationship as well. If the elements of social bonding theory (attachment, commitment, involvement, and belief) decrease drug use, alcohol use, criminality, time spent homeless, and increase life quality, we should also expect that these social bonds help prevent premature death. Violent behavior, substance use, and medical problems all contribute to homeless individuals dying prematurely; perhaps stronger social bonds help prevent this.

Based on social bonding theory, among homeless substance abusers, having strong attachments (i.e., attachment to parents and children, being married) would encourage a more conventional lifestyle by the stronger internalization of norms, thus perhaps forestalling premature death. By internalizing norms in the form of self-care, nutrition, and reduced alcohol and drug consumption, individuals with stronger social bonds should live longer. Attachment, according to Hirschi, is an important component even if the significant others are deviant as well (1969). Hirschi found that the weaker the social bonds, the higher the probability of delinquency. Therefore, we would assume that the weaker the bonds of homeless individuals, the higher probability of mortality at an early age.

¹ Portions of this chapter have been published as Rayburn, Rachel L., Heili Pals and James D. Wright. "Death, Drugs and Disaster: Mortality among New Orleans' Homeless," forthcoming in *The Journal of Long Term Home Health Care*.

H1: Among a one-time homeless population, the weaker the bonds to family members the higher the probability of early mortality.

Similar to attachment, variables such as commitment, involvement, and belief can decrease the likelihood of early mortality. Involvement in some ways is similar to attachment as it measures the time spent with significant others. Again, these same significant others can operate as a mechanism of social control in reducing one's chances of engaging in deviance and drug use and therefore reducing the chances of early mortality.

H2: Among a one-time homeless population, the less involvement one has with friends or family the higher the probability of early mortality.

Commitment, such as that to generally accepted social institutions (like school) can increase the costs of engaging in deviant behavior or drug use and thus lower one's chances of early mortality. Commitment, we suggest, can be measured through commitment to educational institutions.

H3: Among a one-time homeless population, the weaker the commitment to generally accepted social institutions, the higher the probability of early mortality.

And finally, belief in the social system defining right and wrong can affect early mortality as well. If one is generally a conformist, the likelihood of deviance and drug use are low, thus decreasing the likelihood of early mortality. However, if one does not believe in the social order and norms about right and wrong, this might increase the likelihood of deviance and drug use and thus also the chances of early mortality.

H4: Among a one-time homeless population, the weaker the belief in social order, the higher the probability of early mortality.

In many ways, this project is a replication of several previous studies. By examining social bonds this analysis is hardly novel. However, by adding in the much less studied case of homelessness as deviance and the outcome of early mortality, this chapter makes a new contribution. Further, very few studies have been able to examine how homelessness, substance abuse, or social bonds affect early mortality over time. In this study, then, we examine social bonds, the quality of these social bonds, and the long-term effect of being a homeless substance abuser in the City of New Orleans on early mortality. We hypothesize that strong social bonds have a strong impact on the life-course, enabling these individuals to live longer than those without social bonds.

Dependent Variable

In 2010, as discussed in a previous chapter, I used full names, dates of birth, and gender of all NOHSAP participants to obtain the year of death (for those who had died) through the Social Security Death Index (<http://ssdi.rootsweb.ancestry.com/>). This new variable (dead or not by 2010) allows us to use the longitudinal data originally collected in 1991-93 to predict early mortality by 2010, providing us with 17-19 years of a time lag. Over the 18 years of observation, 13.6% (94 out of 670) of the homeless individuals within this study had passed away.

Independent Variables

All variables listed below are those measured at intake in 1991-1993. It is likely that

many of these values have changed since then. For example, “marital status” describes being married nearly twenty years ago; I do not have any idea of “current” marital status.

Attachment

Being a Parent. Hirschi emphasized that attachment to parents was an important aspect of controlling delinquency (Hirschi, 1969). Among the adult population, it may be the case that the reverse relationship is an important measure of attachment. Specifically, I test whether being a parent increases one’s chances of survival (coded: 0 = no children, 1 = has at least one child). Most of the respondents were parents in 1991-93 (73% of the sample had at least one child). See the percentages and means for variables in analysis in Table 2.

Table 2. Percentages and Means of Variables in the Analysis in NOHSAP Survey

	Percent/Mean
<i>Dependent Variable</i>	
Mortality by 2010	14%
<i>Independent Variables</i>	
<u>Attachment</u>	
Is a Parent	73%
Has Attachment to Child(ren)	38%
Is Married	9%
Has at least one close friend (v. having none)	51%
<u>Involvement</u>	
Spends Free time with Friends or Family (v. alone)	39%
<u>Commitment</u>	
Has a College Education	16%
Technical or Vocational School	62%
<u>Belief</u>	
Obtains money from illegal sources	41%
Convicted of a crime prior to NOHSAP	77%
Alcohol is main “drug of choice”	20%
<i>Control Variables</i>	
White	16%
Male	75%
Age	32.40

Source: Intake evaluations of New Orleans Homeless Substance Abusers Program (1991-1993); sample size 670.

Note: Mortality is calculated for year 2010.

Attachment to Children. It may be that simply having children or not having children is not an accurate measure of attachment. To further test the importance of being a parent, I examine the level of attachment to one’s children. This is a dichotomous variable with 62% of the sample having reported little to no contact with one’s children (coded 0) and 38% having reported a fair amount to a lot of contact with one’s children (coded 1).

Marital Status. Being married has been frequently shown to improve overall satisfaction with life, finances, health, and many other parts of life. I hypothesize that the closeness and support from being married can increase one's chances of survival. Therefore, I only differentiate between those who were married at intake (9%) and those who were not married (91%).

Close Friends. Having close friends may be a strong indicator of social bonds. I recoded the original variable "How many close friends do you have?" to a dichotomous measure (0 = no close friends; 1 = one or more close friends). About half of the sample (51%) reported having at least one close friend.

Involvement

Free Time. Involvement refers to how one spends his or her time. For this measure I focus on how a person's free time was spent: with family, with friends, or alone. Spending time with family or friends would indicate stronger social bonds, therefore increasing the odds of survival. In my sample 39% of the respondents spent free time mostly with family or friends (coded 1) and 61% spent free time mostly alone (coded 0).

Commitment

College. Hirschi's study (1969) found investment in conventional educational endeavors to be an important predictor of social ties. The greater level of commitment one has, the less likely one would be associated with non-conformist activities. Therefore being college-educated should increase one's chances of staying alive. On average, respondents reported having 11 years of education, so less than a high school degree. However, 16% of the respondents have at

least some college education (coded 1), 84% have no college education (coded 0).

Training or Technical Education. Commitment also refers to investments in occupational endeavors. Other types of education besides college, such as job training or vocational schooling, may reduce one's decision to commit crime therefore increasing one's chances of survival. Therefore, I differentiate between those with no technical education (38%; coded 0) and those with technical education (62%; coded 1). The college measure and the measure of technical training are not exclusive: this means that somebody who received technical training may have also received college education (in fact, 20% of those with technical training did receive at least some college education).

Belief

Money from Illegal Sources. Belief is designed to measure respect for rules, or how well one "follows the rules." The NOHSAP clients were asked a variety of questions about their income sources ranging from "money from employment," "money from unemployment," and several other sources. To test one's respect for society's rules I differentiate whether or not one received money from illegal sources. Almost half of the respondents (41%) received money from illegal sources (coded 1); 59% did not (coded 0).

Convicted of a Crime. Also, to test respect for rules, I examine whether or not a NOHSAP client had been convicted of a crime at the time of the original interview in 1991-1993. A total of 77% of the respondents were convicted of at least one crime by that time (coded 1) and only 23% of the respondents did not have any convictions (coded 0).

Substance Use

Drug of Choice. Following Schroeder et al. (2007), I examine the differences between the effects of alcohol and drug use. As NOHSAP was designed for a homeless population with drug or alcohol abuse problems, I cannot compare people with substance use problems and those without substance use problems. However, my data allows me to compare the effect of different substances. The majority of the NOHSAP clients reported “crack/cocaine” as their “number one problem substance” (76%). The second drug of choice among the sample was alcohol (20%). A very small number of individuals had problems with other drugs such as heroin, cannabis, inhalants, or other substances (4%). I code alcohol as (1) and illegal drugs, such as crack cocaine, as (0) to compare the differences.

Control Variables

Age, Race, Gender. I control for age, as it is positively associated with mortality rates. The average age in 1991-1993 was 32 years old. The youngest person in the sample was 18 years old; the oldest 67 years old. Most of the sample is black (82.2%) with only 16% of the respondents being white. The rest of the sample (0.8%) is made up of “American Indian, Alaskan Natives, Asians, Hispanic, and other.” I compared whites (coded 1) against non-whites (coded 0). As prior research has indicated (Cook and Manning 2009), whites tend to have better health outcomes than other racial groups; therefore, I expect non-whites to have higher rates of premature deaths. Males tend to die younger than women, therefore I also control for gender. Three quarters of our sample are male (coded 1) and only 25% of the respondents are female (coded 0).

Results

First, I compare the mortality in this sample to general mortality using standardized mortality ratios to understand whether people in the sample are at higher risk of dying than the general population in New Orleans. Second, using independent variables from the original study in 1991-93, I estimate nested binary logistic regressions to understand how the individual level variables affect the likelihood of dying in this sample.

To compare the mortality rate in this sample to general mortality rates, I use the age-, sex-, and race-specific mortality rates in Orleans Parish, 1991 (the rates current at the start of the study) to estimate a Standardized Mortality Ratio (SMR). The SMR compares the death rate observed in the sample with that which would be expected in a sample with the same mortality distribution as the overall population (Curtin and Klein, 1995). Values above 1.0 are considered to indicate “excess deaths.” The SMR also allows us to test the significance of the difference between observed and expected deaths in the sample.²

² This portion of the analysis was originally conducted by Heili Pals and Warren Waren.

Table 3. Observed Mortality, Expected Mortality, and Standardized Mortality Ratio (SMR) by Race and Gender, Orleans Parish, 1991-2010.

	Original N	Observed Mortality	Expected Mortality	SMR
White				
Male	80	17	8	2.22*
Female	27	8	1	11.80*
Minority ^a				
Male	425	60	69	.87
Female	138	9	5	1.67
Total Sample	670	94	83	1.13

Source: Compressed Mortality Tables, 1979-1998, NCHS, 2003.

^a Includes African American, American Indian, Asian/Pacific Islander, Hispanic, and Other.

*p < .05

Among all participants in the study between 1991 and 2010, 94 died. Based on the mortality rates in Orleans Parish, I would expect 83 deaths from a similarly sized sample over the same amount of time. The difference yields an SMR of 1.13 (4th column in Table 3) reflecting that there were more deaths than expected, but the value is not statistically significant at the .05 level. Mortality distributions reveal a race effect, however. White men and women in the sample had significantly higher mortality rates than whites of the same age in the general population. White men in the sample are dying at a rate twice as high as in the general population in Orleans Parish; white women in the sample are dying at a rate more than 10 times as high as the rate in general population. However, for minority homeless people of either gender, there was no significant difference between the sample and the population mortality (minority really reflects African American death rate as I have very few people of other races in the sample). Actually, minority men in the sample died at a slightly lower rate than minority

men overall in Orleans Parish. That difference however is not statistically significant.

The results for whites are consistent with a large literature showing excess mortality among homeless people. But the apparent lack of a similar effect among blacks is a surprise. Perhaps one reason for this racial difference is the overall mortality situation for Blacks in New Orleans in the early 90s, which was not great. Adding homelessness and addiction to the basic effect of being a young black male does not necessarily affect mortality very much. For whites, on the other hand, homelessness and addiction seem to affect mortality considerably.

Table 4 presents the results for six nested binary logistic regression models predicting mortality among the sample. All coefficients are reported as odds ratios; I add the independent variables in groups based on the theoretical perspective used to explain mortality.

Table 4. Odds Ratios of Binary Logistic Regression for the Likelihood of Dying among Homeless Individuals

	M1	M2	M3	M4	M5	M6
<i>Control Variables</i>						
White	2.16**	1.23	1.22	1.24	1.24	1.20
Male	1.36	1.23	1.12	1.11	1.14	1.07
Age	1.06***	1.04**	1.04**	1.04**	1.04**	1.04**
<i>Explanatory Variables</i>						
Alcohol is main “drug of choice”		2.83***	2.81**	2.80**	2.73**	2.67**
<i>Belief</i>						
Obtains money from illegal sources			.98	1.01	.99	.96
Convicted of crime			1.28	1.27	1.28	1.32
<i>Commitment</i>						
Has a college education				.66	.68	.69
Technical or vocational school				.62**	.62**	.64 [†]
<i>Involvement</i>						
Spends free time w friends/family					1.29	1.36
<i>Attachment</i>						
Is a parent						1.03
Has attachment to child(ren)						.78
Is married						.75
Has at least one close friend						.90
Constant	.02***	.02***	.02***	.30***	.30***	.30***
Nagelkerke R-squared	.07	.11	.11	.12	.13	.13
Likelihood Ratio Chi-square	27.86***	39.89***	40.39***	46.45***	47.53***	49.13***
Degrees of freedom	3	4	6	8	9	13
LR Chi-square for change in model		11.82**	.71	6.06*	1.07	1.60
Degrees of freedom		1	2	2	1	4

Source: Intake evaluations of New Orleans Homeless Substance Abusers Program (1991-1993); sample size 670.

Note: Mortality is calculated for year 2010.

[†]p<.10; * p<.05; ** p<.01; *** p<.001

The first model predicts the likelihood of mortality using only demographic predictors. Employing the common interpretation of the odds ratio for age, the odds of a person dying increase by 6% (an odds ratio of 1.06; $p < .001$) for each increased year of age, holding constant the other effects in the model. Being white more than doubles the odds of dying in this sample (odds ratio of 2.16; $p < .01$) all else equal, an anomalous finding to which I return shortly. Gender, however, is not a significant predictor of mortality in this sample: male and female formerly homeless people have similar likelihood of early mortality by 2010.

The second model introduces the “drug of choice” variable. Adding “drug of choice” improves the model fit significantly (likelihood ratio chi-square=11.82; $p < .01$). Introducing the variable of alcohol as a main drug of choice (compared to crack cocaine) renders the race effect insignificant. This is because race has such a strong correlation with the drug of choice: two thirds of the whites are alcohol abusers compared to only 12% of non-whites. Non-whites have much higher rates of crack cocaine use and usage of other drugs. Thus, the original effect for race (whites more likely to die) is really reflecting the racial difference in drug of choice. Reporting alcohol as one’s “drug of choice” as compared to using other drugs almost triples the likelihood of dying by year 2010 (an odds ratio of 2.83). This result might be another explanation of the difference in standardized mortality rates for whites and minorities: whites in the sample have a much higher mortality rate than the general population, while minorities do not. Alcohol as the drug of choice might explain part (or all) of this difference.

The third model adds one of the four categories of social bonding theory (belief). However, adding the two indicators of belief (obtaining money from illegal sources and being

convicted of crime prior to NOHSAP) does not improve the model fit. Furthermore, the coefficients for both indicators of belief are not significant. Thus, the belief in conventional rules does not affect the mortality in this sample.

The fourth model adds the variables of commitment: having a college education and having technical training. These additions increase the model fit significantly (likelihood ratio chi-square=6.06; $p < .05$). Having a traditional college education does not influence mortality in this model, but having gone to technical or vocational school does. Individuals who reported going to this type of training are 38% less likely to die by year 2010 (an odds ratio of .62).

Adding the involvement variable (spending free time with family and friends) does not improve the model fit. Neither is the coefficient for involvement significant. Thus, choosing to spend time with friends or family over choosing to spend time alone does not have any effect on mortality two decades later.

The final model adds the variables of attachment. Contrary to theoretical expectation, adding the attachment variables does not improve the model fit. Being a parent, having attachment to your children, being married, and having at least one close friend do not affect the likelihood of dying by year 2010. However, having measures for current data (2010 measures) might show effects that 1990s measures do not. Re-interviewing these individuals and finding current marital status, attachment, and other variables may produce different findings. Both age and alcohol as drug of choice remain statistically significant: odds of mortality increase by 4% for each additional year of age and almost triple if alcohol is one's drug of choice (odds ratios of 1.04 and 2.67, respectively). However, the significance level for technical and vocational

schooling is reduced to marginal significance ($p < .10$).

Conclusion

Prior research has indicated the importance of social bonds on deviance and criminal activity over the life course for several populations (Stitt and Giacopassi, 1992; Laub and Sampson, 2003; McCarthy and Casey, 2008; Savolainen, 2009). I applied the same logic to early mortality among homeless substance abusers. Based on Hirschi's (1969) theory, those with fewer social bonds would be expected to engage in more risky deviant activities that, especially in this high-risk population, would, in turn, lead to early mortality. However, when investigating the impact of social bonds on mortality rates among substance abusers I conclude that Hirschi's bonding theory (1969) shows little promise as an explanatory theory of premature mortality among this particular population. Generally, traditional measures of adult social bonds, contrary to my hypotheses, have no effect on the chances of survival among homeless substance abusers in New Orleans. I proposed four hypotheses to test social bonding theory on early mortality among homeless substance users. Only one of them, pertaining to commitment, found partial support: getting vocational or technical training seems to lower one's likelihood of early mortality.

Perhaps the social bonds among homeless drug abusers are weak predictors of mortality because their peers, family, and friends are unstable as well. To establish this, we need more information about these social bonds. Perhaps being married is not significant because these individuals are married to other substance abusers. A previous study of this population (Wright and Devine, 1993) confirmed extremely high levels of dysfunction in the families of origin.

Attachment to the families of NOHSAP individuals would almost certainly increase levels of deviant behavior. Similarly, perhaps their closest friends are homeless, non-conformists as well. More information about the quality of relationships and social bonds would be needed to answer these types of questions. The non-significant effects may be also due to the generally low level of attachment among this population. In other words, being a homeless substance abuser may in and of itself create so much social isolation that it simply wipes out any social bonding effect.

New Orleans, Louisiana is a city like no other, especially when it comes to poverty and alcohol. Results from this city may therefore not be generalizable. Homelessness, poverty, and substance abuse do share similarities from city to city, but New Orleans may be an extreme outlier. The homeless population of New Orleans may share similarities with similar “party” cities such as Las Vegas, but may hold no relevance for other more “traditional” cities.

I measure mortality, the dependent variable, in 2010, almost 20 years after the intervention by NOHSAP. The population that went through the NOHSAP program varied in age: some were as young as 18 years old; some were 67 years old (with a mean of 32). The mean age in 2010, therefore, would be somewhere around 50 years. This is still a rather early age for death in the general population. Therefore, one needs to remember that I am really measuring early mortality here. Age does affect mortality in the sample, but does not explain all of it. The greatest discrepancy in mortality rates between general population and homeless population is in fact among younger and middle-aged groups (O’Connell 2005). Therefore, it is important to understand what accounts for this increased mortality in this relatively young population. I do find that for this early mortality, whites in the sample have much higher rates of

mortality than whites in the general population in Orleans Parish.

One reason for this racial discrepancy could be alcohol as a problem substance. Among this population, crack cocaine was (and is) often thought to be the most damaging. However, alcohol as the drug of choice has proved to be much more lethal than other drugs (and is much more frequent among whites than among minorities). Often when thinking about policy implications in dealing with substance abuse issues, we frequently target illicit drugs that seem menacing and terrifying. We think about cracking down on meth users, busting up crack houses, but perhaps we overlook one of the most harmful and destructive substances of all: alcohol. We socially accept heavy drinking and shun the use of illicit substances, but this study shows that addiction to alcohol is the greater health risk. Alcohol is more readily available than crack cocaine; therefore, it might allow a more continued use over longer periods of time. And the long use might be the factor affecting eventual mortality. To test this proposition, we would need data on whether respondents continued their alcohol and crack cocaine use years after the intervention.

CHAPTER SEVEN: “I STOPPED SHOOTING UP WHEN I GOT MARRIED”: MARRIAGE AND DESISTANCE

Loving relationships produce better health, finances, and happiness (Lillard and Waite, 1995). Individuals in committed relationships are more likely to exercise, go to the doctor, and have healthier eating habits (Homish and Leonard, 2008). Psychological and physiological health outcomes are better for happily married individuals as opposed to single ones (Holt-Lunstad et al., 2008). Children of committed couples also succeed at higher rates than children of non-committed parents (Parcel and Dufur, 2001). Children benefit from social and financial capital such as a stable union and social connections. Parcel and Dufur (2001) also found these financial and social assets to be lacking in many of the non-committed parents studied. The studies on the benefits of committed relationships for couples, children, and society are numerous (Waite and Gallagher, 2001).

Among NOHSAP clients that I interviewed, a wide range of marital experiences were described. Some individuals depicted marriage as a wonderful life experience that contributed to desistance while others said it turned them back to drugs and alcohol. Although marriage is a very important component of life, the existing research on love, dating, and sex among the homeless is slim. The small number of studies that exist on these topics is focused on the problems and not the benefits of relationships. Although there is a small literature about the love lives of homeless women, researchers primarily focus on sexual abuse or subservient sex roles (Anderson and Imle, 2001), while writings about homeless men’s love lives are practically nonexistent. Researchers do not choose to look at the benefit of stable marriage within the homeless population, but rather focus on the negative consequences of sexual intercourse. These

writings convey a certain tone that mirrors how society feels about the homeless; that they should not be dating, having sex, or falling in love.

The successful stories of marriage among this sample were perhaps the strongest indicator of desistance. Although the quantitative data on mortality rates did not show a significant relationship for having been marriage 18 or 19 years ago, the qualitative interviews did. Living with a spouse and conducting day-to-day activities differently (that is, as a married person) did produce desistance among this sample. The following stories show examples of informal and formal social control mechanisms. Sometimes marriage acted as a direct form of control (“You are not hanging out with that friend anymore”) and sometimes as an indirect form (a residential move coupled with a marriage).

Marriage as a Positive Turning Point

My first respondent Chris mentioned his wife Holly very early in the interview and he continued to mention her throughout the interview. Finding a partner for life is something that got Chris out of homelessness and a life of drug and alcohol abuse. Chris felt that they “are still newlyweds” and “love each other to death.” He referred to Holly as “the coolest wife” a person could have and described how they started dating while he was still living at a homeless shelter. Logistically and emotionally their process of courting was difficult, but this partnership was a key element to Chris getting out of homelessness.

Chris was lucky that the shelter he was at was flexible with his dating situation; this accommodation is rather uncharacteristic of homeless shelters. The shelter in which he was living “kept making these exceptions for me, because you’re supposed to be back by 8 pm,” Chris stated. Many nights he would come back to the shelter at 11 pm or later after being with

Holly. They dated like this for the entire first year of their relationship, and the relationship was able to progress because shelter employees were willing to bend the rules. Throughout the interview, Chris made many references to marriage, and how it changed his life trajectory. Chris described a period of sobriety in his early twenties but claimed, "it did not stick." This was followed by a subsequent period of homelessness and intoxication, entry into NOHSAP, a period of sobriety, and then another episode of homelessness and substance abuse. After this cycle, Chris gave up alcohol and drugs and has now been sober for many years. Therefore, it does not seem as though abstinence from substances was key in long-term desistance, but rather the relationship with his wife.

These positive stories of marriage were common among non-incarcerated individuals, but not present in the stories of men behind bars. The majority (75%) of married individuals I interviewed were also employed, sober, and not incarcerated. These individuals (n = 6) often attributed turning their lives around to their marriages. For example, the second housed, employed, and sober man interviewed shared this:

Interviewer: So do you think there have been one or two turning points in your life?

Sam: I would say getting married and my kids. For me, I think the biggest turning point was getting out of New Orleans, and getting out of the environment I was in. I mean that's even what I advise other people that are having that problem. You just got to get out of that environment. As far away as you can, because basically you've got to start over. You've got to create a clean start and change the way you live. The biggest thing is getting out of that environment.

In another almost identical story, a man attributed his desistance from drug use to his wife.

“Through all of that (the drug use), my wife stood with me. The trust was being damaged.” This man said that he worked hard to get a respectful woman in his life.

I wanted her. And the thing about it, I put a lot of that I want and my tenacity to get a decent person, I mean that woman had never been in drugs, never smoked, never did any of those things that I did. She knew everything about me.

The benefits of marriage on desistance seem to work in the same fashion for some women in the study. In response to reasons why she stopped using drugs, Sandy responded:

I stopped shooting up when I got married the second time. Because I didn't want to see him watch me go through that. I didn't want to be that way anymore. And after crack, my job doesn't allow it, not that I didn't push it for a while, but down here I work so often, you know I can't afford to lose my job. It's a good job, a nice husband, a good stable home.

Another woman, Mary, attributed getting married to her desistance from drugs. When asked the reason for giving up drugs, she replied, “It was God. It wasn't me. And my husband. And my husband. He had a lot to do with it.” When asked to elaborate she indicated that she went into treatment for the final time (she had been on many occasions) and her husband, also an addict, stayed home and found a job.

Mary felt that her husband was “a harder addict” than she was because of longer periods of drug use.

After like 24 hours I would stop and go to sleep but he would continue on. I just remember I used to look out of the window to see him come by because I knew sooner or later I see him walk by to make sure he was alive because he was the kind of addict that went for days. He'd go three, four, five days without sleep. I had a different style of doing it. When I was through and needed some sleep I would quit. He forced me into treatment. I went in but I had no intention of staying or stopping. I even teased him.

She stayed in treatment the full twenty-eight days and did not feel anything was different, until she got out.

When I got out and I saw him, he was real happy to see me. And he walked up to me and he was dirty because he had found a job. And he was still like street. When I saw him, he grabbed my hand and he had drugs in his pockets and he walked over to the curb and he threw them down the manhole. He said come on, let's go. I watched him do that, and we went back to the house and got some things. There was still no electricity, it looked like a using place. It was a spot where everybody came; it still looked the same way as when I left it. We got some clothes, and stayed at my brother's house and I was weak, I knew the kind of addict he was. I said, he going to use. He was happy with me being good, so I was going to be good for a little while. And he never picked up. And because he didn't, and I knew the kind of addict he was, and I saw how serious he was, and how happy he was, he actually did it. You know he just threw the drugs down the manhole and walked away and never did it again. He took my hand and he never let it go. And I couldn't do it to him. And I couldn't do it to him when I saw that.

Mary's story is in the minority. Among NOHSAP clients that married and subsequently desisted individuals usually married a person who did not have experience with alcohol, homelessness or crime. Both Mary and her husband had extreme difficulty staying sober and housed. However, they both made decisions to try to get help simultaneously. While Mary went to treatment, her husband worked harder at finding stable employment. When they both saw that the other person had some degree of success, it encouraged them to maintain their desistance.

For some individuals in the study, it is not as simple as finding a significant other and having everything fall into place. One man in the study had several turning points, including marriage, that influenced him. Robert once had a romantic relationship with his wife before they were married, but then they were estranged for several years. They had a daughter "when he had

his life together” but he “didn’t want to come in out the street.” Several individuals in the study mention this street life and talked about it as a turning point. For example, the saying, “I was done with the street life” means a few things. First, the person literally stops hanging outside on street corners. Secondly, it means that they no longer use drugs, commit illegal acts, and generally change their life for the better. Robert, deciding not to “come in off the street”, told his wife (girlfriend at the time) “to go on with her life.” She did by marrying another man and having other children.

Robert eventually went to prison for several years because of his street life, but kept in contact with his daughter’s mother. Then he “went to get his life together and went to hunt her up” after his release because he “knew she was a good woman.” His further comments on their relationship indicate how it was not a simple transition:

We worked through both our problems together, and here we are standing tall. 8 years later, we been married 8 years, but I had some ups and downs, even from that last time when ya’ll did that study. You know the thing about my wife now is that she always knew I had a history, through the years she would see me on drugs and say Robert why you just can’t get yourself together? And I’d tell her now listen, one day I am. Well you know it’s been ten years, eleven years now that I’ve been clean. You know, so, I don’t have those problems no more.

Robert and his wife grew up together, went to school together, and he feels that she really knows him. “She knows me, nobody could tell her anything about me that would shock her.” His wife is a person that he can be himself around, be honest with, and does not have to hide things from her. He attributed his family’s dependence on him to his desistance. Speaking of staying sober and not committing any more crimes, he explains:

To be responsible, to know that these people are depending on you. My wife hasn't worked a day in 8 years. Would you believe that? When I was drugging and when I was homeless, how could I take care of anybody? She gave me a family. I came home from prison and she said ok this is my family, you say you want me, take care of me. You got to take care of all these kids too. Now you think I didn't have to straighten myself up?

The emphasis on more responsibility may seem contradictory to some of the literature or prevailing themes about homelessness and substance abuse. Robert also attributed his time in prison as a turning point in his life, but placed special emphasis on having a family. He said, "it's so easy to take care of one person, but you need a little more." By this he means that when he was single, life was easy, he had his own time and did not have to worry about anyone else. He went on to say that "drug addicts need more." Further, "we need a lot of stuff to be responsible for, because we will find a way to manipulate every situation."

The thought of homeless substance abusers gaining success from having more responsibility is somewhat ironic. We usually assume that individuals turn to drugs, alcohol, and homelessness because they are overwhelmed; they cannot handle life. The idea of encouraging them to find a spouse or have a family does not exactly make sense. Yet over and over again in the narrative histories of these individuals, finding a "good man" or a "good woman" was instrumental in desistance. Laub and Sampson found that having children influenced a person's identity, helped them mature, and made them more responsible. Among NOHSAP respondents, simply having children did not produce these outcomes. Taking care of their children, providing for them, and spending time with their children gave them this new identity, but simply having children did not.

Often we think that homeless individuals cannot handle their responsibilities, so they abandon them to live a life on the streets. This way of thinking views homelessness as a choice, rather than a consequence of a lack of affordable housing. In one sense, Robert did have a responsibility (his daughter) that he did abandon for a life of drugs and crime. However, once he and his wife decided to marry, at that point he started feeling like he had something to stay out of prison for, to stop using drugs for, and a reason to stay employed. For individuals like Robert, a commitment to a spouse not involved in drugs, homelessness, or crime was a key turning point in the desistance process.

Marital Trouble and Ongoing Offending

One of the NOHSAP men serving a life sentence in prison, George, indicated that he had met a woman through the mail that he had recently married. He indicated that he was very happy, that his wife was beautiful and from another country. George was never married at the time of NOHSAP. His story is a difficult one to place in the theme of desistance because he got married after being charged with a life sentence. George offered to give his wife's contact information so she could be interviewed as well. He described her as "an ex-drug addict" and warned her "if she ever used drugs again" he would leave her. He believes this has kept her clean. George also describes his wife as "crazy."

The theme of desistance from crime gets even fuzzier here than it did with Robert. Technically these lifers have desisted from crime, as they are permanently removed from society. However, a person can commit crimes within prison, but with a sentence of life, it seems somewhat futile to study that. Nonetheless, George indicated that being married kept him out of trouble. He had recently been put on "cell block" and was required to be cuffed during the

interview on both his hands and his feet. In the state penitentiary, most facilities are dorms, but if a person gets in trouble, they are sentenced to cell block. George indicated that he got in trouble for “unauthorized use of a telephone” and his wife was very upset about it. “She’s mad at me now for being in cell block. She said I’m going to kick your tail.” So even with a life sentence, marriage still acts to prevent individuals from committing crimes.

In Waite and Gallagher’s text *The Case for Marriage: Why Married People Are Happier, Healthier, and Better Off Financially* this desistance process is explained in the chapter, “The Virtues of Nagging.” Wives supervise the activities of their husbands in regards to health, friendships, money and a number of other areas of life. As the authors write, men “benefit from what social scientists call social support and what husbands call nagging” (Waite and Gallagher, 2001, p. 55).

Earl, a non-incarcerated individual who was currently unemployed and using drugs and alcohol at the time of the interview, was divorced when he went through NOHSAP. He never remarried. “I don’t currently have any aspirations to be married,” he stated. Earl had difficulty talking about his life during the interview, especially regarding marriage and children. When asked if he had been married in the past 18 years (since he left the program), he asked, “When I came through there, was I married?” When told that he was not, he said that he did not think he had been married since he left the program, and followed that with, “I was married, but it was...I don’t know, I don’t remember.” Eighteen years is a long time to remember specific events. However, Earl may have “forgotten” as a way not to talk about something that was difficult.

Non-married individuals in the study were not doing well in a number of ways. Although sober, Scott was living with his stepfather and had not lived on his own for very much time over

the past eighteen years. Unemployed, Scott was trying to pick up work with the city of Chicago, where he moved a year ago. When asked about marriage he replied, “No. No marriage. I can barely take care of myself.”

Many of the incarcerated individuals never married or had very difficult experiences with marriage and then divorce. Another lifer replied, “No, I was engaged to be married. I was engaged to be married, that’s until I got pulled over by a cop and I ain’t never seen home no more.” Others simply replied with a “no” and seemed not to want to talk about marriage further.

Some individuals had been married for a time, but were now divorced. Tammy recalled her story:

No, I don’t think I’m going to do that again. I did that once in my teens. I don’t want to do it no more. I’ve been more divorced than I been married. I just left that one alone, I been asked several times then I changed my mind, no, no, no. I have 5 grandkids now so I’m coming along slowly but surely.

Tammy obviously had a negative experience with marriage and felt she was much better off alone. Currently on disability with several health problems, Tammy picked up odd jobs. For example, on occasion she worked at a music festival in New Orleans, but this employment interfered with her disability checks so she quit.

Randy, serving six years at a prison for burglary, married in 1980 and divorced in 1998. His wife stayed with him through at least three arrests and the time he spent in NOHSAP. This was Randy’s second time in prison and their marriage dissolved right before he served his first six-year sentence. He attributes the divorce not to his criminal behavior or substance abuse but his adultery with other women. Randy regrets his behavior, saying:

If you got somebody in your corner, sit back and take a look at it because I regret every day for everything I ever done. Matter of fact, I wrote my ex-wife for the first time, you know we still close friends. I wrote her for the first time and I talked about some of the good times and some of the bad ones. I apologized to her for everything that I've ever hurt her for. Cause when you look back over your life; it really wasn't worth all the other stuff. And I tell guys; you know the one who loves you. Sometimes you try to do things on the outside and the person who really loves you is right there by you all the time, but you look past them and you don't really value what you have until it is gone.

Other inmates told similar stories about difficulty with love. For example, Daniel was incarcerated when I first spoke with him. We wrote several letters back and forth while he was in prison. Then when Daniel was released, we finished the interview on the phone. After his release, he went to live with his fiancé, but had mixed feelings about the relationship:

I've been in and out of prison since 1990. Never got married. Maybe this one is the right one for me. She is eight years younger than me. She has a lot to learn about me. We were only together four days when she told me she loved me. I think it was because of the sex, but she tells me it was because of my heart.

Daniel seemed to have a real interest in changing his life. He indicated that he had been off drugs and alcohol for three years. Daniel said that he did not spend time with people that get high or drink and "my soon to be wife don't get high or drink." He felt she "is a real good person." At the time of the phone interview, Daniel felt that she was an important part of the desistance process.

Daniel and his fiancé had only been dating a few months, most of which he spent incarcerated. According to him, when they met, he was living at a halfway house. Daniel wanted to stay the night with her on the first night they met, but the director of the "place he was

staying” would not allow it. Angry, he left the facility and moved in with a woman he had only met hours before at a convenience store. Or as Daniel said, “that’s how I met my girl.”

When asked more specifically about his plans after his release from prison, he indicated that he was moving in with his fiancé “down the street from here to a trailer park, just her and I, our two dogs and two cats.” Daniel was excited to start a new life with her, “the dog named Topsy, the cat named Psycho and the other cat Possum.” However, in letters he did not seem as sure of the relationship. Daniel said he did not know if he wanted to be with her and said she had a lot of problems. He felt pressure from her to move to another state far away from Louisiana, unsure of the consequences from his parole officer. More specifically, Daniel wrote:

Me and my girl are having hard times. I don’t think we will be together much longer. You know how women are -- you’re one of them. Don’t get me wrong, I love her but she has some issues in her life she needs to work out.

Stories like Daniel’s and others show two themes that are common in studies of homeless individuals. First, they sometimes have a tendency to make poor decisions. In this specific situation, Daniel knew that leaving the state of Louisiana would result in more trouble with the law, but still contemplated doing so. Over and over again, when looking at crimes, choices in relationships, and other variables, homeless individuals (like everyone else) sometimes just make bad choices. When homeless individuals (compared to housed individuals) make poor selections, the consequences can be more severe, and the recovery process can be slow.

A second theme in these stories is that they simply have fewer choices. Factoring in poverty, race, lower educational attainment, drug and alcohol histories, and a number of life problems, they simply have fewer options. Over time, those choices may get smaller and smaller. Being a felon takes away choices, and being a third strike offender takes away even

more. With a lengthy criminal record, the “good” men and women to pick from dwindle. In some cases, two drug addicts can help each other (like Mary’s story), but among this sample, it can also lead to more trouble.

These stories that include marriage as a turning point are nearly identical to Laub and Sampson’s findings. The Gluecks’ found desistance among those who found “decent” wives who gave social support and love. Among their sample they found married individuals’ investments in each other to explain a great deal of why offenders desist from crime. Among NOHSAPers, marriage also acts as a desistance factor for homelessness, substance abuse, and crime. Laub and Sampson wrote about “good marriages” as a desistance factor. Similar to their study, NOHSAP individuals received direct social control from their spouses. They came to have more routine activities and stopped associating with deviant peers.

Often times, like the Glueck delinquents, marriage was coupled with a residential change. Although only two respondents from this study attributed their success to “getting out of New Orleans,” it is still present as a theme of success. Getting out of dysfunctional family and friend relationships in New Orleans helped many of the individuals in this study. Further, it may have increased the social support between the newly married NOHSAPer and spouse, increasing the likelihood that marriage would act as a desistance factor.

For example, Carl went to Mississippi and eventually sobered up, got a job, a wife and has not been homeless for many years. When asked, “Do you think getting out of New Orleans helped?” he explained that it did not.

You got to change. I thought it would help and everything, and I found drugs here. I found drugs in Mississippi. You know what I mean? If I continued to the moon, it wasn’t going to work and didn’t work. Every part of New Orleans was found in every other

state I went to, put it like that. I had to make a conscious decision to continue or to turn my life around, and I did. Thanks to the Lord.

Respondents like Carl desperately wanted to take responsibility for turning their lives around. They were hesitant to point to any structural factors that lead to desistance. Straightening their lives out was one thing that they felt they could be “proud” of and did not want to share responsibility with something as simple as a geographical change. For example, Sandy also lived in another state. Her residential change coincidentally matched up with getting off of heroin, getting married and finding a “decent” man. When asked, “Do you think that moving for a period of time helped with that?” She responded “no”:

I went to Wisconsin. My sister had MS and she was dying. When she got out of a coma I went to my mother’s house. My mother couldn’t take care of her by herself. I moved to northern Illinois and after she passed on I moved to Wisconsin. Did that help? No, I still did drugs. When you start drinking and drugs, it is hard to get away from. You know I was a stripper for so long I was in that environment. But even when I stopped shooting, I was around it. I just don’t want to go back to it.

Laub and Sampson refer to this as human agency, the missing link in desistance. Individuals who desisted often expressed doing it for themselves, wanting to change.

A few NOHSAP respondents mentioned having children as a factor leading to desistance (n=3). As with marriage, being a parent leads to changes in routines as well. The three men that mentioned children as a turning point were all married. The majority of respondents had children at some point in their lives, but a large portion of them had no contact with their children. Data from the original intake collection indicates that 73% of NOHSAP clients were parents. However, a mere 38% of these parents reported having attachment to their children.

The factors of relocation, marriage, and being a parent are difficult to separate, as is perhaps best explained by Sam when answering the question, “What do you think the biggest turning point in your life has been?” Sam felt that marriage and children were the biggest turning points in his life, but the marriage led to relocation out of New Orleans.

Also present as a desistance factor for one woman in the study was raising her grandchild. At the time of the follow-up interview her son had been in prison for several years. Her oldest son was “confined” and she explained how difficult it was to raise a teenage boy at her age, with no money, and with several health problems. When asked about her housing over the past eighteen years she replied, “rough, rough.” Her utilities had been turned off several times, she has had difficulty keeping up with her eligibility for food stamps, and she had developed a “bladder control issue” that forced her to wear diapers. She attributes all of these difficulties, but mainly her health problems, as her reasons for discontinuing drug and alcohol use.

Some respondents with children have not seen their children in years for a few different reasons. Incarcerated individuals often expressed no communication with their children due to their histories of crime and substance abuse. Randy mentioned that when he got his life sentence, his wife and her new husband moved the “whole family to another state” to keep them away from him. He expressed how much that move hurt him, but also said that he probably deserved it for being a drug addict and out of his daughter’s life for so many years.

Also, Hurricane Katrina displaced a number of NOHSAP respondents and their children. In a few cases, adult children moved to a different location from the parents. Parents sometimes reported simply not having the financial resources to visit their children. Sometimes the lack of

communication was a combination of both incarceration and Katrina. The storm forced many incarcerated individuals to move to another correctional facility, further away from their families and children. These incarcerated and displaced individuals commented that they used to receive visits on occasion, but were now too far away for their families to afford to come and see them.

Laub and Sampson's theme of marriage as a desistance factor focuses on both indirect and direct social control. Aside from offering social support, spouses often act as "informal guardians." For example, Carl and his wife had been married eleven years at the time of the follow-up interview. He explained how he put a lot of time and energy into finding a "decent" wife. Carl had not used drugs for about six years, and had not used alcohol "since the time you met me" (1991). When asked how getting married influenced his marriage, he replied, "the drug use affected my marriage. Through all that, my wife stood with me."

When asked specifically about turning points, Carl indicated that he felt like he had at least one. "I can see and feel the difference inside me," he said. Carl then discussed the material things that he had in his life such as a "beautiful home," "a beautiful shop on some land," "a nice automobile," that have all come to him through his wife. He went on to say that "every time I would get a few dollars in my pocket, I would use it for that" (crack cocaine). Carl also talked of his wife as a manager, "now, I don't even touch my check anymore, I let my wife handle that." This theme was evident in other interviews as well. In fact, one man had his wife call back to schedule the follow-up interview for him.

Also, like the Glueck men, the changes in the lives of NOHSAP clients were slow and incremental. Individuals like Carl did not simply get married and desist overnight. In his case, and in the lives of many others, Carl was involved with crack cocaine and crime for the first

several years of his marriage. Robert married his wife because he knew “she was a good woman” and they “worked through problems together.” He said that they had many ups and downs, “highs and lows,” but he eventually started “wanting more and more” from himself. He “dibble dabbled” with drugs but his wife kept “riding” him asking, “why can’t you get yourself together?” He told her “one day” he would, and at the time of the interview, he had been sober for ten years and desisted from other crimes for eight years.

For the individuals that never married, and were usually incarcerated, their stories were long paths of frustration. During the intake evaluations in 1991, clients were asked about their desire to get married. If not currently married (91% of which were not), they were asked if they would like to be married. The majority said yes, they were sure they would like to be married (74%). A small minority were unsure about marriage (6%) and others said they would not like to be married (21%). The majority of individuals in this sample were looking for love, companionship, someone to share their lives with, but many did not end up with what they wanted. Unemployment, crime, homelessness, and other forces were against these individuals as they tried to find life-long partners. Many follow-up interviews captured this frustration, showing difficult divorces, infidelity, and loneliness.

CHAPTER EIGHT: “MY JOB DOESN’T ALLOW IT”: EMPLOYMENT AS A DESISTANCE FACTOR

Another topic that Chris brought up without me asking him a question was work. He discussed jobs that he enjoyed, got satisfaction from, and that paid him well. “I worked out in the Gulf for three years. It’s hard to go to sea and leave it, and the money was very good.” He discussed having “many jobs” and his difficulty staying employable while homeless. “I couldn’t get my butt out of bed to go to work,” he says about losing several jobs.

There is a stereotype among the public that homeless individuals live on the streets because they choose it, because they are lazy, and they do not want to work. Sociologists generally try to disprove this, to show the external, structural constraints prevalent in society that prevent individuals from finding housing. Yet homeless individuals are not immune from indolence or sloth. Chris described cases of being so hung-over that he decided not to go into work (a sensation many can empathize with!). Chris described his homeless work history as a “traveling tramp.” He uses this term to describe a person who travels “around the country [going] to different places...staying a little while” and then moving on. The idea of human agency regarding employment is explored in this chapter.

In my qualitative interviews, employment and marriage often went hand in hand. Individuals who were married were usually employed, rarely were they single and employed. Only 28% of the individuals interviewed were currently employed. Employment among this sample is somewhat difficult to define, as some of the incarcerated individuals were indeed working within the prison. However, for purposes of telling success stories, this 28% reflects only individuals who are working outside of incarceration. Of this 28% of employed individuals, the majority currently reported being married (67%). Further, one of the individuals in the

minority (working, but not married) was currently using drugs, drinking, and on probation.

Therefore those individuals who were both employed and married were doing the best, and were most likely sober.

Mentorship

Chris eventually found stable employment while he was living in a working mission. (Working missions are usually homeless shelters run by Christian organizations that help provide employment to those living at the facility.) He met a man, Al, who hired him repeatedly for a temporary position and this man became his friend and mentor. This relationship was very influential and helped Chris obtain his current work position, which he has held for a decade. His mentor gave him an education (trained him in a technical field), “was like a second father,” and provided friendship and support as Chris was getting out of homelessness.

Mentorship played an important role in the development of stable employment. A few of the men in the study said they had a father-like figure come into their lives and help them out.

Chris recounted the following story about his mentor:

Al wound up becoming a very good friend of mine. Every time I came into town he would hire me. He built houses for a living. He taught me to be a carpenter. He was probably one of the finest woodworkers in Alabama. For some reason, Al took a very good liking to me. He ended up being like an extra dad for me and I just loved him to death. He’s a wonderful, wonderful man. He taught me everything I know about carpentry work. I became a very good carpenter. I would come and go all the time. I lived at the mission and Al would find out that I was there and he pulled me out of the mission, hired me through the mission and so I would always work for Al while I was there. He trained me in a very good trade. When I did sober up, I went to work for Al for just a little while.

A few other housed, sober individuals talked about mentors in their lives. They sometimes referred to them as a second parent, or a parent that they never had. All the individuals that talked about mentors were men. No women that were interviewed talked about any type of mentorship; they were more likely to emphasize how they made it on their own.

In many ways, mentors are to employment as sponsors are to recovering alcoholics in AA. Sponsorship in Alcoholics Anonymous is informal, unwritten and at the most basic level is one person helping another. Sponsors act as an ongoing relationship with a newcomer to AA, a person to turn to when the newcomer has questions. Mentors acted as work sponsors in many similar ways. For example, they introduced the newly working person to others, were a friend, and had experience being employed stably.

Stable Employment

Individuals in the study that could identify with one type of employment were much more successful than those who were “jacks of all trades.” The individuals that had some measure of success (desistance from substances, crime, or homelessness) had no trouble quickly answering questions about employment with specific information. However, those that were criminals, incarcerated, using drugs and alcohol or homeless could almost never identify with one specific job. Further, the securely employed individuals often could recall specific hire dates and knew exactly how long they had been employed with their organization.

For example, Sandy, who was grateful to get a job with the post-office, says:

I love my job. I drive around, I'm happy I don't have to talk to anybody. I don't even have to talk to a supervisor very much. Other than that, I work on my own.

Another successful individual works “in the roofing business.” Anthony, a chef before and after NOHSAP, says the job “has paid off tremendously, I love it.” It took him months to reply to the letter for a follow up interview and he said it was because he was too busy at work:

Well, like I said, I’m a chef on my job and I work about 60 hours a week. You know I be on it. You know it just got away from me.

One woman started her own at-home childcare business and has been committed to that job for fifteen years. Before that, she worked at a nursing home but felt she was “making another business successful when I could be doing the same for myself.”

Individuals that were not successful in terms of desistance usually did not have full time employment. They worked any number of odd jobs trying to make ends meet. For example:

Interviewer: What kind of employment have you had since 1991?

Darryl: I’ve been to prison three times since then. Right now I work part time for cruise ships, when the cruise ships come in. The last time I was incarcerated I wound up getting a job offshore. I kept that job for 3.5 years, almost 4 years after I got out. But I quit that job because there wasn’t really any benefits. So I got a part-time job and I work on the side, I cut grass and I’ve been home four years now.

Another incarcerated individual, Willie, who was previously living in Texas as a Katrina refugee, picked up some mortar work temporarily, and is learning welding in prison. When asked about his plans after he was released, he said he would like to go to a halfway house. I assumed he meant a drug or alcohol halfway house but that was wrong; he meant an employment halfway house:

Like a place to work. Get a good job, I’ll stay anywhere. I’m not really tied up to New Orleans anymore.

One individual on probation was currently living with a friend and borrowed someone's cell phone to do the follow-up interview. He indicated that he has "been off and on doing cement work and laying carpet."

The majority of individuals who had not desisted had no stable employment. Most successful individuals went to work for a company or organization, as opposed to incarcerated individuals that were working for themselves before arrest. Randy was incarcerated for his second six-year sentence but "kind of starting working" for himself when he was released. After serving six years in prison and completing a number of programs, he "got a job up at a scaffolding place" then "kind of started working by" himself detailing cars. "Matter of fact" he said, "the day that I came to jail, that is where I was at."

Interviewer: At work?

Randy: I was at work when I came to jail.

Interviewer: What happened?

Randy: [Laughs]. One of the other guys at work was stealing stuff, and had it up front by my stuff. I wasn't aware, and they gave us both simple burglary. First they had me under possession of stolen goods and the other guy got simple burglary and it stuck because I had a second burglary charge.

Interviewer: Where's that guy at now?

Randy: I haven't seen him through the whole court proceedings. I was wrong, because I allowed it to happen, and not checking like I should have been. So, I look at it, by my allowing him to put that stuff by me, not checking on him, I allowed that. And I took responsibility, I had it happen on August 28th, and I told him I had my time. I went through everything speedy, because the last time I was there in '99, everything was drawn out for almost a year and a half before...and I said this time, well, whatever the outcome may

be, let's get it over with. And I did. I'm all right with my time, I got six years again.

Other individuals who did not have reliable work seemed to follow similar patterns, winding up back in prison. "In and out types of jobs" is how one inmate referred to his employment over the last nineteen years. Individuals would try to get "in" a job that may be a week or two such as carpentry work, only to find themselves "out" quickly after the job was completed. These spotty, discontinuous work histories seemingly provide no firm basis for desistance.

Of the incarcerated individuals that were to be released sometime in the future (not the five serving life sentences), most had no idea what they would do for work once they left prison. Some, now in their sixties, have little job training, are convicted felons, and have little education. The best post-prison scenario that most could come up with usually involved staying with a friend or family member and trying to find "something" to do to make some sort of money. When asked what this something would be, one individual indicated that he thought he could work on car transmissions while living at his sister's house. That was as close to a real plan as any of these men got. Most did not have a clue about how they were going to make it "out there" once they were released. While the prison usually provides some sort of "employment" training, it is difficult to see how this experience will be of any benefit to them after release.

One incarcerated individual talked about his work in prison, stating, "well, the work is easy." Paid pennies on the hour to work, he said the work "is bad", and there was not any real employment in prison.

There is no work up here. I'd do any job they put in front of me, there's no work. I promise you, no work.

This quote resonates with the experiences of all NOHSAP clients. All the individuals I interviewed were never picky about employment; they said they would work any job. Individuals indicated they would take any type of employment, regardless of whether they liked it, whether it paid well, provided benefits, or had convenient hours. These follow-up interviews showed fifty and sixty year old men and women willing to work as ticket takers for a jazz festival, wash dishes, provide child care, paint, clean up trash, and a number of other poorly paying, unrewarding, physically difficult jobs.

Most of the time these individuals did not get satisfaction or feel appreciated for this type of work. In contrast, individuals with stable employment who developed relationships with their employer or fellow employees seemed to enjoy their work. However, those with temporary employment reported none of the same satisfactions. Other miscellaneous reported jobs were stints as bartenders or service employees, lawn work, and landscaping. Another incarcerated individual, George, replied:

I had a lot of employments. I did construction work, I just learned a trade since I been up here, hobby craft. I can build anything. I just learned that since I got here. So this place was good for one thing. It helped me find a talent. And I've done baking, restaurant service; I washed a few dishes here and there. I had a lot of jobs.

It is difficult to draw conclusions about which difficulties come first in regards to housing, homelessness, substance abuse and crime. Some individuals, like Chris, attributed their difficulties maintaining stable employment to drug and alcohol use. Others may have faced employment instability due to arrests and incarcerations, and others due to episodes of

homelessness. It is plausible to assume that some individuals turned to crime due to lack of employment.

Robert was recently laid off at the time of interview. Although actively seeking work, he was frustrated that he had a family to take care of and could not find employment. He describes his lack of employment:

You know, that's kind of rough. It kind of turns you back to the streets. To do what you know how to do, you understand? It puts you right back there and right now it's so hard to feed a family, it makes you think, you could get you a little bit of something and try to sell it. All that shit goes together. You know, being poor, and being responsible for your family.

Robert felt frustrated with not being able to find work or receive enough government assistance to take care of this family. At the time of the interview, he was contemplating selling drugs for money to make ends meet. He fully realizes the consequences as he has formerly been incarcerated for a lengthy period of time. Robert's employment predicament is similar to Daniel's story of pleasing his fiancée. Although both men know of the consequences (what will likely happen to Robert if he gets back into illegal drug sales; what will certainly happen to Daniel if he violates his probation to move with his fiancée), they feel they have no options. Robert's aggravation came through during the interview as he raised his voice and asked if I knew of anything he could do for work.

Desisting individuals, like the ones in Laub and Sampson's follow-up, exhibited noticeable steadiness in work. Laub and Sampson found employment stability to have the same basic outcomes as marriage: a set of routine activities that kept one out of trouble. Employers, like spouses, provide social control, changed identities, even cognitive transformation.

Employment is similar to marriage in that the desistance process is gradual as well. In Sandy's case, she got sober because of her husband, but also because her "job doesn't allow it." She also said that she "pushed it for a while" (meaning that she tried to use drugs and work) but she has to work so often she could not manage it. She says, "I can't afford to lose my job, it's a good job, a nice husband, a good stable home."

The job she has now, with the postal service, brought about a change in her sense of character and the significance of life. When asked about episodes of homelessness, Sandy quickly brought up that she had not had any other difficulty with homelessness.

Oh no. I've always worked; I've always been a dancer. I've never been a whore; I've never been a prostitute. I've always been a dancer. I've always had a job; I've always had a vehicle. Don't get me wrong, I've slept in the park before, but that was by my own choice.

Just like finding a "decent" spouse, individuals like Sandy had to find a "decent" job as well. Always employed, but in a deviant occupation, she continued to use drugs. Sandy wanted to take credit for her change in life though, and not attribute it to something as simple as a husband and a better job. When asked about turning points, she replied:

Um...you know, I didn't change my job, my job was still the same. I changed my behavior. There's no reason, I just didn't want to be on drugs anymore.

The fact is that Sandy did change a lot, but it was over the course of many years. She worked on finding a good man and they dated for a long time before they married. She also made a shift in careers, moving from exotic dancing to working at the post office.

Laub and Sampson also found that stable work, while not self-defined in all cases, was a major turning point in desistance. In the follow-up of the Glueck men, a steady paycheck was paramount. Individuals who knew they had money coming in regularly exhibited much more stability than those whose jobs were more episodic. Construction workers, tattoo artists and other similar occupations were connected with crime, substance use, and homelessness.

In the intake interviews of NOHSAP clients, individuals were asked many questions about the nature of their previous employment. From looking at the original data, we can get a picture of what the work histories of these individuals have been for the past twenty years. The original sample asked individuals if they had a “profession, trade, or skill” and the majority answered yes (75%). At first look, this seems positive, but when looking at the specific professions, trades, and skills, the picture of employment does not seem as bright.

At the time of intake, the average longest full-time job of a NOHSAP individual was a mere three years. That means, by age 32, the average individuals’ longest career stretch was a little over 36 months. While a few individuals got out of this employment instability, the follow-up interviews show that many stayed in transient careers and had entire lives of unsecure employment. At intake, when asked about continuous employment, very few individuals held the same job for an extended period (11%). Most individuals reported having a few different jobs (54%) and a large number of clients reported having “a lot of different jobs” (36%). These numbers almost mirror the follow-up interviews twenty years later.

Also at intake, individuals were asked what they liked most about the last job they held. For individuals working in semi- and un-skilled manual labor positions, there was little to no satisfaction derived from this type of employment. Whereas individuals in better occupations get

fulfillment from things such as the people they work with, the freedom it provides, or the work itself, NOHSAP clients work jobs because they pay. The highest reported enjoyment about a job for these individuals was pay (67%). All other categories of reported job enjoyment were very low. When asked about enjoying freedom, fringe benefits, coworkers, extraneous factors, or the amount of worry produced by the job, NOHSAP clients reported none of these things. In the follow-up interviews, those working for an employer they liked, or a job that gave them satisfaction, were the ones doing well. But the majority of individuals who were working jobs just to get a paycheck were often unstable and unhappy.

When asked about usual employment patterns in the last year prior to intake into NOHSAP, most reported being unemployed (35%). The second most frequent employment circumstance was regular full-time work (23%). The rest of the sample reported some combination of irregular full or part time work. In the follow-up interviews, individuals expressed spurts of work followed by periods of unemployment. Some individuals would work every day trying to make as much money as they could before getting laid off and having no work. Most individuals at intake to the program said they were “extremely troubled” by their employment problems (63%).

Employment bonds, like marital bonds, can lead to desistance for some individuals. Job stability, among Laub and Sampson’s sample and among this sample, was strongly related to desistance. Individuals in this sample who found jobs that provided some sort of satisfaction (Chris’s management position, Sam’s position with a computer security company, Sandy’s job at the post office, Anthony’s job as a chef, for examples) were also able to give up drugs and crime and all that addiction entails. These individuals, like Laub and Sampson’s desisting individuals,

have stable jobs, are committed to going to work, and have fellow employees that rely on them. This is almost identical to the social control mechanisms of marriage.

In Chris's case, an employer (which turned out to be more of a mentor) took a chance on him when he was living at the shelter. Chris, over the years, has felt invested in that relationship and did not want to disappoint his mentor. So he continues to go to work, do a good job, and provide for his family. Full-time employment also restricts one's time; it leads to routine activities in place of deviant ones. Going to work for at least eight hours a day gives structure to one's time and limits the amount of opportunity for criminal offending and drug and alcohol use. Or as the French author Albert Camus put it, "Without work, all life goes rotten. When work is soulless, life stifles and dies." Add a stable family situation to the picture and the result is the principal generalization of age-graded life course theory.

CHAPTER NINE: OTHER DESISTANCE FINDINGS

Laub and Sampson's study of desistance found three major correlates of desistance: marriage, employment, and military careers. As already reviewed, this sample shares similar experiences with marriage and employment, but not military careers. The contrast here could be due to the difference between being drafted (as with earlier generations) and a choice to join the military (as confronted by the NOHSAPers). A few other themes emerged from the follow-up interviews, however, that are explored in this chapter. These minor themes include presentation of self, maturation, and religion.

Presentation of Self

Erving Goffman's famous sociological work, *The Presentation of Self in Everyday Life*, explains how, when a person appears before others, he or she tries to control the impression given. There are different techniques to control these impressions and they occur everywhere in social life (Goffman, 1959). These impression management techniques were present in follow-up interviews with NOHSAP clients. These follow-up interviews were very much a performance in many ways, and in some ways, the following pages are a review of the performance. For NOHSAP clients, the request for an interview was flattering, a way to show what they had done right in life. In telling their stories, their efforts at impression management were obvious.

Chris, the first follow-up respondent, was insistent on showing how he had changed for the better. Early in the interview he mentioned that he has a Facebook page, and throughout the

interview frequently uses this as a way to present his new life. Chris had a strong desire to show that he is a new person, a family man, not the alcoholic homeless person he was eighteen years ago. One of the first things he reveals during the interview, before being asked any questions about family, is the success of his son and brother.

And my son is going to [a university] right now. He's already graduated with his degree in psychology, and he is working on his master's in psychology. My brother graduated with his master's, he had a bridge grant. He got his degree and his master's at the same time.

Chris goes on to talk about how close he is with his children. However, his knowledge about the details of his son's life was minimal. Chris mentions that he is not exactly sure what his son is doing in school. Further, all his children live in cities away from him, and he "had not talked to them in years." In the case of one of his children, Chris only recently started talking to her for the first time in fifteen years.

Interestingly, he credits this abandonment to being "on the road," not to his homelessness or substance abuse. Also, after years of abandonment, Chris discredits the mother of the children by calling his family her "true family."

If you look at her [his daughter] facebook, her whole facebook is just loaded with pictures of us. I mean it's like she's got her mom and her mom's side of the family, but her facebook is loaded with pictures of us and her uncles on my side of the family and stuff like that. Because she's got this true family.

Other individuals in the follow-up study had similar presentations, clearly hoping to show how they had improved their lives since the program. Another employed white male who has a story similar to Chris wanted to show how his life had changed and made comments about how many people he was in charge of at work. Sam, like Chris,

attributed much of his success to his wife and “getting out of New Orleans.” Most of the reform these individuals expressed directly related to interpersonal relationships. Robert told of being a great husband, “my wife hasn’t worked a day in 8 years.” Another man indicated that he was a better son:

My mom just turned 82 years old last Saturday. Truly a blessing to, you know, be able to talk to your mother and have prayer with her on the phone. I talk to her every day, sometimes twice a day.

Perhaps the most dramatic and most methodologically troubling presentations of self come from the stories given by incarcerated respondents. In the self-reports of housed, employed individuals, there is no real way to gauge if they are telling the truth. However, incarcerated individuals have publicly accessible arrest records against which their stories can be compared. Therefore, comparing the self-reported data with the arrest data gives an interesting picture not only of self-presentation, but also of validity and reliability in self-reported interviews.

For example, when Randy is explaining his experience with marriage and divorce, he mentions a prison sentence of six years. When asked what he did to get six years, he laughed and explained his innocence:

One of the other guys was stealing stuff, and had it up front by my stuff. I wasn’t aware, and they gave us both simple burglary. First they had me under possession of stolen goods and the other guy got simple burglary and it stuck because I had a second burglary charge.

When pushed to explain the first burglary charge, he responded with a confused, “What?” The question was restated, “what about before when you served time, what got you there?” He then went into another very long explanation of his innocence.

Randy: Um...I mean, it's almost, almost identical. I bought a reciprocating saw from a guy. I bought it from a guy for twenty dollars. And some guy crossed the parking lot, I'm walking to the French Quarter, maybe thirty yards off of Royal Street, thirty yards to making it back to Elm street and the next thing I know I got surrounded by police. They said I stole it, and I said no I didn't. They arrested me and another police officer came. I got charged with possession of stolen property. I had got arrested eight times, but that was my first offense to be charged.

Interviewer: Well what about the other eight arrests, what were they for?

Randy: Um...different things, one said forgery. I ain't forged nothing. I don't remember getting arrested eight times.

Randy fails to mention his long history of arrests, starting the year before he entered NOHSAP. After his detox in NOHSAP, he seemed to stay out of trouble with the law for two years, but was then arrested for trying to burglarize a house, and for stealing a car.

Randy's arrest record (New Orleans Parish only):

<u>Age</u>	<u>Year</u>	<u>Life Event</u>
24	1980	Marriage
34	1990	Arrest (Theft)
35	1991	NOHSAP
37	1993	Arrest (Auto Theft, Unauthorized Entry into an Inhabited Dwelling)
39	1995	Arrest (Theft)
43	1999	Arrest (Forgery, Illegal Possession of Stolen Things)
44	2000	Arrest (Illegal possession, Simple Burglary (x2), Concealed Weapon)
44-50	2000-2006	Served six years in prison
53	2009	Arrest (Simple burglary, Theft, Forgery)
54-60	2010-2016	Serving six years in prison

To the majority of the population, it probably seems ridiculous that someone would not remember how many times they were arrested. Homeless substance abusers, however, are sometimes referred to as "an institutionalized population." Many of these individuals have been in and out of so many different institutions, they truly have no recollection of some of them.

This is not to say that Randy and others were not being dishonest. During interviews, a few incarcerated individuals stated that they were embarrassed that they did not have more success in the past twenty years. So it makes sense that these individuals would want to portray themselves in a more positive light, most likely as anyone would during a longitudinal follow-up study.

Another interesting case of validity of self-reports among this population comes from George. I interviewed George at the state penitentiary where he was serving a life sentence. Prior to the interview, I looked at George’s intake data and found out that he reported three arrests and two convictions. He reported one arrest for shoplifting and two drug charges before coming into the detox program. George also reported having never been married and not having any children at the time of intake.

At the time of the follow-up interview, George had been in Angola for twelve years. When asked to recall his arrest history, he replied that he was incarcerated for crack cocaine. “I’m an addict and they made it look like I was a king pin,” he said. Further, he indicated that he only had two charges, one for stealing “petty goods” and two “for drugs.”

<u>Age</u>	<u>Year</u>	<u>Life Event</u>
21	1988	Arrest (Possession of schedule two narcotic)
21	1989	Arrest (Possession of cocaine)
22	1989	Birth of daughter
23	1990	Arrest (Possession with intent to sell, crack cocaine)
23	1990	Arrest (Possession of cocaine)
23	1991	NOHSAP
23	1991	Arrest (Burglary)
24-28	1992-1996	Served in prison
29	1997	Married
30	1998	Arrested (Possession of crack cocaine)
30	1998	Arrested (Possession, intent to sell crack cocaine, obstruction, resisting)
31	1999	Sentenced to life in prison
43	2010	Follow-up Interview in prison

George left a lot of his story out during both the original intake and the follow-up interview. At intake he said that he had no children, but in the follow-up interview he indicated that he had a twenty-one year old daughter I “should have known about.” During his intake interview he said he had been arrested three times, but he had actually been arrested four times. After detox in NOHSAP he was arrested once more for burglary and sentenced to a six-year prison sentence. He must have been released early, however, or lied about his date of marriage. During the follow-up interview George said that he was married in 1997. A year later, he was arrested again for possession of crack cocaine. Three months after that arrest, he was picked up again for resisting arrest, obstruction of justice, and possession with intent to sell crack cocaine. During sentencing, the state filed a multiple offender bill against George, incarcerating him for life.

When asked about incarcerations, hospitalizations, in-patient treatment centers, and NOHSAP, almost all of the individuals interviewed indicated that they vaguely remembered some programs. They would often start naming many programs they were in, thinking they were NOHSAP. Another difficulty was confusion over terms such as arrest and conviction. Some individuals may have been handcuffed, but never arrested. Some were arrested but never charged. Some of these individuals simply do not know their arrest record, or choose to deny it.

Maturation

Chris attributed getting older as one of the reasons for getting out of homelessness and ceasing drinking. He no longer wanted to “be in the elements” and did not want to die. He also mentioned “being tired” and “getting older” as reasons he started working regularly. Aging, not a strong desire to quit drinking, was a big part of his transition out of homelessness. He felt that

his life as a homeless substance abuser was “going to kill” him. Chris explained, “I’m going to die and if I don’t die I am going to end up killing somebody.”

While aging, or maturation, was not a major theme of this desistance study, several individuals in the follow-up interviews did talk about health and getting older. These individuals discussed living hard lives on the streets, years of substance abuse, and the normal process of aging being difficult on the body. From the employment chapter of this dissertation, it is clear that most of these individuals had manual labor jobs at one point or another in their lives. Also, in the follow-up interviews, they described the impact of this work as they aged.

Randy, serving a six-year sentence (for the second time), described trying to take it easy while he was in prison. He was trying to live “one day at a time” to “get ready to go back out there and do it.” He shared about the aging process and desistance:

I’ll be fifty-eight going on fifty-nine years old when I get ready to get out of here. I’m older now. Playtime is over with. It’s time to get serious with life and spend the rest of my time, like my dad say, he’s 86, it’s time for me to take the head of the family. You know what I’m saying, I hope God continues to bless him with a lot more years, but when I come home it’s time for me to step up and be the head of the family because I am the oldest. I need to be there for my nieces, nephews, my children and grandchildren, so that’s the only thing I’m looking forward to right now. Just going home and living a quiet life.

Randy talks about “playtime”, perhaps meaning using drugs and alcohol, or committing crimes. He indicates that he has lived a life filled with fun. However, he feels pressure from his family to take over when his dad passes away, to become “the head of the family.” Later in the interview he again mentions that his dad is 86, and hopes that his dad will continue to live until he is released, but that is unknown. The oldest of his siblings, Randy has a large extended family and feels that he has not been there to take care of them. This is his main goal when he is

released from prison. He will remain incarcerated for six years, but has no desire to spend time on the streets anymore. Rather, he wants to “live a quiet life” instead.

Randy’s prison nickname is “old timer” and he sees himself as a mentor to other inmates. In addition to being there for his family when he is released, he also has a strong desire to get involved with a church.

I would like to get with my church because they was trying to start up a drug program and I said well maybe that would be an area that I’m best in, trying to save the young person. That’s what I do on my own, any young kid that will come and talk to me. A lot of fathers haven’t been fathers, because a lot of them is in these places. A lot of these young guys are just hungry for some man to show that there is another way. If we get more guys to step up, to be mentors, to just be father figures, if you can’t save your child, help save somebody else’s, because it’s there.

Randy expressed a lot of disappointment in watching young men coming to prison. He feels sadness watching young men no older than twenty-one years of age getting off the bus, getting assigned numbers and becoming integrated into the prison system. Randy has a desire to try to be a better man to help others.

This desire to get out of prison and be a contributing family member was mentioned by Dwight as well. Dwight has one grown son and “some grandkids too” and he enrolled in a parenting class in prison.

I’m going to need that experience. My son is twenty-five years old. I recently just started hearing from my brother. And my sister, they recently just started to come see me like a month ago. They been coming up to see me. They let me know that they miss me and the type of person that I was when I wasn’t under the influence of alcohol or drugs. They said I was a totally different person. They would like to see me. They were happy that I’m getting myself together, but they wanted to make sure I’m together when I get out. You know cause everyone is getting old in the family, a

lot of them used to look up to me, they still do, not everyone but a lot of the people do.

Dwight has spent a lot of time in prison, and when asked why he is working now to rebuild relationships with his family (rather than any time in the past), he said he was not sure. He mentioned the possibility of guilt, but also said that he “prayed and asked God to help deliver them and me.” Dwight also indicated that his family probably misses him. He asked God to open up a door, and also asked God for this current research project to be made possible.

I asked that you be able to come in and be able to speak with us. I asked God that because I firmly believe in my heart that people can receive information and gain information to maybe help someone else. When my family came in, they were pretty much letting me know how much they missed me and how much they cared about me. One of my brothers, he has passed away since I have been incarcerated. And you know, my daddy he’s like seventy-something years old and he’s had a lot of health problems. I guess they wanted to see where I was at. You know they missed me, they knew that I got incarcerated, I didn’t bother them for anything because I knew that I had done wrong I had put myself in here, so I didn’t reach out to them for help. I reached out to them to see how they were doing. You know not to be a burden on them.

Dwight also talked about his health, describing problems with his knee. Years ago, he was told by a doctor that “the cartilages were going bad” on his knee and that he would need an operation. At the time of the interview, he said that he has not had a physical since he had been incarcerated. Dwight was troubled by this because he has “been moving around the camp” and working at the warehouse. Part of his prison labor includes “moving and picking up boxes and stuff like that” and he expressed concern about his knee. George, another incarcerated individual had similar health concerns.

They got me going to the field. You know I broke my leg, I was in a car accident and I broke my leg, my fibula was smashed so they had to insert a rod from my knee to my ankle and I have a screw through my ankle. And I got to go in the field and they say put on your boots and I say man I can't walk on unlevel ground.

Individuals that were not in prison also commented on the process of aging. Carl, married for several years now, is the primary caregiver for his mother in law, now ninety-six years old. When Carl and his wife built the house they are living in, they built a room for his mother in law. His wife acts as the primary income earner, and Carl stays home "cooking, washing dishes, mopping, and washing clothes."

Carl feels as if he has gone through a fairly normal aging process for being a former homeless substance abuser. He talks about his health:

Well I've had a few operations on my foot because I had hammertoes. I had to get those straightened out. On my right little toe I had to get a bone chipped so I could walk better. Other than that, I had a colonoscopy and things like that, few operations, local on my back, cancers and things like that. Oh, I had major surgery, oral surgery on my mouth. And basically, that was it.

Tammy, when asked about sobriety, also talked about health and aging.

I got up in age. I'm fifty-nine years old now, and I had a stroke the first of the year, and I just can't do what I've been doing. I don't even drink since I had the stroke. I think I may have drank one beer since the first of the year.

For Tammy, the process of getting older, combined with a fairly severe medical problem sobered her up. She refers to aging as "all them little things" like "having a bladder problem" that caused her to stop drinking alcohol. She described the stroke in detail:

The stroke I had in my sleep. I woke up that morning, and it was just like you listen to television, the symptoms and things. I had wondered if I had a stroke. I could feel that numbness on the right

side of my body, my hand and my feet. So when I went to the hospital the day after the stroke, they hospitalized me about four days. I had the stroke in the back of my head that affected something in the front of my head and they said that I wouldn't walk and I wouldn't do this and that. But they were lying, I'm walking and I'm coming along with the numbness.

Tammy now has very regular doctor's appointments that make day-to-day living difficult. She is not able to drive and has difficulty getting on and off the bus. She expressed dissatisfaction with her current doctor and hoped to change to see another physician.

I've been in pain since the first of the year, I'm not on any meds for the pain, my muscles are tight, I need a muscle relaxer. The doctor I go for anti-depression she done moved from up here, she's way down by the canal now. I called this morning for an appointment she's only in on a Tuesday. And I have a bladder control problem so I'm into diapers now.

On top of all this, Tammy's son is incarcerated. While he is locked up, Tammy is taking care of her grandson. "This kid" she said, "is giving me a whole lot of problems." At the time of the interview, she had been taking care of him for six months. Tammy felt she was not stable enough to take care of a fourteen-year old boy, and was not able "to watch an unruly kid." Still, she kept trying to do the best she could, in hopes that "everything will work out."

Similar to Tammy, when asked about the decision to get sober, Mike said, "I had congestive heart failure." He felt if he kept using drugs and alcohol, he "was going to die" and "wasn't ready to die." Others talked about sobriety as a "change of pace," "slowing down" and no longer wanting to "live for the weekend." Earl, once a heavy user, now talks to his mother every day on the phone.

See my mom just turned eighty-two years old last Saturday. Truly a blessing to be able to talk to your mother and have prayer with her on the phone. I talk to her every day. Sometimes twice a day,

so, truly a blessing, you know God has been good to me. I'm just, ready to live life for God and be the man that God taught me to be.

Like others in the study, and similar to Laub and Sampson's follow up, aging was an important factor in life change. Earl "just got to the point" where he realized he was "forty-seven years old" and had to change. While not as frequently mentioned as employment or marriage, aging out of homelessness, crime, and substance abuse was an important component in desistance among this sample.

Overall, looking back over the past twenty years of their lives, NOHSAP clients usually wanted to settle down. Many had realizations that life would not go on forever and tried to take better care of themselves and those around them. Tyler said he wanted "a good life the rest of the life I have left" and others expressed similar thoughts of their own mortality. Tyler also indicated that he wanted "to be successful and that's about it." For him, this simply meant going to work every day, staying sober, and taking care of his family.

Religion

The majority of respondents (81%) mentioned religion, church, or God during the follow-up interview. One respondent, Sam, met his wife of over a decade at church and attendance is still important to their family. Robert's wife sings in the choir, he reads scriptures and "always prays." Robert does not go to church frequently because he is "always trying to work, always working" but "prays every day" and has his own Bible.

In another interview, Chris mentioned God on several occasions. Chris believed that God "blessed" him with "these really cool jobs" that he lost. Before Chris and Holly married, he said that he told her about Jesus Christ. "I said, well you are going to have to understand something

[speaking to Holly], you are always going to be second in my life because Jesus Christ is first, and you'll be second." Chris described the entire process of taking communion at church every other Sunday and how it was important to him. Chris has been going to the same church for ten years, and has become very involved with teaching Sunday school classes.

Chris describes the Christian practice of forgiveness as helping him establish relationships with his family:

If you forgive me [speaking to his family], it has to be true, it has to be real, it has to be like God. When God forgives us something, that's it, it's done, it's gone, you don't have to keep repeating yourself, you know? You don't have to keep asking for forgiveness for something. He forgives you and it's done. I said if you you're going to forgive me, it has to be like that.

What Chris means by telling this story is really about how asking for forgiveness from his family repaired his relationships with them. He is talking about how he received forgiveness from Jesus Christ, and hopes that his family has forgiven him in that same manner. Chris talked a great deal about forgiveness from his family, explaining how he was tired of constantly making amends. He wished that his family would forgive him the same way Jesus did, no questions asked.

Two individuals from the study currently participate in Celebrate Recovery. This program is fairly new (founded in 1991, the same year as NOHSAP) by a pastor with goals of overcoming addiction, specifically sex and drugs. Celebrate Recovery is twelve-step program much like Alcoholics Anonymous, but only recognizes Christianity, not any other religious or spiritual higher powers. As one NOHSAP individual explained:

Celebrate Recovery. What I'm involved with, that works better for me. It's basically AA/NA but it's biblical. With Celebrate Recovery you deal strictly with biblical, which is God's words, God's promises. And with AA it's based on the alcoholic's point

of view and you know I used to go to the meetings and a lot of people tell their war stories and what they did and that really was a turn off to me. Then when I discovered Celebrate Recovery that was much better for me, it not only keeps me in the word, but it also keeps me in the bible. It's a better outlook for me.

This individual also attributes God's grace as the reason he is alive and out of prison. He said he has "no arrests, no fatalities, God kept me from all hurt, harm and danger." Individuals also mentioned church as being one of the only places they have met "good people." Church "has been a great help, trust me, that's one of the best groups of people, all the people I've made contact with, I've really run into some influential and impressive people," one individual stated.

Individuals not associated with Celebrate Recovery but staying sober without meetings shared the same problems with AA and NA. When asked about how he stayed sober, Carl responded:

Well, I more or less opened my eyes. NA and AA will save your ass, God will save your soul. And I couldn't understand that. When I wanted to use, first of all, God couldn't stop me, why do you think man can stop you? So the twelve steps didn't work for me, the Lord worked for me. You know I worship the Lord and everything but I'm not a fanatic. But I believe in the power of God, and I believe that all things are possible through him. So I'm thankful for a lot of things, my eyes were open, so I want to step up to the real deal.

Another individual, sober since his year spent in NOHSAP, agreed that AA and NA did not work for him, but God did.

Well, it works, I'm not going to stay it [AA and NA] don't work. You find, after a while, the longer that you do stay clean. I mean, you don't want to be caught back up in that sickness. Not so much the alcohol and the drugs, but mentally. The functions. Mostly I go to church, it taught me everything I needed to know. It taught

me not to go into places I used to be. Just different things, I just changed my whole life.

Other individuals also attributed their success, including material success, to God.

“God’s done blessed me. I’m not living on the streets no more, I wear decent clothes now,” one individual said. He explained further, “I go to church and I pray to God every Sunday that he keep on blessing me and that’s my life story right now.” Some individuals in prison, especially those with life sentences, felt God was their last hope. As one individual put it, “I made peace through the grace of God.”

George, serving life, said that he hoped one day “God will see fit to let me go.” By this he meant that the only way he would be released from his life sentence is divine intervention of some sort, as he has exhausted the process of appeals. Another lifer, when asked about this life story said, “Believe in God, and just hope for the best. Expect the worst, but hope for the best. I guess.” The lifer that was serving out his life sentence in lock down (23 hours alone, every day) was especially dependent upon religion. He recently published a biblical book from behind bars and often sent bible scriptures along with his letters.

Individuals who were going to be released from prison also relied upon God. When asked about plans after leaving prison one man said, “what I would like to do is stay closer to God.” In every interview with an incarcerated individual that would be released, their plans on staying sober, finding a job, and locating housing were very vague. They had no idea where they would live, who would want to give them a job, and how they would find new friends that did not use or sell drugs. Talking about God served as a substitute for coming up with an actual post-release plan.

Laub and Sampson's study had very few individuals who changed because of religion or a twelve-step program. However, among this sample of substance abusers, religion played much more of a role. Perhaps this sample, being New Orleanian, is simply more religious overall. Data from the original intake interviews indicate that 27% considered themselves "very religious." Another 37% of clients considered themselves "somewhat religious", and 21% of NOHSAP clients at intake considered themselves "a little religious." It seems that the process of aging, or relying upon religion as a desistance mechanism, has increased religiosity among this population. Although the follow-up interview contained no questions about religion, a very large number of respondents (81%) brought it up as something they wanted to talk about. Had I thought to ask the identical question that was asked during the intake interview, it is plausible that individuals would consider themselves more religious now than they did twenty years ago.

At intake, the majority of respondents reported being Protestant (67%) and Catholic (24%) with very few reporting "Jewish," "none," or "other." Interestingly, twenty years ago, many clients said they had not attended a church service in years (32%). The follow-up interviews indicate that many of these individuals had gone back to the church as a source of help, relief, and guidance. At intake, almost everyone (95%) indicated that they believed in a higher power. This number is very high, and although they were not regularly attending church at the time, they still held important religious beliefs. Most clients, at intake, also believed that if they were more spiritual, their lives would improve (92%). Perhaps they held onto this belief over the years and worked at religious and spiritual teachings to make that belief come true. If a person "strongly agrees" that their "life will improve" if they are more spiritual (42% of the

sample did), then it makes sense that years later they would attribute life improvement and desistance to God, religion, or spirituality.

Laub and Sampson's study very rarely mentions religion as a desistance mechanism. Relatively few men in their study changed because of religion. In fact, when asked if religion could play an important turning point in turning his life around, one Glueck respondent said, "no, it's a crock of shit." Other than that narrative and one other positive story, religion was not discussed in the follow-up study among Boston juvenile delinquents.

There may be several factors influencing why this sample of homeless substance abusers in New Orleans discussed religion more frequently. First, this is a sample of substance abusers that have all gone through a twelve-step spiritually based treatment. This may have given them an opportunity to be exposed to religion whereas they normally would not have been. More likely, however, are factors of gender and race. This sample includes women and is predominately black. All of these demographic variables most likely work to produce more emphasis on religion.

The contrast between these findings on religion and the Sampson and Laub's non-findings is theoretically meaningful and should be further examined in future research. Specific questions about religion and the importance of related activities should be asked. Perhaps the sheer destitution and material privation gave this sample of New Orleans homeless substance abusers nothing to believe in but God.

CHAPTER TEN: ‘I’M NOT AN ALCOHOLIC ANYMORE’: GETTING AND STAYING SOBER WITHOUT MEETINGS

Measuring sobriety today among these individuals perhaps was the most difficult desistance process to unravel. When conducting interviews in prison I was often accompanied by a guard at all times, even during the interviews. Asking individuals what their drug and alcohol use had been like would not make sense. Just because someone is incarcerated, however, does not necessarily mean that they are sober. The chances that they are using are probably less, but even this is not certain. Nick Flynn, deputy director of the Prison Reform Trust, says that “it is commonly assumed that well over half of the prison population regularly consumes some kind of drug, be it alcohol, cannabis, amphetamines or heroin.” If inmates were using some sort of substance behind bars, they would probably not disclose this information with guards nearby, for fear of getting in trouble.

Individuals in the study also had various ideas about what it means to be “sober.” For example, one woman in the study discontinued heroin use but still admittedly drank alcohol to excess. Other individuals quit drinking alcoholically, but were not abstinent. For these reasons, getting a reliable sense of substance use, misuse, and abuse was very difficult. Of the individuals interviewed, 44% (n=14) claimed complete abstinence from alcohol and drugs and two more had quit using drugs but continued to drink. Taking into consideration other parts of the interview, I assume that most of the incarcerated individuals did not use any substances. This assumption is made because they were either on lock down, expressed beliefs contrary to using drugs and alcohol (deep religious beliefs, for example), had been incarcerated for a long period of time, and

generally *seemed* sober. These individuals accounted for 34% of the sample (n=11). Only two individuals I spoke with admitted to using drugs and drinking currently (6%).

That most of the sample is currently sober is likely explained in a few ways. First, individuals who were currently using drugs were less likely to receive the contact letter. Second, individuals currently using may have apprehension in responding to the letter for a follow-up interview. One man that did participate in an interview said he was cautious about agreeing to an interview because he felt like a failure. He said that nearly twenty years have passed and he had nothing to show for himself, no improvement, and perhaps was worse off than at his intake interview. This is most likely true for a number of other individuals for whom contact was not made.

All individuals in NOHSAP had exposure to twelve-step meetings during treatment. During the interviews, it was apparent that they sometimes did not remember going to meetings during the program, but all were required to as part of the treatment plan. Although over the past few years alcohol and drug abuse treatment programs have been experimenting with alternative methods, twelve-step meetings in most treatment centers are heavily based on the twelve-steps of Alcoholics Anonymous.

Treatment and The Twelve Steps

The fourth tradition (guiding principle) of Alcoholics Anonymous states: “Each group should be autonomous except in matters affecting other groups or A.A. as a whole.” This means that one AA group may vary from another AA group in any number of ways. However, there are certain themes that are familiar in most AA groups across the United States. Most groups take care to ensure that an AA meeting starts and ends on time, usually lasting one hour. There is

usually an appointed group member to lead, or steer, the meeting for the hour. This person generally has a decided upon length of sobriety that is appropriate, and determined by each group, to take on this commitment. A meeting will generally start with a moment of silence or a prayer. Some general announcements will often be made such as the location and price of coffee and other refreshments. The meeting chairperson may ask if there are any newcomers or visitors to the group. At almost all Alcoholics Anonymous meetings, the group will decide upon some combination of readings. These readings are generally published by Alcoholics Anonymous, and may be read by everyone present at the meeting, or by a few designated volunteers. Frequently, a portion of the text “Alcoholics Anonymous” is read, the Twelve Traditions, and sometimes a reading that changes from day to day.

At most meetings, there will be a time dedicated for everyone in the room to introduce themselves. This is usually done in the manner of “Hello, my name is Bill W., and I am an alcoholic.” This trend continues around the room until all present have introduced themselves. Shortly after this, time is dedicated to opening up the meeting for discussion. Perhaps someone in the group will have a topic in mind they would like to discuss, or the meeting has a predetermined format (beginners’ meeting, speaker meeting, book study, etc.) Group members will share their experiences on the chosen topic for most of the hour. At some point during the meeting, the chairperson will often set aside a few minutes to pass the basket, collecting donations for the group’s expenses. The chair may often read the seventh tradition, “Every AA group ought to be fully self-supporting, declining outside contributions.”

Other activities that an AA meeting might include are group announcements, information about literature, and some information on sponsorship. Toward the end of most meetings, it is

common for a group member to “do the chips.” Some groups have chip systems (usually using poker chips) to reward, or celebrate, differing lengths of sobriety. For example, some groups may offer newcomers a white chip as a sign of surrender. Chips are often offered in intervals varying from 30 days to 9 months. It is common for the group to require the member to stand and walk to the front of the group to receive this chip with a hug from the volunteer passing the chips out. The final step to a meeting is often the members forming a large circle and ending in a prayer, most commonly The Lord’s Prayer.

During the sharing session of an AA meeting it is common for members to discuss “working the steps.” This topic varies widely, and sharing sessions may take many different tangents during the hour. The Alcoholics Anonymous website lists suggested topics for AA meetings. First, they suggest six general topics:

1. The Twelve Steps: Some groups discuss one Step a week. If there is a newcomer attending for the first time, the group may change the topic to focus on the first three Steps.
2. The Twelve Traditions: Following the conclusion of the Step meetings, some groups will discuss the Traditions so that every thirteenth meeting the group focuses on a Tradition.
3. The Big Book, Alcoholics Anonymous: Some groups discuss one chapter from the Big Book each week. Other groups read from the Big Book weekly and discuss each chapter as they go along.
4. Readings from As Bill Sees It (an Alcoholics Anonymous text): It can inspire sharing on discussion topics.
5. Living Sober (An Alcoholics Anonymous text) also has many topics used by groups.
6. Some A.A. slogans can be used as topics—such as “Live and Let Live,” “Easy Does It,” “First Things First,” “One Day at a Time,” and “H.A.L.T.” (Don’t get too Hungry, Angry, Lonely, or Tired). (Accessed at www.aa.org on April 28th, 2011.)

Alcoholics Anonymous groups are autonomous and are under no obligation to follow these suggested topics. Also common is the meeting starting off with one of these topics and perhaps changing course throughout the meeting. The website also suggests another forty-four topics ranging from acceptance to working with others.

Becoming an Alcoholics Anonymous Member

One of the first studies on becoming an AA member was by Greil and Rudy in 1983, which found that the AA conversion process was similar to religious conversions in several ways. The similarities included forming close relationships with the group members, reduced interaction with people outside the group, ideological homogeneity, and acts of commitment. The two sociologists attended AA meetings in a Midwestern city for five months, and began developing relationships with AA members who were able to talk with them in and outside the meeting halls. They conducted interviews, but the questions they asked were fairly structured. Overall, they felt the story of AA membership could be explained in six stages: hitting bottom, first stepping, making a commitment, accepting your problem, telling your story, and doing twelfth step work.

Several years later, in 1987, Norman Denzin wrote a classic piece on alcoholics titled “The Alcoholic Self.” In the chapter “The Recovering Alcoholic Self”, Denzin suggests several categories to becoming an AA member: maintaining contact with AA and learning how not to drink on a daily basis; becoming a regular member of AA; learning the steps; and becoming integrated into an AA network, finding a sponsor, and working steps four and five (Denzin, 1987). In the same year, Denzin also authored the text *Treating Alcoholism: An Alcoholics*

Anonymous Approach, explaining the “leveling” philosophy of AA. He writes about how AA emphasizes that all alcoholics are equal, regardless of race, class, or gender. These texts have influenced countless qualitative pieces on sobriety.

Affiliation with Alcoholics Anonymous has been difficult for researchers to measure, since it often involves differing ideas of what exactly it means to be a member. Although the preamble of AA states that “the only requirement for AA membership is a desire to stop drinking”, often a more specific definition is alluded to by those researching or participating in AA. Cloud, Ziegler, and Blondell (2004) categorized AA affiliation into the following groupings: Attending meetings, working the twelve steps, identifying with the program, experiencing a spiritual awakening, using program resources, and being involved in higher level AA activities. The authors give some explanation of these categories, agreeing that calling oneself an AA member was indicative of affiliation, along with organizing one’s life around the program of AA. Other concepts determining affiliation include talking with other members of AA, having a sponsor, reading AA literature, using a higher power, and praying. Some of the higher-level activities referred to include celebrating sobriety birthdays, being a sponsor to other members, and interacting with AA members outside the doors of meetings (see Rayburn, 2011 for more).

Disaffiliation

Perhaps one of the most interesting findings from the interview data is what the respondents said did not help keep them sober. Specifically, when asked about help in maintaining sobriety from twelve-step groups such as AA and NA, most said that type of recovery did not work for them. The majority of respondents that were sober felt like they were

“unique” or “exceptions to the norm,” but in fact their stories are more similar than they think.

For example, Chris says:

It was a little different for me, don't get me wrong, I think AA is a wonderful program OK? I stayed sober when I was in my twenties. I stayed sober for five years in AA. And I think they do wonderful things, it didn't work for me. It took that miracle for me, and that's why I know in AA they say one day at a time. They say once a drunk always a drunk, you're always going to be in recovery, you're always going to be an alcoholic. I can't do that. That day God healed me. I'm not an alcoholic anymore. I know people that from AA hear me say that cringe, they are like “oh he's going to go back out” and it's not true. I know what happened that day and I know what's happened in my life since and I truly believe that. God didn't do that for me to have to worry about that on a daily basis. I'm sorry; I am not an alcoholic anymore. God took care of that for me. I don't live in that. I'm just a guy that doesn't drink now. I try the best person I can be. They'll tell you in AA that's not that hard, all you got to do is change your whole life and they expect you to do things to change your life and stuff but the people don't change their lives. I mean they work the steps and stuff like that, but they still cuss like sailors, they still do, a lot, not all of them.

These types of explanations of why twelve-step recovery does not work for the NOHSAP clients were plentiful. Here's Sam's version:

I'm the exception to the policy. I was never a big fan of those programs. I felt that it was too, it was too much time, too much of the religious beliefs. If you want to straighten yourself out, that's got to come from inside yourself. So for me, I had to come to the realization the only person that was going to do it was me.

Just like Chris, Sam emphasized an active role in desistance, especially desistance from substances. Robert also said that meetings “didn't do nothing for” him. Upon leaving a meeting he said he would “go get loaded.” Robert further said that individuals have to “want it” and if they do not want it they are “not going to receive it.” Other individuals who were religious

disagreed with twelve-step programs and the concept of a “higher power.” These individuals felt like the only higher power was Jesus Christ and therefore twelve step programs did not sit well with their religious beliefs. Some individuals did not indicate why they did not go to twelve-step groups, but showed some distain when asked. Glen said, “I don’t participate in that stuff.”

Upon entering NOHSAP, clients had a strong desire to affiliate as an AA or NA member. In fact, 95% of NOHSAP clients indicated that they were willing to go to meetings of some kind, whether it was Alcoholics, Narcotics, or Cocaine Anonymous. Not only were they willing to attend meetings, they were willing to affiliate at a deeper level by getting a sponsor. Almost all NOHSAP clients (96%) indicated that they were willing to find another person in recovery that “has made some progress in the recovery program” that shares the same experiences.

The follow-up interviews confirmed that these individuals at one point in their life had a strong affiliation to a twelve-step group, but abandoned it and found a new identity. Almost all individuals in the follow-up interviews were able to talk knowledgably about twelve-step programs, but also indicated that they usually did not work. Most individuals (54%) coming into NOHSAP had experience with drug treatment (and therefore most likely twelve-step meetings). However, all individuals leaving NOHSAP had this experience.

These stories, in essence, reflect the process of disaffiliation with twelve-step meetings. For example, Sandy at one point affiliated with the program of Narcotics Anonymous, but when asked about her attendance now she replied that she does not have anything to do with it.

When I did go I had a lot of trouble getting away from cocaine. Especially when I tried to, when I really, really wanted to get away from it. I went and I heard all these stories and I wanted to just go shoot up. That’s why it didn’t work for me. I could never use the program. It just didn’t work for me. Shortly after, I was out of the program. People tell you, they want to tell their stories of how

they became clean and then they start talking about partying and having a good time and you are thinking, man I want to find some drugs. That's what happened to me, it didn't work. It was the wrong thing to do for me. I don't know how it works for everybody else, because I couldn't do it.

Like the other respondents mentioned so far, Sandy thinks she is an exception. She indicated that she is very proud of herself for quitting drugs on her own. For her, meetings did not help, but hurt her recovery because of the constant talk about drug use. She felt like getting away from that lifestyle completely was more beneficial.

Michael, sober for ten years at the time of the follow-up interview, told an almost identical story. When asked how he stayed sober he replied, "I did that." He further explained:

Detox didn't do it for me, the twelve-step program didn't do it for me, so I prayed. I was blessed and today I'm drug free. They say if you work it, it will work for you. So maybe I didn't work it right you know. I can't say, but I know it didn't work for me. I have no desires for drugs anyone more, but I don't push it. I don't hang around people that are still using and stuff. You know I don't push it. I always believe that I'm going to have this illness, this sickness.

Like the rest of the individuals mentioned so far, Michael feels somewhat like an outcast and blames himself for twelve-step meetings not working. Individuals who did not find meetings helpful were always cautious with use of their language. They wanted to make sure I knew that they were not speaking for anyone else, only themselves, and did not make any broad generalizations about meetings.

Some individuals pointed out the positive aspects of the program when recounting their disaffiliation stories. For example, Tyler said that "it works to a certain extent" but he "found a better way to do it." This "better way" for most individuals was to simply reintegrate back into

society. By finding stable employment, starting to take care of the children they had, and by finding a decent spouse, these individuals were too busy and had new priorities. As Tyler says, “Just working and that’s about it. I got a good family, I have family support and a nice place to stay.” For him, these important life factors were more important than attending and being involved in twelve-step meetings.

Jada felt that going to twelve-step meetings hurt her sobriety more than it helped. She spent a significant time in AA and NA meetings as she was in a month-long treatment program after NOHSAP. She explains the sobriety of her and her husband:

No, we didn’t go to meetings because we felt when you sat there and talked about it in the meeting and listened to it, then what you want to naturally do but go out and use. I mean if I’m going to sit and talk about it for an hour, we used to hear stories...I’m sorry but they say don’t obsess then they say go to the meetings all day. And just to me, I wouldn’t say that to an addict that is out there trying to recover that is going to the meetings. I would never repeat that. You know because if it works for them, then that is wonderful. It was a foundation but it just didn’t work for me or for my husband. If you sit there and talk about it all day then I’m going to leave and I’m going to go do it. No, no, AA, no NA. Just don’t do it.

Jada also explains that going to meetings in the beginning was important, but listening to the stories of drug use made her want to start using drugs again. Alcoholics Anonymous was a safe place for her for a few months, but it did not make sense to her to continue going for the rest of her life and listen to stories of abuse. This ideology generally goes against AA and NA principles, as they encourage individuals to remain lifelong members.

Anthony, one of the rare individuals who stayed sober since NOHSAP, participated in AA and NA for a long time. Now sober for almost two decades (he attributes a large portion of

his success to NOHSAP), he went to meetings “solid” for twelve years. He felt that twelve-step groups “work” but he found the longer he stayed clean and got his life together, he did not want to be caught up in the “sickness” that goes on in twelve-step meetings. He explained:

Well, it works. I’m not going to say it don’t work. You find, after a while, the longer that you do stay clean, you don’t want to be caught back up in that sickness. Not so much the alcohol and the drugs, but mentally, the functions. Mostly I go to church, it taught me everything I needed to know. It taught me not to go into places I used to be. Just different things, I just changed my whole life.

Willie also shared this idea. What they mean by this is that people who go to AA and NA live in the disease. They believe they have the disease of alcoholism, which is defined by AA and in twelve-step meetings as incurable, progressive, and insidious. Individuals like Willie do not subscribe to this ideology. They feel that when using drugs, they are drug addicts. However, when they have not used drugs for five, ten or even twenty years, they are no longer drug addicts. Further, it does not make sense to identify in that manner, so they disaffiliate with the twelve-step meetings and live their lives as regular non-addicts. To continue to participate would mean that there is still something wrong with them, and for many, this just is not true.

Other individuals in the study, like Carl, had problems with the religious aspects of twelve-step meetings. When asked what his drug and alcohol use was like, he replied, “that’s a dead soldier there, yes ma’am, that’s gone. I don’t even smoke anymore.” Carl, now sober for about six years, is involved in a church with his wife. They attend bible studies, sing in the choir, and pray regularly. He does not attribute his sobriety to AA or NA, but to his own will in “opening his eyes” to see what he was doing with his life. Carl found problems with AA and

NA's conception of a "higher power" because to him the only higher power was Jesus Christ, the

Lord. He explains:

The twelve steps didn't work for me, the Lord worked for me. I worship the Lord and everything, but I'm not a fanatic. I believe in the power of God, and I believe that all things are possible through him. I'm thankful for a lot of things, my eyes were open, so I want to step up to the real deal.

Later on in the interview, he explained more about his hostility towards AA and NA.

Carl said that to stay sober a person has to "think about the end before you think about the beginning."

I've been asked to speak at these AA meetings, and they say get yourself a sponsor, get yourself, go to meetings, ninety meetings in ninety days. You know, shit, that doesn't work for everybody. That doesn't work for everybody. Number one, I don't believe in the fact that you will always be an addict. Nah, every day I went to meeting I would say I'm a recovering alcoholic and addict. I don't need to keep reminding myself of that. I already know what I am. And I got to live in the here and now, I'm not an addict now.

This is a similar sentiment expressed by many in the study. Some individuals were even hesitant to talk about their past because it was not part of their lives anymore. As Carl put it, meetings "constantly remind yourself of the worst part of your life." He believes in the power of healing, but if a person constantly identifies as being sick, they will "never be healed." Further, he believes the whole concept of having to forever be an addict is "a lie" and does not believe in that ideology. Like many others that felt similar to Carl, he was careful not to hurt the feelings of current twelve-step members:

I don't go to meetings. I don't go to meetings to show off either. I don't go there sit down and be cock and whistle. Because that's not right, I would destroy what they believe. I don't believe it, but

they do, so if it works for them, that's fine, but find yourself something that works, cause living clean and sober can mean a lot, you would be surprised at the things that you can accomplish by looking forward to a better life without drugs and alcohol.

Individuals who were incarcerated were more likely to participate in some sort of drug rehabilitation program, usually AA or NA. Some individuals indicated that this was a way to try to show others that they had fixed their lives; others just found it something to do to pass time. For example, one individual that was rather ambivalent about AA and NA meetings said, "they all right." He went on to say that the correctional institutions "have a lot of programs here" and that he graduated from one called "Living in Balance." He does not really have anything to do but sit around and wait until 2014 when he is released from prison, so he goes to meetings. Another incarcerated individual, "used to go to meetings all the time in New Orleans," but is now locked up and "don't go no more."

One lifer incarcerated at the state penitentiary said that he did go to detox and Alcoholics Anonymous after NOHSAP, but wound up "falling short" and returning to drugs. His wife left him for another man and he "wound up using again because" he "was hurting." George reveals more about the cycle of addiction:

After she left me, I wound up using again because I was hurting. I had done spent all my money from the construction job on her and her kids. I felt hurt. The only way I could run from my problems is using drugs. I am not a bad person. I am not a bad person.

At this time of the interview, George was not currently involved in any AA or NA meetings. He held back tears when talking about his story, not wanting to cry in front of any other inmates or prison staff. Another individual serving a life sentence indicated that NA did help him:

Yes, I found it very helpful. As a matter of fact there was plenty of help. The help got me, it helped started getting me jobs and everything like, it helped get my social security and everything had started going well. To be honest with you, things had started going well.

This man, Jeremy, insisted that he never committed any crimes and that he was wrongly incarcerated. He worked making license plates for the state while he was locked up, but was not involved in any sort of recovery program. From what he told me during the interview, he had no reason to go to any meetings because he was not supposed to be incarcerated in the first place. Another incarcerated individual, Randy, felt he was so far removed from the world of drugs that it was not important to talk about whatsoever. He indicated that none of his charges were for drugs, so again, there was no reason for him to be involved in any sort of recovery program.

Other individuals had trouble with meetings because they did not provide enough supervision. For example, Tim thought he needed to be in a full one or two year in-patient treatment center away from everyone he knew. He thought if he could get out of New Orleans and go away somewhere else for an extended period of treatment, he would have done better with his life. After NOHSAP, he began using crack cocaine in addition to drinking alcoholically and within a matter of a year he was arrested multiple times for burglary. These three felonies got him a life sentence.

Interviewing Tim required special access in the state penitentiary. He was on lockdown, which means he spent almost all hours of the day away from others. When I asked the guard what Tim did to receive such a harsh sentence, the guard replied that he did not do anything. Tim had chosen to be put in lockdown for safety purposes because he was one of the few white men serving life at the state penitentiary. It was only a few years after NOHSAP when he

arrived at Angola, at age twenty-eight. He is now forty-one years old, with no chance of probation or parole. For these reasons, he does not have the opportunity to participate in any recovery program, even within the prison system.

The Still Affiliated

Only 9% of those interviewed (n = 3) had current affiliation with twelve-step meetings.

Harold is one that still participates as he tries “to go to anything that is going to be helpful” in his life. He participates in NA, AA and Cocaine Anonymous. He says:

I try to stay away from negative people. I don't need nobody bringing me down because I'm bi-polar, I have Post-Traumatic Stress Disorder. I know you know what that is. I'm a diabetic, I have hypertension, I got so much stuff going on with me now I don't need the problems and the worries, I'm over it. I'm fifty-one years old, you know, I'm tired. I just want to live my life, whatever I got left to live, I want to enjoy it.

Harold's story also shows elements of maturation and aging. He is getting older, has medical problems, and is too tired to keep abusing drugs. He finds twelve-step meetings as a way to socialize and help him stay positive.

Harold maintained affiliation with AA and NA and said that staying sober “was hard,” but that he finally got tired of using drugs about three years ago. He “started cleaning” himself up, “stopped drinking and drugging,” and before he “knew it” he stayed sober three years. Harold maintained that it had to “be the grace of God” because he knew he could not do it himself. He said that God was working in his corner, “because if it was my will, I'll get loaded.”

Ken, incarcerated in prison, was very eager to show off a certificate that showed he had stayed sober for nine months. He participated in every program the prison had to offer and had a strong desire to show that during the interview. Ken had certificates for anger management,

parenting, and Alcoholics Anonymous among others. His release date was scheduled in the next year, and he wanted to do everything he could to prepare for his life outside of prison.

The third individual, Cliff, had some affiliation with twelve-step meetings, but not nearly as strong as Harold or Ken. When asked if he had any experience with AA or NA, he replied, “No. Well, I’ve been there. Yeah, I had some experience with that, I’ve been through programs.” When asked further about his participation he said:

Cliff: It works. It works a lot. I been to programs every now and then.

Interviewer: So would you say that you are sober now?

Cliff: I didn’t really kick it.

Interviewer: So what do you think is the main problem? Alcohol or other substances?

Cliff: Well, it leads on to that.

Interviewer: When was the last time you went to an AA or NA meeting?

Cliff: About a month ago.

Interviewer: There in the New Orleans area?

Cliff: Ugh huh, New Orleans.

Cliff was recently released from prison and was on probation. The interview was conducted on the phone and he was unable to fully talk because he was using another person’s phone for the interview. He was not sober at the time of the interview and had used multiple substances.

When he says, “it leads to that,” he means that he usually starts drinking alcohol and then starts using drugs while he is under the influence. Still affiliated with AA, however, he had been to a

meeting recently, but probably would not be considered by most as an AA member because of his irregular attendance.

Although all individuals in this study participated in twelve-step meetings at some point, very few still had any contact with these programs. Some individuals spent extensive time in meetings, as long as twelve years but disaffiliated from the program. Individuals had problems with the disease concept of addiction and the religious principles of twelve-step programs.

In order for these findings to become more meaningful, it is helpful to compare this sample to the life histories of “normal” twelve-step meeting members. Although studies on twelve-step affiliation are much more common, there have been a few studies done on disaffiliation. One study found that 39% of AA members reported attending meetings ten years after their treatment experience (Tonigan et al., 2011). This percentage increased to nearly fifty percent when behaviors such as reading core AA literature (but not going to meetings) were included as continued affiliation. Other studies have indicated that greater alcohol problem severity predicted AA attendance (Tonigan et al., 2006). Less alcohol-impaired clients were more than twice as likely to discontinue AA attendance after treatment.

In this sample of New Orleans homeless substance abusers, only 16% identified alcohol as their main substance of choice. The majority of those in the study abused other substances such as crack cocaine. Therefore the process of disaffiliation among drug users may be different from that of alcohol users. While some studies have shown that 39-49% of AA members still go to meetings after a decade, there are no similar studies that have been conducted on NA members. Therefore, we cannot establish that there is anything at all unusual about the NOHSAP sample, they may just follow the similar pattern of normal disaffiliation.

A question posed at the beginning of this research project is whether even a single person in the sample made any sort of reference to his or her time in the NOHSAP as part of the narrative of desistance. With approximately \$3.2 million dollars spent on treatment and related services, did these funds result in long-term desistance for anyone who came through the program? The answer to this question is yes, but to what extent it helped is still being investigated. One individual in the study said he owed everything to the program. However, the majority did not specifically have any recollection of the program.

To get a more specific answer to this question, I analyzed a crosstabulation between the variable of time spent in treatment and mortality. The variable “treatment” dichotomized individuals who spent time in detox only compared to those who spend longer periods in treatment. The mortality variable, as discussed in an earlier chapter, compared those who have died and those who have not. The crosstabulation shows that there is a significant relationship between time spent in treatment (versus detox only) and mortality rates. NOHSAP, therefore, may have provided some help to many individuals in the program in terms of staying alive.

CHAPTER ELEVEN: “HOMELESS MAN CHARGED WITH...”: CRIMINALITY ON THE STREETS

This chapter examines criminality among homeless individuals in the same manner as mortality was studied. The public has always been fearful of homeless men, perhaps now more than ever. The mix of deviant behaviors including alcoholism, homelessness, drug abuse, and mental illness converge, creating strong worries about those without homes. Public policies have been enacted to reduce or eliminate these problems, but we have not yet seen evaluations of these policies. At the time of intake, 77% of NOHSAP clients reported having prior criminal convictions at the time of intake into NOHSAP.

Tillman (1987) estimates that nearly 25% of a young cohort (ages 18-29) were arrested at least once. The current sample of this study is predominantly black men, for which Tillman finds higher incidences of arrest. Approximately 40% of black males were previously arrested on at least one occasion in the Tillman study. It is important to keep in mind that homeless individuals also have higher rates of mental illness than the general population. Among mental health patients, studies have estimated about 28% experience at least one arrest during their lives (Fisher et al., 2006). Similar to homeless individuals, the most common arrest charges among mental health patients were crimes against public order.

Which Comes First, Homelessness or Crime?

To understand criminality among this population, it is important to look at qualitative data before quantitative results. One example, Harvey is a black male born and raised in New Orleans. His first arrest was in 1988 (at age thirty-six) for minor theft (under \$300) and illegal possession of stolen goods. He was convicted and sentenced to three months in New Orleans

Parish prison, and thus began his criminal life. After Harvey's third arrest in July of 1989, he began having serious problems maintaining housing. By the time he enrolled in NOHSAP (February 1991), he had been living on the streets for six months. Harvey went through drug detox only in NOHSAP, and within three months, was arrested again for theft.

Over Harvey's twelve-year criminal history, he was arrested on six more occasions, each for similar types of non-violent crimes. Throughout these years, he was sentenced to a total of six and a half years of prison time. Arrests included multiple charges for theft, one arrest for possession of cocaine, and resisting arrest. Harvey's last experience in prison began in February of 2001 when he began serving a twenty-three month sentence of hard labor under the Louisiana Department of Corrections. Ten months following, Harvey, aged forty-nine, died of undetermined causes.

Harvey's story is not all that unique among clients in NOHSAP. Poor black men often die much younger than others, and their stories are often untold. The only reason we know anything about Harvey is because of a lengthy arrest record and an obituary in *The Times-Picayune*. Harvey was a welder, a lifelong resident of New Orleans, and graduated from technical school. He served the United States as a Marine, had three children, and many more brothers and sisters. The stories of other NOHSAP participants follow similar trends, and we would imagine that homeless substance abusers in general have stories much like Harvey's.

Bruce, mentioned earlier, has a slightly different story than Harvey's in that his first episode of homelessness preceded his first arrest. When he was first arrested for theft, he was sentenced to two years of probation and mandated into a drug treatment program. Before his probation was over, however, he committed another offense. Court fees added up, and he kept

being picked up for similar charges. Over his life span, he has been sentenced to over twenty-one years in the correctional system. Bruce, like Harvey, is a black man born and raised in New Orleans. In examining the criminal history records of others, there seems to be a trend in that once a person is arrested, they are arrested frequently.

Criminality and Social Bonds

Another way to examine current criminality among this sample is to use the same technique as we used to study mortality. However, instead of using the dependent variable of mortality, a variable for current incarceration was created. The variable “incarcerated” was originally created to designate three types of offenders within the Louisiana Department of Corrections: 1) individuals on probation or parole, 2) individuals in jail, and 3) individuals in prison. The same series of independent variables is then added to the analysis to get a clearer picture of criminality and to test Hirschi’s theory of social bonding in another fashion.

Dependent Variable

Using the first three letters of a person’s last name, the first two letters of a first name and a date of birth, all individuals in the sample that were still living were run through the Louisiana Department of Corrections Inmate Locator. This telephone system gives information on the location of an offender and projected release date. This new variable enables us to compare those incarcerated (in the year 2010) to those not incarcerated. It allows us to use the longitudinal data originally collected in 1991-93 to predict incarceration in 2010, providing us with a 17-19 years a time lag. The variable “incarcerated” was recoded to a dichotomous variable to indicate whether the respondent was under supervision in one of the three above

listed variations or not under supervision at all (1, 0 respectively; n = 56). During the year 2010, 8.3% of the total sample were currently incarcerated (9.7% of the sample that is still living, n=579).

Independent Variables

For the independent variables, I fit exactly the same models using exactly the same variables as in the mortality chapter.

Results

Table 5 presents the results for six nested logistic regression models predicting incarceration among the sample. All coefficients are reported as odds ratios; I add the independent variables in groups based on the theoretical perspective used to explain incarceration.

Table 5. Odds Ratios of Binary Logistic Regression for the Likelihood of Incarceration among Homeless Individuals

	M1	M2	M3	M4	M5	M6
<i>Control Variables</i>						
White	.60	1.13	1.08	1.08	1.10	1.30
Male	3.29**	3.62**	3.47**	3.31**	3.23**	4.26**
Age	.93**	.94**	.94**	.94*	.94*	.93**
<i>Explanatory Variables</i>						
Alcohol is main “drug of choice”		.14**	.13**	.13**	.13**	.15*
<i>Belief</i>						
Obtains money from illegal sources			1.02	1.02	1.06	1.11
Convicted of crime			2.30*	2.28	2.27	2.39*
<i>Commitment</i>						
Has a college education				.50	.49	.50
Technical or vocational school				.93	.92	.91
<i>Involvement</i>						
Spends free time w friends/family					.83	.78
<i>Attachment</i>						
Is a parent						1.30
Has attachment to child(ren)						1.89
Is married						.73
Has at least one close friend						.96
Constant	-1.18	-1.33	-1.89*	-1.88*	-1.77	-2.09*
Nagelkerke R-squared	.07	.10	.12	.13	.13	.15
Likelihood Ratio Chi-square	19.53***	31.00***	35.51***	37.60***	37.99***	43.08***
Degrees of freedom	3	4	6	8	9	13
LR Chi-square for change in model		11.42**	4.56	2.10	.39	5.89
Degrees of freedom		1	2	2	1	4

Source: Intake evaluations of New Orleans Homeless Substance Abusers Program (1991-1993); sample size 670. Year of incarceration calculation, 2010.

*= p<.05, **= p<.01, *** = p<.001

The first model compares the likelihood of incarceration using only demographic predictors. Employing the common interpretation of the odds ratio for age - the odds of a person being incarcerated decrease by 7% (an odds ratio of .93) for each increased year of age, holding constant the other effects in the model. Being male more than triples the odds of being incarcerated (odds ratio of 3.29) all else equal. Both age and gender are statistically significant effects. Race, however, is not a significant demographic predictor of incarceration.

The second model holds the demographic variables constant and introduces the “drug of choice” variable. In model two, gender and age are still significant variables. The odds of a person being incarcerated decrease by 6% (an odds ratio of .94) for each increased year of age, holding constant the other effects in the model. Being male is again a significant predictor of being incarcerated (3.62 odds ratio). Reporting alcohol as one’s “drug of choice” decreases the odds that a person is incarcerated, and this is statistically significant. Individuals who used other drugs (mostly, crack cocaine) were much more likely to be incarcerated. Reporting alcohol as one’s drug of choice decreases the odds of incarceration by 86% (an odds ratio of .14).

The third model holds constant the demographic and drug of choice variables, and adds one of the four categories of social bonding theory (belief). The variables in this set are almost identical to model two. Adding in the variables of obtaining money from illegal sources and being convicted of a crime prior to NOHSAP produces the same significant predictors: age, gender, crack cocaine user (.94, 3.47, and .13 respectively). The odds of incarceration increase by 6% (an odds ratio of .94) for each increased year of age, holding constant the other effects in the model. Also, reporting alcohol as one’s “drug of choice” still greatly reduces the likelihood of being incarcerated. While obtaining money from illegal sources is not a statistically

significant variable, being convicted of a crime prior to entering NOHSAP does predict current incarceration. Individuals who reported being convicted of an earlier crime were over twice as likely to currently be incarcerated (an odds ratio of 2.30).

The fourth model holds constant the demographic and drug of choice variables, the variables in the belief category, and adds the variables of commitment. Gender, age and alcohol as drug of choice variables remain statistically significant (odds ratios of 3.31, .94, and .13 respectively). However in this model, adding educational variables takes away the statistical significance of prior criminal convictions. Having a traditional college education was not a significant predictor of incarceration in this model, nor was having attended technical or vocational school.

The fifth model holds constant the demographic and drug of choice variables, the variables in the belief and commitment categories and adds the variable of involvement. Gender, age, and alcohol as drug of choice, like model four, are the only significant variables (odds ratios of 3.23, .94, and .13, respectively). Choosing to spend time with friends or family over choosing to spend time alone did not have any effect on incarceration.

The final model holds constant the demographic and drug of choice variables, the variables in the belief, commitment and involvement categories and adds the variables of attachment. Gender, age, and alcohol as drug of choice remain statistically significant (odds ratios of 4.26, .93, and .15, respectively). Similar to model three, being previously convicted of a crime again emerges as a statistically significant variable (an odds ratio of 2.39). None of the attachment variables are significant predictors of incarceration. Generally, traditional measures

of adult social bonds, contrary to my hypotheses, have very little effect on the likelihood of being currently incarcerated among homeless substance abusers in New Orleans.

I also analyzed a crosstabulation between the variable of time spent in treatment and incarceration. The variable “treatment” dichotomized individuals who spent time in detox only compared to those who spend longer periods in treatment. The incarceration variable, as discussed earlier in this chapter, compared those currently incarcerated and those not. The crosstabulation shows that there is no significant relationship between time spent in treatment (versus detox only) and current incarceration rates. NOHSAP, therefore, may have provided some help to many individuals in the program in terms of staying alive, but not in staying out of the Department of Corrections.

Discussion and Conclusion

Addressing policy implication for findings related to variables such as gender and age seem nonsensical. From this analysis, we have learned that as individuals age, they are less likely to be incarcerated. Also, men are far more likely to be incarcerated than women. Neither of these findings is new, and there does not seem to be much to implicate about policy.

This analysis also indicated that individuals with prior convictions were far more likely to be locked up again. Going to prison to learn your lesson and deter future crimes is not the usual outcome. Individuals need to avoid being arrested in the first place for minor charges, such as possession of marijuana. Perhaps resources could be used to place these types of individuals in drug treatment programs instead of jails and prisons.

From the logistic regression analysis of mortality, we learn that drinking alcoholically causes individuals to die much faster than those using crack cocaine. From this regression,

however, we learn that individuals who used crack cocaine are much more likely to be incarcerated than those drinking alcoholically. The illegal black market in drugs such as marijuana and cocaine creates violence and illicit sales, greatly increasing our prison population. If some of these substances were deregulated, a great majority of arrests and incarcerations would be diverted.

In regards to limitations, the criminality chapter of the dissertation was not able to fully assess the topic of self-control among homeless substance abusers. I do not have a clear picture of their level of impulsivity. Further, I could not tell if they tend to navigate towards the streets because of the desire to be in unsupervised positions, or because they lack all other options. I do know that several of these individuals did not have arrest records until rather late in their lives. For example, Bruce was not arrested until he was twenty-five years old and Harvey well into his thirties. Many other individuals have similar stories. Both of these individuals also showed willingness to lead different lives. Harvey showed stable employment, and Bruce voluntarily enrolled into NOHSAP before he was ever arrested. Therefore it seems to make sense that there is something else to explain variations in desistance other than low self-control. From these case studies, many homeless substance abusers seem to have made rational, thought out decisions with the resources they had at the time.

Perhaps this means that we can strive to integrate shelters, affordable housing, and other services into communities where more social support is available. Since release from NOHSAP, these individuals have largely continued to commit the same minor offenses that all studies of the homeless show them to commit.

CHAPTER TWELVE: CONCLUSION

At a very basic level, this study of desistance sought to tell the differences between homeless people who continue to commit crimes, remain homeless, and continue to abuse substances from those who do not. The qualitative data seemed to show that social bonds (marriage, employment) were important in the process of desistance. However, the quantitative findings, echoing the work of Schroeder and colleagues (2007) found that adult social bond variables explain little of the variation in incarceration histories or in mortality. From this, we might infer that social bonds are important in some aspects of desistance but not in others.

Just as Laub and Sampson found specific desistance mechanisms among their study of the Gluecks, NOHSAP individuals seem to have stopped offending for similar reasons. Usually, for desistance to occur, some combination of an individual choice (wanting to quit shooting heroin, for example) as well as some structural influence had to be present. Most of the time it was both human agency and a turning point combined that brought about desistance. Without examining both qualitative interviews and historical data such as arrest records, this combination would not have emerged in the data. Like the Glueck men, NOHSAP clients have more going on in the desistance process than simply aging out of crime.

Getting individuals away from the environment in which they are located, mentally and physically, seems to be important for desistance. This distancing was done in a few ways among the NOHSAP individuals, but seemed to be most powerful when a marriage was coupled with a residential move. Unlike Laub and Sampson's study, NOHSAP individuals did not become cut off from crime due to military careers, but from other desistance factors. The institutions of marriage, religion, and stable employment were more important to this population. Individuals

that shared a routine, whether it be with a spouse, a church, or an employer, were more likely to desist. These individuals found meaningful social relationships and an accompanying structure that helped them find housing, get off of drugs, and quit committing criminal acts.

Marriage, with a move out of New Orleans, resulted in new friendships for many of these individuals, a factor in explaining desistance from crime. Often these individuals started regularly attending church services and participating in life activities revolving around religion. These peer groups are very different from the ones NOHSAP clients previously associated with their lives “on the streets.”

Having a regular, stable job to go to every day and a secure family life is associated with “attachment” (Hirschi, 1969). Although this did not show through the quantitative analyses by way of mortality and incarceration, attachment to work and family was important to the individuals as indicated in the qualitative analyses. Through the interviews, individuals indicated that it was important to have someone to rely upon emotionally. Further, direct social control through routine activities (such as taking a child to baseball practice) served as an important desistance mechanism. Having habits like these gives structure to the lives of homeless substance abusers that was previously lacking.

Also important in the desistance process was human agency, having the will to change one’s life. Individuals talked about making the choice to stop using drugs, and denied structural influences (such as residential change). They took credit for turning their lives around, and this is noted in previous desistance literature on cognitive transformation (Giordano et al., 2002).

In New Orleans, the barriers to overcoming homelessness or addiction include tremendously high poverty rates, a very unfavorable employment environment, an environment

that encourages drunkenness, and Hurricane Katrina. By interviewing a sample of homeless addicts to find out how many have overcome their histories and how, gives sociological insight on many facets of different social problems. Individuals who had conquered problems of homelessness, substance abuse, and crime were different in many ways.

Hirschi's Theory of Social Bonding

Hirschi's theory of social control proposes that deviant acts result when an individual's ties to society are weak or broken. The four main aspects of social bonds as measured in 1991, and applied to outcomes twenty years later, did not show promise as an explanatory scheme among this population. This theory of social bonding was not directly taken into account when designing the intake questionnaire in 1991. Perhaps different questions could have been asked and would have been more accurate measures of social bonds.

However, the social bonding variables that do exist from the study are fairly clear measurements of Hirschi's ideas of attachment, commitment, involvement, and belief. Hirschi's social bonding theory assumes that stronger bonds to conventional social entities encourage normative behavior. However, many of the measures of social bonds for this sample (marital status, number of friends, closeness to children) may simply be measures of nonconventional ties. Being homeless may produce ties to other homeless, substance abusive individuals. Homelessness, therefore, may wipe out the positive effects of these relationships.

Homeless substance abusers are often found to have had homeless, substance-abusive, violent, mentally ill parents, friends, and children, such that "bonding" to these social actors would probably increase, not lessen, deviance. Hirschi's theory assumes that when a person is attached to someone (parent, friend, etc.), they would be concerned about the opinion of these

others. Yet, if the other person has the same deviant views on acceptable behavior, desistance may not be the result. To promote desistance, homeless individuals would have to form bonds with non-homeless, non-deviant individuals to encourage a more conventional lifestyle. This process did reveal itself in the qualitative interviews.

Spending time with other homeless substance abusers may only strengthen a homeless addict's resolve to keep using drugs and alcohol and spend time on the streets. To find out more about the specific types of acquaintances these individuals spend time with, questions about the nature of these friendships (example, How many of your friends are homeless?) would need to be asked during interviews.

The individuals serving time in prison may have never internalized certain social norms. The qualitative interviews show that these individuals often moved from shelters, to jails, to treatment centers, which are all non-normative institutions. They have lived long lives of institutionalization with an entirely different set of normative structures. Self-care and nutrition, important aspects of social norms according to Hirschi, are generally not priorities in prison or homeless shelters.

Future research to test these social bonds will include a variable to measure religiosity. Although I did not ask about religion in the follow-up study, the majority of respondents talked about God, spirituality, and religion spontaneously. Data from the original sample indicates that the majority of respondents (64%) considered themselves to be "somewhat" to "very" religious. This variable will be added to subsequent regression analyses to test for attachment to conventional social ties. This variable may have an effect on mortality rates and criminality where other involvement-type social bonds did not.

Follow-up interviews with NOHSAP individuals also gave some indication of possible important relationships with siblings. Although many parents of NOHSAP individuals have died since the time of the study, several respondents indicated having some sort of relationship with brothers and sisters. The qualitative findings on this were mixed. While some individuals reported having positive social bonds with siblings, others expressed strained relationships. At the time of intake, 73% of NOHSAP individuals reported relationships with siblings. Therefore this variable should also be examined in future follow-up interviews.

Education (a measure of commitment) did not prove to be an important element in the quantitative or qualitative results. The variables measuring traditional college education and technical or vocational training had no effect on mortality or incarceration rates. During the interviews, very few individuals ever mentioned anything about educational attainment. Hirschi's theory found that individuals with more education may think they have more to lose than someone with less education, therefore decreasing one's chances of engaging in criminal activities. However, this does not seem to be the case among New Orleans Homeless Substance Abusers. Homeless addicts who started out with stronger social bonds were no more likely to survive or be incarcerated than those who did not.

Among the homeless, elements of social bonding theory (attachment, commitment, involvement, and belief) should have been correlated with reduced substance abuse, increased clean and sober time, and reduced involvement in crime, increasing the odds of survival. However, these bonds (quantitatively) did not show this desistance process. It may also be true that we incorrectly assumed that crime and mortality have a relationship. Perhaps desistance, by way of being measured by mortality rates, is a poor way to study this process.

Hirschi and Gottfredson's Self-Control

Hirschi and Gottfredson made vital contributions to the study of aging and crime, specifically what happens to behavior as offender's age. Crime, they found, decreases with age. Hirschi and Gottfredson also discuss characteristics of being impulsive, shortsighted, taking risks and being easily frustrated as predictors of engaging in criminal behavior. Further, failed social activities, relationships, and failure within social institutions are common features among individuals with low self-control.

There is some support for this theory in the current study. Age is shown to be significant in the quantitative results in regards to mortality and incarceration. As individuals age, they are more likely to die, but also less likely to be incarcerated. Data from qualitative interviews also supports these findings. Many individuals talked about getting older, getting tired, and having medical complications that simply prevent them from committing deviant acts as they did in the past.

Gottfredson and Hirschi's theory of low self-control also proposes that these individuals will have difficulty making and keeping friends, and are likely to spend their time with others who have low self-control. Among this sample, there is a history of failed relationships (only 9% of individuals were married at the time of intake, and more than half reported having no close friends at all). Individuals in intake and also those currently in prison reported difficulty keeping stable employment and spent a significant time on the streets.

The theory of low self-control implies that individuals with low control will be unable to succeed in institutions that require planning and gratification delay. They tend to have unstable jobs and dislike settings that require supervision. While this may very well be true, unstable jobs

are often the only jobs available. Data from qualitative interviews indicated that these individuals were willing to take any type of employment, regardless of the amount of supervision. Individuals in the follow-up study gave no indication that they avoided work because they did not like to have their behaviors restricted. These individuals had low expectations of employment and were generally willing to take any job they could get. Usually the jobs available to them (as formerly or currently homeless African-American men, usually with a felony conviction, now living in New Orleans after a major national disaster) were relatively unstable. Again, it is important to emphasize that these individuals said again and again that they were willing to take any work they could get. They were willing to be paid extremely modest amounts of money for physically demanding jobs and never expressed any problem with supervision. In fact, they often wished for stability, mentorship, and a job to go to day after day.

Sampson and Laub's Theory of Age-Graded Social Control

Sampson and Laub's theory seems the most useful in regards to the current study. While the social bonds of marriage and employment were important predictors of desistance among this sample, successful military careers were not. But the "military careers" available to NOHSAP clients in the 1990s and 2000s may be very different than the military careers available to white Bostonians in the 60s and 70s. Too, the study of the Glueck men from Boston examined the life course of delinquent juveniles. New Orleans homeless substance abusers entered treatment in their 30s (on average) and were reinterviewed in their 50s, not the ages at which people would normally start a military career. Although the quantitative data did not show marriage to promote longevity or help people stay out of the criminal justice system, the qualitative

interviews did. Living with a spouse and conducting day-to-day activities differently did produce desistance among this sample.

This process of desistance for marriage and employment seems to be the same for both men and women in this study. In these ways, Sampson and Laub's theory of desistance is applicable to an entirely different population. By examining criminal records and conducting detailed follow-up interviews, we find the life course theory of desistance to apply to homelessness. The key conclusion of this study is that factors of stable employment and marriage produce desistance from crime, addiction and homelessness among a sample of New Orleans homeless substance abusers.

Theory of Cognitive Transformation

The theory of age-graded social control was not fully applicable among the NOHSAP respondents, especially in the quantitative findings. Sampson and Laub's theory has been previously criticized for trying to take Hirschi's theory of social bonding that was applied to juveniles and applying it to an adult population. Other researchers have argued that constraint among adolescents is significantly different from constraint among adults (Giordano et al., 2002). Therefore these researchers would argue that NOHSAP individuals went through cognitive shifts, or mental processes. These shifts are links to communication, and there are four types of cognitive transformations.

The first transformation is an individual's openness to change, which Giordano and researchers found particularly important among substance abusers. The qualitative interviews of NOHSAP support this transformation. During interviews, individuals talked about having the desire to change their lives, a key element that must be present before change can happen. This

desire to change may have been present as early as intake in the original program in 1991. Entering a substance abuse treatment facility or detox would indicate some basic openness to change.

The second transformation is an individual being exposed to “hooks.” Simply recognizing the need to change one’s life is not enough; one must become receptive to the idea. Data from the qualitative interviews also give some indication of this transformation. Becoming receptive to something specific (proposing to a “decent” woman, for example) would produce change. Hooks are specific things that come along in a person’s life that make the first transformation possible.

Reflexivity is the key concept of transformation three. Individuals must be able to envision a new life and leave the old one behind. While this was very clear during the interviews with housed non-incarcerated individuals; it was not always true of individuals in prison. When asked about goals and life when one was released, some NOHSAP clients had specific goals that involved making new changes. Others indicated that they either did not know, or would go back to where they were before. Another follow-up interview on these same individuals could establish which ones were successful and which ones were not in keeping this third transformation step in mind.

The fourth transformation is when a deviant no longer sees the act as appealing or personally relevant. Some interviews clearly indicated that homelessness, crime, and substance abuse were so far away from where their lives were now they would never go back. Some said “hell no!” and even distanced themselves from recovery groups like Alcoholics Anonymous to show that their problems were in the past. These four transformations are linked, build upon

each other, and do show relevance for the data collected from these New Orleans homeless substance abusers.

This theory, however, does not account for the structural barriers that NOHSAP clients face. Results from the quantitative regression analyses show age, gender, prior criminal conviction, and drug of choice to be statistically significant predictors of desistance or ongoing offending (as indicated by incarcerations). The individuals in this study have serious structural restraints. Being black, poor, convicted of felonies, and having histories of substance abuse and homelessness restrain the progress these individuals can make. While a NOHSAP client may decide to change for the better, there are limited “hooks” that come along and limited resources to take advantage of those hooks. Homeless individuals may decide they no longer want to be homeless, but they cannot change the amount of affordable housing within a community. Giordano and colleagues also did not find marital stability to be a desistance predictor in quantitative analyses. They suggested this might have been due to the racial differences in the populations studied. African-Americans were particularly unlikely to have social bonds at a follow-up point. New Orleans, a predominately African-American city, shows similarity to the city studied by Giordano and colleagues.

Policy Implications

This study adds to a growing body of work on desistance from crime and examines some major policy issues. The majority of these homeless substance abusers had prior convictions in 1991 (77%) and probably a good number more do now. The number of prisoners, parolees, and those on probation in the community is large. Given the literature on the criminalization of homelessness and the high arrest rates for drug use, there are possible counterproductive effects

of incarceration for minor crimes. Being arrested for possession of a substance has long-term life consequences on later job stability and is related to continued involvement in crime. Other effects of incarceration may include failure in school, disrupted community bonds, and trouble finding a life partner.

Drugs as a Social Problem

Using substances and trying to control the use of substances both cause crime. By examining the arrest records of this population we learn that using drugs can lead to other crimes (stealing for drugs, for example). The United States' tight ban on drugs and severe punishments for possession has created a deep illicit market for drug sales. Among dealers and buyers, violence and disorder prevail. Drug law enforcement uses resources that could otherwise be going to preventing more predatory crime. According to the Uniform Crime Reports (*Crime in the United States*, 2009) the highest arrest counts for offenses in 2009 were for drug abuse violations (estimated at 1,663,582). Among these arrests, 82% were for possession of a substance, not sales. Further the number one substance individuals were arrested for possessing was marijuana (46%). Therefore arresting individuals for possession of marijuana makes a large contribution to the criminal justice system, a social problem in and of itself.

With these problems in mind, we need to think differently about alternatives to incarceration for drug users. As seen from the qualitative interviews conducted with substance abusers, these individuals use drugs because they like the effects drugs create. Homeless individuals have unpleasant lives; using drugs rids them of some of this dreary existence. Their use of drugs has created some severe consequences, yet current policies have aggravated these problems and created others (for more see Wright and Devine, 1994).

The consequences of drug use and abuse should continue to be at the center of drug policy, especially in respect to health. Policies focusing on prevention, responsible drug use, treatment, and education rather than punishment should be encouraged. Extremely poor individuals living in unfavorable conditions have an understandable desire to use drugs to alleviate pain and reduce monotony. Therefore the reduction of poverty and the increase of affordable housing may reduce the demand for drugs. Some people will always want to use drugs and seek pleasure. Others, when presented with an overall set of better life choices (like having a place to call home) may not be nearly as interested in drugs. For those individuals that want to use drugs, there is profit in providing drugs for them. Our current illegal, underground drug market under strict controls does not allow government taxation. While some literature acknowledges that there may be a downside to controlled legalization, it has some chance of success. Our current regulation policies do not.

As also seen from the qualitative interviews with NOHSAP individuals, many people quit using drugs as they get older. While many people experiment with drugs during their youth, few go on to become heavy users like those in this sample. Those that do become addicts eventually mature and grow out of addiction. The individuals in this sample are a very small fraction of drug users. Even this small sample finds reasons to quit using drugs, and these reasons have very little to do with criminal sanctions. Getting older, finding a stable life partner, getting involved with a steady job, and creating a new life are the reasons homeless substance abusers desisted from addictions

Among the quantitative findings of this study, legal drugs (alcohol) proved to be far more lethal than any illicit substance. Therefore regulating substances by enforcing distribution laws

and providing drug treatment programs to those who need it (not just those than can afford it) could possibly be much more beneficial than current drug policies. Scholars studying public policy and drugs generally recommend a public health approach to drug use, with the goal of reducing harm. The current policy of zero tolerance enforced by the criminal justice system is extremely punitive and brings about an entirely different set of problems in a person's life, as can be seen by the qualitative data from this project (see Benavie, 2009 for more).

Finding a Good Mate

Among research studies on the topic of homelessness, it is common to read about issues discussed in this paper: mental health, drug use, physical health problems, and crime. Recently, other topics such as homeless adolescents, families, and gender have emerged and generated studies. The homeless population is continually changing and therefore produces different findings depending on the time period and location that is studied.

As a nation of mainly housed individuals, we often project assumptions and opinions on non-housed individuals, making them one of the most stigmatized groups in our society. It is therefore not surprising that throughout the numerous studies conducted on the homeless, researchers have neglected to consider one very fascinating and pertinent topic: their love lives. The writings that do exist on homelessness and romantic relationships are often unenthusiastic in tone. If we believe that homeless individuals are lazy, drunken bums, then it makes sense that we think they should not be involved in relationships in the first place. The prevailing thought is that homeless individuals should "sober up, take a shower, and get a job," not "get drunk, court one another, and get laid." These standards seem high, especially given that the findings of this project indicate successful relationships to be a primary desistance factor.

Marriages are one of the most important components of life satisfaction and well-being throughout a person's life (Lucas and Dyrenforth, 2006; Waite and Gallagher, 2001). As human beings, we have built-in mechanisms to protect and foster committed relationships (Maner et al., 2009). These relationships are socially and physiologically beneficial but improve physiological responses as well.

In homeless shelters and substance abuse treatment facilities, populations are generally separated by gender. Usually there is a large open building for single men, a residential hall for single women, and a residential hall for single women with children. There are few facilities for single men with children or for families. Therefore when families or individuals in committed relationships enter into homelessness, they must sometimes live separately within a shelter system or live in a tent in the woods. Shelter systems understandably have legitimate reasons for separating single men and single women, but we have not put much emphasis on keeping families together. By providing limited choices, we are fostering individualism and alienation instead of cooperation and teamwork.

These structural strains are enforcing the role of the homeless person as a stigmatized outcast. There may be potential advantages of working with couples, and encouraging romantic relationships instead of looking down upon them. Instead of focusing on an individualistic approach, forcing separation, shelters may want to look at the dyad. Focusing on the relationships between individuals and realizing their benefits may be a helpful approach not only to homeless shelters but other agencies that offer similar services, such as alcohol treatment programs, or provide aid.

This finding is similar to that of a recent study that examined adolescent romantic love (McCarthy and Casey, 2008). This social bond, while thought to be problematical among some deviant adolescents, was found to fill an important void in their lives and discouraged negative life outcomes. Much like teenagers, homeless individuals are often told when to eat, where and when to sleep, and what time to be home. Being involved in a relationship is one of the last things people think of as being helpful. And yet in terms of its effects on well-being, such involvement is at or near the top.

The overall trend in recent years has been to criminalize the behaviors associated with homelessness. Intolerance for poverty and homelessness has grown and has led to violence and stigmatization. Communities have enacted policies to reduce the number of homeless by bussing them to other cities, cracking down on panhandling, loitering, and sleeping in public. Perhaps one of the most important implications for policy is one that is unenforceable when it comes to homelessness: compassion. In order to make any specific policies successful when dealing with the homeless, a sense of understanding, empathy, and helpfulness must first be in place. If we still believe homelessness is a choice, an individual problem that a person must pull oneself out of, none of the other suggestions will be fruitful.

With these benefits and institutional barriers acknowledged, it is important to emphasize the decision making process of finding a decent romantic partner. Previous studies have emphasized the importance of finding a “prosocial” partner with respectability. Although these terms are fairly subjective and can be interpreted in many ways, among this sample they may include a few specific character traits. While it may be difficult, or seem impossible, choosing a

partner that does not abuse substances, is not violent, and is employed are a few characteristics homeless individuals should look for in a partner.

Other Policy Implications

As previous studies of desistance have found, religion played an important role in the lives of these New Orleans homeless substance abusers (Fothergill et al., 2009; Petts, 2009). These researchers found that less frequent church attendance increased drug use later on in life. Perhaps there is a correlation between church attendance and religiosity among this sample as well. It is clear from the qualitative findings that religion and spirituality are very important parts of the lives of these individuals. Further research on this population should test this more specifically using quantitative data.

Helping individuals find employment and creating jobs in the community is also an important implication. Like the work of Uggen (2000), individuals with arrest histories that were helped in finding employment were much less likely to recidivate than those with no employment opportunities. Programs that help homeless, substance abusers, and criminal offenders find and maintain employment after release from shelters, treatment centers, or prison would be valuable in the process of desistance.

The findings in the mortality chapter suggest the need for employment opportunities and training for individuals without traditional college educations. Laub and Sampson (2001) have argued that employment opportunities have decreased over the years. In the models, technical and vocational training emerged as a factor lowering mortality (highly significant in early models, marginally significant in the final model that adds insignificant effects of attachment); however, college education did not lower mortality in any of the models. Therefore, the practical

policy implications are twofold: 1) the creation of jobs for individuals that need or want other opportunities besides traditional college education and, 2) the availability of technical and vocational education programs to the homeless and impoverished.

In my future research I will seek to replace the simple dichotomy of dead or not dead with a three-category outcome: not dead, dead through violent causes, and dead through non-violent causes. Furthermore, in my follow-up work I hope to gather more data on intervening changes in independent variables during the 20 years between 1991 and 2010. Following the research of Schroeder et al. (2007), I hope to examine the differences between alcohol and drug use and differences by homeless histories (long-term versus short-term homelessness). I am working towards these two goals through two means: obtaining death certificates from the New Orleans Office of Vital Statistics for the known deaths to learn about specific causes of death, and interviewing a selection of still-living individuals from the original sample to ascertain more about subsequent life histories.

Generally, these institutions should also emphasize changing social networks, spending time with people who are sober, and perhaps moving away (literally) from drug using friends and family. Generating positive social support (friends who do not use drugs or alcohol, exercise, and eat right) is a policy implication from previous studies that is confirmed from these findings.

Surprisingly, individuals in this study that maintained long-term sobriety attributed it to social networks that were not affiliated with twelve-step meetings. The twelve-step philosophy that emphasizes taking care of substance abuse problems before all others may lead to significant difficulties among the homeless population (Bazemore and Cruise, 1993; Rayburn, 2011). This

sample of New Orleans homeless substance abusers had broader needs than simply sobering up, specifically stable employment and meaningful personal relationships. The individuals in this study reported problems going to twelve-step meetings and found social networks among other institutions such as church, family, and employment to be far more helpful.

For individuals in this study, staying involved in twelve-step meetings means constantly admitting being sick. As these individuals transitioned from homeless substance abusers to housed, employed people, the less desire they had to spend time with individuals who identified as being diseased with addiction. By going to meetings and identifying as an alcoholic or an addict, these individuals felt as they would never get better, or recover. For many, this is simply not true, as they have not touched substances in many years.

What, more generally, have we learned about long term recovery (“desistance”) from addictions and even homelessness itself? The very large number of people I was unable to find through any mechanism, the elevated rate of premature mortality in the sample, and the number of respondents that were “found” languishing in prisons and jails suggest that for many homeless substance abusers, “long term recovery” is simply not in the cards. Most multiply troubled individuals in their early thirties are still multiply troubled individuals twenty years later, still people who struggle with addictions, unstable employment, troubles with the law, and presumably homelessness. But some, or so it seems, do successfully “escape” the spiral of poverty, addiction, crime, and homelessness and come to lead reasonably normal lives. Our results suggest that they do this by finding good jobs that provide meaningful, stable employment, or by hooking up with partners that support them in their positive life choices, or in a surprisingly large number of cases, by finding God.

The original NOHSAP study concluded with the observation that “...the motivation to recover from alcohol and drug disorders depends greatly on what one has to lose from continuing substance abuse or to gain from a new-found sobriety. Clients of the sort treated in NOHSAP may therefore be the most difficult to motivate sufficiently. For the most part, they do not have jobs, families, or housing circumstances that would be imperiled by continuing to abuse drugs; they do not have handsome incomes to protect or important interpersonal relationships to maintain. For the large majority, successful recovery would only mean that instead of being poor, homeless, hungry and drunk, they would be poor, homeless, hungry and sober. And, all things considered, it is hard to see that such a change represents any significant improvement.”

Follow-ups with a small sample of the original clients some two decades later serve to amplify these conclusions in the limited but important sense that the clients we found to be the most “successful” in the long-term were precisely those who found “jobs, families or housing circumstances” that continued inebriation and dissolution **would** imperil, i.e., those for whom positive life changes did result in a “significant improvement.” Lives improve when people have things to live for – an obvious conclusion, perhaps, but nonetheless, an important one.

APPENDIX A: EXPENSES

<u>Expenses</u>		Cost in \$
Stamps		17
Envelopes		5
http://www.intelius.com/ Membership	One Year	243
Digital Voice Recorder		65
Telephone Microphone Recorder		20
New Orleans Map		9
Literature (Books)		25
Lodging	Aug-10	180
Flight	Aug-10	100
Rental Car	Aug-10	70
Gas	Aug-10	40
Meals	Aug-10	108
Batteries (for recorder)		4
Airport Parking	Aug-10	20
Mileage (to airport)	Nov-10	44
Lodging	Nov-10	234
Flight	Nov-10	80
Rental Car	Nov-10	160
Gas	Nov-10	70
Meals	Nov-10	144
Airport Parking	Nov-10	24
Mileage (to airport)	Nov-10	44
Mailings		0
Total Cost of Project		1706

APPENDIX B: IRB APPROVAL LETTER



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901, 407-882-2012 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Notice of Expedited Initial Review and Approval

From : **UCF Institutional Review Board**
FWA00000351, Exp. 10/8/11, IRB00001138

To : **Rachel L. Rayburn and Co-PI: Elizabeth E. Mustaine**

Date : **July 30, 2009**

IRB Number: **SBE-09-06349**

Study Title: **Homeless Substance Abusers in New Orleans**

Dear Researcher:

Your research protocol noted above was approved by **expedited** review by the UCF IRB Chair on 7/30/2009. **The expiration date is 7/29/2010.** Your study was determined to be minimal risk for human subjects and expeditable per federal regulations, 45 CFR 46.110. The category for which this study qualifies as expeditable research is as follows:

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

The IRB has approved a **waiver of documentation of consent** for all subjects. Participants do not have to sign a consent form, but the IRB requires that you give participants a copy of the IRB-approved consent form, letter, information sheet. For online surveys, please advise participants to print out the consent document for their files.

All data, which may include signed consent form documents, must be retained in a locked file cabinet for a minimum of three years (six if HIPAA applies) past the completion of this research. Any links to the identification of participants should be maintained on a password-protected computer if electronic information is used. Additional requirements may be imposed by your funding agency, your department, or other entities. Access to data is limited to authorized individuals listed as key study personnel.

To continue this research beyond the expiration date, a Continuing Review Form must be submitted 2 – 4 weeks prior to the expiration date. Advise the IRB if you receive a subpoena for the release of this information, or if a breach of confidentiality occurs. Also report any unanticipated problems or serious adverse events (within 5 working days). Do not make changes to the protocol methodology or consent form before obtaining IRB approval. Changes can be submitted for IRB review using the Addendum/Modification Request Form. An Addendum/Modification Request Form **cannot** be used to extend the approval period of a study. All forms may be completed and submitted online at <http://iris.research.ucf.edu>.

Failure to provide a continuing review report could lead to study suspension, a loss of funding and/or publication possibilities, or reporting of noncompliance to sponsors or funding agencies. The IRB maintains the authority under 45 CFR 46.110(e) to observe or have a third party observe the consent process and the research.

On behalf of Tracy Dietz, Ph.D., UCF IRB Chair, this letter is signed by:

Signature applied by Joanne Muratori on 07/30/2009 01:49:25 PM EDT

IRB Coordinator



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Exempt Human Research

From: **UCF Institutional Review Board #1
FWA00000351, IRB00001138**

To: **Rachel L. Rayburn and Elizabeth E. Mustaine**

Date: **June 28, 2010**

Dear Researcher:

On 6/28/2010, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review: Continuing Review Application
Project Title: Homeless Substance Abusers in New Orleans
Investigator: Rachel L. Rayburn
IRB Number: SBE-09-06349
Funding Agency: None

At the time of this Continuing Review, it was determined that your study meets Exempt Category # 2. Therefore, the study no longer has an expiration date. In addition, you are not required to use an Informed Consent document, but as with all human research, you need to follow your consent process with research participants. This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Joseph Bielitzki, DVM, UCF IRB Chair, this letter is signed by:

Signature applied by Janice Turchin on 06/28/2010 01:19:17 PM EDT

A handwritten signature in black ink that reads 'Janice Turchin'.

IRB Coordinator

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