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Drug Offenders' Perceptions of Motivation

The Role of Motivation in Rehabilitation and Reintegration

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This article presents a qualitative analysis of participants' perceptions of the importance of motivation in the detoxification and rehabilitation process. As part of an outcome evaluation of recovering drug addicts who participated in a prison-based therapeutic community, 39 participants (a nonrandomized subsample) are interviewed regarding their rehabilitation and reintegration experiences. Although many studies show that participation in prison-based drug treatment programs reduces the likelihood of recidivism, clients in this study suggest that other factors might be equally important, and in particular clients' own motivation to change their lives. This study raises some questions about the true ability of drug treatment programs to treat and rehabilitate drug-abusing offenders, diverting the emphasis from the treatment program itself to the participants' motivation to change. Findings are discussed in regard to prison-based drug treatment programs, after-release impediments encountered by inmates, and inmates' expectations of successful reintegration into the normative noncriminal society.

Keywords: *motivation; self-efficacy; reintegration; prison-based treatment programs; after-release employment difficulties*

Internal motivations to abstain from future drug use and to refrain from further criminal activity are major components in changing individual behavior (Deci & Ryan 1985; Prochaska & DiClemente, 1985) and in particular drug-addictive behavior. According to Ryan (1995), lack of motivation is one of the most frequently cited reasons for relapse and negative treatment outcomes. Prior studies have explored the role that clients' intrinsic motivation to abstain from further drug use plays in treatment

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outcomes (Maisto, Carey, & Bradizza, 1999) and its impact on future criminal involvement. Nevertheless, few studies have examined such an impact on outcomes for clients participating in a drug treatment program under a seamless treatment rationale (supervision with treatment; Taxman, 1998). This article seeks to elaborate on and expand the current understanding of the importance of motivation on treatment retention and successful rehabilitation, using the perceptions of inmates participating in a prison-based therapeutic community. Specifically, the study examines perceptions of the importance of motivation to the rehabilitation and reintegration process, using a phenomenological approach to analyzing narratives from semistructured interviews with inmates participating in a prison-based therapeutic community.

According to Schwarzer (2001), only individuals who become aware that their lifestyle puts them at risk may make a deliberate decision to refrain from risky behavior, such as drug use (also see Conner & Norman, 1996; Schwarzer, 1992; Weinstein, 1993). Plotnikoff and Nigginbotham (2002) state that in order for a behavioral change to occur, the individual must first estimate the severity of the problem and only then will realize the danger that might arise from avoiding the problem. Prochaska and DiClemente (1986) demonstrated that motivation is a critical variable between the precontemplation and contemplation stages, when an individual becomes invested in altering his behavior. Such findings clearly demonstrate the importance of motivation in the various stages of any treatment process that aims to change behavior.

Motivation to achieve behavioral change is a crucial factor in predicting the ability of drug addicts to change their addictive behaviors. In this study *motivation* is defined as the intentions, desires, goals, and needs that determine behavior. The desired behavior is abstinence from drugs and conformity to a normative noncriminal lifestyle. Bandura (1977) claimed that motivation could be generated as a result of cognitive representations of future outcomes, which are developed from environmental events. Schwarzer (2001) argued that such change in behavioral patterns has two separate processes: the motivation to change and the will to change. These two processes, he claimed, can only be predicted by self-efficacy, which is "the only predictor that seems to be equally important in the two processes" (p. 47). Other studies have also suggested that motivation and self-efficacy may have a positive linear pattern of association (Brown & Inouye, 1978; Brown & Larkin, 1984, in Miller & Carlyle, 1992). Similarly, Maruna (2001) argued that for offenders to maintain abstinence from drug use and criminal activity, they need to make sense of their lives. Differently put, they need to account for and understand their criminal pasts and to understand why they are now "not like that anymore" (p. 7).

Motivation for Change and Self-Efficacy

Bandura (1977) introduced the self-efficacy theory, in which he proposed that a common cognitive mechanism could explain and predict the behavioral changes

achieved by different modes of treatment (see Garth, Wilkinson, & Poulos, 1995). Self-efficacy was defined by Bandura (1977) as "personal belief that an individual possesses in his/her ability to execute certain behavior that will in turn produce a particular result" (Miller & Carlyle, 1992, p. 202).

Support for self-efficacy theory was provided by various studies examining different issues in the behavioral domain, such as willingness to participate in prison-based educational programs (Batchelder & Douglas, 2002), measuring drinking outcomes for alcoholic men (McKay, Masito, & O'Farrel, 1993), and other issues (see Bandura & Schunk, 1981; Burling, Reilly, Moltzen, & Ziff, 1989; El-Bassel, Ivanoff, Schilling, Borne, & Louisa, 1997; Laws, 1999; Lee, 1984; O'Leary, 1985).

Moreover, studies have shown that desisting from crime and drug abuse is correlated socially, psychologically, and cognitively (Gideon, 2002; Hans, 2002; Leibrich, 1993; McKay & Weiss, 2001; Sadowski, Long, & Jenkins, 1992; Terry & Mitchell, 2001). Ortmann (2000), examining a prison-based social therapy program in Germany, found that the therapy itself had little to do with reduction of recidivism, even when therapy was completed. Using a controlled experimental design, Ortmann concluded that positive outcomes may be best explained by the "offender's personality" (p. 229). In a corresponding example, Hans (2002) showed that high motivation at baseline was linked to successful smoking abstinence. McKay and Weiss (2001) found that stronger motivation and coping at baseline were found to have better predictive ability for alcohol and substance use outcomes and better progress while in treatment. In addition, looking at high motivation at baseline and during treatment is also an important factor in treatment retention (Simoneau & Bergeron, 2003). According to Miller and Sanchez (1994), an important shift in thinking and in examining motivation suggests that "motivation is not simply a characteristic of the individual, but rather the product of interpersonal exchanges" (p. 58). In other words, success of treatment is not solely dependent on the motivation of the individual who enters treatment but also strongly influenced by "environmental [factors] and by the skills and attributes of the therapist" (p. 59). Specifically, a person's level of motivation is determined not by his or her individual strength but by external situations and by the people with whom he or she interacts. "This means that motivation is better understood as a characteristic of environments and relationships than as a trait of individuals" (p. 59). Similarly, Simoneau and Bergeron (2003) argued that the settings and the people one interacts with both affect motivation. According to Ryan (1995), most human behaviors are not intrinsically motivated. However, developing and maintaining such behaviors are often essential for normative socialization and integration of the individual to his or her community. Moreover, humans tend to adapt to their environment as any other organism would. This provides them with the possibility of integrating external contingencies (Deci & Ryan, 1985). Furthermore, we might assume that receiving treatment as an external factor may have an effect on motivation and thus on rehabilitation outcomes.

Perceived Self-Efficacy

In social cognitive theory, self-efficacy is more accurately described as *perceived* self-efficacy (El-Bassel et al., 1997). Such perceived self-efficacy is the belief that one can exert control over personal motivation, behavior, and social environment (Bandura, 1986). Extensive evidence demonstrates that perceived self-efficacy strongly influences the attainment and maintenance of preventive health behaviors, such as abstaining from smoking, drinking, and engaging in physical activity to prevent cardiovascular diseases (e.g., coronary heart disease; Bandura, 1986; O'Leary, 1985; Plotnikoff & Nigginbotham, 2002; Schwarzer, 2001). Other studies have found that self-efficacy plays a significant role in adolescent drug addiction desistance (Irvin & Maag, 1993). Yet research on the association between self-efficacy and motivation among competitive athletes did not find as strong an association as expected (Miller & Carlyle, 1992).

Given the above-described dynamics influencing individual success in overcoming addiction, it is important to examine the contribution of internal motivation as a valuable factor that might affect treatment outcomes, as well as rehabilitation, while trying to explain desistance from crime and drug use. This is especially true when considering that many crimes are drug related (Blankenship, Dansereau, & Simpson, 1999; Brochu, Douyon, & Normand, 1995; Collison, 1996; Tonry & Wilson, 1990; Valdez, Yin, & Kaplan, 1997). Consequently, the aim of this study is to explore inmates' perceptions of the importance of motivation on the rehabilitation and reintegration process. The study uses a phenomenological approach of analyzing narratives from semistructured interviews with inmates who participated in a prison-based therapeutic community.

Method

To gain insight into the importance of motivation in treatment retention and successful rehabilitation, as perceived by recovered drug addicts, a qualitative method of analyzing narratives from semistructured questionnaires was used. This method allows the researcher to focus on a broader reality experienced by the respondents while revealing hidden information about the participants and their way of seeing and interpreting the world around them (Stake, 1995). Therefore, data analysis was done according to phenomenological guidelines, as used in studies of this nature, which use in-depth interviews with participants (Bernard, 2000). In the current study, after respondent narratives were transcribed,[1] primary categories[2] were drawn from the interviewees' comments. Each narrative was then examined according to the primary categories, and translated in part from Hebrew for use in English-language presentations.

Data Collection

Narratives were gathered via semistructured interviews. Such interviews are commonly used when the interviewer has only a single opportunity to interview the

subjects (Bernard, 2000). The author used a set of guidelines, which in this case were standard questions concerning the information of interest (Bernard, 2000, p. 191). Most of the questions were in an open-ended format, asking interviewees to talk freely about their experience during the rehabilitation process and later about their perception of their integration back into the community. In that regard, specific questions were asked about the availability of information on the "outside" as well as the continuum of treatment and supervision. When appropriate, interviewees were urged to elaborate on their comments.

Each interview was tape-recorded with the consent of the interviewee. Interviews were held at numerous sites: prisons, offices of the Israeli Prisoners Rehabilitation Authority (IPRA), and homes of the interviewees. The length of each interview varied substantially. The shortest interviews were approximately 30 minutes for participants who were still using drugs and had relapsed after their release from the program. The longest interviews ranged up to 75 minutes for participants who were eager to describe their situation; these participants were in recovery for a very short period of time (only few months in their second recovery attempt after the Sharon experience). The interview length for participants who were in continuous recovery[3] was approximately 45 to 50 minutes. The interview length was not set by the interviewer but depended on how long each offender was willing to discuss his recovery process. Interviews were conducted between February and June 2001.

Participants Sample

The population for this study was defined as "male inmates who participated in the Sharon prison program between 1994 and 1997 and were eligible for parole after completing two-thirds of their sentences." Because this study was part of a much wider study that used a census of all inmates participating in the Sharon Prison–based therapeutic community (Shoham, Gideon, Weisburd, & Vilner, 2006), a list of 101 participants who were released from that prison between 1994 and 1997 was drawn using a proportional random sampling technique. This list was used to identify potential and relevant participants without creating a bias. Using the Israeli Prison Authority (IPA) to locate those who were currently incarcerated (i.e., rearrested or reincarcerated), 22 participants who were rearrested or reincarcerated after their release from the Sharon Prison–based therapeutic community were interviewed.

A separate attempt was made to locate participants who were living in the community. Using the Israeli Prisoners Rehabilitation Authority (IPRA) database,[4] 14 additional participants—from the list of the 101 eligible participants—were added to the sample. Each of these participants was asked at the end of his interview to provide the names of other ex-prisoners relevant to the study, resulting in three additional participants. Overall, 39 participants were interviewed.

Findings

Participant Characteristics

Of the 39 interviewees, nearly half were not using drugs at the time of their interview (self-reported and backed up by official data from urine samples collected and available from IPRA and IPA). The majority of interviewees were Jewish (82.1%), with about a third (30.8%) being single (never married). The average education at intake was around eighth grade (equivalent to 8 years of education in the United States), and about a quarter (25.6%) were without any professional skill. The mean age at first drug use, as reported by interviewees, was 15.2 years, with a standard deviation of 3 years. Data on drug use was obtained from official intake reports conducted before the beginning of the treatment, and was confirmed, for reliability, during the interview by self-report. Specifically, participants were asked about the types of substances used before their treatment participation at the Sharon Prison–based therapeutic community treatment program. Although almost 90% of the interviewees in the study used a wide variety of different drugs, such as methadone, heroin, cocaine, MDMA, and marijuana, about 44% reported intravenous use as the most common mode of drug administration. Finally, more than half (53.8%) reported never having been in treatment before their incarceration in the Sharon Prison–based therapeutic community. These characteristics were not found to be significantly different from the total population that was the focus of this study (for comparison of the interviewee sample to the population, see Gideon, 2002; Shoham et al., 2006).

The Contemplation Stage: Sincere Motivation

As mentioned in the literature review above, motivation is a key factor for success for those who choose to participate in treatment programs as well as during the entire rehabilitation process. Motivation includes the willingness to open up to treatment, comply with it, and remain in it until the end. Evidence from this study as well as others, such as Miller's (1985) on alcoholism and those on substance-abusing inmates (see Wexler, Prendergast, & Melink, 2004, and Simpson, Wexler, and Inciardi, 1999, for a general discussion on results of prison-based drug treatment), shows that certain individuals were able to pull themselves out of drug use whereas others remained addicted, regardless of participating in the same program and seeing the same therapists. In other words, given the same therapeutic conditions, there were those who succeeded and those who failed and had further abuse. For this reason, we cannot judge therapists for successes and/or failures. A different level of motivation was what distinguished those who succeeded from those who failed. Participants in this study who recovered from their addiction were successful because they did everything in their power to assimilate into the normative community. Those who failed where characterized by a "retreatist" type of personality—characterized by withdrawing from

society through acts of substance abuse and addiction (Merton, 1957)—and thus lacked the will and maturity to improve their lives. Even among those participants who failed and returned to future incarceration, lack of motivation was identified as the main reason for their failure, as noted by these two participants:

> In every process [treatment], if it's not coming from me, it's not worth it. You can provide me with the top-of-the-line program, but it ain't worth a dime if it's not coming from me, if I don't want to. I think that if a man wants to [get clean] then he doesn't need any program, if he really wants to, everything is a matter of practicality, how much you want to. (Participant, age 34)

> See, if the inmate does not have a strong will and cannot make an honest decision, but not weak as margarine [what the participant meant to say was "to do whatever it takes"], the decision to do whatever it takes, no matter how much you will help him, it's a waste of time, it will not work . . . if there are no aspirations, and from the inside [points to his heart] the fire and the spirit to fight for my life I will fail again. (Participant, age 21)

Motivation builds through years of addiction and suffering. This is why many times results are more promising for more mature abusers, those who "hit bottom" (Biernacki, 1986; Faupel, 1991; Maruna, 2001) and have suffered enough from their addiction, in addition to the fear of potential punishment (Sommers, Baskin, & Fagan, 1994), as explained by this participant:

> I decided that I want to quit, 'cause [during] the period I was using and all the agony that I experienced, prisons and jails I've been to . . . I got sick and tired of it. (Participant, age 38)

In addition, we learn that when participants have the motivation to "get clean" and pursue a normative way of life, they need very little help to succeed, as explained by the following participant:

> I tried to detoxify as a result of a personal decision to rehabilitate myself and my home [family]. I decided that I am cleaning up, waking up in the morning and taking this journey that I have never taken before . . . and I think you can get clean everywhere; it depends [on] what you want. (Participant, age 33)

Sincere motivation appeared in 11 of the 39 interviews conducted. This means that slightly less than 30% of the participants in this study acknowledged the importance of having sincere motivation as a major factor in a successful rehabilitation.

Gaining Employment as an Indication of Motivation

The issue of motivation is also raised when examining the ability of recovering addicts and ex-prisoners to seek and find employment. Despite the enormous

difficulties these individuals experience in finding employment, their uncompromising desire to obtain employment—and their constant searching and applying for jobs, any kind of jobs—became evident several times during the interviews (specifically, this theme appeared in 10 different interviews, which accounted for about 26% of the interviews conducted). Those who successfully rehabilitated their lives were not picky about the jobs they took and they were highly motivated to gain legitimate employment, as described by the following participant:

> Listen, in short, I wanted to get clean. I did not tell stories. I ate a lot of crap; I cleaned hallways in buildings. I knew I had a kid, got no one to help me. . . . The point is, I wanted to get clean. I did whatever I could, you understand. I did not feel humiliated in anything that I did. I worked in everything I could lay my hands on, just so that I would really be able to get clean. . . . I wasn't spoiled; whatever I needed to do I did. . . . I had a difficult time but I knew what my aim was, what I want out of myself, and I went for it all the way. (Participant age, 39)

A similar experience was discussed by another participant:

> I worked all the time, in all kinds of jobs, didn't matter what I worked in as long as I worked. No pampering, I even cleaned restrooms. I never had problems finding a job, because if you want to work you will find [a job]. . . . If you are reluctant then you got a problem. (Participant, age 35)

Making It "On My Own"

Another aspect of motivation was highlighted when participants expressed their willingness to rehabilitate their lives by themselves without any help from close family, relatives, or friends. Participants in this study expressed their desire—in 15 different interviews, which accounted for 38.5% of all interviews—to succeed in the rehabilitation process on their own. In other words, they wanted to manage on their own without depending on others, as apparent from these participant quotes:

> I did my rehabilitation by myself, all my rehabilitation, all the rehabilitation . . . I managed by myself. I did the rehabilitation all by myself. I worked wherever I could . . . I did not wait for anyone to come and help me. I did not develop a dependency on others to come and help me; I was dependent enough years on substances and decided that from now on I will be independent. I did not wait for anyone's feedback. (Participant, age 39)

> My aunt told me to leave the hostel [halfway house] and that she would open a store for me. . . . [I turned her down], no, this is one of the advantages . . . that I don't owe anyone anything. Like, no one can come and say he gave me something in my new way, that he has a part of my success . . . I wanted to do things by myself. (Participant, age 30)

According to participants in the present study, the desire to "make it" on your own is an important step in the rehabilitation process, especially taking into consideration that most of those who abuse substances suffer from financial dependence and chronic idleness. In that regard, making it on one's own represents a critical step toward an inmate's personal independence from others and being accountable for one's life. The inspiration to make it on one's own is highly important to the recovered addict and symbolizes the beginning of a new way, as described by this participant:

> Everything on your own, I don't want someone to pay for my cantina. . . . I'm working now, I am doing the "way" [rehabilitating myself], I am to myself. I don't give myself "discounts" anymore on the way. . . . However I make my bed is how I get to sleep on it. (Participant, age 40)

A good program cannot be the sole contributor to a recovering addict's success or failure. The study interviews suggest that level of motivation is perceived by participants themselves as a critical factor in the rehabilitation process, as evidenced by participants' comments regarding their reintegration into normative society. Participants in this study frequently implied that if they lacked the motivation to comply with the program offered, the treatment program itself would not be enough. This was the case for participants in this present study who claimed they joined the program without "pure motivation," and saw the program "as a chance to improve the physical conditions of their incarceration experience while 'doing easier time'" (see Shoham et al., 2006, p. 124, for explanation and a description of those who participated in the treatment during its later stages).

Discussion

Multiple studies have shown that motivation has a vital role in successful detoxification and rehabilitation. Motivation is part of the internal control cycle, as described by Reckless (1961) in his Containment Theory. This is especially true when motivation is being used as an indicator for the addicted individual to plan things for the long term while overcoming the immediate desire for pleasure and satisfaction (in the case of substance abusers, the substance use itself). Consequently, one must recognize motivation as an integral part of the Inner Containment (Reckless, 1961). Specifically, motivation to abstain from drugs is one of the "defense mechanisms" that protects the individual against the internal threats and conflicts that may trigger substance abuse (and thus criminal behavior). Consequently, motivation and self-efficacy are relevant to control theory in general—as they create buffers from negative external influences while reducing stress—by promoting one's social capital (see Cheung & Cheung, 2000; Gottfredson & Hirschi, 1990; Nagin & Paternoster, 1994).

An important factor in the detoxification and rehabilitation process that follows it is an honest desire to "get out of the life," while doing whatever it takes to start a new life. In this study, those who demonstrated such desire had to overcome countless difficulties that jeopardized their rehabilitation in order to be able to present society with proof of their success. To them, the importance of motivation is the most significant factor in the process. A similar argument was presented by Ortmann (2000), concluding that "the only target of therapy available in prison is the offender's personality" (p. 229), thus suggesting that social therapy, despite considerable effort from the social therapists, is not strongly attributed to the success of the inmate as measured by recidivism. Specifically, it can be argued that it is motivation and the individual or personal strength of the addicted person that helps him or her get out of that way of life, regardless of the treatment program, as mentioned by Hans (2002), Mckay and Weiss (2001), and Simoneau and Bergeron (2003), who argued that motivation at baseline is an essential factor and key to any treatment or intervention that seeks to alter addictive behavior. However, many times it is the treatment program that may trigger such motivation, whereas at other times such treatment promotes motivation by being a vehicle that channels the motivation to success. Such an argument is well documented and supported by many public health studies that deal with addictive behavior. For example, the American Medical Association supports treatment for tobacco users even if they lack the initial motivation to quit (Fiore, 2000). In that report Fiore (2000) argues that "patients unwilling to try to quit . . . should be provided a brief intervention designed to increase their motivation to quit" (p. 3252). Additional public health studies that examine the role of intervention in promoting motivation also support such argument. For example, Shinitzky and Kub (2001) demonstrate how motivational interviewing successfully promotes motivation for health behavior change. An additional study by Beckham (2007) demonstrates how motivation can be built through intervention in dealing with hazardous drinkers. Another study by Wakefield, Olver, Whitford, and Rosenfeld (2004) also demonstrates how motivation can be promoted by motivational interviewing in treating smokers.

One might ask how true motivation can be identified and if it is identifiable, should it be the sole criterion for acceptance to detoxification and rehabilitation programs in prison? Although there are no obvious answers to such a question, it is clear that true motivation can be identified many times in retrospect, that is, after the participant proves his sincerity by complying with program requirements. Therefore, it is important that those who manifest the desire to change their lifestyle and get detoxified should get the opportunity to do so. After all, part of the first stage of motivation is identifying the substance abuse as a problem that needs to be treated. As described earlier in this article, human behaviors often are not intrinsically motivated (Ryan, 1995) and thus need the therapeutic environment to ignite, and promote, such motivation. Such understanding concurs with the idea of intervention as promoting motivation, espoused in the previous paragraph. It can also be argued

that true motivation can be better identified after several weeks have passed, by examining retention and compliance with treatment goals.

Conclusion

Findings from this study add to existing research about the importance of motivation in the rehabilitation process. However, although other studies measure the effect of motivation on treatment retention and treatment outcomes, this study focuses on motivation from a different angle—inmates' perception of the importance of motivation. Gaining such valuable insight helps understand the process such individuals experience before, during, and after their treatment. Specifically, examining the perceptions of the importance of motivation to the rehabilitation and reintegration process—while abstaining from drugs—this study demonstrates how participating individuals perceive the importance of both motivation and treatment as a vehicle to their recovery. Although not representative, findings from this study suggest that participants perceive treatment as necessary and important in triggering motivation by helping them identify their substance abuse as a problem but will have little effect on those who are not motivated.

On a final note, it is recognized that this study does not make any generalizations about the effect of motivation on successful rehabilitation and reintegration. The small sample used in this study as well as the method used to select participants for the interviews does not permit making such generalizations. Nevertheless, findings from this study may provide an important first step toward future studies on offenders' perceptions of the treatment and rehabilitation process and the way in which such individuals identify their own needs. It is important to note that such perspectives are highly important in understanding the difficulties and barriers faced by released offenders and the formal support they need to promote motivation. On another level, such studies may also generate a discussion that is different from the one that governs our current practices. Such a discussion should focus more on the needs of the clients while transferring accountability from caregivers to clients.

Notes

1. Originally, interviews were conducted, transcribed, and analyzed by the author in Hebrew. The author then translated the relevant citations—to be presented in this article—in regard to the context in which they were reported and proofread them for their meaning (i.e., to make sure their original meaning was not lost in translation), while stating the age of the interviewee.

2. After all 39 interviews were completed, 27 major categories were drawn up, using the expert reliability approach (i.e., three other scholars involved in the evaluation study from which this study is drawn were asked to read the interview transcripts and decide on the main categories to be examined) to verify that all categories were mutually exclusive. *Mutually exclusive* suggests that the categories used were different and that there were no two categories dealing with the same phenomenon. This study aimed to examine participants' perceptions of motivation, and *only* those categories that dealt directly with motivation (major themes) were chosen to be presented and discussed in this article. Specifically, relevant

categories were as follows: the desire to quit the addiction, the personal decision to change, the desire to gain legitimate employment, and the need to make amends on one's own accord. Such themes were assessed through specific questions such as "Can you remember/relate to a specific event that affected your decision to 'get clean'?" "Was there anything or anybody who influenced your decision to seek help before you entered the program [referring to the Sharon Prison-based program]?" "Who helped you during the different stages of the program, and following rehabilitation?" "Who helped you the most after your release from the program?" "Can you point to anyone in particular who was the most important figure in your rehabilitation process?" Other categories include, for example, employment difficulties, monetary debts, information on the outside, lack of routine, mentoring, personality and self-esteem problems, idleness, family and spouse problems, and supervision.

3. Many professionals as well as former substance abusers agree that recovering from addiction is a lifelong process, one that never ends. According to them, everyday is a new challenge—which leads to the concept "continuous recovery." Such an idea collides with the notion, shared by many former addicts, that being an addict is something you never recover from, as it is a type of personality.

4. The IPRA is an authority operating under state law and is obligated to meet with each prisoner about 3 months before the end of two thirds of his or her sentence. Hence, data on prisoners are documented either by prison or by region for future contact and consultation after release. The author contacted chief consultants at the various IPRA offices around the country asking them to assist in locating the 58 ex–Sharon Prison inmates. IPRA provided the author with the addresses of the individuals and letters were sent using an impartial (i.e., non-IPRA) envelope and letterhead explaining the aims of the study, assuring confidentiality and requesting permission to further contact the individual.

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