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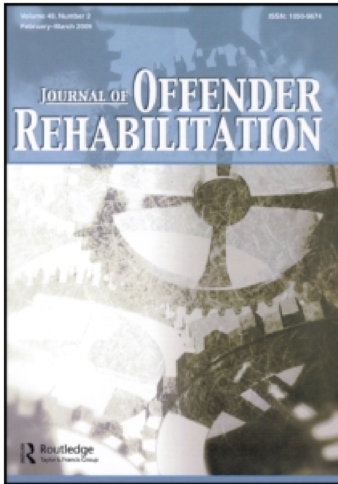

Journal of Offender Rehabilitation
Publication details, including instructions for authors and subscription information:
http://www.informaworld.com/smpp/title~content=t792306909

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Thomas Lyons[a]; Arthur J. Lurigio[b]
[a] HIV/AIDS Research and Policy Institute, Chicago State University, Chicago, Illinois, USA [b] College of Arts and Sciences, Loyola University Chicago, Chicago, Illinois, USA

Online publication date: 04 October 2010

To cite this Article Lyons, Thomas and Lurigio, Arthur J.(2010) 'The Role of Recovery Capital in the Community Reentry of Prisoners with Substance Use Disorders', Journal of Offender Rehabilitation, 49: 7, 445 — 455
To link to this Article: DOI: 10.1080/10509674.2010.510769
URL: http://dx.doi.org/10.1080/10509674.2010.510769

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Journal of Offender Rehabilitation, 49:445–455, 2010
Copyright © Taylor & Francis Group, LLC
ISSN: 1050-9674 print/1540-8558 online
DOI: 10.1080/10509674.2010.510769

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The Role of Recovery Capital in the Community Reentry of Prisoners with Substance Use Disorders

THOMAS LYONS
HIV/AIDS Research and Policy Institute, Chicago State University, Chicago, Illinois, USA

ARTHUR J. LURIGIO
College of Arts and Sciences, Loyola University Chicago, Chicago, Illinois, USA

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This article examines the concept of recovery capital, which is based on a socioeconomic understanding of addiction. Substance abuse treatment programs, especially those in the criminal justice system, should recognize the important relationship between abstinence and recovery capital. A program is described which fosters recovery capital among former prisoners with substance use disorders who are reentering the community.

KEYWORDS *prisoner reentry, recovery capital, substance abuse treatment*

INTRODUCTION

Illegal drug use is pervasive in the United States. However, the most severe criminal justice consequences of drug possession and sales affect poor people of color (Lurigio, 2006). For example, African Americans are grossly overrepresented for drug offenses at every stage of the criminal justice process (Tonry, 1995). African Americans constitute only 14% of the people who use illicit drugs but 54% of those incarcerated for drug offenses (Human Rights Watch, 2008). Almost 90% of the defendants sentenced for crack cocaine sales at the federal level have been African American (Tonry, 1995).

The authors thank Pamela Rodriguez, President of Illinois TASC, for helpful comments on an earlier draft of this manuscript and the Reverend Tommie Johnson of TASC for facilitating access to Winners' Circle sessions.

Address correspondence to Thomas Lyons, HIV/AIDS Research and Policy Institute, Chicago State University, 9501 S. King Dr., Chicago, IL 60628, USA. E-mail: Tlyons20@csu.edu

Drug treatment programs in the criminal justice system focus generally on the psychology of addiction, rather than the critical ecological factors related to substance use disorders and recovery, such as minority status and poverty. Within this individualistic perspective, addiction is viewed primarily as a brain disease (Committee on Addictions of the Group for the Advancement of Psychiatry, 2002; Goldstein & Volkow, 2002). Although the disease model is highly useful in the assessment, treatment, and destigmatization of people with addiction, it tends to shift focus away from the social and economic context in which substance use arises.

This article examines the concept of recovery capital, which is based on a socioeconomic understanding of addiction. Building recovery capital for persons with substance use disorders in the criminal justice system requires an understanding of (a) the difference between social and recovery capital and between bridging and bonding capital; (b) the concept of recovery management; and (c) the role of recovery capital in prisoner reentry. One such program, the Winner's Circle, is described in this article. It is designed for former prisoners who are reentering the community and boosts recovery capital through a variety of specific interventions. The article concludes with policy and practical recommendations for building recovery capital in drug treatment programs for returning prisoners.

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Social and Recovery Capital

The concept of recovery capital, though relatively recent, is situated within a general understanding of addiction and recovery. Recovery capital helps to promote and sustain sobriety (Granfield & Cloud, 1999) and includes social and cultural resources that are critical to overcoming addiction. The concept can also be defined as the "resources that can be accumulated throughout time (e.g., health, mental health, housing, crime free [status], employment, strong family and social relations, and life satisfaction) as abstinence is sustained" (Dennis, Foss, & Scott, 2007, p. 587). Thus, recovery capital is both a cause and a consequence of abstinence from alcohol and substance use: recovery capital fosters sobriety, and sobriety generates more recovery capital.

Social capital is a key component of recovery capital and is largely a property of networks rather than dyads (The Saguaro Seminar, 2008). For example, employment options can arise from connections outside an individual's inner circle, as well as from cultural norms and values that support a strong work ethic (i.e., cultural capital) (Bourgois, 2003). The "friend of a friend" who provides a job opportunity is a member of a social capital network. Hence, the role of recovery capital in the treatment of addiction involves more than immediate interpersonal relationships.

The social capital of drug users is affected by the "social environmental contexts in which . . . substance dependent clients are embedded" (Cloud & Granfield, 2008, p. 197). Many drug users in the criminal justice system live

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in impoverished, segregated neighborhoods. At the community level, social capital is closely related to collective efficacy, which is the ability of community members to identify and achieve goals on behalf of the common good (Rose & Clear, 1998). Isolated minority neighborhoods typically have tenuous or no connections to city government and other public institutions. They are commonly the targets of police "sweeps" against low-level drug dealers. The residents of such neighborhoods are also less able than those in politically empowered neighborhoods to prevent the opening of liquor stores and the construction of billboards advertising legal drugs (i.e., alcohol and cigarettes; Singer, 2008). Indeed, city governments' neglect of urban residents' needs in these communities is associated with increased substance use (Wallace, 1990).

Evidence suggests that unlike people with substance abuse and dependence disorders, recreational drug users have above-average levels of social capital (Shedler & Block, 1990). Heavy substance use, however, depletes social capital. Addiction diverts time and energy away from the cultivation or preservation of interpersonal relationships and toward the single-minded pursuit of the drug. As drug users progress from use to abuse to dependence, they often exploit family and friends in order to obtain their substance of choice. Broken relationships and estrangement from others are among the reasons that addicts eventually seek drug treatment.

People who lack individual social capital commonly reside in neighborhoods that lack community social capital (i.e., collective efficacy). In their attempts to desist from drug use, recovering addicts have little social capital to expend in avoiding their former environments, which are filled with triggers for involvement in drug use and crime. The concentration of drug users in isolated communities, surrounded by triggers for use, precipitates relapse among those who are reentering the community from prison, jail, or residential treatment facilities. In addition, alcohol and tobacco companies inundate poor neighborhoods with their products, which can contribute to relapses (Singer, 2008).

Bridging Versus Bonding Capital

The Saguaro Seminar on Social Capital distinguished between bridging social capital among dissimilar people and bonding social capital among similar people (The Saguaro Seminar, 2008). A disadvantaged individual, whose network consists of others who live in the same dire circumstances, can have considerable bonding social capital but little bridging social capital. Bridging and bonding relationships are defined in terms of stages of recovery and social groups. A relationship between an individual new to sobriety and one in long-term sobriety is bridging; the latter person has experiences, resources, and personal connections that the former does not. Indeed, people in long-term sobriety typically combine bridging and bonding social

capital. They empathize with newly recovering individuals but are further along in their own recovery process. Therefore, they have substantial bridging social capital to extend to fledglings in the recovery process. Substance abuse treatment settings differ greatly in the nature and extent of the social capital they can provide to individuals in recovery. Drug treatment programs in jails and prisons are settings where bridging social capital is particularly negligible. Unfortunately, many people with substance use disorders, who are involved in the criminal justice system, participate in drug treatment only while in jail or prison (Lurigio, 2000).

As indicated earlier, sobriety and recovery capital are intertwined. For the individual with an addiction, abstinence from substance use is the foundation for accumulating recovery capital, which in turn is critical for achieving and maintaining sobriety. Meeting basic needs for employment, housing, and reintegration into the family and community are all aspects of the accumulation of recovery capital. In substance abuse treatment programs, achieving abstinence is the primary goal—and, in fact, the recovering addict might be told, "Stay sober and go to the meetings, and all those other things will fall into place." However, from the addict's perspective, filling essential needs might be more important than being free from substance use.

Attaining sobriety and building recovery capital can often be achieved through the same relationships. For example, most types of substance abuse treatment programs include peer support groups, which unite people in their strivings to overcome addiction. Peers are potent sources of recovery capital, especially if they possess both bridging and bonding capital. The practical and therapeutic value of relationships with peers in recovery has always been an acknowledged core principle of 12-step programs. Building practical recovery capital is described in the Alcoholics Anonymous (AA) *Big Book* as one of the functions of AA, "... securing jobs for each other, when justified" (AA, 2002, p. 161).

Although veterans in recovery might disapprove of a newly sober person's attendance at meetings for reasons other than the maintenance of sobriety, meetings can be important opportunities to network and build social capital, which yields benefits on many levels. Face-to-face contacts with peers shape the course of recovery. For example, parolees in halfway houses report that they receive more helpful advice and assistance from peers than from program staff members (Nelson, Deess, & Allen, 2007).

Recovery Management

For the professional who works with people with substance use disorders, building recovery capital must be part of a comprehensive recovery management approach that views addiction as a chronic, relapsing brain disease with social and economic causes and consequences. Single or isolated episodes of acute care are usually inadequate in helping addicts achieve sobriety. In short,

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recovery is a life-long, continuous process (White, Kurtz, & Sanders, 2006). Recovery management also recognizes multiple pathways to recovery rather than the singular, traditional route of inpatient and outpatient treatment followed by a 12-step group experience (White et al., 2006). The recovery management perspective underscores the importance of retaining participants in community-based substance abuse treatment programs. Nonetheless, it also emphasizes that the restoration and maintenance of family and community relationships are crucial to sobriety as well. Long-term recovery from addiction and desistance from crime both necessitate the transformation of relationships.

A longitudinal study of alcoholics in treatment showed that those who had a stable social environment (i.e., employment or a functional marriage) or who consistently attended 12-step meetings had the highest rates of abstinence at eight-year follow up. Other factors in long-term recovery included the development of new romantic relationships or friendships. Moreover, longitudinal studies have found that ending a criminal career is associated with embarking on new social relationships, such as getting married or finding a new job, both of which draw the ex-offender away from criminal associates and criminogenic environments (Warr, 1998). Therefore, promoting relationships is a basic function of substance abuse treatment and case management.

A recovery management perspective recognizes that the accumulation of recovery capital must be part of an individualized pathway toward sobriety. For some persons with substance use disorders, for example, changes in jobs and housing arrangements can be detrimental to the recovery process. As DeLeon (2007) writes

> ... the potential benefits of social services [...] depend upon the timing of their delivery in the recovery process.... [T]hese services, delivered too early, can result in temporary relief from circumstantial pressures and a transient sense of wellness that may precipitate dropping out of the treatment or the recovery process. (p. 87)

Drug counselors can have "unrealistic expectations regarding the speed with which people who have become abstinent will be able to be vocationally engaged and improve their financial position" (Dennis et al., 2005, p. 605). Again, facilitating the client's connections with useful peers rather than requiring them to be employed might be the best way to achieve sobriety in the long run.

Recovery Capital and Prisoner Reentry

Half of the state prisoners in the United States are estimated to have a substance use disorder; nonetheless, only a fraction of them (15–17%) ever receive drug treatment (Mumola & Karberg, 2006). A downward spiral of

continuing drug use, crime, and incarceration has been fueled by the absence of a systemic criminal justice response to the massive influx of individuals with substance use disorders. One consequence of this failure is the high rate of recidivism of returning inmates, even among those who have completed substance abuse treatment programs in prison (Mumola & Karberg, 2006).

Data from in-depth interviews with parolees, conducted by Hanrahan, Gibbs, and Zimmerman (2005), suggest why postprison drug treatment dropout and rearrest rates are high. Many parolees are resigned to the fact that they will eventually return to prison. They feel powerless in the criminal justice system and have difficulty controlling their behavior. Parolees also report being lonely, especially if the conditions of release mandate that they must avoid their old friends, who might encourage alcohol and drug use and criminal activity. Parolees are concerned primarily with finding gainful employment, but few are able to obtain jobs on their own because of the stigma of a felony conviction. Unable to earn a legitimate income, they are frequently rearrested for drug dealing or other financially motivated crimes.

Harahan et al. (2003) found that most of the parolees interviewed regarded the parole experience positively. As one participant stated, "Parole will help me stay out of trouble because it is watching me." The majority reported that they simply want to find a job, reunite with their family, and live a quiet life, free of drugs and crime. Relying on family support and making in-prison connections with community organizations, which helped them apply for identification cards and jobs, significantly eased the transition to life outside of prison.

Other interviews with former male prisoners, who had achieved crime-free recovery for 5 to 10 years, suggested how social capital can reduce recidivism (Lyons, 2008). These men reported that the relationships they forged in prison with their mentors were crucial in instilling a sense of hope and in facilitating reintegration into the community. Even when an urban neighborhood has very high levels of drug use and crime, there can exist within it an "alternative community," that is, a network of people in recovery. Mentors help released prisoners "plug into" this network immediately after their release. Recent releasees are encouraged to perform community service and mentor others who are still in prison, or who have also been released recently. Such service builds dignity and self-esteem, and fosters their own recovery, which reinforces the efforts of mentees to remain sober and crime free.

One interviewee, "Barry," has been sober for 20 years and works for a social service agency (Lyons, 2008). His story illustrates the vital importance of personal encounters at "junctures of vulnerability." Barry first entered a treatment center after completing a seven-year prison term. At the center, he was surprised to meet three men from his past. These men were former "hustlers" and gang members who had been in prison. They were now

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alumni of the treatment center and returned periodically to assist formerly incarcerated people reintegrate into the community.

Barry argued frequently with other clients in the treatment center. At an off-site Christmas dinner, he narrowly avoided a physical altercation with another attendee. The alumni of the program drove Barry back to the treatment center. Along the way, they helped him understand the consequences of being removed from the program. Because they were from his neighborhood and had been in prison, Barry viewed them as credible confidants. Because of this discussion and their intercession with treatment staff, Barry was allowed to continue in the program and passed successfully through this critical juncture on the road to a lifetime of sobriety.

Insights from parolees and people in long-term recovery underscore the paramount nature of relationship building. Sessions with counselors and case managers are essential. A major component of their contribution to recovery is helping clients cultivate long-term personal relationships with those who can promote their sobriety. Similarly, the focus of prisoner reentry programs should move beyond institutional relationships with parole agents and service providers, and involve, during the recovery and readjustment process, sponsors, mentors, and volunteers inside and outside the correctional facility and drug treatment program.

Those who have experienced the same life events as returning prisoners and survived (and thrived) are an invaluable source of bridging and bonding social capital. To protect safety and security, the correctional system discourages the participation of exoffender volunteers in prison-based programming; however, the therapeutic benefit of these relationships should be weighed against the need to screen and monitor prison volunteers carefully.

Families provide financial and emotional support to facilitate the recovery of most returning prisoners. Contrary to popular belief, many families welcome prisoners home after their release (Shapiro & Sawicki, 2003). Yet family contact is difficult while an individual is in prison, and the family is generally unprepared to deal with the inmate after release. For people who have been involved in criminal activities, making amends with family and neighborhood residents—whom they have harmed—is a difficult challenge. Restorative justice programs are an effective mechanism for reconciliation and a sturdy foundation for recovery. In addition, positive reinforcement is more effective than punishment in shaping prosocial behavior, and positive reinforcements are more effective when administered by family, friends, and peers than by criminal justice professionals (Byrne, 2002). Therefore, reentry programs should involve family members and exoffender volunteers.

The Winners' Circle Program (WCP)

Many programs for reentering prisoners focus explicitly or implicitly on building social capital. For example, the federal government's 2007 Second

Chance Act funds programs that link returning prisoners with mentors who can help them reintegrate into the community. One such program, known as the Winners' Circle Program (WCP), supports meetings for returning prisoners. In Illinois, the WCP, sponsored by Illinois Treatment Alternatives for Safe Communities (TASC), attempts to create social capital among returning prisoners. TASC is a not-for-profit organization that provides behavioral health care and recovery management services for individuals with substance use and mental health disorders who are involved in Illinois' criminal justice, corrections, juvenile justice, child welfare, or public aid systems.

TASC's Winners' Circles are convened at treatment centers, churches, and other settings. The program's meetings began in Chicago and have expanded to other locations throughout the state. WCP groups invite former prisoners and include specialty groups for women and people living with HIV. Attendance is voluntary—albeit strongly encouraged in drug treatment facilities. The meetings are peer led and driven, which is a defining element of the experience. With the exception of the meetings for former prisoners who are HIV-positive, the group sessions also permit outside participants. Each meeting has a TASC-trained facilitator who arranges the logistics of the meeting. The elected chair and co-chair are formerly incarcerated persons.

The structure of the WCP is loosely modeled after the core rituals of AA and other 12-step programs, which are familiar to most participants. Religious components of the experience include a prayer at the end of each meeting and frequent references to God. Prior to speaking, the participant often says, "Hi, my name is ___ and I'm a winner." Both 12-step groups and WCPs are "cults of affliction" (Turner, 1968), in which merely being present is an admission that one is an alcoholic, addict, or former prisoner. Ongoing attendance at WCP sessions reminds participants that they were once in prison and therefore must take active steps to remain free from relapse and recidivism. The WCP and 12-step groups also differ in several ways. For example, the WCP does not abide by the 12 traditions of AA, which, for example, state that groups must be unaffiliated with outside enterprises, such as being sponsored by a nonprofit case management agency (e.g., TASC). "Crosstalk" is permitted, and outsiders regularly lecture to former prisoners and exhort them to reform their lives.

Most important, unlike 12-step groups, the WCP explicitly builds recovery capital among participants and responds to their practical needs. The program provides information about employment, reduces the stigma of addiction, and connects former prisoners with the local recovery community. A resource table is set up at each meeting with fliers from local employers and volunteer organizations. Thus, the meetings are not only therapeutic but practical (i.e., they help participants obtain jobs and other resources). Many former prisoners struggle to meet their basic needs, and interventions that ignore those needs are of limited use. The same face-to-face forum can

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foster both sobriety and adjustment to the community by urging participants to discuss their personal problems and explore constructive ways of finding jobs and housing.

The number of WCPs has grown steadily in Illinois and is likely to increase further as more volunteers, including former prisoners, members of congregations, and others, participate in a series of three-day facilitator training sessions. Many other promising outreach programs are also available for returning prisoners, such as community or neighborhood centers (the Community Support Advisory Councils in Illinois). Evidence from qualitative interviews suggests that WCP members have benefited emotionally and practically from their participation in such programs. Plans to evaluate the WCP formally are now being discussed. Similar to studies of 12-step groups, evaluations of such programs are methodologically complex (McCrady & Miller, 1993).

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CONCLUSIONS

Recovery capital programs link people in recovery with those who can help them fulfill their sobriety and practical needs. The recovery capital perspective has implications for policy and practice. In terms of prisoner reentry policy, the perspective suggests that reentry begins in prison. Hence, barriers to the creation of relationships between prisoners and peer volunteers should be minimized. Mindful of security and safety issues, former offenders in recovery should be encouraged to volunteer in jails and prisons. Community service providers, who will be working with prisoners when they leave the institution, should reach into the prisons to forge relationships with inmates during incarceration.

The participation of family members in the reentry process is as important as that of professional service providers. Therefore, family connections should be fostered actively. In a larger sense, substance abuse treatment programs for offenders must always extend beyond jail and prison settings. Although more treatment programs in jail and prison are sorely needed, continued treatment in the community is pivotal to effective long-term recovery and the success of reentry programs (e.g., Wexler, Melnick, Lowe, & Peters, 1999). Treatment in the community affords participants the opportunity to meet others beyond their immediate social network and to accumulate recovery capital as a result.

In terms of practical implications, the recovery capital perspective assumes that social and economic contexts are relevant to substance use disorders and their treatment. Therefore, recovering from substance use disorders and fulfilling practical needs should be presented to clients as a singular effort. Practitioners should bring clients in supportive contact with their peers, particularly those who possess both bridging and bonding

capital. As stated in the AA *Big Book*, "We are people who normally would not mix," (2002, p. 17), which embodies one of the sources of strength of a vibrant recovery community; namely, it unites people in order to cultivate social capital. Finally, outreach programs, like the WCP, which are conducted in different forms throughout the country, should be evaluated as methods of fostering recovery capital for returning prisoners.

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