

Introduction

AFTER RELEASE FROM PRISON, Ted stopped all drugs but alcohol and became an alcoholic. When his third DUI landed him more time in jail, he and his wife lost their house. He began to use heroin again. When he stopped “cold turkey,” the pain in his stomach came back. It was an unbearable pain, but doctors could not find a cause or a cure. Ted tried to drink it away.

I tried to keep alcohol down as much as I could. That was the only thing that would help my stomach from hurting. Finally, I told my wife, “You better call 911.” I took a steak knife and pushed it right where the pain was. The reason I did it was because I didn’t want the pain in my stomach anymore. I wanted it to go away. If it didn’t kill me then I was praying when I got to the hospital they could figure out what the hell was wrong with me. Somebody could fix something so I wouldn’t have the pain anymore.

Ted is just one of the many baby boomers I interviewed who used drugs illegally to address physical, psychological, or emotional suffering while living under increasingly more punitive responses to drug use.

This book chronicles the lives of baby boomers who lived through a 45-year-long drug war while using what are considered “hard drugs” (heroin / opioids, methamphetamine, cocaine / crack).¹ They come from all socio-economic classes and walks in life. They are diverse racially and ethnically and reveal different patterns of drug use behaviors. Some started using drugs early; others are late-onset. Most show discontinuous trajectories of using, stopping, and starting use again. Ages ranged from 45 to 65. All used hard drugs in the last 10 years and over half were still using hard drugs at the time they were interviewed. The in-depth examination of their individual drug use trajectories shows how the social environment contributed to their drug

behaviors, and the life course analysis reveals the devastating result of drug policy that incarcerates while ignoring social conditions.

For example, Ingrid, orphaned by her parents, ran away from her abusive foster family and was introduced to heroin by a group of petty criminals who accepted her in their circle. Her first sexual experience was with a police officer: “He picked me up on the corner and made me believe that he was taking me to jail . . . I’ve been in jail more than I can count.” Most of her arrests were for drug charges.

Likewise, Alicia, growing up in an inner-city community known for its open drug market, exchanged sex for drugs: “I done been in and out of jail a hundred times . . . I went to prison four times, because those are like an eighteen-month sentence, a nine-year sentence, then a two-year sentence, then an eleven-month sentence.”

The demand for more prisoners to support a rapidly enlarging prison industrial complex led to a widespread increase in ethically questionable policing norms, such as the use of informants who snitched on friends to have their own charges dropped or a lighter sentence.² Solitary confinement, once reserved for the most dangerous criminals, became a commonly used strategy for exerting control over even the most benign prisoners.³

Elijah was caught in a sting operation that used his best friend as an informant: “I stopped dealing myself—but I didn’t understand about informants. I thought friends was friends.”

Similarly, Harry was first incarcerated as a juvenile for robbing a pharmacy for drugs based on the testimony of an adult informant who was an accomplice in the robbery. His last conviction, in which a 10-year sentence was added to a 20-year sentence, was set up by two informants. Harry spent most of his last five years of prison in solitary confinement.

Abel spent only four days in solitary confinement for marijuana possession, remembering the experience bitterly: “I can’t believe in America that you can go from some crap-hole misdemeanor to being put in solitary confinement . . . Some people might not be as strong mentally and could suffer significantly from enduring something like.” Solitary confinement in some prisons lasted for years.⁴

Informants and solitary confinement (the hole) became normal tactics used by the criminal justice system as the drug war escalated, fulfilling a chilling statement made in 1996 by General Barry R. McCaffrey, director of the Office of National Drug Control Policy (ONDCP): “We must have law enforcement authorities address the issue because if we do not, prevention,

education, and treatment messages will not work very well. But having said that, I also believe that we have created an American gulag.”⁵

People convicted for drug-related charges now make up the largest portion of the US prison population.⁶ Moreover, due to international treaties, countries around the world enacted similar punitive policies.⁷ Recently, some countries began experimenting with more humane responses, providing evidence that prevention, education, and treatment can work *without* incarceration.⁸ Nevertheless, US drug policy has not changed, even while the number of US citizens with drug problems continues to increase.

The broad goal of this book is to understand drug use problems by examining drug users’ lives at the intersection of race, gender, class, and age.⁹ The life histories of baby boomer drug users help to unravel the dynamics of control and call attention to structural constraints implemented over time by US drug policies. Their drug trajectories set in social and historical context show that problematic drug use is dependent on time and place. The lives discussed in this book expose how the War on Drugs prolonged drug use at the individual level and expanded the drug problem at the national level.¹⁰ We know that US drug policy failed to stop or decrease drug use.¹¹ The life stories of baby boomers provide critical insights on the impact of drug policy and support the argument that it is time to end this civil war and begin social reconstruction.

BABY BOOMER DRUG USERS AND THE MATURING OUT THESIS

The first baby boomers were born in 1946 and the last were born in 1964.¹² All of the people who are discussed in this book are baby boomers who continued to use hard drugs after age 35, which is the age when they should have matured out of drug use. This is important because the “maturing out thesis” proposed that users of narcotic drugs typically ceased taking drugs around age 35 or 36 when they learned to cope with the problems that caused drug use, became involved with families and careers, or simply tired of the drug-using lifestyle.¹³ The “maturing out” thesis is based on research conducted in the 1960s.¹⁴ The population studied at that time was the generation that *preceded* the baby boomers.

In 2000, the youngest baby boomers turned 36 years of age, which means they were now past the age when they should have matured out of drug use.

Although knowing the actual number of drug users is never possible, since they are a largely hidden population, data collected in longitudinal studies show trends in drug use and changes over time.¹⁵ National trend data reveal that the baby boomer age group of drug users increased since 1979 as baby boomers aged, even while other age groups decreased in numbers during the same time period.¹⁶ For example, longitudinal data collected by national surveys from 1979 to 2000 show that drug use for all age groups declined steadily *except* for the age group 35 and older.¹⁷ As baby boomers aged, drug use among older adults continued to increase and older adults seeking treatment for drug use surged.¹⁸

It is now clear that many baby boomers did not follow the maturing out pattern of previous generations. We know that some individuals “matured in” drug use (never stopped using), while others “matured into” drug use (started late in life).¹⁹ It is less obvious why.

THE IMPORTANCE OF SOCIAL AND HISTORICAL CONTEXT

The date that is most important for understanding baby boomer drug-using patterns is 1971—the year the War on Drugs was officially declared by President Nixon. By “War on Drugs” I am referring to the historical as well as the conceptual development of what has become the most influential force shaping drug policy *and* drug treatment in contemporary society.²⁰ Much like the prohibition of alcohol in the 1920s, the prohibition of drugs has been a disastrous failure.²¹ The prohibition on alcohol lasted only 13 years before it was repealed. The War on Drugs has lasted 45 years and counting.

Baby boomers grew up and came of age during the start of the War on Drugs, making them the drug war generation. In 1971, the oldest boomers were 25 years old and the youngest were seven. The life stories of those who continued to use drugs during this time illustrate how drug war policy (not drug use) was the major cause for their pain, sorrow, social failures, and personal despair. I argue it was also the reason for their continued drug use past the age of maturing out.

We know that the War on Drugs drove incarceration rates in the United States to the highest in the world and contributed to the decline of the working class, the increase of single-parent families, and the devastation of minority communities.²² Proof that the War on Drugs has failed to decrease drug

use is shown by the increasing numbers of people arrested for drug possession over time,²³ and the expansion of drug trafficking globally, fueling crime and violence.²⁴ After years of punitive drug policy, drug overdose has become the leading cause of unintentional deaths.²⁵ Obviously, our current policies are not working toward controlling drug use.²⁶ In this book the voices of the people who suffered under the drug war policy provide contextualized evidence of a US landscape devastated by a civil war.²⁷

MY STANDPOINT POSITION

Standpoint epistemology recognizes that all researchers have bias depending on their standpoint position, and that their beliefs or views are influenced by their race, gender, and class experience.²⁸ I am a White female. I have a PhD in Sociology, and I have studied drug users for over 20 years. As a sociologist, I believe my standpoint position is important. However, my current status in life provides little evidence of the background that led to my research interests.

I am the sister of Harry, whose story was introduced in the prologue. My older brother was a heroin addict and convicted felon who suffered under punitive drug laws. I consulted him often during the time I collected and analyzed the data for this study, incorporating his perspective to more accurately portray the lived reality of those in similar situations. My training and experience as an academic prepared me for conducting scientific research studies on drug users, but my insider knowledge as the sister of an incarcerated heroin user was critical to my understanding of the complex impact of the War on Drugs.

A BRIEF NOTE ON METHODOLOGY

The people discussed in this book were drawn from a study examining the life stories of 100 baby boomers.²⁹ One hundred lives were too unwieldy to include for a narrative portrayal of the findings, but the 38 lives discussed in this book illustrate the themes found in the experiences of all. They lived in Atlanta, Georgia, and its suburbs at the time of the interview.³⁰ They were diverse in terms of race, gender, and socioeconomic status. Educational attainment ranged from advanced college degrees to less than a high school education. Some owned their own houses, many lived in precarious housing

situations, and a few were homeless. Although none lived in residential treatment when interviewed, all had been in drug treatment multiple times—most relapsed repeatedly. Except for my brother, all names are pseudonyms.³¹

I used ethnographic methods to find the people interviewed for this study and to learn more about their environment.³² This involved hanging out with the people I interviewed and engaging with their lives, such as driving them on errands or to appointments, helping them find needed resources, and answering their calls in the middle of the night.³³ As a qualitative researcher, I was trying to make sense of the world from their perspectives and not impose my views on them.³⁴ The narrative approach used in this book does not hide the hopes and anguish they expressed.³⁵ My analytical self-reflection does not conceal my compassion.

Focused on the everyday details of people's lives, I incorporated a life course perspective to examine their *entire* life histories within the social, cultural, and political landscapes of the period, while noting individual situational changes over time and place.³⁶ Their stories are filled with personal problems, and it is easy to blame the individual. But the analysis of their lives over time reveals how policy, culture, and social context intersect at every period of their lives, sometimes creating their problems, at other times shaping how the problems are viewed and addressed.³⁷

ORGANIZATION OF BOOK

Each chapter introduces a new life story with richly detailed description to illustrate themes that are discussed and evolve in subsequent chapters. As these themes are developed, they are supported with snapshots of other life stories drawn from the sample. Many of the people introduced in one chapter are referenced in later chapters, illuminating different themes and reflecting the reality of multifaceted lives.

Harry's story is revisited in each chapter with a more detailed and intimate account of his life, providing contextual depth and continuity beyond the main narratives. I was in contact with Harry almost daily throughout the three years that I conducted the research on baby boomers. When I talked with the respondents, or read their interviews, I was constantly reminded of a piece of Harry's story, a recent event in his life, or the challenges that Harry was facing. Sometimes this brought a smile to my face, as I realized their life story was similar to my brother's; sometimes it spurred me to action when

I felt morally obligated to help them in the ways that I was helping my brother. More than a few times I cried when I understood the hopelessness of their situation, their limited opportunities, and the consequences they would suffer for using drugs to cope with pain, boredom, or despair. But I stubbornly (and perhaps selfishly) insisted that this would not be the fate of my brother.

Chapter 1 focuses on the social, political, and historical context of baby boomer lives. Drug use did not happen in a social vacuum. Divorce was on the rise, yet no structures were in place to help single-parent households. Working-class jobs with livable wages virtually disappeared with the deindustrialization of American work and rising restrictions on unions. The American dream of achieving middle-class status was vanishing. This chapter begins to examine how changes in the social landscape impacted drug trajectories.

Chapter 2 discusses life course theory, a framework used to view lives over time in historical context, with a focus on transitions and turning points in drug user trajectories. A life course analysis of drug users from the baby boomer generation shows that drug trajectories were not developmental but instead discontinuous (interrupted) phases that were dependent on social context and situations that changed over time. It questions the belief that problematic drug use stems from a lack of individual self-control, and suggests instead that informal social control mechanisms are more important for controlling drug use behaviors.

Chapter 3 covers the domain of family and personal relationships, which are the emotional foundation of a meaningful social life. Social capital theory is introduced to highlight the importance of relationships that generate trust and provide access to needed resources. Incarceration, unemployment, and social stigma weaken bonds with family, partners, and other relations, and limit opportunities to connect to mainstream society. While focused on micro-level relationships, the analysis includes the impact of macro-level relations between social institutions. The stories in this chapter show the need to examine the social situations of problematic drug users in terms of their social ties and access to resources, as well as social structures that can provide opportunities or constrain their choices.

Chapter 4 delves deeper into the epic impact of the War on Drugs on the baby boomer generation, including mass incarceration and the disappearance of eligible and legally employed young men, which particularly impacted minority communities. The chapter provides examples of ethically questionable strategies used by law enforcement, such as the confidential informant (CI) to ensnare the most vulnerable, and solitary confinement for the

management of an overcrowded prison population of drug users. It shows how drug policies turned experimenting adolescents and functional adult users into lifelong drug users, hardened criminals, and an underclass of disenfranchised citizens who faced barriers to housing, employment, education, job training, or any means of legally supporting themselves.

Chapter 5 examines race and ethnicity embedded in the social, economic, and political landscapes of baby boomers from birth to older age. The link between the War on Drugs and the “New Jim Crow” is illustrated in the narratives of baby boomers of color.³⁸ The stories of baby boomers who used crack contextualize historical phenomena, such as the so-called crack epidemic and its impact on Black communities.³⁹ Their life stories provide evidence of entrenched structural racism and discrimination, even among agencies designed to address these disparities. The focus on their everyday reality reveals themes of adaptation to the structural constraints and situational context of their lives over time by creating strategies to survive and meaning to believe in.

Chapter 6 discusses women who use drugs and their stigmatization in both mainstream society and drug-using networks. All of the women in this sample suffered rape, molestation, violent abuse, or other traumatic experiences. While their social roles, such as partner or mother, were sources of strength, they could also be sources of stigma and shame when they were not able to fulfill these roles to the standards of conventional society. The influence of relationships, pregnancy, motherhood, and aging on drug use trajectories, when viewed in situational context, exposes gendered barriers to recovery.

Chapter 7 focuses on baby boomers as they age through periods of deindustrialization, suburbanization, recurrent recessions, and increasingly punitive drug policies. Already socially isolated from mainstream society due to their drug use, aging increases their marginalization and feelings of hopelessness. As baby boomers near retirement, more resources are needed to address the social and health problems of aging incarcerated drug users and those who have spent many years of their lives behind bars, unable to work toward Social Security benefits. This chapter reviews the varied routes to controlling drug use as they aged, achieved abstinence, and relapsed, supporting the view that maturing out of drug use was hindered by the War on Drugs.

Chapter 8 discusses the expansion of the prison industrial complex during the lifetime of baby boomers and critically examines the emergence of alternatives to incarceration that include drug courts and coerced drug treatment. As the prison industrial complex lost popular support, the criminal justice

system began merging with a new “treatment industrial complex,” keeping the control of drug users within the ambit of law enforcement.⁴⁰ The discussion of treatment philosophies in this chapter reveals that while the social environment is recognized as an influential factor of problematic drug use, it is rarely addressed in treatment models that continue to focus primarily on changing the individual.

Chapter 9 discusses the implications of the previous chapters and provides insights on new approaches to drug use and workable solutions for drug use problems outside the criminal justice system. Political decisions made by powerful special interest groups destroyed the lives of those with less power, creating a bleak social landscape of desolate communities, broken families, and ruined lives, and transforming the American dream into the American nightmare. A reconstruction of this landscape needs more focused attention on social context and community resources. “Social Recovery” is suggested as a conceptual alternative to “abstinence only” treatment models and a needed component of treatment for problem drug use.⁴¹

The Epilogue ends the book by bringing Harry’s story up-to-date. The in-depth personal details of his life provide a fuller understanding of the impact of social context and the ultimate consequences of punitive responses to drug use. The similarities between Harry’s experiences and those of other baby boomers discussed in this book highlight the urgent need for a paradigm shift.

The Appendix includes the details of the Older Drug User Study (ODUS), the research study that provided the data for this book. It describes the mixed methods design used in the study, the strategies developed to assess trajectory discontinuity, and the data visualization images created to illustrate dynamic relations between drug use and social variables. The potential of these novel methods to distinguish between problematic and nonproblematic drug use, to identify influences on drug use behaviors at the individual level, and to target treatment where needed is proposed as a promising area for future research.