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Drug Treatment Accessed through the Criminal Justice System: Participants' Perspectives and Uses

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Abstract The criminal justice system has become a major pathway to drug treatment across the USA. Millions of criminal justice dollars are spent on an array of treatment programs for justice-involved populations, from pre-sentence diversionary programs to outpatient services for those on community supervision. This study uses 235 qualitative, longitudinal interviews with 45 people convicted of drug offenses to describe participants' perspectives on criminal justice-related drug treatment (programs within correctional facilities; court, probation, or parole-ordered mandates and referrals; and self-referrals made with the goal of reducing criminal justice involvement), beyond discourses about help with addiction. Interviews took place in New Haven, CT, between 2011 and 2014 every 6 months, for a maximum of five interviews with each participant. Many participants who were referred to drug treatment did not consider these programs appropriate for their needs, as many did not perceive themselves to have a drug problem, or did not consider substance use to be their primary problem. Frustrations regarding the ill-fitting nature of mandated programs were coupled with theories about non-health-related policy goals of criminal justice-mandated drug treatment, such as prison overflow management and increased profit for the state. Nonetheless, participants used drug treatment to advance their own goals of coping with life's challenges, reducing their criminal justice system involvement, proving worthiness through rehabilitation, and accessing other resources. These participants' perspectives offer a wide lens through which to view the system of criminal justice-related drug treatment, a view that can guide us in critically evaluating provision of drug treatment and developing more effective systems of appropriate rehabilitative services for people who are justice involved.

Keywords Criminal justice system · Drug treatment · Substance use · Justice-involved people · Rehabilitation · Qualitative research

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Introduction

Offering treatment referrals for substance use disorders through the criminal justice system has the potential to provide medically appropriate care to justice-involved populations. Different state systems make treatment services available at different points including pre-arrest, pre-trial, during incarceration, or following release, and mandated treatment has become a policy priority. As a result, the criminal justice system is a main entry route

into treatment for people with drug-related offenses. Substance use treatment in the criminal justice system is funded through drug courts and the Bureau of Justice's Residential Substance Abuse Treatment initiative. Treatment is often provided by community-based organizations that partner with the criminal justice system. Forms of substance use treatment accessed through the criminal justice system vary and include education, outpatient group counseling, medication-assisted treatment, and residential treatment. Drug treatment placements can be either voluntary or mandated and can serve to either shorten, replace, or complement sentencing to a correctional institution. In an analysis of the National Criminal Justice Treatment Practices Survey of the Criminal Justice Drug Abuse Treatment Studies, substance use education was found to be offered in 74% of prisons and through 53% of community correctional agencies. Group counseling for less than 4 h a week was the second most common form of substance use treatment, offered at 55%, and through 47% of community correctional agencies [1].

Despite its prevalence, there are substantial problems with drug treatment programs accessed through the criminal justice system. First, despite widespread referral to drug treatment within the criminal justice system, there is a shortage of available slots and those in need often do not get drug treatment services [2]. Second, and relatedly, some have argued that drug treatment programs and the criminal justice-involved people enrolled in them are not properly matched, resulting in ill-fitting treatment modalities [3] and treatment for those who do not need it [4, 5]. People with drug offenses and those with drug dependence are not the same population: less than half of those convicted for a drug-related offense meet the criteria for a diagnosis of substance dependence or addiction in 2002 [6]. Offering drug treatment for those who do not have substance use problems contributes to a shortage of available spots for those in true need and who might benefit most. Third, the effectiveness of mandating treatment has been called into question. A recent review found that "the evidence does not, on the whole, suggest improved outcomes related to compulsory treatment programs" [7]. Finally, the uptake of evidence-based treatment options that recognize addiction as a chronic, relapsing disease has been slow within the network of service providers accessed through the criminal justice system, exemplified by the limited provision of medication-assisted treatment [8].

Although there is growing awareness of the problems with drug treatment programs accessed through the criminal justice system, there is very limited understanding of the lived experiences of those who have accessed these programs. An exception is Kras' exploration of mandated drug treatment [9]. Analyzing interviews with participants in an outpatient treatment facility using a procedural justice lens, she found that a main motivation for treatment was external, that is, to avoid a violation of parole or probation, not internal, that is, desire to change substance use patterns. While this analysis sheds light on motivations associated with drug treatment, it does not explore the broader role that drug treatment may play in the lives of justice-involved people. Furthermore, it does not explore unmandated drug treatment, including self-referrals and in-prison programs, common experiences for justice-involved people. In this paper, we use in-depth, qualitative interviews conducted with participants who were recently released from prison or jail and convicted of a non-violent drug-related offense to explore their perspectives on criminal justice-related drug treatment. We define criminal justice-related treatment to include treatment offered within correctional facilities; court, probation, or parole-ordered mandates and referrals to community-based programs; and self-referrals made with the goal of reducing criminal justice involvement, e.g., to obtain a lesser sentence. Given the existing literature on the treatment of addiction, we focus on non-addiction-related narratives to understand the broader role drug treatment plays in the lives of justice-involved people.

Research Setting

Criminal Justice-Related Drug Treatment in Connecticut This study took place in New Haven, CT, between 2011 and 2014. In New Haven, approximately 100 men and women return to the community after release from prison each month. According to the Connecticut Department of Correction (DOC), 76% of the 22,480 sentenced in the state reported substance use, and 35% were receiving treatment [10]. In 2015, the Connecticut DOC and Court Support Services Division (CSSD) of the Connecticut Judicial Branch reported spending over $16 million and $19 million respectively on treatment for substance abuse for people who are justice involved [11, 12]. Judges can mandate drug treatment in pre-trial diversionary programs, drug

courts, or as part of prison or supervision sentences. Likewise, parole and probation officers have the authority to mandate drug treatment as a requirement during periods of supervision. Community-based agencies are contracted by the DOC and CSSD to provide treatment for substance use to clients under their jurisdiction. Within prison, programs range from Tier 1, nine sessions that focus on issues of reintegration, to Tier 4, a 6-month residential program within prison [12].

Structures, Health, and Risk among Reentrants, Probationers, and Their Partners The parent study for this analysis was a longitudinal study of 302 participants with non-violent drug-related offenses recently placed on probation or released from state prison or jail in Connecticut. The study "Structures, Health, and Risk among Reentrants, Probationers, and Their Partners" (SHARRPP) examined the interconnections between coercive mobility (the massive migration between the criminal justice system and the community) and race disparities in health, particularly HIV risk. The study protocol, recruitment materials, and consent forms and procedures were approved by Institutional Review Boards at Yale University and American University. Individuals in New Haven, CT, were eligible for the parent study if they were 18 or over and released from state prison or jail or placed on probation within 1 year of screening (conducted from July 2010 through February 2011) for a non-violent drug-related charge. We verified their charges with the DOC or CSSD. When the charge was not for a violent crime, but not obviously related to drugs (e.g., not a charge related to possession or sales of drugs), participants were asked if the crime was committed in order to buy drugs, was committed while high, or was drug-related in some other way and if so, how. Participants took a self-administered, structured survey on a computer that took approximately 90 min to complete and covered demographic, criminal justice, housing, family history, drug use and treatment, health, sexual relationship, and social support topics.

Relevant to the current analysis, the SHARRPP survey data reveals that Blacks and Whites in the study had different drug use and arrest patterns, namely, that Blacks were significantly more likely to have sales and possession charges (compared to charges related to drugs in another way, like stealing to support a habit) but significantly less likely to report having severe drug problems. Marijuana was the most common drug of choice for Blacks and heroin was the most common drug of choice for Whites. For both races, drug treatment was the most common service accessed through supervision [13]. Such differing drug use and arrest patterns between Blacks and Whites are important to consider for the current analysis of participants' perceptions of criminal justice-related drug treatment.

Methods

This analysis is based on longitudinal, qualitative interviews conducted with 45 individuals drawn from the 302 SHARRPP participants. At baseline, after they had completed a self-administered survey, all participants were asked if they would be interested in speaking one-on-one with a researcher for a qualitative interview. Of those who expressed interest, 45 participants were randomly selected from groups stratified by gender and age for the qualitative study. Open-ended interviews covered family ties, criminal justice history, housing, employment, drug use, relationships, sexual activity, trauma, and perceptions of the criminal justice system, focusing on the participants' life experiences after their criminal justice event, including drug treatment. Follow-up interviews were conducted in a community setting (recorded) or, for those who were incarcerated during the study period ($n = 28$), in prison (not recorded). Follow-up interviews occurred every 6 months for 30 months for a maximum of five interviews with each participant. A total of 235 interviews were completed, including interviews conducted in prison.

Recorded interviews were transcribed and checked for accuracy. Identifying information was removed. Transcripts and interview summaries from in-prison interviews were then entered into the text analytical software NVivo and coded for more than 50 macro codes, including drug treatment. The drug treatment code captured all descriptions and opinions pertaining to drug treatment participation. Then, the first author developed several sub-codes about drug treatment and recoded each transcript. Examples of sub-codes include opinions about drug treatment, the integration of drug treatment into everyday life, descriptions of various drug treatment modalities, and mandated drug treatment. Sub-codes captured comments about active coping with addiction through treatment offered through the criminal justice system as well as views about the treatment landscape that were unrelated to coping with addiction. The first author wrote memos about themes she

observed within the data. Themes were then shared with the research team and continually refined in close connection with review of the transcripts. The findings described here result from an analysis of the non-addiction-related narratives of participants.

Findings

The demographic characteristics, drug use history, and drug treatment experiences of the 45 participants, based on responses to the survey, are described in Table 1. Approximately 4 out of 5 participants were male, and the mean age was 41.3. Most participants were Black (51.1%), followed by White (31.1%). All but one participant had been incarcerated. All indicated they had used a drug illicitly at some point in their life. When asked to identify their drug of choice (the substance that the participant would most likely pick up if using; probably the substance that the participant used most in lifetime), the most common responses were marijuana (26.6%) and heroin (26.6%), followed by crack or powder cocaine (28.9%). Over 90% had participated in drug treatment at some point in their life, and many had participated in more than one type. The most common drug treatment experiences were inpatient residential (57.8%), outpatient (53.3%), and narcotics anonymous/alcoholics anonymous (51.1%). Nearly three quarters had to complete drug treatment as part of probation or parole requirements.

Table 1 Demographic characteristics, drug use history, and drug treatment experiences among sample of justice-involved people with drug offenses: New Haven, CT, 2011–2014, $N = 45$

		n	%
Age, mean ± SD		41.3 ± 9.8	–
Gender	Female	9	20
	Male	36	80
Race	Black	23	51.1
	White	14	31.1
	Latino	5	11.1
	Other	3	6.7
Drug of choice	Marijuana	12	26.6
	Heroin	12	26.6
	Crack or powder cocaine	13	28.9
	Prescription opiates	2	4.4
	Marijuana laced with formaldehyde	2	4.4
	No drug of choice	4	8.9
Circumstances of drug treatment experiences over lifetime	While incarcerated	11	24.4
	Ever mandated to drug treatment by PO	32	71.1
	No drug treatment experience	4	8.9
Type of drug treatment experience over lifetime	Inpatient	26	57.8
	Inpatient mandated by PO*	17	37.8
	Outpatient	24	53.3
	Outpatient mandated by PO	19	42.2
	Detox	15	33.3
	Detox mandated by PO	6	13.3
	NA/AA	23	51.1
	NA/AA mandated by PO	10	22.2
	Medication-assisted treatment (methadone or buprenorphine)	8	17.8
	Medication-assisted treatment mandated by PO	3	6.7
	Other	6	13.3
	Other drug treatment mandated by PO	3	6.7

*Parole or probation officer

Dominant themes regarding participants' perceptions of drug treatment in the context of their lives after criminal justice involvement are presented in the following two sections. First, we focus on their views about criminal justice system-related drug treatment. Next, we describe how participants engaged with criminal justice-related drug treatment to meet non-addiction-related needs.

Participants' Perspectives on Criminal Justice-Related Drug Treatment Some participants spoke of the pervasiveness of mandates for drug treatment within the criminal justice system and perceived lack of need for treatment and frustration about lack of choice. These sentiments were coupled with theories on reasons why the criminal justice and drug treatment systems were linked.

Drug Treatment Referrals as Common Participants spoke of frequent drug treatment referrals within the criminal justice system. Wayne, a 44-year-old Black male, said: "They always do that, you know? Every time I go in they wanna send me [to drug treatment]. I tell them, 'Why you don't give me a program before I go in? 'Cause I know you're gonna send me to a program when I get out.'" Not only was drug treatment perceived as common, it was considered more available than other types of services for other populations and needs. Matt, a 23-year-old White male, expressed frustration that drug treatment was often linked with housing and employment opportunities and these services were hard to find elsewhere. He was not struggling with drugs at the time and said, "I'm not in that boat no more, so it's so hard to get that help [employment and housing services]. What do I got to do? Do I got to mess up more to get that help?"

Perceived Need for Drug Treatment Like Matt, many who received drug treatment referrals or mandates did not feel they needed treatment. They indicated that they did not use drugs or have a drug problem, they wanted to tackle the problem without treatment, or they had higher priority problems that needed attention before their drug problem could be addressed successfully. Rudy, a 33-year-old Latino not actively using drugs, described the frustration of mandated drug treatment, for both himself and the staff at the drug treatment center. When asked what the 90-day inpatient treatment program he attended was like, he said:

> It was doing meetings every morning, but that's got nothing to do with me because that's a drug program. I wasn't doing drugs. I was like, 'Why are you putting me here?'...and they used to get mad at me. I'm like, 'What do you want me to say? I don't do drugs.'"

Likewise, a parole officer mandated Darrel, a 29-year-old Black male, to participate in a drug treatment program. His charge was for selling an illegal substance, and while he had smoked marijuana in the past, it had been many years since he had done so. He said, "They was like, 'This is for people on drugs'… and I'm sitting there laughing. I'm like, 'Really?…You gotta be crazy, man. I ain't on drugs, man.'" Another participant, Jacob, a 23-year-old male of mixed race, was homeless and in need of surgery. He acknowledged that he had a drug problem, but felt he had to tackle other areas of his life before he could adequately address his addiction issue. Similarly, Tina, a 42-year-old White female, felt that her substance use problem was secondary to other problems and was self-medicating for psychiatric and neurological disorders that went untreated. She wanted treatment for her health problems before tackling her substance use issues. She said:

> I kept telling [service provider] that wasn't my major thing. And I know a lot of people do that. But I'm like substance abuse is usually secondary to something else. And it was. It was secondary to staying functional. And, you know, nobody was listening.

Frustration from Lack of Self-determination Often, participants expressed frustration that their own ideas of what would help them achieve their life goals after a criminal justice event were not heeded. Gary, a 54-year-old Black male, put mandated drug treatment into the context of a perceived punitive orientation of the DOC and lack of choice for rehabilitation options. He stated that many returning citizens know what they need for successful reentry but, through a variety of restrictions, including mandated drug treatment, they are not given the freedom to make the choices that they feel are best for them. He was frustrated with the current system in which

choices, and thus self-determination, are severely limited.

> Now, you gonna make me take a drug program. I'm not a drug addict. You're gonna make me take a halfway house when I got a home to go to...but the government, the state government and no other government or no warden, nobody can tell me how to live.

Reasons behind Linkages between the Criminal Justice and Drug Treatment Systems The prevalence of mandates, lack of fit, and lack of choice led participants to question the motives for providing criminal justice-related drug treatment. Some believed profit was a motivating force, since some drug treatment programs received a per person payment for services from the referring agency (DOC or CSSD). James, a 28-year-old Black male notes:

> I just think that it just generates money. My charges generate money. Sexual assault case doesn't generate any money. That's nothing. Motor vehicle charge doesn't generate any money, but…a drug case…that generates money, and all that is part of politics.

Another explanation for the prevalence of drug treatment as part of criminal justice system mandates was the need to manage prison overflow. Rudy thought that the state's attempt to lower the prison population and close facilities was pushing the DOC to put people "anywhere." Such theories reflected the view held by some participants that drug treatment linked to the criminal justice system was not solely about rehabilitating clients.

Use of Drug Treatment to Pursue Non-addiction-Related Goals Whether mandated or voluntary, and regardless of their perceived need, participants sought to advance non-addiction-related personal goals through engaging with drug treatment programs.

Enhanced Understanding and Coping Skills Participants utilized the drug treatment experience to enhance their understanding of addiction and their coping skills. Many without an addiction issue found they could learn about addiction from group therapy within drug treatment settings by listening to other clients' stories about their struggles with addiction. Participants spoke of the understanding they gained as a deterrent to drug use. Though passive in sessions, Angel expressed his willingness to listen to and learn from other participants as a way to continue to desist from drug use.

> I go along with everything. I am gonna listen to you. I can learn from that. I ain't got nothing to say, but I'm gonna listen to you guys, you know?...And that'll help me make sure that I really don't do no drugs.

Others indicated that the methods taught in drug treatment programs to help people refrain from drugs could also be applied to other life problems. Gary explained that drugs are one of many forms of addiction. In the absence of programs to address these other forms of addiction, he saw people making use of drug treatment programs. He said:

> Their drug of life could be like money or sex or women…the mental, you know? So they go to any program they could to get any type of benefits that could help them get where they're going, you know? It don't have to be a drug problem. People got all kinds of problems.

Reducing Criminal Justice System Involvement Many participants attempted to reduce the duration and severity of criminal justice involvement through drug treatment participation. Accordingly, they described accepting treatment, even if they did not have a substance use problem, to demonstrate a desire to desist from criminal activity and be "rehabilitated." For active criminal cases, proving "rehabilitation" was a way to avoid prison time, or reduce sentence length. Andrea, a 46-year-old Black female with a history of heroin use, explained that completion of an intensive outpatient program (3 h per session, 3 days a week), followed by an outpatient program (1 to 2 h per session, two nights a week), would result in her charges being dropped. Todd, a 28-year-old White male, said that a judge fined instead of incarcerated him because he was enrolled in drug treatment at the time of sentencing. Darrel, during the study, was arrested for a gun charge and incarcerated. Before he was sentenced, he asked his public defender to request a drug program for him. Although he was not a drug user, drugs were found along with the gun; thus, pleading drug dependence and requesting a program

were strategies to obtain a more lenient sentence. Likewise, Jason, a 45-year-old Black male, sought to enroll in intensive outpatient services while awaiting a court date for larceny charges incurred during the study. He was hoping that the judge would look favorably on his enrollment, even though he was stealing to pay household expenses and the charge was not related to drug use. Nick, a 41-year-old Black male, recalled successfully appealing for leniency by completing a 6-month inpatient program after catching a drug charge. With letters from the staff at the program describing his participation as a mentor and his adherence to the rules, he successfully avoided prison and was given probation. For others, proving rehabilitation through drug treatment program participation in prison increased their chance of early release. Wayne commented on what he observed in prison: "People were doing that just to get out early. They're taking those classes and get out early. 'Cause they tell you, 'Don't lay around or you ain't gonna get out early…do something while you're in here.'"

Once released, participants described drug treatment as a way to demonstrate their desire to refrain from further criminal activity and reintegrate into society. Specifically, they used it as a way to appease parole or probation officers, who they felt wielded a great deal of power over their lives. Drug treatment compliance could often mean less frequent appointments with parole or probation officers or a second chance after violating parole or probation stipulations (e.g., a positive drug test, missed appointment, or police contact). When James was asked if his mandated outpatient drug treatment program was helpful, he said, "It was helpful for pleasing the parole aspect, like 'All right, I'm gonna do this drug program to get the parole people off my back'…but it wasn't helpful for me."

However, some participants, regardless of their perceived need for drug treatment, also described how their involvement in drug treatment programs could negatively impact their goal of reducing criminal justice involvement. Non-adherence to drug treatment mandates could, and sometimes did, result in violations that led to arrest and prison. Probation and parole officers tracked compliance to mandated drug treatment. Non-compliance consequences included more frequent parole and probation appointments, additional time in drug treatment, transfer of probation to the technical violations unit, and return to prison. Tim, 45, and Frank, 35, both White and struggling with addiction since adolescence, were cited for not adhering to their drug treatment programs and went back to prison while participating in the study. Such consequences were sometimes perceived as unfair: Travis, a 53-year-old Black male, felt his attendance at a twice-weekly outpatient program had been miscounted. He was made to begin the program again to fulfill the mandate that 12 sessions be completed within a specified period of time. Yet he never expressed a need for drug treatment other than appeasing his probation officer.

Accessing Other Resources while Participating in Drug Treatment Programs In addition to learning coping skills and moving toward criminal justice system goals, participants described drug treatment as a gateway to other resources. Job training, job referrals, bus passes, and gift cards were sought through drug treatment programs. Given the importance placed on providing or even mandating drug treatment for returning citizens, participants often proved themselves resourceful in using these programs for their benefit. After being released from prison to complete a short-term inpatient drug treatment program, Wayne, who reported that he did not have a drug problem, landed a full-time permanent position as a maintenance worker at the program. The program frequently placed clients in this role for short periods of time. Due to his work readiness, professionalism and a staff opening, the program kept him on for 3 months, then as a per diem worker, and finally, as a regular full-time employee. More than 3 years after being released, he was still employed full time at the drug treatment center and had benefits including health insurance and paid vacation time. Drug treatment served as his entry into stable employment. Similarly, Derrick, a 46-year-old Black male, met a potential employer through drug treatment via informal networking.

Several participants also used drug treatment to gain entry into the Access to Recovery (ATR) program. This program is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and provides both clinical and complementary services to those recovering from an alcohol or substance use problem. Complementary services include housing, education and employment services, transportation benefits including bus passes and child care, and resources that were out of reach or difficult to obtain for many returning citizens. While in treatment, Jerry and Nathan, both 44-year-old Black males who did not have drug problems, benefitted from ATR.

Proving Worthiness through Rehabilitation Another important function drug treatment served in people's lives was a means of proving rehabilitation or worthiness to access other services, such as subsidized housing and healthcare. Jacob utilized drug treatment completion to convince his surgeon that he was "clean" and thus ready for a needed surgery on his leg. Natalie, a 41-year-old Black female, referenced bringing a certificate from a 2-year outpatient program she completed to prove her rehabilitation to the Housing Authority in appealing its denial of her application due to her criminal record. In the absence of other mechanisms that would allow people to demonstrate their "upstanding" nature, drug treatment became a catchall for this purpose.

Discussion

Exploring perspectives on criminal justice-related drug treatment among justice-involved people provides important insights into the context in which referrals are made and drug treatment is pursued. Participants in the current study spoke of frequent drug treatment referrals, often with disregard to whether individuals, based on their substance use history, needed this resource. Many expressed frustration at their lack of ability to choose a path to rehabilitation after criminal justice involvement. Some offered views about why drug treatment was linked to the criminal justice system, including prison resource constraints and profit motivations. While engaging in drug treatment, participants were often oriented toward non-addiction-related goals, such as gaining understanding about other client's struggles with addiction and learning coping skills for other life problems, reducing their criminal justice involvement through complying with programs, accessing other resources available through drug treatment, and proving worthiness and a rehabilitated status by completing drug treatment. The participants' perspectives here shed light on the constraints inherent in a system with limited choices and a one-size-fits-all approach to rehabilitation. At the same time, they demonstrate participants' agency in navigating their criminal justice involvement, and their need for choice and self-determination in overcoming obstacles and achieving goals.

This study has several limitations. Interviews were not specifically focused on the drug treatment experience and covered an array of topics related to reentry and criminal justice involvement. While this allowed us to explore perspectives on drug treatment in the context of life after release, the interviewer may have missed opportunities for a more in-depth exploration of criminal justice-related drug treatment. Interviews specifically focused on drug treatment could have also more fully explored how specific factors might have affected views of treatment, such as severity and type of drug use and perceptions of self, age, gender, and race. Future qualitative studies on perceptions of criminal justice-related drug treatment are needed to enhance our understanding of the ways and extent to which treatment options serve the needs of justice-involved clients, and how the match between the needs and services offered may vary according to different demographics.

Despite these limitations, the participants' perspectives described here can provide important insights for improving delivery of drug treatment and other services to criminal justice-involved clients. First, it is important to recognize that drug treatment is sometimes not a need or priority for people with drug offenses, who do not necessarily have substance use problems. Drug treatment is still not available to all who need it, in the community or in prison. According to SAMHSA, only 10% of those 12 and older with a substance use disorder in 2015 received treatment within the past year [14]. This lack of treatment availability within a wider context of resource scarcity makes it important that drug treatment should be prescribed appropriately, targeting clients able to benefit from it, not simply people with a drug offense. We need more research into how prevalent it is for those who do not use drugs and those who do not perceive themselves to have a drug problem to be mandated to treatment programs.

Second, even when drug treatment is needed, substance users or those with drug offenses tend to be treated as a homogenous group without differentiating their problems and needs. Marlowe describes a system in which "offenders [find] themselves in these programs not because they have a genuine need for the services, but due to the happenstance of an available slot, the vagaries of patch-worked sentencing laws, or the personal beliefs of local authorities" [4]. Better screening and placement mechanisms at each stage of criminal justice diversion or mandated drug treatment would help ensure a good fit between program and client. Tailored programs, linkages with other service providers, and continuity of care between treatment in prison and out and over time are all ways to address the individual needs of clients.

Third, we need to consider the needs of clients beyond and independent of drug treatment and ensure that those needs are also met by recognizing client's agency and knowledge about what they need, and providing options. Survey findings from SHARRPP indicate that drug treatment is the most common service that parole and probation officers helped participants access [13]. Further, participants in this qualitative study referred to drug treatment as one of the only prison-based rehabilitative programs available. The focus on drug treatment should not come at the expense of other types of programs, such as job training or programs addressing basic needs such as housing or physical or mental health needs. Perhaps more important, such singly focused provision of services may disproportionately benefit some people with drug offenses over others: those whose criminal justice event was related to addiction over those whose criminal justice event was related to the recreational use or sale of drugs. The emphasis on drug treatment may also disproportionately benefit White individuals in the criminal justice system, who, in some studies, have been found to be more likely than Blacks to have a drug issue requiring treatment. In a study of over 12,000 outpatients, drug treatment referrals for cannabis abuse or dependence by the criminal justice system were found to have less severe drug problems than Whites [5]. And in a study in New York City of 822 justice-involved men, Whites were more likely to be polydrug users, as opposed to mild polydrug users or alcohol and marijuana only users [15]. In SHARRPP, differences were also drawn along racial lines, with White participants more likely to report use of heroin and addiction issues, while Black participants were more likely to have been incarcerated on selling charges that were often linked to economic necessity [13]. This latter group may benefit more from expanded economic opportunities than drug treatment.

Finally, given questions of legitimacy of the criminal justice system documented in the literature [16] and echoed here in the perspective of clients who theorize about the motivations for drug treatment referrals, drug treatment centers that receive all or most of their referrals through the criminal justice system may not be well suited to provide effective treatment. For example, in some treatment modalities, trust between provider and client is paramount but may be unattainable if the provider's motives are in question. Diversion from prison and drug treatment options are important components of reforming the criminal justice system. However, the healthcare system may be a more logical place to build a robust drug treatment system, with adequate capacity, insurance coverage, and a strong referral network with the criminal justice system as essential components. Evidence-based drug treatment run by healthcare professionals should be offered within state prisons and jails as well as in the community. In November 2016, the Surgeon General's Report on Alcohol, Drugs, and Health documented the history of the division between general healthcare services and treatment for substance use and the negative consequences of this division, including stigma for those seeking treatment for substance use and a failure to recognize and treat substance use disorders among mainstream medical service providers [17]. With the opioid crisis prompting attention to the urgent need for effective and widely available treatment, and the provisional gains made by the Affordable Care Act to make drug treatment more widely available through state insurance, we have the opportunity to redefine and invest in evidence-based drug treatment through our healthcare system. In *From the War on Poverty to the War on Crime: The Making of Mass Incarceration in America*, historian Elizabeth Hinton describes the damage caused by the criminal justice system's longstanding role as the sole service provider in many poor minority communities [18]. Our participants' perspectives on criminal justice system-related drug treatment highlight the need to critically reappraise placement of such services in the context of the criminal justice system, and call for a robust drug treatment system offered through the healthcare system, with strong referral linkages as well as broader, quality economic, and social services for those vulnerable to criminal justice involvement.

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Compliance with Ethical Standards The study protocol, recruitment materials, and consent forms and procedures were

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References

1. Chandler RK, Fletcher BW, Volkow ND. Treating drug abuse and addiction in the criminal justice system: improving public health and safety. *JAMA*. 2009;301(2):183–90.
2. Taxman FS, Perdoni ML, Harrison LD. Drug treatment services for adult offenders: the state of the state. *J Subst Abus Treat*. 2007;32(3):239–54.
3. Taxman FS, Thanner M, Weisburd D. Risk, need, and responsivity (RNR): it all depends. *Crime Delinq*. 2006;52(1):28–51.
4. Marlowe DB. Evidence-based policies and practices for drug-involved offenders. *Prison J*. 2011;91(3_suppl):27S–47S.
5. McElrath K, Taylor A, Tran KK. Black–White disparities in criminal justice referrals to drug treatment: addressing treatment need or expanding the diagnostic net? *Behav Sci*. 2016;6(4):21.
6. Karberg JC, James DJ. *Substance Dependence, Abuse, and Treatment of Jail Inmates, 2002*. Washington, DC: US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; 2005.
7. Werb D, Kamarulzaman A, Meacham M, et al. The effectiveness of compulsory drug treatment: a systematic review. *Int J Drug Policy*. 2016;28:1–9.
8. Belenko S, Hiller M, Hamilton L. Treating substance use disorders in the criminal justice system. *Current Psychiatry Reports*. 2013;15(11):414.
9. Kras KR. Offender perceptions of mandated substance abuse treatment: an exploratory analysis of offender experiences in a community-based treatment program. *J Drug Issues*. 2013;43(2):124–43.
10. Connecticut Department of Correction. *Annual Report*. 2011. Available at: https://portal.ct.gov/-/media/DOC/Pdf/PDFReport/AnnualReport2011pdf.pdf. Accessed 24 August 2018.
11. State of Connecticut Department of Mental Health and Addiction Services. *Triennial StateSubstance Abuse Plan*. 2016. Available at: www.ct.gov/dmhas/lib/dmhas/publications/triennialreport2016.pdf. Accessed 24 August 2018.
12. Connecticut Department of Correction. Addiction Services Unit Program Structure Chart. Available at: http://www.ct.gov/doc/lib/doc/pdf/asu_program_structure.rev_11-11.pdf. Accessed 4 Dec 2017.
13. Rosenberg A, Groves AK, Blankenship KM. Comparing Black and White drug offenders: implications for racial disparities in criminal justice and reentry policy and programming. *J Drug Issues*. 2017;47(1):132–42.
14. Center for Behavioural Health Statistics and Quality. *2015 National Survey on Drug Use and Health: Detailed Tables*. Rockville: Substance Abuse and Mental Health Services Administration; 2016.
15. El-Bassel N, Davis A, Mandavia A, Goddard-Eckrich D, Hunt T, Marotta P, et al. Men in community correction programs and their female primary sex partners: latent class analysis to identify the relationship of clusters of drug use and sexual behaviors and HIV risks. J Urban Health. 2018;1–18. https://doi.org/10.1007/s11524-018-0265-3.
16. Tyler T, Jackson J. *Future challenges in the study of legitimacy and criminal justice*. In: Takebe J, and Liebling A, editors. Legitimacy and criminal justice: An international exploration. Oxford: Oxford University Press; 2014.
17. U.S. Department of Health and Human Services (HHS). *Office of the surgeon general, facing addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS; 2016.
18. Hinton E. *From the War on Poverty to the War on Crime*. Cambridge, MA: Harvard University Press; 2016.