

## From the Facilitated Group Discussions: Substance Use

---

I've been in treatment and recovery and halfway houses and probation and parole; I've done all of it. MAT [Medically Assisted Treatment] classes, one-on-one groups, and group groups, and you name it. I've been doing it for 25 years, and for the most part what I find is . . . as long as you're paying what you're supposed to pay, then you're okay. If I could wish for anything to happen, it would be that it would be more about the recovery and less about the money that somebody's supposed to make.

Participants were asked to discuss their experiences with substance use disorder and its impact on their reentry. Participants were asked about what treatments did or did not work, their pathway to recovery, their experience with MAT programs, and other unhealthy habits affecting them. Among those participants who discussed their experiences with substance use disorders, many reported struggling for years and continue to struggle. Although many participants explained that they had reached a level of success in their journey, not all of them have found a pathway to recovery. We present a series of themes that emerged from the participants' collective responses. Each theme (a bulleted statement in boldface) is supported by direct quotes from the participants.

### ***Substance Use Treatment (Prerelease and Postrelease)***

- **Participants found success with a variety of treatment types. Although many of their journeys looked similar, programs that worked well for some did not work well for others.** For instance, Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) worked well for some. One woman explained how it changed her:

All of a sudden, I had this, not just one person, but a team of people with lived experience that had been there. . . . They were people that were a little bit intimidating at first, because they had these big titles after their names, and they came to work with . . . blazers on, and suits and ties and . . . I'm like, I'll never be one of those people. But then I have these people telling me their story right slowly but surely; they were where I was. They were incarcerated.

For others, NA and AA were less productive. One participant shared about his experience in this way:

They want you to pick up a white tee tag or a white chip, which brings even more shame and guilt. And it seems like that's for them. It's not necessarily for me . . . on top of that, when you're around a bunch of other people that are new in sobriety

that are very early on in recovery, there's so much opportunity there to fall back and to resort to the old patterns . . . So, when I'm trying to be different, to be around other people who are exactly in the same place that I am, it's very hard.

Other types of treatment options included sober living communities, intensive outpatient treatment, Native-specific outpatient treatment, and MAT. One participant described how being in a sober community changed his life:

It was a clean, safe environment that helped me promote and jump-start my recovery. And it really just gave me a foundation to build on that. And to this day, I'm thankful for it, and I don't know where I would be without it.

It was a common sentiment that treatment involving a support group of peers was invaluable. One woman attributed her sobriety to:

an incredible support group of women that were all pregnant at the same time. All on MAT. We all had our babies around the same time together at the same hospital. I will always be super grateful for that experience. And I have been sober since.

Another woman described how a culturally relevant outpatient treatment program changed everything for her:

They provided me a whole slew of resources and information that I could access . . . what therapists were in the area . . . finding a therapist that could help with that prison PTSD [post-traumatic stress disorder], right? Which is a real thing. And it was that program that provided all the resources. Not prison.

- **The pandemic was a complicating factor that interfered with some of the incentives to refrain from using substances.** One individual explained how things worsened during implementation of COVID-19 protocols:

I think COVID kind of hurt substance abuse because, first of all, it spurred the drug trade in prisons. Because once inmates had all that money with the stimulus checks, the guards was bringing everything in because it was more tempting. There was more profitability in it, and there was less security at the time. And now, with parole in [my state], they're not bringing you back for a hot piss test anymore because of COVID. . . . And the negative side effect is that some people aren't as scared to get high anymore on parole. They don't have that fear.

This participant went on to explain that, even as a peer recovery specialist, the loss of the deterrent effect that accompanied the probation and parole supervision protocols meant that those persons struggling with their recovery were less subjected to threats of detection and consequences. "So, it's kind of like we don't want people going back all the time for

technical hits. We want them to get treatment, but now they're getting nothing. They're just staying out here and staying high."

### ***Pathways to Recovery***

- **Recovery involved individual experiences of growth and the acquisition of knowledge about the nature of addiction or the development of connections to faith or other forms of community.** Among those who responded to the brief poll questions on substance use disorders, 73% reported that they found a path to recovery. One participant explained their journey of raised awareness as follows:

I realized that I had been going about it the wrong way because I felt like because I got up every day and went to work or I could hold a job that I was fine, I didn't have a problem. And it took me going [into treatment] and taking these classes and everything to learn that I did have a problem because I needed to feel like I wanted to feel. I was so broken inside, and I didn't know nothing else to do but to medicate myself with that.

Others discussed faith or reaffirmation of their religious beliefs as essential to their recovery. For example, one woman explained what helped her recover: "What really delivered me, though, was my faith. My faith was encouraged in there." The role of peer support also was described as a critical piece in the recovery process. As one participant reported, "I work with people because I'm a peer support specialist, and it's great having the peer in the substance abuse [treatment process], especially a recovery specialist."

### ***MAT Programs***

- **When available, many found that MAT programs (both prerelease and postrelease) were critically valuable, and some still rely on these treatments to stay sober.** Participants with opioid-related substance use disorders, in particular, were enthusiastic about the effectiveness of suboxone. One woman explained:

I go to the suboxone clinic, and I take suboxone every single day. I used to be a heroin addict. Both of my parents were addicts, so that's kind of what I've learned when I was at a young age . . . But I'm definitely getting the help that I need.

Another participant explained how, in her state, stigma about substance use disorder and MAT was changing:

Medication-assisted treatment has become a norm here. It's not stigmatized nearly as much as it used to be. A lot of our recovery houses are accepting and facilitating it. . . . On the negative side, our recovery housing beds are filled almost to capacity

routinely, and there is an extreme shortage of housing in my state in general. So, availability is a real concern.

### ***Other Unhealthy Habits***

- **Adjusting to life after incarceration might involve struggles with other unhealthy habits, such as dysfunctional relationships with eating, spending money, family connections, and sexuality.** As one participant explained, sobriety meant having to face the insecurities that contributed to the substance use in the first place:

When you start gaining weight . . . and that puts a dent in your self-esteem. And sometimes it makes you want to go back to drugs because then you can lose the weight, even though it's not good. And it's probably healthy weight . . . And that also affects your mental health, your everyday things like taking a shower or eating, that all affects your mental health.

Another participant talked about shopping as a way to comfort herself:

I ordered 55 presents for myself because nobody called and said happy birthday, and nobody gave me a gift . . . Not even my children. And so ever since those 55 presents, it has gotten way out of control. I have a space in my apartment where there's nothing but boxes and boxes.

Another participant talked about her experience just getting out of incarceration. "One of the unhealthy habits that I see outside of isolation—that's where I would have went first—is like risky and promiscuous sexual activity and cross addiction of any kind of gambling." And because sexual activity in prison for many was a solo experience, the longer they were incarcerated, the more uncomfortable they may become in being intimate with another person. During one group discussion, one man discussed the work he is doing with groups of formerly incarcerated men to address these intimacy issues that developed across time in prison. As he noted:

So, to me, that's something in therapy I'm really dealing with. I mean, I really feel like I don't know if I'll ever be normal . . . it's hard for me to readapt to that after that long because I didn't know if I'd ever get out.

Another participant talked about how an unhealthy relationship with her partner led her to making poor decisions:

The decisions that I made were based on the person instead of my own individual thought processes, or at least that's what I thought. So, [if] nothing else, it showed me how my behavior was damaging to my life . . . people can be addict[ing] too.

## Recommendations

In their descriptions about how reentry works or how to improve conditions so that reentry success is possible, individuals in the group discussions provided numerous recommendations related to substance use.

### *During the Transition from Incarceration to the Community*

- The transition from a very controlled setting to an unstructured environment can be disorienting, stressful, and even overwhelming. Ideally, everyone would have holistic support so that they have resources to address substance use issues.
- There is not enough attention on helping individuals understand how to identify and access supportive services. Providing accurate, up-to-date information is important, but this is not enough. It is important to facilitate the development of skills such as asking for help, making decisions, solving problems, and setting goals.

### *Access to Evidence-Based Treatment Programs*

- A specific type of peer support is that of peer recovery specialists. Expanding the preparation and availability of these specialists should be a priority.
- Expand the availability of culturally relevant and competent services. Resources should be provided to ensure that these services are responsive and accessible.
- The limited availability of evidence-based substance use treatment programs is a major obstacle to successful reentry for many. Expanding the implementation and accessibility of effective programs will be valuable.
- Participants were specific that it would be helpful if treatment and reentry providers used more trauma-informed approaches in their care.

### *Other*

Reentry should be about authentic second chances:

- Coupled with policies on a clean slate and expungement, it is vitally important to offer sufficient options for substance use treatment while a person's criminal record is still a limiting factor.
- Some suggested extending "ban the box" campaigns to include applications for treatment programs.

## Implications for Stakeholders

Based on what we heard from participants, we present potential implications of our takeaways for reentry providers, correctional administrators, and funders.

### ***Reentry Providers***

Based on what we learned from these group discussions, there are several takeaways for reentry providers. Most importantly, comprehensive initiatives are vital. Those in reentry need support in multiple ways:

- A continuum of care for substance use disorders.
- Equity of access for all gender, racial, and ethnic subgroups for all services.
- Seamless continuity of care for those on medication.
- Engagement of individuals in peer mentoring (as both mentors and mentees).
- How to balance the needs for structure and accountability (by criminal legal agencies) with the support and flexibility necessary for an individual's success.

### ***Correctional Administrators***

The group discussions also produced takeaways for correctional administrators, including offering better access to substance use treatment for those who are incarcerated.

### ***Funders***

Based on the conversations with men and women who were previously incarcerated, funders interested in building the capacity for effective reentry might consider investments for the following: recovery programs, especially those that allow mothers to reunite with their children while staying in a supported living program; and peer recovery programs.

This document was prepared under Cooperative Agreement Number 2020-CZ-BX-K002 from the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the Sentencing, Monitoring, Apprehending, Registering, and Tracking Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.