

**Examining the Experience of Substance and Alcohol Abuse on the Likelihood of
Recidivism of Adult Males Who Have Been Previously Imprisoned Within a Jail or Prison**

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TRAVIS RYAN THOMPSON

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Abstract

Within the American carceral system, there is a potential concern for how the use of illegal substances contributes to arrest and incarceration. The problem addressed by the study was the interplay between relapse into substance use disorder and resulting recidivism. For adult men, this cycle of relapse and recidivism can be particularly complex and difficult to unwind, as the consequences of both substance use and incarceration can greatly affect future endeavors.

Through the lens of ecosocial theory, the purpose of this qualitative phenomenological study was to explore and understand the lived experiences of individuals who have been previously incarcerated for drug or alcohol-related offenses and who were residing in a Southeastern county. Semi-structured interviews were completed with 14 adult men who were asked questions about their understanding of their incarceration and recovery process. Thematic analysis was completed to create a cohesive story that gave insight into the personal experiences of those experiencing reentry.

The results of this study indicated that personal responsibility, effective resources, and integration of religious practices were of significant priority. Study participants reported frustration with how some treatments and interventions were implemented, but highlighted that community interventions that emphasized interpersonal accountability and effective therapeutic intervention were invaluable. Further research and practice should focus on the individuals' implementation of personal faith, community engagement, and effective family integration into the reentry process, as well as continued support for therapeutic and medical resources.

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Chapter 1: Introduction

For decades, the American system of correctional institutions has developed a reputation for holding more inmates than any other country in the world, at any time holding an estimated 700 per 100,000 people per capita (Newton et al., 2018). Increasing evidence is pointing to issues of substance use disorder and addiction as one of the primary reasons for (Acheampong Jones et al., 2018) an increase of incarceration (Begun et al., 2016). In 2019, the highest number of arrests, in order, were made for drug abuse violations, driving under the influence, and larceny-theft (United States Department of Justice [DOJ], 2020). Since individuals who are arrested for non-violent crime are more likely to be offered bail than those arrested for violent crime (Rabuy & Kopf, 2015), and those convicted of violent crimes serve longer sentences than those convicted of non-violent crime (Sawyer & Wagner, 2022), current incarceration rates may skew perception of the impact that substance use disorder and addiction impacts overall incarceration rates (Kaeble, 2023). Compounded with these concerns of addiction comes a historical increase in purely punitive measures for drug and alcohol abuse that see no long-term benefit in promoting a change in behavior (Blais et al., 2022). This use of correctional resources compounds into the state prison system where most inmates are serving time for drug charges and have an 81% chance of returning to prison within 10 years (Antenangeli & Durose, 2021). Regardless of previous criminal charges, the presence of a substance use disorder, independent of mental health status, showed a higher risk of recidivism than any other factor (Zgoba et al., 2020). Addiction to substances has been found to increase the likelihood of criminal behavior, even if an individual was not charged with any drug-specific charges at the time of arrest (Morgan et al., 2020).

For those within the national criminal justice system, nearly one-half (47.1%) met criteria for a substance use disorder (Maruschak et al., 2021). This diagnostic rate is over three times higher than the percentage of individuals in the general population who qualify for a substance use disorder diagnosis at 14.5% (Substance Abuse and Mental Health Services Administration, 2021). A greater rate of substance use disorder has coincided with an overdose crisis in connection with opioids and methamphetamines (Hedegaard et al., 2021). Coupled with the increase of punitive measures for continued use, a continued deficit has been created for those who use drugs, particularly racial minority groups (Bagaric & McCord, 2019), leading to a glaring inequity in the lived experiences of those minority groups compared to the population at large (Bowleg, 2020). That inequity has led to harsher punishments for those minority groups, similar to the effects that the crack-cocaine epidemic had in the 1980s (Testa & Lee, 2021). Those individuals are then released into underserved communities that struggle to support anyone who is experiencing reentry and continue health inequities with a lack of availability of medical care and support services (Novisky et al., 2021). These inequities have been found to increase vulnerability to mortality and relapse upon reentry due to lower tolerances of drugs and a return to previous use (Evans et al., 2022; Kinner et al., 2012; Pizzicato et al., 2018).

From a lack of effective intervention, there have been long-term implications for individuals' health and their burden on the legal system, often diminishing opportunities for advancement and recovery (Cohen et al., 2022). This detriment is specifically seen in health issues that are left either untreated or exacerbated through a correctional stay (Brinkley-Rubinstein & Cloud, 2020) and through employment loss and severe restriction of potential jobs and future earnings (Gordon et al., 2023). These issues have led to an embrace of a public health approach to opioids and other substances in the form of maintenance and preventative

medications to combat use and overdose (Centers for Disease Control and Prevention [CDC], 2020). Even with this shift in the United States (US) government's approach to intervention on substance use disorder, much is left to be addressed in understanding and intervening on the problematic cycles of recidivism to correctional settings (Belenko et al., 2013).

Statement of the Problem

The problem addressed by this study was the interplay between relapse into substance use disorder and resulting recidivism. These factors were examined through the lens of community support and intervention (Lawson et al., 2024). Much has been studied around the relationship between incarceration and substance use disorder, but little research has focused on the beliefs and experiences of those released. Instead, past research has been more directed on the types of treatment that are given to those at risk of drug use, missing potential influences on treatment effectiveness (Evans et al., 2023). While there is plenty of evidence surrounding the risk of overdose (Massoglia & Pridemore, 2015; Matsumoto et al., 2022; National Institute on Drug Abuse [NIDA], 2022; Pizzicato et al., 2018) and the increased likelihood to recidivate with the presence of substance use disorder (Lawson et al., 2024), a lack of specific information connected to the individual experience opens a gap in understanding that this study attempted to address.

The interplay between substance use disorder, release, and recidivism affects not only the individual, but the correctional system and the community that these individuals are released into through a lack of community, perceived effective treatment, and support from the government upon reentry (Crépault et al., 2023). This connected impact increases not only concern for an individual but for everyone who surrounds individuals at risk of substance use disorder and recidivism (Gust, 2012).

Beyond initial contact with the criminal justice system, individuals who use or abuse substances are significantly more likely to reoffend (Gallagher et al., 2018) and be under the influence of substances at the time of reoffense (Peters et al., 2017). Further, individuals who have a history of substance use disorder are more likely to be arrested for non-violent felony offences than their non-using peers (Balyakina et al., 2014). These technical violations, such as testing positive for substances, incur the largest area of reasons for reincarceration (Chandler et al., 2009), further perpetuating a cycle of distance between what can be accomplished by the general population and what those convicted of a crime can achieve (Widdowson & Fisher, 2020). If this problem is not addressed, the feedback loop of recidivism and relapse will continue to grow, and more individuals will continue to find themselves experiencing long-term consequences in criminal charges (Sawyer & Wagner, 2022) and a lack of adequate care offered to those that are incarcerated (McLeod et al., 2020).

Purpose of the Study

The purpose of this qualitative phenomenological study was to explore and understand the lived experiences of individuals in a Southeastern county who have been previously incarcerated in a jail or prison and have been charged with drug or alcohol-related offenses or have charges that resulted from drug or alcohol-related behaviors. This study may support a growth in relevant literature to better understand growing rates of incarceration related to drug use (The Sentencing Project, 2019) and overdose rates in the Southeastern United States (Tennessee Department of Health, n.d.).

An increase in individuals' substance use and overdose has been found to be related to an increase in incarceration status and recidivism (McCaughran-Contreras et al., 2021). The use of phenomenological data was utilized to provide data that was true to the experiences of the

participants, as well as data that may be useful to government officials. This study was completed with individuals who have been incarcerated within a jail or prison for drug or alcohol offenses, with one of those offenses occurring in the past year, and volunteers from the prompting of community corrections officers and program staff within a Southeastern county. With consideration of saturation (Rijinsoever, 2017), 14 participants engaged in semi-structured interviews that allowed for their unique insight to be given a voice on how their experience of substance use disorder affected their return to incarceration. These interviews were recorded by a video recording device and thematically coded (Braun & Clarke, 2012) afterward according to categorical responses to research questions and added insight from participants.

Theoretical Framework

The interconnection between substance use disorder and incarceration has long been argued and debated (Lawson et al., 2024). This growth in understanding of the connection between the two is not only an intellectual exercise, but one that impacts at least 65% of individuals who are incarcerated in US prisons (NIDA, 2020). To conceptualize the interplay of a multiplicity of factors from entire systems of influence, Krieger (2021) offers a framework known as ecosocial theory. From her perspective, there are two factors in the resulting health of an individual, the person themselves and the society that is created around them. These two forms, called the “body natural” and “body politic” encompass the realms of influence that determine whether phenomena are considered fair or prejudicial in nature (Krieger, 2021). In the interpretation of trends and resulting data from incarceration and its relationship to substance use disorder, ecosocial theory provides a sieve that separates between what is able to be addressed by an individual and what is placed upon them through societal burden (Krieger, 2021).

Specifically related to the interplay of substance use disorder and incarceration, ecosocial theory parses out what individuals with substance use disorder can control and treat themselves, and what is imposed by benefiting parties through the criminal justice system. Through the “body natural,” the physical representation of the person themselves, those who use drugs and alcohol use their individuality, biology, and social connections to maintain their lives (Krieger, 2021). The criminal justice system and parties privy to its expansion represent the “body politic” that places priorities and policies, as well as political and economic influences on the value and treatment of those who use drugs and alcohol (Krieger, 2021).

The inclusion of ecosocial theory in the exploration of phenomena and research outcomes related to this study is integral to encourage beneficial changes with proper context in the treatment of individuals who have a problematic use of substances (Krieger, 2021). Research has shown the interplay between higher rates of substance use disorder in correctional populations, with those who have a history of incarceration presenting with significantly higher rates of substance use disorder than the non-incarcerated general population (Dias et al., 2018). The drastic disparity between rates of substance use disorder within the correctional population and those that have not been arrested shows the “body politic” as the mitigating factor (Krieger, 2021) that criminalizes substance use disorder for one population, bringing relapse and reincarceration (Hunt et al., 2015), but provides treatment for another population of non-incarcerated individuals who experience addiction that is much more likely to remain in recovery and be conventionally successful (Belenko et al., 2013).

Introduction to Research Methodology and Design

Through semi-structured interviews, this phenomenological study primarily focused on predetermined research questions, along with follow-up clarification, with engagement in unique

topics provided by study participants. A journal was also kept for the duration of the study to track personal thoughts and potential biases that arose. These interviews were scheduled with respect to the availability and willingness of those under community corrections programming and in reentry programming. Interviews were recorded and transcribed in the researcher's home office and will be deleted three years after completion. Through the lens of thematic analysis, responses were coded and categorized by common themes that participants gave, with insight also given in connection to senses of meaning that were present in interviews and reviews.

The purpose of this study's phenomenological design (Lynch & Sharrock, 2003) was to understand the influencing factors of recidivism (Merriam & Tisdell, 2016) from study participants (Bernard et al., 2017) in the release and recovery landscape of overdose in Tennessee (Tennessee Department of Health, n.d.). Quantitative research has been completed on the interplay of substance use disorder and recidivism (Gallagher et al., 2018), but qualitative research is limited. Phenomenology helps fill in the gaps of quantitative research, providing reasoning and support for the connections that are made in phenomena (Willis, 2007). This insight can allow for those who research psychological phenomena (Neubauer et al., 2019) to peer into the subjective experiences of participants (Moran, 1999).

Saturation in this study was assessed by the point at which themes are repetitive and no new information was obtained through the interview questions (Guest et al., 2020). A vast amount of information can be gained by simply sitting down and asking participants what their life experience is, pushing past the quantitative number sets, and embracing the humanity of the recovery experience. Because of this interpersonal engagement, concerns of potential saturation were cautioned, and ethical considerations surrounding participant willingness were honored (Saunders et al., 2018). To balance this concern, a sample size with a previously incarcerated

population should be as minimally invasive as possible, with the greatest amount of freedom that can be offered. Other studies have recommended a study size of 12 to 15 participants with specific considerations for repeated content that will end the interview process (Hennink et al., 2017). This study engaged 14 previously incarcerated individuals in semi-structured interviews that lasted an hour, with the consideration that some may decline to continue in the study. Also, the researcher conducted this study with 14 participants who agreed, forgoing a small risk of saturation with the tradeoff of holding to the plan of the study. This process provided structure and a sense of integrity to every participant who was involved, ensuring that those who agreed to discuss their previous history were given the opportunity to do so (Abbott et al., 2018).

A phenomenological approach was taken to engage in the complex nature of substance use disorder and its effects on recidivism. No outside information was provided for this method of inquiry, as it was isolated to the internal experience of the individuals who were studied (Willis, 2007). The research questions were oriented toward their lived experience, rather than what trends have been in the past few years. These questions could also offer valuable insight to Southeastern county probation and reentry organizations about their specific programming, as well as suggestions that could be implemented in the future.

Research Questions

RQ1

What are some perceived risks and difficulties in the community related to relapse and recidivism identified by the individuals in community corrections?

RQ2

What protective factors exist for those who exit incarceration related to sobriety?

RQ3

To what extent do participants perceive substances relate to recidivism?

Significance of the Study

This study offers support for other existing literature that explores the experience of individuals reentering the general population and recidivating due to substance use disorder (Houser et al., 2019; Yuxhnenko et al., 2023; Zgoba et al., 2020). The results of this qualitative study provided greater insight into how substance use disorder impacts recidivism into a jail or prison, and how the internal experiences of previously incarcerated individuals who are currently under community correctional supervision affect their engagement with services that are offered. Peters et al. (2017) noted that substances heavily influence reoffense for individuals; therefore, any insight that lessens the impact could provide valuable direction for the adaptation of services, ending of services, or creation of new ones. This potential will be explored in Chapter 5.

Offenses such as testing positive for an illegal substance are more common in offenders with past use of drug charges (Kopak, Haugh, & Hoffman, 2016) and therefore provide a cyclical vulnerability to arrest. Without intervention on the continual experience of incarceration, release, substance abuse, and rearrest, the United States could continue to see a rise in spending and intervention for this population due to rising addiction rates (Substance Abuse and Mental Health Services Administration, 2020) and increased funding due to the nationwide implementation of the Opioid Settlement Fund (Opioid Settlement Accountability Act, 2023). Gained insight into specific dynamics of release allows for the examination and improvement in understanding the continual cycle of addiction that may otherwise be a mystery.

For the marriage and family therapy (MFT) profession, the Journal of Marital and Family Therapy, under the American Association for Marriage and Family Therapy (AAMFT) umbrella, contains limited resources that explore the interaction between substance use disorder and reincarceration, and none that explore family engagement during release and protection against rearrest for adults, only adolescents (Keiley, 2007; Keiley et al., 2014). This study is of interest to MFTs since family intimacy and work are significant predictors of relapse on substances (Xiaoqing et al., 2021). Also, the MFT profession is known for its concern for advocacy and change (American Association of Marriage and Family Therapy, n.d.). Without the proper information and data to back up the need for family support and intervention upon release, there can be little ground to stand on when pushing for legislative change. If effective change were to occur, there could be a greater opportunity for families and partners of previously incarcerated individuals to develop relationships and generational dynamics that are positive and supportive, rather than a perpetuation of decades-long struggle (Wakefield, 2016).

Definitions of Key Terms

Addiction

A psychological and/or biological dependency on drugs or alcohol (American Psychological Association, 2024).

Community Corrections

The supervision of those with active criminal charges in the general population, as opposed to a correctional facility (Bureau of Justice Statistics, 2021).

Corrections

State and federal housing, and probation and parole for individuals within individuals in the criminal justice system (National Institute of Justice, 2024).

Inmate

Someone who is held in prison or jail under incarceration (Cornell Law School, 2024).

Jail

Incarceration facility for inmates whose are serving less than a year of a sentence, have violated probation or parole, or those awaiting trial, sentencing, or transfer to a prison (Dumont et al., 2012).

Parole

The release of a prisoner to community supervision after the completion of a sentence within an institution (United States Parole Commission, 2023).

Prison

Incarceration facility for inmates who are serving a year or more of a criminal sentence (Dumont et al., 2012)

Probation

A defined period of community supervision as an alternative to imprisonment (United States Parole Commission, 2023).

Recidivism

Criminal actions that lead to arrest, criminal charges, and incarceration after a previous release from jail or prison (National Institute of Justice, 2022).

Relapse

With a previous time of abstinence, a return to full continual use of substances parallel to a previous level of intake (Menon & Kandasamy, 2018).

Reentry

The movement from jail or prison into the community (National Institute of Justice, 2024a).

Release

The allowance of individuals to leave a correctional facility to serve a current criminal sentence while in the community (Tennessee Department of Correction, 2024).

Sobriety

Abstinence from ingesting alcohol or other drugs (Laudet, 2007).

Substances

Alcohol or drugs that lead to intoxication (Laudet, 2007).

Substance Use Disorder

When an individual continues to use substances or alcohol despite cognitive, behavioral, and physiological consequences (American Psychiatric Association, 2022)

Summary

The problem addressed in this study was how substance use disorder and recidivism become interconnected. This phenomenological study aimed to explore and understand the lived experiences of previously incarcerated individuals in a Southeastern county and the influence of substance use disorder had on their likelihood of recidivism (McCaughran-Contreras et al., 2021) after previously serving a sentence in jail or prison. Information from semi-structured interviews, viewed through the lens of ecosocial theory (Krieger, 2021), provided specific insight into the complex factors influencing behavior and beliefs that can be utilized in intervention and treatment. This phenomenological data from semi-structured qualitative interviews (Merriam & Tisdell, 2016) has the potential to provide useful data not only for Southeastern counties

themselves, but may offer data that is missing from the literature around substance use disorder and recidivism. The following chapter will explore the literature that exists related to substance use disorder and recidivism.

Chapter 2: Literature Review

The purpose of this qualitative phenomenological study, consisting of semi-structured interviews, was to explore and understand the lived experiences of individuals in a Southeastern county who have been previously incarcerated in a jail or prison for drug or alcohol-related offenses or charges that resulted from drug or alcohol-related behaviors. The goal of this study was to explore how substances interact in an individual's life once they leave incarceration and how substance use disorder relates to their subsequent recidivism. Insights from participants were used to create a story of relapse and recidivism that is able to be addressed in the future. Significant research has examined the correlation between substance use disorder and recidivism, citing this connection as a defining factor in the majority of inmates (Antenangeli & Durose, 2021; Houser et al., 2019; Peters et al., 2017; Sawyer & Wagner, 2022). This connection is exacerbated by the small number of inmates that are given treatment (de Andrade et al., 2018) and the lack of effective interventions within those elements of treatment (Moore et al., 2020). The intent of this study was to bring a more holistic understanding of how substances can lead to recidivism within the population of a Southeastern county.

The literature review for this study explores recent research on the interplay between substance use disorder and recidivism. By understanding the interconnection between substance use disorder and mass incarceration (Sawyer & Wagner, 2022), greater insight could be provided to government bodies and the general public about what effective steps towards change in policy and funding could be implemented in the correctional system. Many policies and interventions have been implemented in the past, such as medication assisted therapy (MAT), case management, and individual therapy (Moore et al., 2020), but data is rarely shared between

research groups and the entities that could enact change both within the correctional system and environment upon release (Moore et al., 2020).

Research about the risk factors and trends in reincarceration has largely been quantitative (Moore et al., 2020; Peters et al., 2017). Quantitative data in this realm of research can be presented as authoritative, but may miss contextual effects and personal implications that drive underlying motivations and struggles in the effort of reentry into the general population (Crépault et al., 2023). By engagement in the multiplicity of factors involved in release from incarceration in literature (Houser et al., 2019), further insight may be given about what individuals face in their effort to stay in the process of recovery and reintegrate into society.

To adequately assess the interconnection between substance use disorder and recidivism, several search terms and databases were utilized. The Bureau of Justice and Statistics' website held the majority of statistics, while others played a limited role in further data extrapolation. Search terms were mostly input through Science Direct, EBSCO, and ProQuest. Additional information was gathered through Google Scholar, the National Institute on Drug Abuse, the National Institute for Health literary database, the Substance Abuse and Mental Health Services Administration, and the Bureau of Justice. Search terms and phrases that were used include recidivism, substance abuse, substance use disorder, incarceration, relapse, sobriety, substance abuse treatment, arrest, harm reduction, and re-entry. In the process of sorting relevant data, some search terms were varied to bolster research validity. Search results were oriented through publication years of 2010 through 2024. Some of these articles referenced previous publications relevant to this literature review and were therefore included.

Theoretical Framework

The guiding theoretical framework of this study, ecosocial theory, was first officially proposed by Nancy Krieger in 1994 to conceptualize the social production of disease. This theory has been developed since then and coalesced into the four core constructs of embodiment, pathways of embodiment, cumulative interplay, and accountability and agency (Krieger, 2011) that are the outgrowth of previous theory on social production that were expanded into biology and in the lifespan (Krieger, 2011).

Embodiment

Embodiment is defined as the way we engage with our bodies in society and the world we live in (Krieger, 2011). This engagement could be influenced by any system in which someone actively resides, whether that is biological or physical (Krieger, 2011). Within the context of this study, embodiment referenced the way that the participant resides within an incarceration setting or freedom upon reentry to the public. Embodiment here would also reference the social and societal contexts in which incarcerated and previously incarcerated individuals exist. From the concept of embodiment, other terms will explore how this engagement in society is impacted by outside forces.

Pathways of Embodiment

Pathways of embodiment are the outside forces and influences that impact an individual's body within the context it resides (Krieger, 2011). These pathways encompass external forces influencing someone's body and experience, such as discrimination, trauma, or hazardous conditions (Krieger, 2011). This study included many pathways of embodiment, such as how carceral systems and substance use disorder affect individuals.

Cumulative Interplay of Exposure, Susceptibility, and Resistance

Cumulative interplay of exposure, susceptibility, and resistance across the life course refers to the way that disease occurs due to the outside forces impact individual vulnerabilities in a person (Krieger, 2011). While many people may have a susceptibility to disease and difficulty, the perspective of a cumulative interplay allows for insight into how gene expression can be influenced by outside forces (Krieger, 2011). Within the context of this study, the cumulative interplay of substance use disorder and recidivism encompasses both individuals and societal forces interacting with one another.

Accountability and Agency

The idea of accountability and agency is represented by governmental or societal requirements to help mitigate the risk of or intervene on negative effects on an individual (Krieger, 2011). Accountability and agency as a concept is seen in a push for larger bodies of influence, particularly governmental ones, to take action on the dynamics that they either created or sustained (Krieger, 2011). In this study, accountability and agency would implicate the government or social institutions in cycles of dysfunction. Beyond simply assuming fault, accountability and agency includes the need to provide services and support to alleviate the long-term impacts of systemic impressions (Krieger, 2011).

Application to Study

Krieger (2021) also speaks about the influence of all of these factors on an individual's embodied experience through the use of the terms 'body natural,' referring to the individual, and the 'body politic,' referring to the societal or governmental powers in control of an individual. From her perspective, the body natural is subject to the body politic and as a result, experiences injustices and inequities that should be met with empathy and support. The exoneration,

liberation, and uplifting of people groups that have been discriminated against is the duty of the larger body politic (Krieger, 2021). The ecosocial interpretation of individual and general pathways of embodiment calls for a critical look into the mechanisms of sickness and disease, and thus provides a supportive framework for both the understanding of the body, as well as the interpretation of data and intervention (Krieger, 2021).

Ecosocial theory, as defined by Krieger (2021), provides a preferred framework to support this study over criminogenic models, such as the risk-need-responsivity model (Bonita & Andrews, 2017) and the desistance model (Weaver, 2019). The risk-need-responsivity model (Bonita & Andrews, 2017) is limited in scope from its over-categorization of individuals and communities, pouring more fuel into the body politic that is disengaged from the body natural (Krieger, 2021), thus increasing discriminatory frameworks. This ideology is continued in the desistance model (Weaver, 2019), where the modification of behavior is paramount to the reasoning in behavioral patterns or the survival mechanisms that have become adopted by affected and minority groups (Krieger, 2021). Both of these models are natural outgrowths of a behavioral understanding of human behavior, without the embodiment of lived truths that are given space within ecosocial theory.

Ecosocial theory (Krieger, 2021) has been utilized within academic examinations of incarceration and recidivism. From a study by Schnake-Mahl et al. (2022), governance levels and policies were viewed through ecosocial theory as a way to gain and interpret data correctly so that structural instances of discrimination could be highlighted, and proposed interventions could be effective in alleviating pressure from disenfranchised populations. The results from this study (Schnake-Mahl et al., 2022) showed that government intervention at the state and city level has a drastic impact on the health of individuals and communities and should be considered when

evaluating the health of an individual. Cloud et al. (2023) implemented ecosocial theory as a way to critically examine the dehumanization of men in solitary confinement. Embodiment was specifically highlighted as a mechanism to understand the lived experience of men with a significant mental health concern and their lived experience with degradation while incarcerated (Cloud et al., 2023). A direct utilization of ecosocial theory within a study of reentry into the general population comes from Skinner and Farrington (2023) in their narrative review of health and mortality outside of an incarceration setting. Ecosocial theory can be utilized to understand social structures and political economies that affect individuals upon release from incarceration (Krieger, 2011). This framework can allow for a deeper exploration into the higher likelihood of mortality that those individuals experience compared to the general population (Skinner & Farrington, 2023).

This study was constructed and reviewed through ecosocial theory (Krieger, 2021) to better understand the lived experiences and embodiments of adult men who have experienced recidivism due to substance use disorder. Due to the qualitative nature of this study, it was important to utilize a theoretical framework that provided support for understanding, not simply interpret data without context. The problem statement and purpose of the study identify a need for greater understanding of the lived experience of individuals as they leave incarceration and reenter the general population. Participants in the study were interviewed to peer into the gap in research on what happens when someone leaves incarceration. Their pathways of embodiment (Krieger, 2021) were the focus of the interview questions, with an emphasis on participants' interpretation of life events as they have experienced within their body natural and by the influence of the body politic. This research has the potential to not only add to the literature

around substance use disorder and recidivism, but also to give a voice to a largely marginalized group of individuals.

Substance Use Disorder with Individuals Who Experienced Incarceration

The focus of this study, and potentially the most significant factor influencing recidivism, is substance use disorder outside of an incarceration setting (Houser et al., 2019; Sawyer & Wagner, 2022). For the year 2020, the National Institute on Drug Abuse (2021) reported that an estimated 65% of individuals in the United States prison population qualified for a diagnosis of a substance use disorder. When these men and women leave their stay of incarceration, they show a high risk of overdose and reengagement in a similar lifestyle of specific substance use disorder and intake that led to their previous incarceration (Lee et al., 2016). Coupled with the increase in the use of fentanyl (Johns Hopkins Bloomberg School of Public Health, 2022) and subsequent heightened risk of overdose (NIDA, 2022), stakes have risen across the country in the involvement of correctional systems to affect substance abuse due to their inherent contact with these individuals resulting from the rates of comorbidity of substance use disorder and incarceration (Carson, 2021). With few receiving treatment for the behaviors that brought them into the criminal justice system, many return to substance use disorder without the tools that are needed to continue the process of recovery (Moore et al., 2020). This problematic cycle connects to individuals with histories and relapses into drug use, gaining the highest likelihood of reoffending and continuing the cycle of incarceration (Spruit et al., 2017).

Once individuals leave their correctional stay, a return to substance use disorder is likely to occur, with the rates of opioid use specifically being higher than the general population (Degenhardt et al., 2014). Massoglia and Pridemore (2015) reported that even past homicide and suicide, drug overdose remained the leading cause of death for those who have been released

from incarceration. This finding was further supported by Bukten et al. (2017) in their study of over 90,000 released Norwegian prisoners over 15 years, who also found a connection to recidivism and overdose. While Norwegian population data may not directly translate to US populations, the long-term nature of this study allows for greater confidence than a short-term study would.

In 2021, 75% of the 106,699 overdose deaths involved an opioid (CDC, 2023). As the national provider of US statistics related to substance abuse, the CDC provides the most relevant data on the health effects of drug use. The use of opioids after incarceration thus proves incredibly problematic for reentry into the general population as post-release individuals are highly likely to be involved in opioid use (Bunting et al., 2021) and 120 times higher risk of death than the unincarcerated general population (Binswanger et al., 2013; Bukten et al., 2017). In qualitative interviews, inmates themselves even identify the need for substance use disorder intervention upon release, yet significant barriers exist for effective intervention to take place (Begun et al., 2016). A study by Moore et al. (2020) found that their systematic review of 31 studies that, upon release from a stay of incarceration, risks of relapse of drugs other than opioids are also increased, even without the risk of death from relapse on opioids. Zgoba et al. (2020) echoed this finding with added context, stating that those who had a substance abuse issue were more likely to return to incarceration than any other peer or diagnostic group. This increase continues at an upward trend as individuals spend time outside of their incarceration (Western & Simes, 2019). With opioids leading as the greatest health risk for relapses, Bunting et al. (2021) showed that substances such as alcohol and stimulants also pose a significant risk of relapse post-release.

In a systematic review by Moore et al. (2020), reentry was examined as it relates to substance abuse. They reported that without intervention, substance use disorder after incarceration was highly likely, with many reports stating that there was little to no difference in outcomes for those that engaged in treatment programs (Moore et al., 2020). With only 20% of people with a substance use disorder receiving treatment (Fazel et al., 2017), and seemingly ineffective programs being offered around the country (Moore et al., 2020), little hope has been offered in intervention practices for a population that struggles to connect to outside resources (Medina et al., 2022). Moore et al. (2020) also reported that while many treatment programs and sources of academic literature use similar language around elements of treatment, such as case management and evidence-based therapies, there is a large divergence in definition and implementation. Because of this variance, it is incredibly difficult to determine how substance use disorder is affected outside of incarceration, as the literature is inherently conflictual in what is measured in relapse and provided intervention (Moore et al., 2020).

Tangney et al. (2016) completed a questionnaire study with participants from both the professional and community spaces and found that there can be differences in use following release from incarceration. Their work was limited due to the number of respondents within the study as well as the categorization of substances divided between alcohol, marijuana, and hard drugs (Tangney et al., 2016). This conclusion from Tangney et al. (2016) conflicts with the sweeping analysis done by Moore et al. (2020), showing that while individual studies may provide some semblance of hope for long-term benefit from incarceration on substance use disorder, many other studies have provided limited support for such an assumption. Western and Simes (2019) reported that specific identification of substances used before and after incarceration marks a significant difference in understanding post-release data. Their

interpretation of data, which brought drug and alcohol history together as one category, identified a great risk of the use of hard drugs in the year following a prison sentence (Western & Simes, 2019). This assumed interplay between past and potential future use is supported by Bunting et al. (2021) who found an increased risk of using opioids after release from incarceration as they were connected to use of opioids prior to a sentence of incarceration.

Rise of Incarceration Rates in the United States

Built within the walls of the American correctional system are the bars to hold those with a substance use disorder. A shift in national attitudes toward substance and alcohol use was spearheaded by the Anti-Drug Abuse Act of 1986, which began the criminalization of a serious mental health condition (Olson & Lurigio, 2014). In Begun et al.'s (2016) review of release outcomes for adults, adaptations in criminal charges began a trend in incarcerating individuals, of whom around 82.5% may have used alcohol or substances are at risk for a substance use disorder. In a special report under the jurisdiction of the U.S. DOJ, Bronson et al. (2017) reported that 58% of state prisoners and 63% of sentenced jail inmates met the criteria for drug abuse or dependence. The results of this criminal justice policy change skyrocketed both state and federal prison populations, making the United States the country with the highest rate of incarceration per 100,000 people (The Sentencing Project, 2019).

Over many decades of policy change (National Research Council, 2014) and air of discontent from the public (Brenan, 2023), the buildup and long-lasting effects of “mass incarceration” have been seen. Decades of legislation and public opinion have shaped the way that Americans have experienced and view incarceration and the legal system (Brenan, 2023). Now, generations of individuals only remember times when too many people were incarcerated, when discussions of jail time and parole were no longer relegated to outside cases but became

commonplace in the modern lexicon. With the origins of modern prison overpopulation beginning in the 1970s (Raphael, 2009; Travis et al., 2014), there have been decades worth of impact with little progress made on a national level (Adelman, 2020).

Since 1972, correctional rates steadily increased to a rate of around 1.9 million people in 2018 (The Sentencing Project, 2019). With this rise of individuals involved in correctional settings, there was a stark difference in the percentage of the population incarcerated after changes in the early 1970s. This increase in incarceration was directly related to Richard Nixon's War on Drugs, which increased prison sentencing for drug-related crimes from 5% to nearly 20% in 2010 (Clear & Frost, 2013). Momentum from this great push in 2010 moved the US into the highest number of prisoners of any other country in the world at around 500 per 100,000 people (Guerino et al., 2011), even overcoming underdeveloped countries and trouncing developed ones. Even with reform attempting to shift this dynamic, levels of incarceration have only dropped to 449 per 100,000 people at the end of 2021 (Carson, 2022), with the United States falling in international rankings, but still beating out every other industrialized nation (Widra, 2024).

Upon the foundation of the War on Drugs came legislation that further criminalized behavior that was previously relegated to minor consequences. Offenses such as simple possession were no longer something that could be handled locally, instead, major shifts swept across the nation. In one such example, three-strikes laws mandated life sentences for repeat offenders, even for minor offenses, and minimum sentencing laws took control from judges and required long sentences, no matter the context of the crime (Wakefield & Uggen, 2010; Western, 2007). These changes in legislation began to shape the landscape of both the American correctional landscape, as well as the environment of the US population at large. With higher

populations of inmates cycling through incarceration due to legal binds, individuals were not only affected but the families and communities they were taken from were affected as well (Wang, 2022). This effect can extend into long-term societal, financial, and familial loss, with a potential for a ten-fold financial detriment to communities for every dollar spent on incarceration (McLaughlin et al., 2016).

Racial and Ethnic Differences

One large-scale difference in the correctional system is the disparity between the statistics on racial identities and the general population (U.S. Census Bureau, 2019). In 2019, correctional facilities were composed of 38% White inmates and 38% Black inmates, with the percentage of the general population being 60% and 13% respectively (U.S. Census Bureau, 2019). Part of this disparity is attributed to the majority of local jails holding individuals with pretrial detention (Sawyer & Wagner, 2022). A variance in legal consideration is especially concerning with the median bail amount at \$10,000 (Sawyer & Wagner, 2022) and the lower socioeconomic status of Blacks compared to Whites (Rabuy & Kopf, 2015). This difference in socioeconomic status between racial groups can bring concerns in the realm of equality and equity (Krieger, 2021).

The other major factor in the disparity between races is arrest rates. In US Census data, the four categories listed in data trends are White, Black, Native American, and Asian, with Hispanic grouped in the Black category and Middle Eastern grouped in the White category (Council on Criminal Justice, 2023). The largest disparity came from 1989, with Black adults being arrested at a rate of 17,982 per 100,000 people and White adults at 5,289 per 100,000 people (Council on Criminal Justice, 2023). By 2019, those numbers fell to Black adults being arrested at a rate of 7,247 per 100,000 and White adults being arrested at a rate of 3,265 per 100,000 (Council on Criminal Justice, 2023). That places the arrest rates of Blacks to Whites at

3.4:1 in 1989 and 2.2:1 in 2019. With this narrowing of arrest rates, a trend towards equity in arrest rates is improving (Council on Criminal Justice, 2023), allowing for a more balanced engagement in regards to race with the body politic (Krieger, 2021).

From the U.S. DOJ, Carson (2021) provides the most integrated data around prisoners. In the yearly review, Carson (2021) found that rates of racial differences of state and federal inmates in prison differ due to their length of sentence in jail. Demographic data of prisoners from the U.S. DOJ from the years 2009 to 2019 include White, Black, and Hispanic (Carson, 2021). In 2009, White adults in state and federal prisons were incarcerated at a rate of 245 per 100,000 people and Black adults at a rate of 1,544 per 100,000 people (Carson, 2021). In 2019, White adults were incarcerated in state and federal prisons at a rate of 214 per 100,000 people and Black adults at a rate of 1,096 per 100,000 people (Carson, 2021). This disparity in representation of the general population places the rate of imprisonment of Black adults to White adults at 6.3:1 in 2009 and 5.1:1 in 2019. Different from the rates of arrest in 2019, in which the Black to White ratio was 2.2:1 (Council on Criminal Justice, 2023), this larger disparity of 5.1 (Carson, 2021) shows the gap of arrests and imprisonment that still exists along racial lines. While the rate of arrests seems to be on a downward trend, imprisonment rates are not falling as quickly (Carson, 2023). Racial inequity in the realm of imprisonment still lacks in its ability to challenge social norms and societal expectations, thus leaving room for discrimination from an ecosocial theoretical perspective (Krieger, 2021).

Rise of Substance Use Disorder in the United States

When looking at the different levels of substance abuse over time, SAMSHA, a direct resource provided by the U.S. government, is one of the primary organizations that provides meaningful data. In the United States, there has been a steady increase in substance abuse not

related to religious rituals. From the 2020 National Survey on Drug Use and Health Survey, 14.5% of people, or around 40.3 million people over the age of 12 in the US identified as having a substance use disorder in the previous year (SAMHSA, 2021). This figure is compared to 20.3 million in 2018 (SAMHSA, 2019) and 20.1 million in 2016 (SAMHSA, 2017).

The upward trend in substance use disorder has been seen to increase in the paradigm shift of COVID-19 (Czeisler et al., 2020). Social distancing guidelines, along with isolation that results, has created a disconnect between those experiencing addiction, and those who can engage with them (Roe et al., 2022). Jessell et al. (2022) reported that a necessitated difference in research engagement, due to restriction and uncertainty, created an obfuscation of reportable data that is only beginning to become uncovered. This gap in available research has created a potential for data loss, but some evidence is coming forth. At the beginning of the pandemic, there was a marked national increase of 13% in engagement in substance use disorder from March 2020 to June 2020 (Czeisler et al., 2020). In Kumar et al.'s (2022) scoping review of COVID-19-related research, one potential reason for this increase can be attributed to increased anxiety related to COVID-19's potential health risks and harmful long-term effects. They also reported that an increase in substance use disorder was potentially related to a disconnection of previously accessible resources and addiction treatment. Roe et al. (2022) continued this concern of disconnection as another potential cause for increased use may come from isolation that resulted from social distancing government policies and in-person disconnection from the general population, particularly with friends and family.

However, this continued rise in substance use disorder in the US has led to an increase in overdoses and overdose deaths with connections to opioids. With the effects of COVID-19 lockdowns and social distancing procedures, there was an increase in overdoses in May 2020,

with 37 of 38 reported U.S. jurisdictions reporting increased overdoses, with half of those with increases of over 50 percent (CDC, 2020a). Over the years, this overdose rate has increased in the United States from 70,630 in 2019, to 91,799 in 2020, to 106,699 in 2021 (NIDA, 2023). As per a warning by the CDC (2023), the sharp increases in substance use and overdose have created a significant problem that may influence the population in the years to come.

Substance Use Impacts on Arrest

When examining the instances and frequency of specific charges, only sources from the federal government will be privy to observable data. In a recent review by the United States DOJ (2020), it was reported that the highest number of arrests in the United States are for probation violations related to positive drug tests, followed by driving under the influence. Utilizing the most recent data from the FBI, in 2021, drug and narcotic violations numbered 893,682 instances in the United States with 498,087 of those being drug possession offenses (Federal Bureau of Investigation, 2023). The number of Drug Abuse Violations totaled 564,123 and arrests of Driving Under the Influence numbered 443,715 (Federal Bureau of Investigation, 2023). In fact, from the years 2010 to 2020, total drug arrests per year never fell below 1.4 million and 83.9% of total arrests (Federal Bureau of Investigation, 2023).

More often than not, individuals that are arrested have been involved with illegal substances or alcohol in a substantial way prior to any interaction with law enforcement. In 2016, 38% of federal prisoners reported using drugs at the time of arrest and 30% reported drinking alcohol (Maruschak et al., 2021). Within the correctional community, 58% of state prisoners reported substance dependence or abuse and 63% of jail inmates reported substance dependence or abuse prior to their arrest (Bronson et al., 2017). More than just a correlational consideration for understanding the problems related to engagement with law enforcement, the use of

intoxicants imparts a greater risk of criminal behavior. Twenty-one percent of state prisoners and jail inmates report that the most serious offense they are currently facing was directly connected to a way to obtain money for drugs (Bronson et al., 2017). The number of individuals who receive a conviction related to drug use climbs to 30% of state prisoners and 29% of jail inmates for inmates who were ultimately convicted of drug offenses (Bronson et al., 2017).

Differences in Specific Drug Charges

In 2019, the United States DOJ (2020) reported that 86.7% of drug abuse violations were related to possession and 13.3% were related to the sale and manufacture of substances. Under the umbrella of possession charges, those arrested for heroin or cocaine and their derivatives was 19.6%, marijuana was 32.1%, synthetic or manufactured drugs was 4.0%, and other dangerous non-narcotic drugs was 31.0% (United States DOJ, 2020). Under the category of the sale and manufacture of substances, those arrested for heroin or cocaine and their derivatives was 4.2%, marijuana was 2.9%, synthetic or manufactured drugs was 1.7%, and other dangerous non-narcotic drugs was 4.4% (United States DOJ, 2020).

During the COVID-19 shutdowns, the number of individuals who interacted with law enforcement drastically decreased (Lopez & Rosenfeld, 2021). Drug charges and their rates also drastically decreased because of COVID-19 (Carson & Nadel, 2022). The Federal Bureau of Investigation (2023) reported that for drug offenses in 2022, possession consisted of 87.8% of arrests, and the sale and manufacture of substances was 12.2%. However, the number of arrests from 2019 to 2022 per category dropped from 1,073,976 to 673,011 for drug possession, and 173,084 to 93,584 for the sale and manufacture of substances (Federal Bureau of Investigation [FBI] 2023). In 2022, drug possession arrests were 62.7% of 2019 and arrests for the sale and manufacture of substances were 54.1% of 2019 (FBI, 2023).

Cycle of Relapse

Due to the interaction of substance use disorder and relapse, there is a need to understand and interrupt that cycle to prevent greater harm. In the context of SUD, relapse is seen as the return to old patterns of substance abuse (Menon & Kandasamy, 2018). The National Institute on Drug Abuse (2023a) reports that general relapse rates for substance use disorder are around 40-60%. Along with a perceived failure in progress, a return to the ingestion of substances can inhibit a process of recovery that is often complicated and regularly full of failure (Witkiewitz et al., 2020). This feeling of failure is of particular concern to individuals who are at risk for incarceration, as their return to substance abuse can be linked to a reengagement to the criminal justice system (Kelly et al., 2019). Coupled with the risk of bodily harm that comes with relapsing on illicit substances (Hagan & Foster, 2019), relapse brings a threat of social stigma that can follow an individual for years after their engagement in the recovery process (Benz et al., 2021).

As seen in data outcomes from the Comprehensive Assessment and Treatment Outcome Research (CATOR) system, after being released from a correctional facility, those with a history of problematic substance abuse are more likely to return to a continual pattern of relapse (Kopak, Hoffmann, & Proctor, 2016). Some of the primary risks of relapse into substances include a history of behavioral risks in adolescence, being younger in age, and lacking economic opportunities upon release. This heightened risk is exacerbated by the level of severity of substance use the individual experienced that further entrenches a pattern of substance abuse, incarceration, relapse, and then rearrest (Kopak, Haugh, & Hoffman, 2016). Patterns like these not only provide insight into a correlational significance between incarceration and relapse into substance use disorder, but also a reciprocal one.

Risk Factors for Relapse

Because measurements of relapse can vary amongst research efforts, it can be difficult to ascertain exactly when a threshold of a return to substance abuse is clinically worthy of report (Moe et al., 2022). In a seminal work on the addiction and recovery process, Miller (1996) reported that some of the purported benchmarks of relapse are a single use of the previous substance, more than one use of the previous substance, or a reengagement with the substance similar to previous levels of use. Western and Simes (2019) expanded a concern around common language and useful data for study when they reported that the majority of recovery data has been accessed through convenience sampling, thus bringing the validity of results into question. Furthermore, recovery from substance use disorder is a long-term process that has variable levels of success (Martinelli et al., 2020), making estimations of what exactly constitutes relapse difficult (Miller, 1996). Some of the main cited reasons for relapse will be cited here.

Risks for relapse outside of a correctional setting vary along demographic, social, and clinical identifications (del Palacio-Gonzalez et al., 2024). Andersson et al. (2019) found in their examination of 607 Norwegian participants leaving a treatment center for SUD that those who are younger and those with co-morbid mental health issues are at increased risk of relapse. A higher risk of relapse may be present for individuals with family conflict, negative peer influence, low socio-economic status, and availability of substances (Kabisa et al., 2021). Common clinical risk factors for relapse include co-occurring psychiatric disorders (Andersson et al., 2019). del Palacio-Gonzalez et al. (2024) reported in their systematic review that the assumed level of risk that co-occurring psychiatric disorders pose to relapse varies depending on the study, but is still significant enough to consider when examining reentry programs. There are also increased risks of relapse for those with lower education and less consistent housing

(Andersson et al., 2023). Different racial groups also report different levels of use for different substances that allow for different risks of relapse (SAMHSA, 2023). For the year 2022, SAMHSA (2023) reported that White individuals were more likely than any other racial group to report issues with alcohol. SAMHSA (2023) also reported that illicit drug use was most common among Multiracial people (35.1%), followed by Black (26.7%), White (25.8%), Hispanic (23.5%), and Asian people (13.6%).

Upon reentry, relapse into substance use disorder is more likely than the general population's experience of relapse (Larney et al., 2018). This higher risk of substance use presents a significant risk as relapse on opioids after incarceration provides an elevated risk of death compared to those who do not ingest opioids (Binswanger et al., 2013). While some risks for relapse can apply to those with and without a history of incarceration, there are specific risks that are unique to those experiencing reentry. The level of family support an individual receives upon reentry can be a significant indicator of the risk of relapse (Western et al., 2015). This variable effect is also seen in the level of support or negative influence from peers (Kinner & Rich, 2018). Another unique factor influencing the risk of relapse upon reentry is whether or not drug testing will be mandated while on parole. For those who do have a sobriety requirement as a condition of their parole, there is a lower risk of relapse on the use of cannabis, but not harder drugs (Western & Simes, 2019). Also, the shorter period of time someone is incarcerated, the more likely they are to relapse and engage in risky behavior (Kinner & Rich, 2018).

Substance Use Disorder Impacts on Recidivism

Within the correctional system, there are many ways that individuals find themselves incarcerated. The majority of inmates are not under correctional supervision for new charges on their record but are more likely to be serving time for a prior offense (Antenangeli & Durose,

2021). From the years of 2008 to 2018, 66% of individuals in state prisons were committed on new charges, and 32% were admitted for violating conditions of parole or probation (Antenangeli & Durose, 2021). Those who use illegal substances are three to four times more likely to commit crimes (Bennett et al., 2008), making them more likely to be arrested for crimes than those who do not use illegal substances (Bronson et al., 2017). From 2005 to 2010, drug offenders were the second most likely to reoffend at 76.9% (Durose et al., 2016). This cycle continues in state prisons, where 82% of individuals are rearrested within the 10 years following release (Antenangeli & Durose, 2021). The revolving door of the state prison system is pushed by the members of the American population who experience addiction, who would be more likely to change their behavior with clinical than correctional intervention (Belenko et al., 2013).

Within the federal correctional system in 2021, 22.5% of the most serious charges individuals were arrested for were drug charges (Motivans, 2022). In 2020, 47% of federal prisoners were serving sentences with a drug charge as their most serious offense (Carson, 2021). With the added 4.2% present for property crimes (Carson, 2021) that are heavily influenced by the use of substances or the process of crime to obtain money for substances (Sutherland et al., 2015), over half of those in federal prison are there because of the influence of illicit substances (Carson, 2021; Sawyer & Wagner, 2022). From the increasingly punitive measures implemented by changes in the penal code (Wakefield & Uggen, 2010; Western, 2007), what was originally seen as a nuisance and occasional issue within the community, drug charges have driven individuals up the correctional ladder into federal prisons, placing those who have experienced long-term addictive patterns within the same walls as individuals with charges of conspiracy and murder (Sawyer & Wagner, 2022).

Competing Theories of Substance Use Disorder as Predictive of Recidivism

A study conducted by Zgoba et al. (2020) utilized data from 10,000 inmates released in New Jersey to examine the ways that mental health issues and substance use disorders relate to recidivism. The purpose of this study was to measure rearrest rates as they relate to those specific factors, as well as rates without any factors at all. This study showed that the highest rate of conviction was for a drug offense at 25%, and upon release a presence of substance use disorder only totaling 30.9%, substance use disorder and a severe mental health disorder totaling 10.6% and total number of participants with substance use disorder totaling 41.4% (Zgoba et al., 2020). Upon rearrest, the participants who were arrested were most likely to have a substance use disorder indication with no identification with severe mental health disorder at 58.46% followed by those with a substance use disorder indication and identification with a severe mental health disorder at 55.2%, accounting for 56.83% of all rearrests (Zgoba et al., 2020). Their conclusion of substance use disorder accounting for the highest rate of rearrest and subsequent recidivism is supported by Spruit et al.'s (2017) study of 8,000 individuals on probation, which confirmed that those with substance or alcohol use problems were the most likely to reoffend.

This assertion was countered by Houser et al. (2019) with their study of parolees' recidivism within three years of release. Their research with 4,851 individuals showed a more in-depth exploration of the types of crimes that were likely to cause recidivism as they were connected to an identification of a mental health disorder, substance use disorder, a mental health and substance use disorder, and no identified disorder (Houser et al., 2019). Their division of causes of recidivism, a new crime or a technical violation, showed that the most significant predictor of recidivism was the presence of both a mental health disorder and a substance use disorder, followed by a mental health disorder in the involvement of a new crime (Houser et al.,

2019). Those with only a substance use disorder identification were neither more nor less likely to reoffend. The authors suggested explanation for this disparity comes from the implementation of substance use disorder treatment programs that mitigate long-term use, as well as the lack of treatment services for individuals with mental health disorders (Houser et al., 2019). Spruit et al.'s (2017) counter to this assertion would be that Houser et al. (2019) did not include a return to jail, only a return to prison, thus leaving out a substantial portion of the population that continues a cycle of rearrest and quick release that occurs within a lower-level mode of incarceration.

Houser et al. (2019) reported a difference in recidivism rates related to factors other than substance use disorder, including mental health disorders and having a comorbid diagnosis of a mental health disorder and substance use disorder. From their three-year span of parolee recidivism, they found that those with only mental health disorders were more likely to recidivate than those with substance use disorder only or those with a comorbid mental health disorder and substance use disorder. However, those with a comorbid diagnosis were more likely to be arrested for a new crime than either of the two categories (Houser et al., 2019).

In a Swedish registry study (Yukhnenko et al., 2023), the highest risk of reoffending, including violent reoffending, came from a diagnosis of a substance use disorder. This risk was followed by those with a mental health disorder, with authors commenting that substance abuse was a likely trigger for recidivism for those with a mental health disorder (Yukhnenko et al., 2023). Okamura et al. (2023) likewise reported that comorbid mental health disorders and substance use disorders are more likely to recidivate than those with just a substance use disorder. These findings deviate from findings in Spruit et al. (2017), asserting that comorbid disorders are more indicative of a return to incarceration than those with just a substance use disorder.

Other mitigating factors that may relate to recidivism include homelessness (Jacobs et al., 2024), engagement with behavioral health services (Jacobs et al., 2022), and antisocial behavior (Eisenberg et al., 2022). According to Mitchell et al. (2023), homelessness may be a better predictor of recidivism as it encompasses a multiplicity of factors, such as substance use disorder, as well as an overall instability in meeting basic needs. Although, a risk in expanding criteria is a lowered ability to differentiate between risks and encompassing a large part of the recidivating population. In another point of disagreement with previously mentioned authors, Eisenberg et al. (2022) reported that antisocial behavior was the most accurate predictor of recidivism, over substance use disorder and mental health disorders. Okamura et al. (2023) also supported antisocial behavior being more predictive of recidivism than substance use disorder. The integration of these three sources asserts that those who experience a substance use disorder are highly likely to recidivate, more than those who do not use substances (Spruit et al., 2017). However, while individuals who experience substance use disorder do not recidivate at a more significant level than the other groups within the prison system (Houser et al., 2019), they do continue to return to criminal justice involvement within jails (Zgoba et al., 2020), which is time served under a year, including overnight stays, waiting for court, and shorter sentences (Krawczyk et al., 2022). Thus, any initiative to impact recidivism rates should focus on the short-term consequences and arrest rates for lower crimes, such as petty crimes or drug charges, instead of the long-term sentences (Kopak, 2015; United States DOJ, 2020).

Negative Factors and Influences Outside of Incarceration

Among the many different aspects of life outside of incarceration, are concerns related to the risk of recidivism (Spruit et al., 2017), such as antisocial behavior, substance use, and impulsive behavior, as well as opportunities for resiliency and establishment in the general

population (Medina et al., 2022). Research has found that substance use disorder contributes to both the inception and recurrence of incarceration in individuals, as their link has been solidified for decades (Carson, 2021). As a result of an interconnection between substance use disorder and recidivism, many risk factors arise for individuals in reentry into the realm of sobriety, such as a lack of access to medication resources (Krawczyk et al., 2022) to protect against overdose and relapse, stigma, and social pushback against services related to substance use disorder (Medina et al., 2022), as well as overall concerns about continuity of care connecting correctional settings with resources upon release (Kendall et al., 2018). Risks and needs of individuals with histories of intravenous drug use present with increased hazards and necessities related to their risk of overdose in the reentry system (Schroeder et al., 2022), with increased concern about connections to support with family and medical needs (Muentner & Charles, 2020).

Another aspect of reentry and buffers against recidivism is the social and familial connections that individuals continue or make upon release. While individuals are removed from their families during the time of their incarceration, upon release, there is an opportunity for engagement to bolster family support and avoid concern for family stress. Previously studied mitigating factors in family dynamics have been engagement with family members in programming (Muentner & Charles, 2020) and dealing with relationship strain that comes with reunification related to release (Salem et al., 2021). It has been observed that these family relationships show the ability to make a significant change in the life of the individual experiencing reentry, as well as support a buffer against recidivism (Kendall et al., 2018).

Family and social interactions can also lower the severity of mental health symptoms and other interpersonal issues in reentry (Mowen et al., 2020). Aside from simply negative factors influencing individuals experiencing reentry, intentionally positive social interactions, either

organically produced by those released or designed by treatment programs, significantly improve the chances that individuals will not return to incarceration (Kenemore & In, 2020). When an individual experiences support from peers and the community around them, there is a significant benefit in the reduction of substance abuse (Victor et al., 2021). Reingle Gonzalez et al. (2019) found that this shared lived experience and rapport built during continual interaction with peers seems to provide even greater motivation for success, as individuals experiencing reentry can see others who have become successful upon release. Differentiating factors of supportive social interactions appear to be connected to categories of emotions, information, practicality, and companionship (Kjellstrand et al., 2022).

Reentry Resources

One issue reported in reentry literature is the lack of heterogeneity in study procedures and parameters, with varied evaluations of outcome data (Stewart et al., 2022). Some of these issues include what constitutes successful reentry, how long someone needs to be in the community before recidivism data should be considered, and what level of utilization is required to measure a baseline (Stewart et al., 2022). This difficulty in appropriate measurement parameters can create issues around the efficacy of data and confound what the effectiveness of different treatments may be. However, some of the more readily identified reentry needs, outside of direct substance use disorder treatment, are employment, stable housing, and education (Gaba et al., 2023).

Due to criminal records being disclosed in the hiring process, employment after time spent incarcerated can be difficult to obtain (Denver et al., 2017). The positive benefits of employment on recidivism are argued to be anywhere from highly beneficial to negative (Nguyen et al., 2023). If obtained, employment for those 27 and older (Uggen, 2000) is a highly

protective factor in the prevention of recidivism (Silver et al., 2021), but can be incredibly difficult to access due to restrictions in job applications and attitudes toward hiring individuals that were formerly incarcerated (Apel & Ramakers, 2018). Directed individual services may provide greater support than general employment services for both individuals with substance use disorder, not including the use of opioids (Marsden et al., 2024). For those younger than 27, there can be a negligible effect for the implementation of a work program connecting individuals experiencing reentry (Bierens & Carvalho, 2011).

Upon reentry, the type and location of housing can have a significant impact on an individual's propensity to be rearrested and charged (McNeeley, 2018). The neighborhoods that an individual can return to or be placed in can affect their likelihood of recidivism, with males being more heavily influenced by a return than females (Huebner & Pleggenkuhle, 2015). Those who return to private housing are also less likely to recidivate than those who move to community housing (McNeeley, 2018), thus potentially incentivizing criminal justice systems to support returning to a known community, rather than a halfway house or other community housing (Reece & Link, 2023). Those who do not return to living with family have an increased 35% risk of recidivism (Jacobs & Gottlieb, 2020). Those who commit low-level offenses like drug crime are at an increased risk for homelessness and recidivism (Jacobs & Gottlieb, 2020). The potential highest risk of recidivism from a housing perspective would be someone with a record of low-level crimes (Jacobs & Gottlieb, 2020), in a location with nearby negative influences (Huebner & Pleggenkuhle, 2015), and who is discharged to a transitional residence (Reece & Link, 2023). Another impactful source of protection against recidivism is education, particularly in cases where an individual has less than a high school education (Lockwood et al., 2015). This lower level of education is important to consider as incarcerated individuals are more

likely to have issues with literacy or educational attainment (Davis et al., 2013; Gordon et al., 2023). Education can be protective of recidivism in its ability to engage in further employment opportunities, even without therapeutic intervention (Walk et al., 2021). This effect was seen in Bozick et al.'s (2018) meta-analysis that posited that education programs reduced recidivism by 32% and increased employment by 12%. One potential reason for a lowered level of recidivism could be the regulating effect that scheduled work has on reducing a recently released individual's free time (Walk et al., 2021). A drawback to this positive effect of education is that attainment of a degree or certificate takes (Patterson, 2022) is often longer than the short sentences that are frequently administered for drug crimes (Kopak, 2015; United States DOJ, 2020). Thus, educational attainment may predict a potential for recidivism (Lockwood et al., 2015), but may only be feasible for those who have received substantial sentences (Patterson, 2022), such as those who are repeat offenders or have more serious charges on their criminal record (Durose et al., 2016; United States DOJ, 2020).

Treatment of Substance Use Disorder in Incarceration Settings

Individuals within the US criminal justice system present with significant challenges in treatment as they are likely to have more than one mental disorder and have likely abused multiple substances (Peters et al., 2016). In response to this challenge, 38% of offenders received behavioral health services while incarcerated, with 7% receiving services for behavioral health needs related to substance use disorder (Hunt et al., 2015). For substance use disorder specifically, in 2010, only 11% of US prisoners were able to receive any form of treatment, including mostly non-evidence-based practices (The National Center on Addiction and Substance Abuse, 2010). When incarcerated, those with behavioral health concerns are also more likely to present with behavioral issues and isolate themselves from possible treatment due to

behavioral discipline from correctional staff (Shames et al., 2015). Even while incarcerated, services related to consistent access to psychiatric medication and engagement with services related to effective discharge from a correctional facility remain spotty and unreliable (Seid et al., 2024).

Within a correctional facility, treatment for substance use disorder varies widely in its philosophy and implementation, with little research showing the effectiveness of specific treatments over others (de Andrade et al., 2018). With this variance in potential treatment options, there are multiple intervention strategies that have been employed. The main ones addressed in this section are opioid substitution, therapeutic community, group and individual treatment, and potential future treatment options.

Medication for Opioid Use Disorder

One promising intervention for opioid use upon release from jail or prison is the use of medication for opioid use disorder (MOUD) (NIDA, 2021). Different medications such as methadone, buprenorphine, and naltrexone are considered MOUD and are utilized as a replacement for opioids (NIDA, 2021), but only as a precursor to release as an aid for reentry (S. G. Mitchell et al., 2021). These medications serve as a stand-in for the use of illicit substances as a way to reduce the harm that typically comes with substance use disorder (Collins et al., 2021). These medications provide a significant ability to treat opioid use disorder as they can potentially lead to a possible 60.5% reduction in overdose death after release (Green et al., 2018).

Methadone has been utilized as a treatment for opioid use disorder since 1947 and represents the longest-standing medication for addiction (National Institute on Drug Abuse, 2021). It is taken daily through liquid, powder, and diskette that can be ingested orally or through injection (SAMHSA, 2024). Buprenorphine is the first medication that can be prescribed and

given by a physician, thus increasing the ability to access MOUD (SAMHSA, 2024). It can be taken sublingually, through implants, and through injections (SAMHSA, 2024). Extended-release naltrexone is the most recent medication for MOUD approved by the FDA, which is given through injection every 28 days. Beyond the standard treatment of methadone or buprenorphine, regular extended-release naltrexone injections have provided the most significant outcomes, greater than the current standard of buprenorphine or methadone (Lee et al., 2016). While all of these medications can provide potential support in the process of recovery, most incarcerated individuals will have little to no access to FDA-approved treatment (Maruschak et al., 2023) due to a lack of federal funding for the widespread implementation of MOUD (The Kaiser Family Foundation, 2025).

Therapeutic Community

Another empirically studied form of intervention within an incarceration setting is the Therapeutic Community model. The Therapeutic Community utilizes peers and surrounding influences, such as clinicians, within the treatment program as a way to influence behavior and drive change (De Leon & Unterrainer, 2020). In this framework of treatment, individuals are held into account by one another and are encouraged to provide feedback and insight as appropriate (Magor-Blatch et al., 2014). A communal model encourages active engagement in personal recovery and prosocial interactions that can be useful training utilized outside of an incarceration setting. These interactions are fostered through all members of the community, including health providers and workers, creating on large unit that feeds off of one another (De Leon & Unterrainer, 2020).

In one study, the Therapeutic Community model showed positive outcomes that outpace other interventions, regardless of aftercare involvement (Galassi et al., 2015). In Beaudry et al.'s

(2021) systematic review of psychological interventions for recidivism, the Therapeutic Community model showed a marked improvement in outcomes, while CBT and psychoeducation showed little to no effect. Positive outcomes can be dependent on the cohort in which a participant finds themselves, showing greater effect may come from the engagement of others than it does from the TC model itself (Kelly et al., 2019). Outcomes of a Therapeutic Community can differ due to whether community services are offered upon release, and a definitive recommendation for treatment continuation suffers from a lack of widespread empirical support due to a lack of heterogeneity in study criteria (Beaudry et al., 2021). However, individuals who engage in aftercare related to the Therapeutic Community model do show significantly lower rates of recidivism (de Andrade et al., 2018).

Group and Individual Therapy

Other interventions within incarceration settings include group meetings and individual therapy. Group interventions can include recovery meetings that are sourced from outside of the jail or prison, as well as some therapeutic interventions. Individual therapy sessions can include a variety of modalities such as CBT (Beaudry et al., 2021), motivational interviewing (de Andrade et al., 2018), and general psychotherapy (Peters et al., 2017). While there is considerable empirical support for therapy within an incarceration context (Bonita & Andrews, 2017), group and individual therapeutic treatments may provide limited empirical data due to their inability to be replicated outside of their immediate setting and their restriction on the ability to be studied (Van Dorn et al., 2017).

Therapeutic interventions outside of a correctional system can include groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA; Bureau of Justice Statistics, 2021a). The parent group of the two, AA, is a spiritual program with a focus on improvement

through honesty and community engagement (Alcoholics Anonymous, n.d.). While inmates may find groups like AA and NA beneficial, significant barriers exist with restrictions on what outside volunteers can enter an incarceration setting and the willingness of participants to openly participate (Fortino et al., 2024). An empirical review of the efficacy of AA and NA within an incarceration setting is highly limited due to restrictions the groups have with outside sources (Alcoholics Anonymous, n.d.).

Cognitive behavioral therapy is one of the most common forms of therapy for inmates, encompassing a large portion of the programming foundation (Feucht & Holt, 2016). CBT involves a reconstruction of behaviors and thought processes, as well as acceptance, which may be beneficial to those within the criminal justice system (Cunha et al., 2024). Beaudry et al. (2021) reported restriction in potential benefits of CBT in their examination of the benefits of cognitive behavioral therapy for prisoners, countering a previous systematic review which touted a 20-30% reduction in risk for recidivism (Lipsey et al., 2007). de Andrade et al.'s (2018) systematic review also showed that CBT had limited to no effect on recidivism when used in isolation.

Motivational interviewing is a counseling practice that can be implemented by laypeople and is focused on helping individuals overcome ambivalence (Miller & Rollnick, 2013). Instead of providing a standardized treatment, motivational interviewing engages individuals through stages of change to allow providers the opportunity to support decision-making (Miller & Rollnick, 2013). Through around 200 randomized clinical trials, this form of intervention for substance abuse has shown a significant ability to aid in treatment for substance use disorder through harm reduction and recovery (Miller & Rollnick, 2014). Motivational interviewing that

includes the training of all staff for therapeutic intervention may provide an improvement over other psychoeducation for relapse into substance use disorder (de Andrade et al., 2018).

Potential Future Treatment

Incarceration-based treatment modalities of all kinds also show limited effectiveness without appropriate follow-up services upon release (Beaudry et al., 2021), creating limited potential benefits from a single program. In the past, this limited positive inference has led to discouragement on the effectiveness of intervention for substance use disorder within an incarceration setting, causing trepidation to invest in further treatment programs (Van Dorn et al., 2013), as an effective treatment program would require investment in community resources and funding. However, through recent Medicaid approval for treatment in prisons (The Office of National Drug Control Policy, 2023) and support from Opioid Settlement Funds (Opioid Settlement Accountability Act, 2023), future treatment programs and supportive measures can be created. Further research on implementation and outcomes related to recidivism and relapse is needed to solidify a fully supported treatment process (SAMHSA, 2016; Tran et al., 2019).

Opioid Medication Treatment Under Correctional Supervision

The use of opioids prior to admission into a correctional facility and upon reentry into the community raises concerns about how relapse will affect an individual's potential for overdose (Binswanger et al., 2013) and reincarceration (Zgoba et al., 2020). This potential continued use puts a greater strain on emergency departments (Will et al., 2022) and increases the likelihood of overdose death (Moore et al., 2019). This increased likelihood is readily attributable to an increase in the use of fentanyl (Johns Hopkins Bloomberg School of Public Health, 2022) and a higher risk of overdose that comes from fentanyl (NIDA, 2022). The combination of relapse on

substances and release from incarceration pushes overdose into the leading cause of death upon reentry (Binswanger et al., 2013; Merrall et al., 2010).

Availability of Care

Even with the availability and shown efficacy of MOUD (NIDA, 2021), there are still limitations on which individuals can receive care. Within the American local jail system in 2019, 54% of jurisdictions provided medication for withdrawal, 24% provided MOUD for those with a prescription, 19% initiated MOUD, and 25% provided overdose reversal medications (Maruschak et al., 2023). A divide can exist between the treatment that is offered to someone with opioid use disorder that is dependent on their level of incarceration, instead of their level of need. This lack of medically appropriate treatment can force incarcerated individuals to be involuntarily tapered from MOUD that was given prior to their time in jail or prison (Grella et al., 2020). One significant concern in the treatment of opioid use disorder is whether or not medication can be initiated or continued while incarcerated, particularly with restrictions related to COVID-19 (Pourtaher et al., 2024). When COVID-19 restrictions came into place, an adjustment in the dispersal of MOUD was required to comply with the World Health Organization (Mukherjee & El-Bassel, 2020). This shift caused criminal justice programs to shift away from their primary mode of in-person care to shut down or heavily restrict face-to-face interaction, create telehealth programs, or expand the telehealth programs that they already had in place (Klemperer et al., 2023). This change in available in-person intervention shifts the landscape and alters the level of interaction that those within the criminal justice system have with MOUD providers (Klemperer et al., 2023).

Another factor that can affect MOUD implementation within criminal justice settings is the attitude and pushback that may come from stakeholders within the justice system itself.

Stigma around the use of MOUD may prohibit the implementation of medication, causing a divide between what is accepted as best practice in research and what is made available (Madden, 2019). Access can be limited by physicians who are hesitant to prescribe MOUD due to concerns of misuse (Huhn & Dunn, 2017) or personal beliefs of prescribers (MacDonald et al., 2016). Clinicians working with opioid use disorder can also have reservations about the implementation of MOUD, even with standardized training (Brown et al., 2023). This effect is minimized as populations of clinicians become more urban (Brown et al., 2023). Some providers may allow for the use of MOUD while under their care, while still holding negative views about the treatment itself (Carl et al., 2023). This hesitation toward support for MOUD extends into legal representatives, causing a barrier to the implementation of services for opioid use disorder (Grella et al., 2020).

The larger framework around MOUD is the implementation of harm reduction strategies that address the direct and indirect consequences of substance use (SAMHSA, 2023). Some of these harm reduction strategies related to substance use include test kits, overdose reversal medication, injection supplies, and smoking kits (SAMHSA, 2023). These services allow for a layer of protection for the community by preventing diseases like HIV from spreading through injection (NIDA, 2022), as well as accidental overdose from a lack of testing for a substance to be used (SAMHSA, 2023). They also allow for the potential for incremental change that respects the autonomy of the person using substances (Hawk et al., 2017). Due to these beneficial effects, harm reduction strategies are recommended in cases where continued support can be given (SAMHSA, 2023).

Summary

The rise of incarceration in the U.S. has been significantly influenced by the criminalization of drug use and abuse, with a differential impact on individuals based on their race and social factors (Council on Criminal Justice, 2023). While incarceration rates per 100,000 people are dropping, the majority of arrests are related to the influence or possession of drugs or alcohol, even if those charges are not the most severe on an individual's record (FBI, 2023). A continual cycle of relapse is present for individuals inside and outside the criminal justice system (NIDA 2023), with those using substances being more likely to return to a stay of incarceration than those who remain sober (Kelly et al., 2019). Some interventions have been implemented within correctional settings but are limited in scope and reported effectiveness (de Andrade et al., 2018). Those who do receive services for their drug or alcohol use are likely to receive minimally beneficial intervention through psychotherapy and medication (Seid et al., 2024). While MOUD has the potential to provide significant benefits for the reduction of relapse and recidivism, it remains controversial and underutilized (Maruschak et al., 2023). Some of the effectiveness of MOUD is debated as much of the data is based on convenience sampling and may be incomplete (Western & Simes, 2019).

While overall data on substance use disorder and recidivism is available through federal databases, there is a need to better understand the dynamics and pressures that influence individuals in their recovery journey. Political and social influence can be identified (Krieger, 2011), but without a clear understanding of how individuals return to substances, treatment and policy may remain ineffective. The following chapter will give an overview of the methodology for this study.

Chapter 3: Research Method

The problem addressed by the study was the interplay between relapse into substance use disorder and resulting recidivism. The purpose of this qualitative phenomenological study was to explore and understand the lived experiences of individuals who have been previously incarcerated for drug or alcohol-related offenses or charges that resulted from drug or alcohol-related behaviors and who were residing in a Southeastern county. Engagement in a qualitative understanding of relapse and recidivism may provide valuable insight into the interplay between the two. Where quantitative data may provide an overall framework, qualitative interviews allow for the gaps to be filled in and greater understanding to take place (Bernard et al., 2017).

This chapter will review the qualitative research methodologies and procedures that were used to engage individuals who have been previously incarcerated. Through semi-structured interviews, this phenomenological study focused on predetermined research questions with engagement in unique topics provided by participants (Lynch & Sharrock, 2003). These interviews were conducted virtually and in person with previously incarcerated individuals who volunteered through flyers, program staff, and in-person recruiting by the researcher. These mixed methods of data collection were utilized to accommodate participation from the target study population. The same interview script, schedule, and follow-up were given to all participants, regardless of their method of interview. Potential effects of nonverbal communication, engagement with the researcher, and comfort levels could have affected participant responses and were considered in the analysis. These potential variances in interactions may have had an impact on the flow of communication on behalf of the participants, as well as what they may have felt comfortable sharing. All interviews were recorded on the same computer and utilized the same method of review. The information gained from these

interviews was thematically coded and organized into meaningful results (Braun & Clarke, 2012). Information gained from these interviews provided insight into the complex interplay of substance use disorder and recidivism.

Research Methodology and Design (Nature of the Study)

When working with a phenomenological approach (Lynch & Sharrock, 2003; Moustakas, 1994), it is important to engage with the lived experiences of individuals to effectively embrace an understanding of phenomena (Smith, 2013). Qualitative data found in phenomenological research can fill in the gaps of quantitative research, giving greater insight into the ways that researchers should interpret data and make meaning of research outcomes (Willis, 2007). Qualitative research can also allow researchers to observe psychological phenomena (Neubauer et al., 2019). This information can then be organized and analyzed to give space to study the lived experiences of participants (Moran, 1999). The semi-structured nature of this research study allowed for a guided participant-led exploration of phenomena related to recidivism and relapse (Bernard et al., 2017), thus providing potentially useful insight into the experiences of those within a Southeastern county (Tennessee Department of Health, n.d.).

The goal of this research study was to explore the lived experiences of men who experience substance use disorder and its relation to potential reincarceration to help understand and share the ways that possible supports and interventions could be implemented in the future. This research study also provides the opportunity to give a voice to a population of individuals who have been affected by the external pressure of the criminal justice system through incarceration (Krieger, 2011). With a majority of the prison population qualifying for a substance use disorder (National Institute on Drug Abuse, 2020) and an increased likelihood of recidivating due to substance use disorder history (Durose et al., 2016), there is strong evidence to point to a

recurrent issue with substance use disorder is one of the most significant factors in long-term likelihood of released individuals to recidivate (Antenangeli & Durose, 2021). By understanding the lived experiences of those who have experienced substance use disorder and recidivism, information gained may be able to inform care or policy for a greater population of those who experience substance use disorder and recidivism.

When looking at the interplay of substance use disorder and recidivism (Lawson et al., 2024), a phenomenological study with semi-structured interviews (Lynch & Sharrock, 2003) provides possible insight into the experiences of individuals who experience both of these factors (Bernard et al., 2017). While individuals who are on probation or parole are not under the categorization of prisoners in Subpart C (Office for Human Research Protections, 2021), participants may have presented with hesitation due to the nature of the study. With this potential barrier in mind, it is also imperative that a greater understanding be pushed for so that the identified problem of this study can be seen in greater clarity. This research study attempted to provide useful information for the improvement of the research problem. The design of this study also allowed for relevant insight to be given from participants who have self-identified with the study problem (Lynch & Sharrock, 2003).

This qualitative research effort directly engaged with the lived experiences of individuals who have self-identified as someone who has experienced the interplay of substance use disorder and recidivism within a prison or jail. With the interview process, there was an opportunity for research participants to speak to the sociopolitical impacts of substance use disorder and recidivism (Krieger, 2021), as well as other impacts in their lives that they see as relevant. With a semi-structured approach, after initial research, questions were asked, and study participants added information or context as they deemed important to tell their story (Lynch & Sharrock,

2003). The information gained from these semi-structured interviews was protected as this effort may provide worthwhile information, but it must be guarded by a concern for the ethical needs of previously incarcerated individuals (Saunders et al., 2018).

The research questions in this phenomenological study allowed for insight that peers into the gaps in quantitative data related to relapse and recidivism (Moran, 1999). Quantitative data in this area of study provides overall frameworks that are useful for further intervention and possible treatment, but without an investigation into the reasoning and patterns of behavior, lived experiences can be lost in a sea of data. The specific research questions in this study engaged in the repeated difficulties that recovery from substance use disorder often places on individuals who have been released (Witkiewitz et al., 2020), as well as those who have engaged with various interventions from a correctional system (Hunt et al., 2015).

An alternative way to engage in the study of relapse and recidivism was through a quantitative method. If a quantitative method were to be utilized, then an examination of data and access to present data would be required (Bruce et al., 2018). While a quantitative method could provide data useful for insight and further implication, the direction of this study was to engage in the lived experiences of individuals, not just the patterns that arise. With this goal in mind, some qualitative methods were rejected. A biography and a case study (Willis, 2007) were both rejected due to their conflict with the study's goal of understanding the interplay of substance use disorder and recidivism. If a single participant were to be the focus of the study, then varied experiences would not be able to be understood. Historical research was also excluded due to the study's goal of understanding the current experiences of participants, not past trends (Willis, 2007). Grounded theory (Corbin & Strauss, 2008) was also rejected due to current research on substance use disorder and recidivism being available. Ethnographic research

(Willig & Stainton-Rogers, 2008) is somewhat relevant to the study's aim, but would not be feasible due to the requirement of observation. To observe the interplay between substance use disorder and recidivism, invasive and expensive measures would have to be taken.

Population and Sample

The population for this study included adult males in the United States who have experienced the interplay between substance use disorder and potential recidivism into jail or prison. The 2022 National Survey on Drug Use and Health was utilized in the overall analysis by the researcher due to its extensive reach across the US and long-standing history of record. Researchers in the 2022 National Survey on Drug Use and Health (SAMHSA, 2023) reported that 17.3% of people 12 and older, 48.7 million, qualified for a substance use disorder in the past year. Of those 12 and older, 721,000 received substance use disorder treatment within a correctional setting (SAMHSA, 2023). With 58% of state prisoners (Bronson et al., 2017), 63% of jail inmates (Bronson et al., 2017), and 31.8 % of federal prisoners (Maruschak et al., 2021) reporting substance dependence or abuse prior to their arrest, very few individuals with a substance use disorder are receiving any treatment (SAMHSA, 2023).

The sample for this study included previously incarcerated adult males in a Southeastern county in the United States who had been previously arrested for drug or alcohol-related offenses or charges that resulted from drug or alcohol-related behaviors. Volunteers were taken from this Southeastern county community and programming and asked to participate in the recorded virtual or in-person interview process. This sample was appropriate for the study as the participants directly identified themselves as a part of the target population. The study's sample may also be representative of the larger population of individuals who experience the interconnection of substance use disorder and recidivism, as this Southeastern county is directly

adjacent to metropolitan areas and rural areas. A potential variance in population allowed for a more robust opportunity to sample adult males representative of a larger previously incarcerated population.

In accordance with the study problem, participants agreed to speak about how relapse into substance use disorder influenced recidivism in their lives. This study allowed a sample to speak about this interconnection and how they have experienced this problem in their own lives. While crime data can show how criminal charges can trend over time (Federal Bureau of Investigation, 2023), the problem of substance use disorder and resulting recidivism into jail or prison can be further explored in qualitative studies, such as this one. The results from this study may be used to further understand how each of these facets interacts with one another, further clarifying a larger problem and allowing for potential support.

Sampling for this study also aligned with the identified purpose of exploring the lived experiences of individuals who have previously left a correctional facility due to substance use. Participants volunteered to be a part of the research study and self-identified with a history of substance use. Utilizing a semi-structured interview process, study participants were allowed to both engage with predetermined questions and speak about their own interpretations of influences and consequences. Their self-selection showed their identification with criminal charges related to drug or alcohol-related offenses or charges that resulted from drug or alcohol-related behaviors.

Saturation with this study population was assumed when participants were no longer providing novel information to the research efforts (Guest et al., 2020). Previous studies similar to this research have recommended a study sample of 12 to 15 participants (Avieli, 2023; Hennink et al., 2017), with at least 10 interviews conducted and continual checks of repeated

themes for each participant interview after that (Francis et al., 2009). Saturation was balanced by ethical considerations of engaging participants (Saunders et al., 2018), as well as the specific ethical concerns that are present with previously incarcerated individuals (Abbott et al., 2018). Consistent with the interconnection between saturation and ethics, the study aimed to recruit 12 to 15 participants with the expectation that some would drop out, leaving plenty of participants to be interviewed and still achieve saturation. The study concluded with 14 participants.

This study utilized purposeful sampling (Emmel, 2013) to engage with participants who could provide information directly relevant to the research effort. Purposeful sampling was deemed appropriate as the design of the study engaged in the specific phenomena and required participants to have specific lived experiences within a jail or prison. Recruitment for this study was completed by posting flyers in the common areas within the county corrections office to which potential participants report, posting the flyer openly online, and by recruitment by staff at a local reentry program. The staff chain of command was contacted and approved the study. Approval was also obtained for a separate study site. After IRB approval from the University, community correctional staff posted flyers, staff at a local program offered information about the study, and flyers were openly posted on social media. Willing participants volunteered through an online link provided by the recruitment form or in person with program staff. Those participants then aligned their schedules with the availability of the researcher to schedule one-hour interviews.

Materials or Instrumentation

Due to the structure of this qualitative study, there were no direct instrumentations or study materials provided to participants. Participants volunteered by an internet link posted in the common areas of a correctional community center, through engagement with programming staff,

or in-person with the researcher on site. (Appendix C). To record the virtual and in-person interviews, the researcher utilized a personal home computer that is password-protected. Video recordings were initiated before the interview process began and ended after the interview was completed to ensure that the entire discussion was kept. These interviews were held through password-protected Zoom meeting rooms and private rooms on the site of a local reentry program.

The semi-structured interviews primarily utilized predetermined research questions to guide exploration of the purpose of the study as well as overall discussion. Questions for the interviews were guided by the literature review and subsequent interest in a more in-depth understanding of the personal process of substance use disorder and recidivism. Interviews were held in a password-protected Zoom meeting or a separate meeting room on the study site. These interviews were recorded on the researcher's personal computer, which is password-protected. At the beginning of the interview process, participants reviewed the informed consent and were prompted to ask any questions they had about the procedure of the interview process, and were allowed to engage where they felt it was needed. Once study participants indicated that they were ready, they were asked the research questions along with other information deemed appropriate from the semi-structured design (Lynch & Sharrock, 2003). Predetermined questions related to the research questions were identified in an interview schedule (Appendix A). Once all predetermined and follow-up questions were asked, or time expired, the interview was concluded.

Study Procedures

Community correctional staff and local program staff within this Southeastern county announced to supervised individuals that volunteers were being sought for participation in a

research study. Participants were given information about the interview process and the nature of the study through flyers (Appendix C) and in-person interactions. Community correctional staff were made aware of the link in the flyer (Appendix C) that participants can click on to start the signup process. After participants were identified and scheduled according to their availability in the Calendly form or in-person schedule, they were sent consent forms in DocuSign by email or signed physical copies in person.

Prior to beginning data collection, the study went through the approval process through the University's Institutional Review Board. Once participants from a Southeastern county agreed to participate in the study through recruitment from community correctional staff and program staff, they engaged in virtual and in-person semi-structured interviews. Participants were asked about their demographic information and what criminal charges they have faced in their email signup and in person. Then, the predetermined research questions were asked, with each followed by participants giving responses both directly to the question asked and what they felt was relevant to their lived experiences. Follow-up questions were asked of participants to clarify and support what they shared. Participants were allowed to share information and lived experiences adjacent to direct questioning as they pertain to the relevant topic of substance use disorder and recidivism.

This study took place during the week as participants' and the researcher's schedules aligned. These interviews were conducted between 8 am and 7 pm and lasted up to an hour. Participants completed their interview virtually and in person in a location that they felt was separate and free from coercion. The different methods of data collection could have potentially affected elements of social interaction, but were balanced by a consistent interview script and schedule. The need for a private space was highlighted on the flyer (Appendix C). These

individual interviews varied according to the times when participants were available to engage in interviews, as well as when and under what circumstances they were willing to share their lived experiences. Since the content of this research effort may contain sensitive information from participants, particular care was given to make sure that interviews were private and protected. Interviews were conducted through a password-protected Zoom meeting room and a separate interview room at the study site. Video recordings were held on the researcher's password-protected home computer. Participants had the opportunity to pause or end the interview if they felt uncomfortable.

The interview process was recorded on the researcher's personal password-protected computer and transcribed through the Descript program. Handwritten notes containing summaries and connections between topics of conversation were scanned and saved on password-protected files. Recorded interviews, transcriptions from the Descript program, and notes will be saved on a password-protected computer for three years after the completion of the study.

The process of informed consent was highlighted with community correctional staff and programming staff involved in this study. Community correctional staff and programming staff were given a document to upload to their database to distribute and allow potential participants to view and sign the informed consent prior to the beginning of the interview process (Appendix B). The informed consent document was also reviewed at the beginning of the interview to allow potential participants to have the opportunity to hear about and reflect on what was asked during the interview process.

Data Analysis

Video recordings from the researcher's personal computer, transcriptions from Descript, and participant-approved hand-written notes taken from these semi-structured interviews were organized into a thematic analysis (Braun & Clarke, 2012). Thematic analysis focuses on repeated concepts that are given by participants so that they can be coded and identified (King, 2004). These concepts, or themes, were organized and fleshed out through thematic networks (Bryman, 2007) and given exploration. Thematic analysis provided the ability to engage with this study's participants in a way that allowed for individual experiences to be gathered into cohesive stories (Braun & Clarke, 2012).

Organization into thematic analysis (Braun & Clarke, 2012) does not require a specific set of procedures to be considered valid. However, procedures were given in an effort for potential future opportunities for replication. In this study, recorded interviews were kept on the researcher's private office computer and listened to multiple times to be sure that information and patterns of conversation were heard and noted. The computer screen was adequate in size to meaningfully examine participants' interactions and body language. From this review of audio and video information, a network of responses was created (Bryman, 2007) through handwritten notes and electronic documentation.

Once familiarization with data had taken place in the repeated review of videos and notes, coding through written notes followed (Braun & Clarke, 2006). Coding was completed through the identification of single topics that were discussed. These codes arose as data was examined and organized into repeated patterns, reflecting frequency. Once patterns were observed in participant responses, themes were drawn from the overall experience with participants. These themes that encompass multiple codes were generated to create an overall

story that reflects the expressed lived experiences given in interviews (Braun & Clarke, 2006). As codes were combined and processed into themes, they were written and organized in a way that allowed for a consistent flow of information and respect for the lived experiences shared. The resulting reviews of themes were sorted and defined in light of participants' responses (Braun & Clarke, 2012). These defined themes were given names that expressed the essence of the research story (Braun & Clarke, 2012). The significance of specific themes was identified within the context of the study and theoretical framework so that findings could be reported (Clarke & Braun, 2013).

Assumptions

The most significant assumption in this qualitative study was that participants gave honest and complete answers to interview questions. To acquire meaningful data on the interplay between substance use disorder and recidivism, complete answers that do not leave out or dramatize information were needed. Because of the nature of this study, answers from participants were assumed to be both complete and accurate. A related assumption was that participants understood and responded to specific research questions to a degree that the information given by participants was applicable. If participants were unable to understand or were confused about the wording of interview questions, it was assumed that they asked for clarification.

Another group of assumptions comes from the engagement of research questions and study procedures. It was expected that the research questions and design provided a sufficient framework to accurately investigate the interplay of substance use disorder and recidivism. While no research study can fully explore this complex phenomenon, the design of this study was assumed to have provided insight that accurately portrays the focus of the study. Research

participants were prompted by the research questions and study design to provide rich information about their lived experiences applicable outside of their immediate situation.

Limitations

This study had a few limitations. The first of these limitations was the sample of participants for the study. Those who participated in the study have been previously incarcerated and may only represent a section of overall experiences with substance use and recovery over the span of a few years. Other limitations based on population were that participants consisted of those who volunteered to engage through flyers posted in community correctional spaces and a singular reentry program. Participants may have also been under-representative of a larger portion of recidivating individuals who have received lesser sentences or do not have other criminal charges related to their incarceration.

Another set of limitations in this study comes from potential hesitations or concerns that participants had in connection with the researcher or the video recording process. Study participants may not have felt comfortable openly sharing lived experiences if they felt that video recordings of their conversations could be used against them or the case that they potentially had. Meeting through a password-protected Zoom meeting room or in-person rooms may not have provided a perceived element of privacy that would encourage participants to speak honestly about their past experiences. Interviews completed virtually could have also provided a level of discomfort due to a potential feeling of disconnectedness to the researcher.

The final limitation of this study was the relative nature of participants to the overall population in the United States. This study was conducted with, and will be generalizable to, individuals who have experienced relapse in substance use and recidivism within a population in the Southeastern United States. For individuals who live in different states or different

jurisdictions, this study may not be directly applicable to their situations. If a state were to not have the same legal ramifications for substance use, then information resulting from this study may not have the ability to influence other research and programs in supporting recovery.

Delimitations

This study was limited to a qualitative understanding of substance use disorder and recidivism and, therefore, does not attempt to make overarching implications of the need for policy changes. With the limited participant pool, there was also no assumption that the results of this study unilaterally represented every individual who is engaged in substance use and recidivism.

The research questions also limited exploration into the intricacies of outside support, only focusing on the experiences of the individual participants. The perceptions and lived experiences of those connected to participants were not examined; thus, information gained from participants may have been consciously or unconsciously skewed or altered. An evaluation of the effectiveness of services offered to participants outside of incarceration is not appropriate.

The final delimitation of this study was in the selection of the population. Deliberate choices were made to include adult males to engage with a majority of the previously incarcerated population within the study area, providing the greatest number of possible participants. This study area, a Southeastern county, was also chosen due to concerns of access to a population that experiences punitive measures for substance use disorder.

Ethical Assurances

This study received approval from the University's Institutional Review Board (IRB) prior to data collection. The risk to participants was assumed to be relatively low due to the closed system of video recording and in-person recording used for interviews. All interviews

were kept on the researcher's password-protected home computer. From there, all video recordings will be present for three years without copying or transferring to another computer.

One risk of this study was the potential for participants to feel a sense of coercion by community correctional staff, staff members, or the researcher. While community correctional staff and staff from a local program who joined this research study were instructed on how to approach potential participants, other staff could have played a role in how individuals released from incarceration perceived involvement. The signup protocol for this study was completed separately from any community correctional staff. No staff members were given any information related to who participated and what was said. This separation was reiterated to participants at the beginning of the interview. To help offset potential influence, participants were given time at the beginning of the interview to share concerns that they had. Joined to a potential concern of coercion was the potential distress that can come from volunteering for and participating in this study. Identification with study criteria may have caused distress in participants who were uncomfortable with an outside influence having a potentially critical point of view of their life choices. Participants were reminded that the interview process was confidential and, as much as the researcher can influence, will not reflect on their time spent under community supervision. The Calendly signup form allows for a minimum 30-minute buffer between potential interviews. A separation between interview times allowed an extra 15 minutes after the end of the interview for the researcher to support any participants who may have felt distressed. Participants were also emailed or handed a document with multiple resources in the initial consent email and at the conclusion of the interview (Appendix D).

Due to the vulnerable nature of justice-involved individuals within research settings (Perez & Treadwell, 2009), interviews were highly protected. Confidentiality in the interview

process was achieved through password-protected Zoom virtual interviews and in-person interviews with video recordings only existing on the researcher's personal computer. Virtual study participants were able to choose their own private space to speak with the researcher. In-person participants met in a separate room from other individuals and staff. Participants were given the opportunity to choose a pseudonym for the research process. Some participants elected to pick a pseudonym, and others declined to take one. Only the researchers and participants are aware of the true identity of participants.

The researcher has experience working with substance use disorder and recovery, as well as time volunteering within an incarceration setting. The researcher has written two books on addiction and recovery, with one chapter specifically citing the interplay between substance abuse and incarceration. Prior to health restrictions on visitation and classes in 2020, the researcher volunteered once per week, teaching classes to inmates about substance use disorder and recovery. The researcher has also worked at treatment centers and a private practice where individuals participate in treatment to avoid criminal sentencing for drug-related charges. With this study having been advertised in a correctional facility and four years from when the last volunteering weekend took place, it was unlikely that any study participants had any prior interaction with the researcher. It was also unlikely that any study participants had read the researcher's books due to them not being directly related to incarceration, but instead, the cycle of substance use disorder itself. With the amount of work with substance use disorder and recovery that the researcher has done, it was imperative to engage participants with objective questioning and responses. Participants of this study were also not directly informed of any prior work that the researcher had done with substance use disorder and recovery. Neutrality in questioning and documentation of responses was achieved by asking non-leading questions of

objective behavior. The coding process was related to topics and themes that were given by participants rather than the implications that they gave. Interpretations of themes were excluded from the results section of this study and were only utilized through an already-defined theoretical framework.

Bracketing (Tufford & Newman, 2010) was utilized before and after the interview process to address potential biases and influence on the interpretation of data. Analytical memos were created throughout the entire process of data collection to examine and reflect on the process of data collection and the responses to the interviews themselves (Cutcliffe, 2003). These memos were typed in digital documentation to allow for a free flow of information and a faster notation process. These analytical memos were kept throughout the research process.

Summary

This qualitative phenomenological study (Lynch & Sharrock, 2003) with virtual semi-structured and in-person interviews engaged previously incarcerated adult males in their lived experiences with substance use disorder and recidivism. Study participants were recruited from a Southeastern County community corrections program, online flyers, and local community programs, and they completed virtual interviews that lasted for one hour. This population was selected for their propensity to be engaged in the criminal justice system and likelihood of substance use disorder (SAMHSA, 2023). Saturation was reached by 14 participants (Avieli, 2023; Hennink et al., 2017) with consideration for the ethical concerns of the target population (Saunders et al., 2018).

The only materials that were utilized for this study were the predetermined research questions and subsequent questions in the interview schedule (Appendix A). Interviews were recorded through the researcher's personal password-protected device, and notes were scanned

and saved on the researcher's home computer. All files will be deleted after three years. Results were interpreted through the lens of ecosocial theory (Krieger, 2011) and coded through thematic analysis (Braun & Clarke, 2012). This thematic analysis provided the information for the results and potential implications.

This study assumed that accurate and whole information was given by participants, with the potential limitations surrounding the study location and hesitations that participants may have had around the research process itself. The delimitations of this study included a recognition of the limited scope in which this study can be applied, as well as direct evaluations of the services already offered. Study procedures were compliant with the University's IRB and considered the vulnerable nature of justice-involved individuals (Perez & Treadwell, 2009).

The following chapter will share the data from the study. Results were offered out of the thematic analysis (Braun & Clarke, 2012) and through the concepts of ecosocial theory (Krieger, 2011). These findings will be evaluated to test the trustworthiness of the data and give a voice to study participants.

Chapter 4: Findings

The problem addressed by the study was the interplay between relapse into substance use disorder and resulting recidivism. The purpose of this qualitative phenomenological study was to explore and understand the lived experiences of individuals who have been previously incarcerated in jail or prison for drug or alcohol-related offenses or charges that resulted from drug or alcohol-related behaviors and who were residing in a Southeastern county.

This chapter outlines the ways that the qualitative interviews coalesced into a report of lived experience. The goal of this research was to allow for the personal stories of study participants to add to qualitative data that explores the connection between relapse into substances or alcohol and recidivism. Chapter Four provides insight into the findings of the research, how reported data was considered trustworthy, as well as an evaluation of the responses from participants. This chapter includes themes that emerged from the interviews, which are organized into specific themes beneath each research question.

Trustworthiness of the Data

Completing qualitative interviews with those experiencing reentry provided a unique opportunity to engage with individuals whose body natural has been heavily influenced by the body politic of the criminal justice system (Krieger, 2021). In this study, the body natural was the physical representation of the person themselves, and how those who use drugs and alcohol use their individuality, biology, and social connections to maintain their lives (Krieger, 2021). The body politic represents the area's priorities and policies, as well as political and economic influences on the value and treatment of those who use drugs and alcohol (Krieger, 2021). Because of this continued external observation, participants had the potential to feel unduly examined and hesitant to engage in the interview process. Through the researcher's experience

with similar populations and in the therapeutic process, a smoother interview process was possible. Credibility in this study was strictly limited by participants' perceptions of the interview process and the level of comfort they felt with the researcher. During the recruitment and interview process, separate steps were taken to engage in a neutral way. These included giving the flyer to the site contact and allowing participants to sign up separately from the researcher or staff member. This process allowed participants to consider whether or not they would like to participate days before any interview took place. When participants were given verbal information, it was done in a group setting with no direct request to sign up. For the virtual interviews, participants were allowed to engage at will and were under no obligation to participate. To receive information about the study, they viewed a publicly posted flyer. These procedures allowed for free engagement with the recruitment process, allowing engagement for those who were willing to participate. For the in-person interviews, the recruitment process was undertaken by the study site, posing the researcher as an outside entity wanting to study their lived experiences. The credibility of this study was bolstered by reflexivity, bracketing, and keeping a research journal.

This particular study provided difficulty in the areas of transferability and dependability. First, transferability in this study is both possible and somewhat restricted. The majority of participants were interviewed at a single study site. While located in Middle Tennessee, this study can be generalizable to the American Southeast. In this study, there were participants from many different areas, including both rural and urban. The location of this study also encompasses an area with various population densities and demographics. Due to the nature of substance and alcohol use in the past, there can be further generalization to the United States and potentially Western areas. A limitation of this study's protocol was that only open and willing participants

engaged in interviews, leaving room for data that may not be fully explanatory to the overall study population. With a relatively small sample size compared to the entire population of those in community corrections, there were potential elements of the reentry process that were not spoken about by participants. Some information about the reentry may not have been offered by participants due to distrust of the research process or concerns with revealing too much about their experiences. Because of the location of this study, data and themes from this study may not be directly transferable to other reentry populations. Also, while this study can potentially be transferred to other virtual locations or study sites, a significant element of trust has to be gained from the study population prior to any involvement in a qualitative study. In this study, study site contacts spoke with the researcher and then engaged with potential participants to allow for questions prior to the interviews. Participants were also allowed to ask questions prior to beginning interviews to allow for potential concerns to be raised. The interview protocol and analysis allow for replication and therefore dependability. Still, barriers may exist that limit realistic implementation due to participant hesitancy and the willingness of study sites to allow for outside researchers to engage with their population.

Confirmability on the researcher's part was managed through bracketing (Tufford & Newman, 2010) and analytical memos (Cutcliffe, 2003). Both of these were in regular practice for the researcher in mental health private practice. The notes related to bracketing and analytical memos were kept separately for a time after the research was completed. These measures have been taken by the researcher, while recruitment through flyers and the study site allowed for baseline engagements for participants with the interview process itself. Virtual interviews were completed wherever participants felt safe to discuss topics openly. In-person interviews were completed in a campus office of the study site.

Results

This qualitative study was used to understand the lived experiences of individuals who have been previously incarcerated for drug or alcohol-related offenses or charges that resulted from drug or alcohol-related behaviors. Through semi-structured interviews, participants both in-person and virtually were asked to examine how substance and alcohol use affected their likelihood to return to behaviors that could lead to reincarceration. Recorded interviews were transcribed word for word and organized into sections to review. Then, recorded interviews were listened to, and transcripts were read to start to pull meaningful codes from phrases and sentences. These codes were then grouped together to create themes, which were then drawn out to create a cohesive story of each interview. These themes are broken down into overall emphases and themes relevant to specific research questions. Themes were counted and grouped to help identify patterns throughout interviews around general consensus and specific research questions.

General themes around the discussion of substance use and recidivism included not just information about relapse itself, but also other information relevant to the lifestyle that surrounds substance and alcohol use. Some of those themes included: Self-Motivation, Old Patterns and People, Faith, and Crime for and Around Drugs.

The number of people in this study was 14. Of the 14 participants, 50% (n=7) identified as White, 43% (n=6) identified as Black, and 7% (n=1) identified as Mixed. Concerning marital status, 50% (n=7) identified being single, 29% (n=4) identified being married, 14% (n=2) identified being divorced, and 7% (n=1) identified being widowed. Their ages ranged from 27 to 56. The mean of the ages was 42.71, with a standard deviation of 7.52. There was one participant 27-29, four participants were 30 to 39, seven were 40 to 49, and two were 50 to 56. Participants

also self-reported their most recent charges. Of all of the charges, 8 were violent offenses, 4 were drug offenses, 2 were property offenses, and 1 was a public-order offense.

Research Question 1

What are some perceived risks and difficulties in the community related to relapse and recidivism identified by the individuals in community corrections?

Theme 1: Old Patterns and People. Through the entirety of the interview process, concerns of old patterns and people causing risks and difficulties during reentry were extremely prevalent. The number of people who shared this theme was 13 of 14. Most participants reported that a return to the old behaviors and people connected to those behaviors was a significant factor for relapse. Upon release, participants reported that it was common to return to the same behavioral and relational patterns.

A common refrain for most of the participants was to cite that issues of relapse and recidivism were related to “people, places, and things,” something commonly stated within the Alcoholics Anonymous framework. Many of the participants reported that after release, it was easy for them to return not only to substance use, but to patterns that allowed for substance use to proliferate. Some of the risk factors for these patterns included a lack of positive community involvement, fluidity into a reengagement with substance use, and a lack of employment. Some of the negative patterns that participants reported were directly related to drug use, but also to a lack of positive engagement that led to directionless free time. Nearly every participant stated that while substances and alcohol were sought out, there was also a desire to return to the “lifestyle” that accompanied substance and alcohol use. This interconnection caused a dual concern for the potential of their recovery.

When participants reported that when they were previously at risk of relapse, one major issue that they reported was that their overall community was engaged with substance use in some way. Some participants clarified that community influences actively used substances, including personal role models, media influences, and peers. This concern was particularly salient in the discussion, highlighting how ingrained the normalization of substance and alcohol use disorder was for participants in their childhood. When prompted, every participant reported that these community influences were present for their whole lives. JD M. explained it this way:

“Kids don’t wake up and say I want to do drugs...to be a drug dealer... be a gangbanger one day. They have to see that.”

Participants also reported that returning to old patterns was, in part, influenced by the lack of alternative options to change daily decisions. Many clarified that while they understood that returning to old patterns and people was a risk to their reentry, they did not feel as if there was another legitimate way to earn money other than selling illicit substances. This lack of gainful employment and subsequent temptation to return to illegal behavior is substantiated by the restricted hiring practices of companies when they consider criminal records (Minor et al., 2018). Instead of direct defiance, there was the option to simply return to destructive behaviors due to a lack of employment opportunities. This lack of legal economic opportunity was reported by participants to be something that brought on a feeling of defeat, leading to continued coping with substances.

Theme 2: Interpersonal Temptation. When discussing risks and difficulties related to relapse and recidivism, many participants reported that their inner circle of friends and family were in the midst of active substance use. This theme was separate from the overall temptation mentioned in the previous theme by a differentiation between overall community temptations

and those between close peers. Not every participant reported that their significant other was using substances, but those who did report this phenomenon stated that their relapse was heavily influenced by the use of family members around them. In light of this known danger, John D. reported:

“I know that going home would put me right back. After I got out, I came here and never went back. I don’t keep in contact with them.”

While family members in active substance use were not the highest reported level of temptation for participants, those who did have active use in their family reported that relapse was easier to fall into. For those who had a significant other who actively used substances, there were two main categories of temptations. Some partners used and did not offer any substances, and those that wanted a core relational dynamic that included substance use. Participants cited that peer influences were more impactful when they involved close friendships. However, these were considered rarer. Instead, most peer influences towards relapse had to do with those who wanted to encourage the participant to sell substances to fund their lifestyle or use.

Theme 3: Continued use in Prison. When discussing past risks of relapse, nearly all participants identified that previous active drug use was present for themselves and/or those around them. Those who elaborated on this phenomenon shared that while there is a perception of restriction within jails and prisons, they experienced a wide array of substance availability within a correctional setting. For those who reported only serving jail time, they reported that drug availability was not incredibly consistent. All participants who reported serving prison time shared that substance use was incredibly common amongst their peers. When asked about how substances could be brought into a correctional setting, Jay A stated about correctional officers:

“You’re paying guys that used to work at Burger King for \$16 an hour to come here... Before you know it, you’re getting \$10,000 and bringing a pack in.”

Participants who spent time in prison thus had a negative view of potential recovery upon reentry because they had not experienced a sober environment while they were incarcerated. This problematic environment was cited as both a warning and a concern for participants during their sentence. Many reported that they had not seriously considered what recovery would be until they exited into the general population, and even drug programs were filled with individuals who were actively using substances. Most participants cited their incarceration as a “waiting period” for recovery, not a true opportunity to get sober.

Theme 4: Crime for and Around Drugs. While only 4 out of the 14 participants reported that the most recent charge they served time for was categorized as a drug charge, almost every participant cited substance or alcohol use as one of the core reasons that they had to serve time in a correctional facility. All participants reported that their behavior after release could have gotten them arrested, even if it did not. This risk was mostly due to the use or behavior around substance use. While most participants reported that their own drug use could have influenced their reincarceration, most reported that drug-related behaviors were the most risky for rearrest. Participants also reported that they believe that a large part or the majority of recidivism is related to substance use or distribution while outside of incarceration. Brandon G. gave insight into this interconnection by stating:

“99.9% of the reason that people go back is because of drugs. Killers violate because of drugs. Why do you think they are killing?”

Participants further clarified this sentiment of substances connecting to recidivism by expressing their personal experiences of substance use disorder and lifestyle trends. Many shared

that while the charge they served time for was not considered a “drug” charge, it was directly related to substance use. Some of this discrepancy was explained through the concept of pleading down charges. Many participants shared that there was a difference in what they were doing when arrested, what they were charged for, and what they ultimately served time for. Participants reported that while they would plead guilty to a single charge, they could have technically been found guilty of a drug-related charge, as most of their criminal activity included some possession of substances.

Theme 5: Self-Motivation. Throughout the interviews with participants, the recurring theme of self-motivation and processing was the most consistent. All participants reported that they have tried different ways to change their substance and alcohol use, but making a personal decision to change was the essential catalyst for growth. This dynamic shift was not just a desire to want something different in their circumstances, but was explained by participants as an internal shift in personal expectation and priorities. Mikey G. spoke about the importance of personal beliefs by stating:

“I was given all the programs, but I never wanted to try them. It was really just doing it because I wanted to. I found a way to take all of that energy and put it into something else.”

Participants offered insight into different outlets that their internal motivation drove them to. Most responses about internal motivation focused on wanting their overall lives to be different. Some participants spoke about wanting to be a better father, a better partner, or a more productive member of their community. This internal desire for change was described to be pervasive and expansive. Many participants stated that this internal desire for change was something required of everyone seeking recovery or sobriety.

Theme 6: Ease of Access. For participants who identified their community as risky to return to, they highlighted that one of the greatest temptations was how easy it is to access any substance. Some participants shared that they had connections that would easily offer them substances, and some shared that while they did not have personal connections to substances, they were aware of many places to obtain them freely. Ease of access was identified as a separate theme due to its prevalence outside of previous environments. As participants moved from incarceration to a new area for living or treatment, there was a persistent risk in understanding the common mechanisms for obtaining substances. This ease of access was a continued concern for all participants, but Dale B. gave personal insight into a more complex problem:

“I saw my family using [substances] at home all the time... You can now go get what you want at a store legally and not get into any trouble.”

An issue that a few participants raised was the ability to obtain THC products legally from local stores. They also identified that through the use of social media or phone applications, they were able to connect instantly to someone who would be willing to sell them illegal substances. This high level of accessibility was identified by participants as a novel barrier from their past experiences, as all they would need to do is drive down the road for legal intoxication or send a message for the delivery of an illegal substance.

Research Question 2

What protective factors exist for those who exit incarceration related to sobriety?

Theme 1: Faith. During the course of the interview process, nearly every participant cited an aspect of faith as an integral part of their recovery process. Most of the participants who aligned with a faith component to recovery reported that their honest engagement began in prison. All participants who reported the use of faith in their recovery identified as Christians.

Some participants reported that they had some engagement with spirituality prior to their stay in incarceration, but if there was a positive shift toward faith integration, it was spurred during a prison stay. This growth in faith was perceived to be so important that Sierra S said:

“Man, you gotta take God with you. If you ain’t got God, you gonna lose everytime... If you ain’t real with yourself, you lose too.”

When engaging with this newfound or emboldened faith, all participants shared that they were given outside support to study and ask questions. Spiritual shifts were not explained as some internal shift isolated from the rest of the world, but were directly connected with the support of others. Participants commonly cited revelations of behavior, the treatment of others, and a sense of value after studying with a faith mentor. This process included multiple discussions, mostly involving a program within the prison.

Theme 2: A Need for Supportive Community. Community needs were readily discussed by most participants, with a focus on what is meaningful in recovery and what is not. Most participants identified that community resources do exist in some capacity, but the allure of their previous community and the difficulty in engaging with a community caused issues. There were variable responses to common community supports such as Alcoholics Anonymous and Narcotics Anonymous. Some participants saw the groups as unhelpful, and others saw them as useful for a time. Bryster K. spoke about his experience with AA and NA:

“I did like going to AA and NA, and hearing people’s stories. It helped me some to hear that other people could do it.”

Overall, participants identified a general need for a positive and supportive community. When comparing what a positive and supportive community looks like and comes from, participants shared different categories and groups of people. Some of the common roots of a

supportive community were intentional engagement, knowledge of their situation, and accountability. Many participants also identified that while positive community resources could be readily available, the willingness to engage in these resources dictated how useful they were.

Theme 3: Family. When exploring protective factors for reentry, every participant cited their family in some capacity. There were significant variances around how much family members influenced participants in a positive or negative direction. For some, family members were a deterrent away from poor decision-making. For others experiencing reentry, they returned to family members who were actively using illicit substances. Participants also identified different levels of investment in their progress, from active, to antagonistic, to apathetic. John M. spoke to some of the positive influences by sharing:

“My grandmother and brother were really there for me. I wanted to be someone in the family to look up to.”

When participants spoke about their family unit as a potential protective factor upon reentry, they cited significant concerns around the influence that family members have on their recovery. Many reported that substance use has been present in their lives since their adolescence. With this history, it became difficult for families to have a positive outlook on their future recovery. Furthermore, many participants reported that their families had such little hope for their recovery, that they did not believe any promises made or plans offered. For families that did not actively use substances or alcohol, it was explained that an apathetic hopefulness was present. These families held hope that the participants could improve their relationship with substance use. Unfortunately, participants reported that their families had no emotional capacity to support that sense of hope. After years of reported relapses into substance use and interactions

with the legal system, participants reported that their family members struggled to engage positively with them at all.

Theme 4: Program Effectiveness. Participants gave many different opinions on the programs that they were given or a part of after release. The programs offered to participants ranged from parole and probation services, to programs while incarcerated, to structured programs upon release, to accessible services. Many reported that generalized services were either ineffective or negative. Participants gave a positive report to services that were tailored to their needs through the use of a therapeutic community while incarcerated, regular life or employment programming, or highly structured external programs. Programs that were protective for participants included those with transition services, as well as those that provided continued benefits outside of the watch of the criminal justice system. Some participants identified risks in haphazard programming, identifying a stark difference between what was advertised and what was actually implemented. Participants shared that while there were positive implications from the advertisements of community corrections and grant programming, the practical outcomes of those programs rarely lived up to the proposed expectations. There was often a lack of facilitators, resources, and boundaries. Some of the programs that offered opioid substitutes to treat opioid substance use lacked significant guardrails on the intake of medication. A lack of oversight led to program participants illegally selling medication that was specifically prescribed for individual treatment purposes. Bobby W. explained how to obtain and sell medication by stating:

“In the grant program, where all you gotta do is show up... you’d just turn around and sell it straight down.”

While participants identified issues in many short-term and government-linked programs, there were benefits to long-term intensive programs. The positives that participants took away from these programs included personal accountability, integration into the community, and personal aspects of faith. Programs that were offered by entities outside of the correctional system were perceived as being more beneficial than those provided by the correctional system. Ultimately, participants reiterated a previous theme of self-motivation to underly any potential level of effectiveness. Also, participants were able to recall specific individuals within these programs as being the most influential to their participation, often saying that they were one of the few reasons that they were in recovery at the time of the interview.

Theme 5: Mitigating Trauma and Traumatic Reminders. When prompted, participants were able to identify traumatic instances in their lives prior to and during their incarceration that deeply affected their recovery process. Typically, participants identified childhood traumas as foundational to their substance and alcohol use. The issues cited by participants were often related to parental neglect or abuse, as well as other traumatic events. A return from incarceration provided the opportunity to reactivate trauma triggers from the past without the same level of substance use to blunt internal responses. Participants reported feeling more secure about their decision-making when they were able to either address or deal with traumatic responses. When participants were able to understand where triggers could come from and respond positively, they identified hope for future success. However, this protective ability to handle traumatic triggers was weakened by the high amount of drugs flowing into prisons, making it difficult to engage in reentry with a sense of recovery. Aaron B. gave insight:

“But in the pod that I was in, I seen about 9 people die man. A couple guys I used to conversate with every day, fentanyl overdoses.”

While childhood trauma was often cited as deeper-rooted issues that arise, these types of traumatic events reportedly bolstered a sense of despair about the prospect of recovery. Trauma reminders were reported to arise when participants were sober, and substance use was used to cover up symptomology. Having an outlet to process through both categories of traumas was something that participants identified as both incredibly helpful and difficult to find. Some of the protective measures identified by participants to deal with trauma were the ability to process with peers, speaking with mental health therapists, and removing themselves from environments with trauma reminders.

Research Question 3

To what extent do participants perceive substances relate to recidivism?

Theme 1: Substance Use and Technical Violations. When participants discussed the concept of recidivism, many reported that while more significant crimes and participation in drug-related activities were a risk for reincarceration, positive drug tests were a more common occurrence. Not all participants reported experiencing parole or probation. Some reported that after their stay in incarceration, they were simply released. For some participants, the process of parole or probation invoked a concern about restrictions related to substance use. While some reported that mandatory drug tests were a deterrent, others, like Jeremy H., stated that community corrections systems often catch basic substance use:

“Drugs were the main reason I went back. I failed like six drug tests and they kept taking me back.”

These drug tests were seen by some participants as an intentional system to bring them back into incarceration. Random drug tests were cited as a reason for despair, highlighting the belief that they would never escape substance use or the consequences of it. Because of this

frustration, many participants identified disdain for the community correctional system. Even some participants who sought help from their assigned community corrections officers were still punished and became resentful of the parole and probation process at large.

Theme 2: Lifestyle Integration. Aside from the previously mentioned risk of relapse due to community influences, participants also identified internal conflicts related to required lifestyle changes. Participants reported that while they could understand that they had to shift entire aspects of their functioning in relation to their surroundings, internal doubts about their ability to succeed weighed down their potential for change. Thus, many reported that even with immense resources and support, a looming sense of dread kept them from engaging in a full lifestyle shift. Jason F. described his experience by sharing:

“Thinking I was an addict always caused me to fail. It kept the idea of it always in the forefront of my mind.”

Some participants reported that this belief system was suggested to them, while the majority reported that their internal shame was self-inflicted. When asked about how substances are related to recidivism, many connected internal doubt to be directly connected to relapse and reengagement in risky behavior.

Theme 3: Crime Related to Substance Use. As a direct connection between use and recidivism, most participants identified that their active use led to criminal activity outside of simple possession or intoxication. Many reported that after release, their lives revolved around substance use. Some of those same participants were also intimately aware of the risks of recidivism and continued to follow the same path anyway. Austun W. gave insight into this dynamic by sharing:

“99 to 100% of my problem was because of drugs. You know when you are in a place you shouldn’t be. 99% of anything I was doing was about drugs.”

Participants clarified that the connection between recidivism and substance use can lead to charges that are not immediately recognized as drug crimes. Some participants reported that their violent charges were directly related to substance use. The connection was reported to lie with violence for or around the ability to obtain money for substances, or actions taken because of the psychological influence of substances. Participants reiterated that this is true of many of the charges individuals are found guilty of, even outside of the participant pool.

These themes gained from participant responses can not only help explain this sample population’s understanding of reentry and recovery; they can also be viewed through the lens of theory and past literature. Integration of participants’ responses and current theories of substance use disorder can clarify how cycles of interaction occur, as well as how they can be impacted by potential interventions.

Evaluation of the Findings

Through the lens of ecosocial theory (Krieger, 2021), there can be an examination of the ways that different influences have affected participants. The affirmation or denial of ecosocial theory will be explored through participant responses and connected to previous literature. The two main elements of Krieger’s (2021) theory are the categories of body natural and body politic. Also, the concepts of embodiment, pathways of embodiment, cumulative interplay, and accountability and agency (Krieger, 2011) will be included.

Participants identified their experience with the body natural (Krieger, 2021) in their restrictions due to incarceration status and difficulty in connecting with health services, as has been identified in previous literature (Kendall et al., 2018). When arrested for technical

violations and possession charges, participants shared disdain for the correctional system as it imposed problems on their employment and opportunities to access legal funds and benefits. This sentiment was also aligned with previous research (Apel & Ramakers, 2018). This dynamic is reportedly connected to the body politic (Krieger, 2021). However, while participants somewhat identified outside forces influencing their lives, all participants pointed to their own decision-making as the cause of their issues. This mix between ineffective outside influence and internal mechanisms of change only partially aligns with Krieger's ecosocial theory (Krieger, 2021). Instead, participants saw a fluid mix of influences that they were ultimately in control of at one point and somewhat in control of during the time of the interviews.

When it comes to embodiment and pathways of embodiment, Krieger's (2011) ecosocial theory can have an important influence on understanding participants' experiences with substance and alcohol use. All participants identified that the community they grew up in was actively bringing in and using substances, making it more difficult to protect against recidivism by relying on family members for support (Kendall et al., 2018). As these participants grew up, substances flowing in created a pathway to embodiment that participants then took as their own sense of embodiment (Krieger, 2011). This dynamic can somewhat fit into Krieger's (2021) view of ecosocial theory as participants felt as if the environment they grew up in heavily influenced not just their surroundings, but their health and functioning. Ecosocial theory was somewhat rejected by participants' sense of embodiment. Participants reported both understanding the influence of their environment, but took personal accountability for their participation in it. Thus, participants rejected that they embodied their environment, but were instead individually responsible for their actions, no matter the circumstances.

Cumulative interplay was much more aligned with participants' insight than other ecosocial concepts. Due to the environment participants were raised in, substance and alcohol use appeared to be generational. There was a continual interactive cycle that participants reported engaging in. Participants also had mixed responses in relation to agency and accountability. They identified that while government programs could be effective, most of the benefits they saw were from outside sources utilizing government funding. Participants also spoke directly about governmental and policy influence, often stating that anyone in those roles does not really care and only wants to get them out of the way.

From participants' responses to the interview questions, conflicts arose with ecosocial theory and assumptions of past literature. Overall, participants rejected the notion that external systems were the greatest influence in their criminal behavior and substance use. While participants identified that substances were readily available in a multitude of areas, they pointed towards a more individualistic lens of recovery than a systemic one. A divergence from ecosocial theory indicates that while substance use is potentially the highest factor influencing recidivism (Sawyer & Wagner, 2022), the myriad of interventions implemented (de Andrade et al., 2018) may be limited both in program effectiveness and in increasing personal motivation for change. Participants also reported that they engaged in criminal activity while fully aware of potential consequences, thus explaining that some of the rise in incarceration (The Sentencing Project, 2019) was led by personal decision-making, not just shifting criminal guidelines. The need for future study has been indicated (SAMHSA, 2016; Tran et al., 2019) to address a rise in arrests. Participants in this study reported that programs were only as effective as their personal motivation, with the greatest benefit related to programs that bolstered individual accountability, pushing against the de facto implementation of programs without personal relationships.

Summary

Chapter 4 included the thematic coding and responses to the inquiry of relapse and recidivism after reentry. Participants were given the opportunity to share their personal experiences with substance use and incarceration, with the hope that rich qualitative information would emerge. The three research questions covered different aspects of substance use and recidivism, to which consistent themes emerged and were sorted.

Prominent themes from participants included: Self-Motivation, Old Patterns and People, Faith, and Crime for and Around Drugs. Common overall resilience themes that emerged from this study included supportive family units, mental health therapy, and resources available upon reentry. New themes around reentry and recovery emerged from this study that included a consistent need for personal integration of faith and specific concerns with the functioning of the prison system.

Chapter 5 will explore how these interviews can be interpreted and utilized for future research and practice. This will be done by engaging with conclusions from data and providing implications to direct future thinking. Recommendations will be made for future practice and research.

Chapter 5: Implications, Recommendations, and Conclusions

The problem addressed by the study was the interplay between relapse into substance use disorder and resulting recidivism. The purpose of this qualitative phenomenological study was to explore and understand the lived experiences of individuals who have been previously incarcerated in jail or prison for drug or alcohol-related offenses or charges that resulted from drug or alcohol-related behaviors and who were residing in a Southeastern county.

Through semi-structured qualitative interviews, 14 participants engaged for one hour each through virtual and in-person meetings. Coding of these interviews was done through thematic analysis (Braun & Clarke, 2012). Results from coding gave insight into the personal and environmental influences that participants identified as risks for recidivism. The 14 themes that emerged from this coding are shown in Table 1 below.

Table 1

Research Questions and Emerging Themes

Questions	Themes
What are some perceived risks and difficulties in the community related to relapse and recidivism identified by the individuals in community corrections?	<ul style="list-style-type: none"> • Old Patterns and People • Interpersonal Temptation • Continued Use in Prison • Crime For and Around Drugs • Self-Motivation • Ease of Access
What protective factors exist for those who exit incarceration related to sobriety?	<ul style="list-style-type: none"> • Faith • A Need for Supportive Community • Family • Program Effectiveness • Mitigating Trauma and Traumatic Reminders
To what extent do participants perceive substances relate to recidivism?	<ul style="list-style-type: none"> • Substance Use and Technical Violations • Lifestyle Integration • Crime Related to Substance Use

Study limitations included the researcher being an outside entity with whom participants did not have previous experience. Since the researcher was from outside the immediate programming or interaction with participants, there may have been an increased potential hesitancy about the video recording process. Other limitations include potential self-screening effects from the voluntary engagement with flyers and program staff. Final limitations included the area of generalizability of the results. This study took place in a Southeastern county, to which results may not extend into all demographics. These meaningful differences could include population differences, variations in criminal law related to substance use, as well as what treatment programs are available.

This chapter will discuss the various implications of the study related to treatment. These implications were directly taken from the participants' understanding of their lived experiences and were combined with current research data. From these implications, recommendations for practice and future research will follow. The goal of these recommendations is to further support the development and treatment of those who experience substance use disorder after reentry from being incarcerated.

Implications

These research questions offered the opportunity for study participants to give insight into the lived experience of substance use disorder and potential recidivism. From these interviews and connections to current literature, as well as the specific research questions, interpretations can be drawn. As implications give insight into how data creates useful information, interpretations take this information and provide potential solutions to revealed problems. These interpretations, colored by appropriate sorting through thematic analysis, can bring forth information useful to agencies, individuals, and correctional programs.

Research Question 1

What are some perceived risks and difficulties in the community related to relapse and recidivism identified by the individuals in community corrections?

The first research question brought about six unique themes: Some of those themes included: Self-Motivation, Old Patterns and People, Faith, and Crime for and Around Drugs. Participants reported somewhat consistent experiences during their engagement with the correctional system and substance use. They gave insight into the experience of relapse and engagement with the correctional system by sharing both their frustration around the correctional system and their acknowledgement of personal responsibility. This dual understanding was not found within the literature review, highlighting the gap that exists in current literature.

Nearly all participants reported that during their arrest, they were either under the influence of substances or engaging in an activity that surrounded the presence of substances. While only four out of the 14 study participants served time for drug-related charges, there was a significant discrepancy between what could be assumed to be a non-drug-related issue and what was reported to be directly because of drugs. When asked about this disconnection between charges and personal activity, participants reported that while they may have been arrested for multiple charges, what they ultimately being incarcerated for was likely not coded in the justice system as drug-related. Their continued access to substances was identified as a consistent risk of engaging in criminal activity. This lack of connection between criminal charges and unreported substance use may create a skew in the interpretation of recidivism and reentry data. When sharing their experiences with the correctional system, most participants identified seeing high levels of substance use during their incarceration as a risk for continued or reengagement with substance use. Their reported experience aligns with previously understood research that asserts

that a large number of those within the correctional system have a substance use disorder (Antenangeli & Durose, 2021; Bronson et al., 2017; NIDA, 2020). However, there is a distinct lack of research exploring how illegal substances are able to make it into the correctional system. Multiple participants reported that correctional officers and potentially administrators of prisons facilitated the influx of substances, something that carries significant concerns for the integrity of both the correctional system and potential programming. Because of a potential open stream of substances, participants identified that they were given little support in attempting recovery through the criminal justice system, which imposes penalties for substance use. A conflicting experience between what someone was arrested for and what some criminal justice systems allow, was also seen by participants as an accessible avenue of relapse within their incarceration. A continued ability to access substances, therefore, was seen as a risk for relapse both inside and outside of incarceration. From release into reentry, it was seen as easy to continue use outside of incarceration, which would lead to potential future high-risk behavior.

This qualitative research aligns with previous research on risks of relapse and recidivism. Upon release, those experiencing reentry are at a higher likelihood of relapse than the general population (Larney et al., 2018). Because of technical violations, misbehavior under the terms of probation or parole, there are more significant risks of relapse in the community and with interpersonal connections. Participants identified that returning to familiar people, places, and things weighed heavily on their decision to stay in recovery or not, thus impacting their chances of returning to incarceration. This report was consistent with limited previous literature that shows benefit in supportive family members (Muentner & Charles, 2020) and concern with a lack of healthy community engagement (Victor et al., 2021) when examining the likelihood of returning to incarceration.

Interpretation around this research question could have been influenced by participants' reported desire to see change in the arrest and treatment of those who use substances, as well as the researcher's motivation to see positive shifts in the treatment of substance use disorder within the criminal justice system. It is possible that the perceived emotional impact of participants' experience of substance use and interactions with the criminal justice system could encourage the researcher to overestimate the participants' perceived effects, thus influencing coding procedures. Interpretation could also be influenced by the community in which this sample was taken. What is seen as problematic to study participants may not carry over to other demographics.

Significant Implications and Conclusions. One of the most significant implications of this study was participants' desire for outside entities to examine how individual carceral systems function. Punishing an individual for the use of a substance through incarceration, only to potentially take a profit from allowing substances to enter a prison, is an incredible condemnation of what the current correctional system is able to facilitate. While certainly not in every carceral system, study participants reported that at least some prison systems endorsed, allowed, or actively ignored an influx of substances, directly supporting Krieger's (2021) ecosocial view of outside forces directly impacting the body natural of individuals. Participants did not report this same concern about the jail systems they were housed in. Ignoring this dynamic set many of the study participants who were experiencing reentry up for failure. For some of the participants, they had no time without substances readily available, and very little progress was made in deterring them from future use.

Another important implication of this study is a potential gap in the literature around personal motivation as a driving factor towards recovery, not just available resources and

programming. Many participants emphasized that while there were opportunities for change through correctional programs, their internal desire for change was the primary source of their recovery incentive. Sierra S. explained the importance of personal motivation in long-term recovery work by sharing:

“I miss getting high. But if you want to change, and you’re willing to that that change within yourself, you can make that change.”

For the participants who identified a great ease of access to substances upon reentry, programming and family system dynamics had little effect on their personal drive in recovery. Many of the participants reported that family support for recovery upon reentry was stymied by whether or not there was continued success by the participant. Jason F. spoke about the unreliability of family support for recovery by stating:

“When I had clean time, everybody would love me. But as soon as I had struggles, ... they would withdraw and isolate from me.”

Study participants identified that their internal sense of motivation was the most significant factor to mitigate the risk of recidivism and recurrent poor behavior. With participants’ sense of internal control as a primary factor for change, the perceived risks and difficulties connected to relapse and recidivism were reportedly tempered by personal decision-making.

A final implication from this research question is an examination of how much substance and alcohol use affects recidivism. Participants identified that the circumstances of their arrest were rarely shown in their charges, often ignored or dropped for more severe charges, particularly related to violence. What correctional staff may have assumed to be purely violent crime actually had significant roots in substance and alcohol use.

Research Question 2

What protective factors exist for those who exit incarceration related to sobriety?

The second research question brought about five separate themes: Faith, A Need for Supportive Community, Family, Program Effectiveness, and Mitigating Trauma and Traumatic Reminders. Participants were able to share their personal insights into what helps those experiencing reentry and what is considered helpful and unhelpful.

One of the more surprising results was how important faith was to the study population. There were many different potential supports that could have been identified in reentry, but personal accountability and faith were a consistent thread. While literature does exist showing a potential support for the utilization of religious faith (Beraldo et al., 2019), there is little available research on the integration of faith and recovery, leaving a large gap in what could potentially be explored in reentry literature. There are some attempts to measure a faith-based treatment model (Brown et al., 2013; Dankwah et al., 2025), but they are only focus on demographics and confidence levels of participants. Spirituality could show a potential source of benefit for recovery (Kelly & Eddie, 2019), but a lack of consistent criteria for what constitutes spiritual practice proves difficult. When utilizing Krieger's (2021) ecosocial theory to interpret results, there is a gap where participants identified the implementation of personal faith. While it could be assumed that faith and personal responsibility were a mechanism of the body politic enforcing behavior, participants identified that the correctional system at large is indifferent to internal mechanisms of change and is largely concerned with contingency management. As such, a consistent theme of personal responsibility and active faith is a potentially new source of exploration.

With this research question, participants also identified concerns with the potential usefulness of programs within and outside of correctional settings. Some participants reported positive experiences with programming, such as those with a therapeutic community model, education programming, and programs with a fluid transfer of services from inside to outside of the jail or prison. This feedback from study participants is something that is mirrored in Beaudry et al.'s (2021) systematic review of the therapeutic community model, which showed significant benefits over other programs. Most participants in this study reported disdain for programming due to a lack of effectiveness, as well as programs' ability to facilitate recovery. Some participants reported that services provided upon reentry served little useful purpose other than to cost participants money. Overall, participants reported little faith in the overall expectation of programming effectiveness. These insights were supported by de Andrade et al. (2018), who reported that recent recovery and reentry programs showed an incredible lack of consistency and implementation.

There were also discussions of what could bring about support or strain upon reentry. Some of those concerns were related to traumatic memories from their home environment and a lack of supportive community. Protective factors in the community included positive family members who were sober or in the process of recovery. Participants identified strain with family outside of incarceration, leading to mixed reports from different participants on how helpful family has been. This report is something that has been supported in research in the past by Muentner and Charles (2020) in their study of family supports that influence fathers returning from prison. While some of these family units may bring about comfort, they may also implicitly or explicitly bring reminders of the past traumatic events around their past behavior or cause for

arrest. All participants identified a desire to have a supportive family and community, but their ability to access that community was varied.

Results in this category could be influenced by the location of the study itself. Due to the location of the participants, some sway could be argued for the level of cultural influence present around the study participants. Other influences could include the small sample size related to the overall population of those who have experienced reentry. Not every correctional program is negative or ineffective, nor are they all beneficial. Still, a lower sample size can impact how this limited number of participants understood their programming experience.

Significant Implications and Conclusions. One of the expected results of this research question was the significant impact that family members can have on the recovery process. Research has already asserted that family systems and surrounding factors can sway individuals in their ability to access recovery (Kabisa et al., 2021). There is also evidence that peer groups have an impact on recovery (Kinner & Rich, 2018), indicating that who individuals experiencing reentry surround themselves with can cause a drastic sway on how successful they can be. Research and policy implementation can have little immediate impact on the surrounding communities of those experiencing reentry, let alone study participants. However, the issues participants raised about broken family dynamics and unhelpful peer groups could indicate a need for support of a healthy family and community unit. This change may step outside of the theoretical and research-oriented into something that participants identified in their interviews.

Christian faith was a major component in nearly all of the participants' explanations of protective factors. This concept was aligned with participants' beliefs of personal accountability and motivation. Faith and personal accountability are not often utilized as points of interest in research due to difficulties related to consistent faith and personal accountability practices across

treatment populations (Weinandy & Grubbs, 2021). They both represent internal experiences that are not quantifiably measured and are therefore seen as abstract and untethered to a research endeavor. There is some literature that examines a Christian iteration of a 12-step program called Celebrate Recovery (CR). CR lacks significant research backing as the only peer-reviewed studies focus on attendance demographics (Dankwah et al., 2025) and confidence for the success of participants (Brown et al., 2013). Neither of these studies are able to make assumptions about long-term outcomes for preventing relapse or recidivism. While a lack of quantifiable variables may be the case, it is still vital to suggest that an active faith life and faith community may represent a sorely missing factor in reentry and recovery. A suggestion for integrating religion is not without its difficulties. This study's participants identified that engaging in faith practices, such as regular prayer and church attendance through a religious program or church, was highly beneficial to their recovery processes. However, requiring religious integration for those who are not willing to engage in recovery this way is disconnected from what participants found so beneficial in their recovery. While all participants identified as Christian or interested in Christianity, they reported that their voluntary engagement with faith was a cornerstone of their recovery, something that is often cited as important to others in the recovery processes (Grim & Grim, 2019). In a seminal work, Baker (2005) created a program called Celebrate Recovery as an attempt to involve Christian ideology with a 12-step framework to aid in the recovery process. While not research-based, CR is an attempt to engage in a faith framework that could connect to what this study's participants reported. Difficulties in the quantifiable examination of beneficial faith practices should not be excluded from what is considered important to the reentry and recovery experience, as they may provide beneficial support for individuals experiencing reentry (Beraldo et al., 2019; Travis et al., 2021).

Research Question 3

To what extent do participants perceive substances relate to recidivism?

The third research question brought about three themes: Substance Use and Technical Violations, Lifestyle Integration, and Crime Related to Substance Use. Each of these themes succinctly explores the specific issues that faced study participants. The information gained from this research question was not necessarily novel, but it was insightful in its function. Participants reported that recidivism is highly connected to drug use, especially as it relates to substance use and actions around substance use. A connection between substance use and recidivism has been seen in previous literature, with indications that those most likely to reoffend were either those with substance use problems (Spruit et al., 2017; Zgoba et al., 2020) or those who have a comorbid mental health disorder with their substance use problem (Houser et al., 2019; Yukhnenko et al., 2023).

Speaking to the overall concerns of reentry, participants identified that one of the most significant predictors for risk of recidivism was reengaging in old behavioral patterns. Friedrich (2023) reported that aversion to past behavior was a significant predictor of lower rates of recidivism. Walters (2018) also reported that the sentimentality of past behavior contributed to recidivism. This risk included the use of substances but was not strictly limited to it. Participants also identified that while they could understand that old patterns of behavior were likely to bring them back to incarceration, they were so accustomed to engaging in risky behavior, that it was almost second nature. Some of these specific concerns are related to being around people who use, as well as selling or being around people who sell substances. This ease of reengagement was reportedly connected to employment. Participants identified that while their behavior could be risky, they also could make substantially more money than they could at a job they could

work at with a criminal record, as it can be difficult to obtain a job with a criminal record in the first place (Denver et al., 2017).

Another overall concern of reentry was the risk of being charged with a technical violation, a misbehavior outside of the terms of probation or parole, after relapsing on substances. Antenangeli and Durose (2021) showed alignment with this concern when they reported that 32% of state prisoners were admitted due to technical violations. A positive drug screen was often a condition of their probation or parole and would cause a return to incarceration. Participants reported that a risk for technical violation was typically only a concern if they were in a community corrections program. While on probation or parole, participants reported that there was some control they could have when tested regularly. However, if there was a random substance test, or even if they spoke to their community corrections officer willingly, immediate consequences arose. This dynamic appeared to be a frustration for many participants. Some participants identified that random testing identified their use, and they were simply upset about the consequences. Some participants reported that when they spoke to their community corrections officer about relapsing and needing help, they were arrested and not given resources. In total, participants reported a negative experience concerning technical violations.

Of the enlightening points of discussion, participants' insight into the interplay of criminal activity and substance use was potentially the most useful for research purposes. This connection is something that has been suggested directly (Hayhurst et al., 2017) and inferred by relating intoxication levels at the time of arrest (Maruschak et al., 2021). Participants reported that from their own experiences, a vast majority of crime and recidivism was due to the use or lifestyle around substance use. This belief extended beyond their own experiences into how

participants understood the behavioral patterns of their peers. Multiple participants reported that what was seen as crime isolated from substances was likely to be connected in a secondary or tertiary way. Some of the insight given in interviews shared that criminal activity, even if acted by someone who does not use substances, was potentially connected and related to someone who is actively using substances.

Information gained and interpretation of data could be influenced here by a number of factors. The first of these is a selection bias. Only those who identified with the study criteria volunteered to participate. If potential participants did not perceive that their substance use was related to their arrest or recidivism, even if a direct causal link could be identified, they may not have seen a reason to volunteer for the study. For those who did wish to volunteer for the study due to the offering of gift cards, there is a potential for an embellished personal understanding of the connections between their relapse and incarceration. The specifics of the gift cards were given by the study site from their experience working with this population. Their suggested amount was a \$20 gift card to Walmart. This suggestion was taken and implemented into the interview process. Because of this offered incentive, study participants may be more likely to identify a connection between substance use and recidivism. Interpretation of these results could also be influenced by participants' understanding of the nature of the study and the goal of questioning. Working from the information given in this study, interpretations could be skewed towards a focus on phenomena that may not be present in the majority of the reentry population.

Significant Implications and Conclusions. Along with contemporary research, an engagement with substance use is a significant factor in predicting recidivism (Durose et al., 2016). Acknowledgement of interconnection leads to half of the prison population that is serving time because of the influence of substances in some way (Carson, 2021; Sawyer & Wagner,

2022). Prior findings align with the reported experiences of participants, who shared that a majority of their arrests and continued interactions with law enforcement were due to the influence of substances.

Participants identified some expected results during this study related to the risks of recidivism. Most reported that they struggled with recovery practices and disengagement with old patterns of behavior that got them into trouble in the first place. When discussing issues of technical violations, many participants reported feeling as if it were only a matter of time before they would go back into incarceration. This fear was not necessarily due to being arrested, but because they would not be able to inhibit behavior that would lead to substance use. This fear is supported by the U.S. DOJ (2020) reporting that the highest numbers of arrests in the United States are due to violations of probation, something study participants repeatedly acknowledged. Some participants reported that they were engrossed in the lifestyle around substance use as much as they were in the direct use of substances themselves. Participants shared that their use was not isolated from risky behavior, but was deeply embedded in it. Instead of just needing to limit use, a complete change in mindset was reported by participants to be necessary for long-term recovery. This change in mindset has been supported by the beneficial aversion to past behavior and the potential to be rearrested (Friedrich, 2023; Walters, 2018).

Along with this concern of lifestyle, participants also identified that their personal substance use was either accompanied by or funded by illegal behavior. Some of these behaviors included theft of merchandise, manufacture of substances, or sale of substances. Bronson et al. (2017) reported that 21% of state prisoners and jail inmates identified that their most serious charges were connected to attempting to fund their substance use. While there may be some usefulness to programs that lessen substance use, participants reported many cases where the

consumption of substances was only a factor in their risky behavior, not the sole issue. A revelation of the interconnection between a continuation of substance and other risky behaviors could initiate a social shift in perspective around substance use and abuse. Recent federal arrest data shows that 22.5% of the most serious charges for arrest were related to drugs (Motivans, 2022), while a large number of federal prisoners were serving sentences for drug charges as their most serious conviction (Carson, 2021). Observed substance use may only account for a small fraction of behavior, for better or for worse. Because of this insight, it may prove beneficial to incorporate lifestyle skills in treatment programming along with recovery skills to aid in the needed separation from both access to substances and behavior that could bring arrest.

Recommendations for Practice

Utilizing the results gained from this qualitative research study, 14 men were given the opportunity to speak about their lived experiences. Their personal insight allows those who have never experienced substance use and incarceration to feel more confident in recommendations for change. These overall recommendations focus on the implications of policy and on levels of personal intervention.

Any clinical recommendation for intervening on the interplay of substance use and recidivism would first have to recognize that consistent and continual treatment from incarceration to reentry is spotty and unreliable (Seid et al., 2024). Whether this concern is due to the influence of the body politic (Krieger, 2021) enforcing dysfunction or the disjointed nature of government systems, the primary recommendation for any program attempting to influence change would be the implementation of consistency. Participants in this study reported this concern, sharing that their resources and recommendations were spotty, with the most significant

influences coming from individual workers within programs. Before effective care can be evaluated, consistency in treatment and reporting is vital.

Interventions are incredibly difficult to implement with a population that has been poorly studied (Stewart et al., 2022). However, some breakthroughs have been shown when individuals experiencing reentry are given employment (Silver et al., 2021) and medication for opioid use disorder (NIDA, 2021). Both of these interventions have shown promise and are often considered the gold standard but are relatively limited in their reach. Correctional systems can only implement these programs if individuals are willing and licensing is current. Employment programs for those who are incarcerated have the potential to shift long-term outcomes upon release (Nguyen et al., 2023), but they require extensive programming to enact. Currently, there is limited access to medication-assisted therapy for individuals who are incarcerated (Maruschak et al., 2023). While medications for opioid use disorder (MOUD) may provide the most beneficial long-term outcomes, they are expensive and require regular appointment attendance outside of incarceration to be effective (Lee et al., 2016). For those who have access to these programs, they may provide significant support for reentry through the maintenance of substance use (NIDA, 2021).

Medications for Opioid Use Disorder (MOUD), such as methadone and buprenorphine, are often prescribed as standard treatments to treat opioid addiction (SAMHSA, 2024). The efficacy of these treatments is highly regarded, and reports lowered use of illicit opioids while individuals remain adherent to treatment protocol (Mattick et al., 2014; Nataraj et al., 2024; SAMHSA, 2024). In addition to treatment outcomes lowering overall illicit use, a lowered overdose rate is a significant benefit in long-term treatment and care. However, treatment outcomes report diminishing returns over time (Nataraj et al., 2024), and only report benefit

while those with substance use disorder are continually utilizing MOUD (Agnoli et al., 2021). Studies on treatment retention for those receiving MOUD report high rates of attrition from the treatment protocol (Samples et al., 2023; Sordo et al., 2017) and may indicate that their efficacy is only meaningful if individuals are willing to actively engage in it. MOUD was not spoken of by this study's participants and was not seen as important to their recovery process. Potentially related to their disinterest in MOUD, the Southeast does not typically engage in the use of methadone and buprenorphine for treatment of those incarcerated and may be many years away from doing so (Longley et al., 2023). At this time, Kentucky, Louisiana, Arkansas, and North Carolina are under a current waiver or under pending status, but those approvals, and the details of them, may vary due to the implementation of the Trump administration (The Kaiser Family Foundation, 2025). Recommendation for the use of MOUD is tempered by a lack of potential implementation, a lack of positive participant indication, and concerns about the long-term viability of MOUD for the treatment of individuals experiencing reentry.

Instead, participants identified private programs that utilize grant funding and faith groups outside of incarceration as beneficial to their reentry. Because of these insights, it is highly encouraged to support evidence-based programs that fill in the gaps that governmental programs cannot. Programs that are able to utilize state and federal funding for services provide an opportunity for an integrated community connection within programming. In their review, Graves and Fendrich (2024) reported a potential benefit in community programming for those experiencing reentry, with a caveat that gaps in the literature still exist. These recommendations include community programs and interventions that focus on personal improvement and personal religious integration, which were supported in participants' responses. Study participants repeatedly identified alignment to a higher power and a worldview that allowed for a thought

process that deters away from repeated criminal behavior. They articulated that answering to and taking direction from a higher spiritual authority was a source of continued internal motivation. Study participants identified the correctional system as a somewhat-needed deterrent from criminal behavior, not a consistent source of help for recovery. Instead, participants reported that alignment with internalized spirituality provided a greater sense of accountability and direction than the correctional system. Aligning spiritual and religious exploration may allow incarcerated individuals a higher level of personal agency that is useful for the process of reentry.

Peer support was identified as beneficial by some participants who reported experiences with Therapeutic Community models while incarcerated. Therapeutic communities offer peer interaction and influence for the purpose of driving change (De Leon & Unterrainer, 2020). A few participants identified that the peer support and accountability that they experienced, along with substantial clinical support, were positive factors in their recovery process. The Therapeutic Community model has been shown in systematic reviews (Beaudry et al., 2021) to show significant improvement over other clinical interventions, but results may be influenced by the treatment group more than the Therapeutic Community model itself (Kelly et al., 2019). While this type of peer support program has been studied within incarceration, a continuation of these types of therapeutic interventions may prove to be of continued use as a model for future reentry programs.

The final recommendation from this study is to support family systems and values that protect against the negative traumatic experiences that participants have reported, aid in reentry needs, and potentially head off some of the dynamics that lead to addictive patterns in the first place (Kabisa et al., 2021). Targeted interventions could be put in place that allow for the missing elements of family functioning, such as teaching communication skills and facilitating

the reentry process. From a personal intervention perspective, programs that facilitate reconciliation and processing are needed. From a policy standpoint, legal and governmental issues that hinder family cohesion should be directly addressed. From a cultural perspective, engaging in social conversations may reinforce stable families that inhabit mentally healthy habits and dynamics.

Recommendations for Future Research

Research has been done exploring how the patterns of reentry and relapse lead to recidivism. Some theories of the interconnection between relapse and recidivism assert that those who continued substance use upon reentry were the most likely to reoffend (Zgoba et al., 2020; Spruit et al., 2017), while others assert that a mental health diagnosis is a better predictor of recidivism (Houser et al., 2019). Still other researchers argue that homelessness (Mitchell et al., 2023) and antisocial behavior (Eisenberg et al., 2022) precede risk factors of substance use prior to recidivism. Study participants identified substance use as their most significant predictor of rearrest and only gave limited insight into the other risks mentioned. Though the specific mechanisms are debated and potential solutions are up for debate, there is little room left to argue that this connection exists. Any future research endeavor would need to contend with a few issues to engage fully with this population in the future.

The first recommendation for future research is to focus on further exploring this study's relative population. Engaging with a currently or previously incarcerated population with a history of substance use can bring its own challenges in the process of recovery (Witkiewitz et al., 2020). During this research study, it was difficult to find participants who were willing to be open about their experiences. Future research that engages with organizations or programs that are willing to allow access to obtain further qualitative information is a tremendous need.

Accompanied by the difficulty that exists in qualitative engagement with this study population comes significant insight into what is missed in quantitative data. To not only further enrich research but to better understand the dynamics of recovery and recidivism, continued study is needed from the point of view of the individuals studied. Specifically, replicating this study would allow other individuals in reentry to share their own experiences and further bolster the academic understanding of reentry. This type of information will allow for effective advocacy and implementation of programs.

The second recommendation for research focuses on the apparent vulnerabilities found within the American correctional system's ability to handle the influx of illegal substances. By no means should there be any expectation of perfection in containment, but many study participants identified that there is a steady stream of substances that many inmates are aware of. Exactly how an intake of substances into carceral facilities works and to what extent it could be discovered within a research setting is up for debate. Even if it could not be exactly understood quantitatively, an assumption of existence may be recommended for future research into substance use within incarceration.

A third recommendation for future research would be to examine the motivations and intentions of those about to be released. While this research effort would come with challenges in gaining accurate and useful information, there is little known and much to be gained by understanding the mindset of someone about to be released from incarceration. Particular focus could be directed at participants' personal motivation for recovery and engagement in healthy behavioral patterns. Many interventions have been theorized, and this study's participants shared a distinct frustration with some of what was offered. Still, illuminating this potential area of research may help create a cohesive story of reentry and potential relapse into recidivism.

The final recommendation comes from something most of the participants identified as integral to their process of recovery and resistance to illegal behavior. That was the interconnection between faith and personal accountability. Most of the participants cited their personal faith, which was shared with a community, as something that held their recovery and lifestyle change together. Nearly every participant reported that a personal decision needed to be made internally before any behavioral changes were going to be made upon reentry. Further study into this personal paradigm shift may prove to be some of the missing links that exist for how those with a high risk of relapse and recidivism can seem to turn their lives around.

Conclusions

This qualitative study interviewed adult men who had been previously incarcerated in a jail or prison and identified a risk of relapse and potential recidivism. Interconnections between this repeatedly identified problem and the personal mechanisms that drive it have been largely unexplored. From these results, there is a potential to better understand what brings success and failure to those experiencing reentry and support change through public policy and directed intervention. Study participants were offered the opportunity to speak about what has affected their ability to find fulfillment in life and engage with the family around them.

Without this qualitative study, participants would be right in their fear that no one is listening to them or their stories. If the public view of their lives and struggles hinges on general statistics and social expectations, all that is left are apathetic solutions. Reentry and recovery success is more than just a change in immediate behavior, though some might be lifesaving or help avoid decades-long sentences. Successful recovery requires a changed mind and willingness to engage in the world anew. While the risks are high, from overdose, to rearrest, to family abandonment, this population deserves to hear their story told to not only allow us to understand,

but to help them in creating growth we all can benefit from. Reentry and recovery are immensely difficult. Future interventions can focus on the numerous difficulties participants have reported. If we are to effectively foster change, we must understand their story first.

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Appendix A

Interview Script

Thank you for agreeing to participate in this research interview for the completion of my dissertation research. If there are any concerns about the process or purpose of this interview, please feel free to stop me and ask. Your answers to these questions will help the community and research at large to better understand the lived experience of substance use disorder and recidivism.

As you have been made aware, this interview will last for one hour and will focus on how relapse on substances interacts with recidivism. There will be three main questions with follow-up questions as appropriate. It will be recorded on my personal home computer to review and make notes. No other person or organization will have access to this recording or any notes taken. If at any time you feel uncomfortable about the questions presented, please stop me and we can continue with other points of discussion.

What are some perceived risks and difficulties in the community related to relapse and recidivism identified by the individuals in community corrections?

1. Tell me about your recovery process after your previous releases.
2. Tell me about access to substances or alcohol in your community after your past release.
3. Tell me about old behaviors related to substance or alcohol use that could have gotten you arrested.

What protective factors exist for those who exit incarceration related to sobriety?

1. What resources and opportunities were you given before your previous releases?
2. Tell me about what beliefs and attitudes affected your ability to work towards recovery.
3. In your previous releases, what groups or individuals impacted your recovery process?

To what extent do participants perceive substances relate to recidivism?

1. How much do you think drug or alcohol use contributed to your return to jail or prison?
2. What do you think would have happened if you stayed on a recovery plan?
3. How were your most recent charges affected by drug or alcohol use?

Appendix B

Consent Form

My name is Travis Thompson, and I am a doctoral student at National University (NU).

I'm asking you to take part in a research study about substance use disorder and recidivism. The name of this research study is "Examining the Experience of Substance and Alcohol Abuse on the Likelihood of Recidivism of Adult Males Who Have Been Previously Imprisoned Multiple Times Within a Jail."

You may participate in this research if you meet all of the following criteria:

1. You are age 18 or older.
2. You are male.
3. You identify a history of drug or alcohol abuse in your past.
4. You identify drug or alcohol abuse as a potential cause of recidivism.

I hope to include 15 people in this research.

Please read this form carefully and ask any questions you may have before agreeing to take part in this study.

What you will be asked to do: If you agree to participate in this study, you will be asked to do the following activities:

1. Participate in a recorded interview for 60 minutes.

During this activity, you will be asked questions about:

- Your age, race/ethnicity, marital status, and past criminal charges
- Risks in the community related to relapse
- Supports in the community help sobriety
- Your beliefs about how drugs or alcohol impacted your arrest

Risks: There is a potential for discomfort when discussing drug and alcohol abuse, and criminal charges. You can still skip any question you do not wish to answer, skip any activity, or stop participation at any time. Extra time can be added to the end of your interview if you feel the process was upsetting and would like to process. A resources page with emergency support information will be sent to you before and after the interview.

Benefits: If you participate, there are no direct benefits to you. This research may increase the body of knowledge in the subject area of this study.

Recording: I would like to audio/video record your responses with my password-protected personal home computer. You can turn off the video recording at any time. None of these recordings will be shown or offered to anyone.

Compensation: No direct compensation will be provided for your participation in this study.

Confidentiality: I will keep records of this study private and take reasonable measures to protect the security of all your personal information. In any report I make public, I will not include any information that will make it possible to identify you. I will securely store your data for 3 years. Then, I will delete electronic data and destroy paper data.

Taking part is voluntary: Participation in this study is completely voluntary. You may quit at any time.

If you have questions: Please ask any questions you have now. If you have questions later, you may contact me at T.Thompson4406@o365.ncu.edu.

If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Institutional Review Board (IRB) via email at irb@nu.edu

Signature

Date

Appendix C

Research Study Signup

My name is Travis Thompson. I am a PhD student at National University (NU). I'm conducting a research study on how drug and alcohol abuse can bring people back to jail or prison.

I am looking for people who are all of these things:

1. 18 or older
2. Male
3. Have a history of drug or alcohol abuse
4. Have been to jail or prison
5. Believe drug or alcohol use brought you to jail or prison

If you want to participate, you will be asked to do these things:

1. Participate in a recorded Zoom interview for 60 minutes.
2. Find a private place to speak for the whole interview.

During these activities, you will be asked about:

- Your age, race/ethnicity, marital status, and past criminal charges
- Community risks of relapse
- Community supports that help recovery
- How drugs or alcohol impacted your arrest

If you would like to participate, please sign up at travisthompsoncounseling.com/research or use [the QR code below](#).

Thank you for considering participating in this voluntary research!

Travis Thompson

T.Thompson4406@o365.ncu.edu



Appendix D

Post-Interview Support Resources

Thank you for participating in my research study. Speaking about your past experiences and understanding of the criminal justice system can allow for a greater understanding of the dynamics between substance and alcohol use and recidivism.

Speaking about sensitive topics may bring up concern or distress. If you feel distressed and in need of support, here are some resources you can utilize.

- Mental Health Cooperative (Murfreesboro)
 - (615) 904-6490 or (866) 816-0433
 - www.mch-tn.org
- Volunteer Behavioral Health (Murfreesboro)
 - (615) 898-0771 or (877) 567-6051
 - Crisis Line: (800) 704-2651
 - www.vbhs.org
- Volunteer Behavioral Health (McMinnville)
 - (931) 473-9649
 - www.vbhs.org
- Saint Thomas Stones River Hospital (Woodbury)
 - (615) 563-4001
 - <https://healthcare.ascension.org/locations/tennessee/tnnas/woodbury-ascension-saint-thomas-stones-river>
- Tennessee Statewide Mental Health, Suicide Prevention and Substance Use Crisis Services
 - 1-855-CRISIS-1 (1-885-274-7471)
 - <http://www.tn.gov/behavioral-health/need-help.html>

If you still have any questions about your participation in this study, feel free to email me at T.Thompson4406@o365.ncu.edu.