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Understanding Drug Court: Narrative Identity Theory and the Impact
of Drug Treatment Courts

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“What is the truth, what is the faithful lasting proof? What is the central theme to this everlasting spoof?” - PHISH

Dedication

This dissertation is wholeheartedly dedicated to my late, loving partner, Alex Fowler.

Although you did not see the end of the adventure, this is “our dissertation.”

ABSTRACT OF THE DISSERTATION

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This study explores the impact of drug courts using narrative identity theory. Through the analysis of qualitative interviews with drug court staff and clients, this study examines whether and how cultural and organizational narratives shape perceptions of drug use and success within a drug court program. Staff narratives reveal a rejection of the cultural narrative that all drug use is immoral, instead viewing it as a health issue that is acceptable under certain circumstances. This perspective contrasts with the drug court's abstinence-based model, which assumes all drug use is problematic due to its illegality. Client narratives similarly reflect a conditional acceptance of drug use, dependent on the absence of adverse consequences. Clients distinguish between problematic drug use and “okay” use, with some perceiving drug addiction as a disease that compromises personal choice and leads to adverse consequences. These views align with staff perspectives but often diverge from the drug court's abstinence requirement. The study highlights a fundamental

disconnect between the drug court's organizational narrative and the personal and cultural narratives of staff and clients. The findings suggest the need for a more tailored approach within drug courts and other diversion courts; possibly incorporating harm reduction strategies and alternative models. Such approaches could better address the diverse needs and perceptions of drug court participants.

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INTRODUCTION

Substance use and abuse is a longstanding health, social, and criminal justice issue. Many adults in the United States suffer from a substance abuse disorder (Substance Abuse and Mental Health Services Administration 2018). Further, drug use is often associated with drug-related crime and non-drug-related crime (Office of Justice Programs 2020). The criminal justice system has experienced a massive increase in the number of incarcerated offenders, and a huge expenditure of funding to process these offenders (Substance Abuse and Mental Health Services Administration 2018). Emerging in 1989 as a response to drug use as a health, social, and criminal justice issue, drug courts have become an increasingly common organizational form of “therapeutic-jurisprudence” to divert these offenders away from jails and prisons (Tiger 2011). This approach is seen as one way to lessen the criminalization of drug users and reduce drug use and drug-related crime (Tiger 2011).

To better understand the impact of drug courts, this study analyzes the narratives of people involved in drug courts. Narrative, or storytelling, is a primary way that social actors make sense of themselves and of the world around them. The field of narrative identity recognizes three distinct types of narratives: cultural, organizational, and personal narratives. This scholarship suggests that personal narratives are informed by larger cultural narratives. Organizational narratives occur within all organizations. However, here I am interested in exploring the narratives of organizations that have been developed to help people with “troubled identities” (Loseke 2007). These organizations include prisons, rehabilitation centers, crisis centers, and drug courts. Cultural and

organizational narratives can affect how people see themselves and can influence a person's success in an organization. Informed by the field of narrative identity, and the desistance literature in Criminology, this research relies on interviews with drug court staff (case managers and peer staff members) and clients to explore perceptions about drug use and drug users and how these factors are related to experiences and understandings of perceived success in a drug court program.

AIMS

1. How do cultural and organizational narratives inform drug court staff's construction of the ideal drug court participant?
2. How do cultural and organizational narratives shape the experiences of drug court clients?
 - a. How do these narratives shape drug court clients' personal narratives?
 - b. To what extent do these narratives translate to clients' perceived success in the drug court program?

Chapter 1: LITERATURE REVIEW

SUBSTANCE USE AS A HEALTH AND SOCIAL PROBLEM

Substance Use as Health Problem

Nearly half (forty-seven percent) of all Americans have tried at least one illegal drug at some point in their lives (Goode 2008). By some estimates, approximately 9.4 percent of the adult population has used an illicit drug within the last thirty days (Lee et al. 2020). According to the National Survey on Drug Use and Health (NSDUH), 19.7 million adult Americans struggled with a substance use disorder in 2017; 38 percent of these adults claimed addiction to illicit drugs, while one in eight suffered from alcohol and illicit drug addiction simultaneously (Substance Abuse and Mental Health Services Administration 2018). Illicit drugs have high variation in their capacity for causing various medical complications, including overdose (Goode 2008). Between 1999 and 2018, overdose death rates increased markedly, particularly in the case of heroin, prescription opioids (including Methadone), and synthetic narcotics (primarily Fentanyl) (Quinones 2015; Centers for Disease Control and Prevention 2020). Of the 67,367 overdose deaths in 2018, 46,802 were attributed to some type of opioid (Centers for Disease Control and Prevention 2020).

Medicalization can be understood as involving the “redefining of a moral problem into a medical one” (Conrad 2005; Murphy 2015). Drug use, which was once perceived to be solely an issue of criminality or morality, has become medicalized and is now perceived as a medical issue which should be under the purview of medical professionals.

When drug use is framed as a medical issue instead of a criminal issue, drug users may experience less stigma for their behavior (Conrad 2005). However, treating drug use as a medical condition ignores the socio-structural issues related to drug use by isolating the problem within the individual (Murphy 2015). Additionally, and as this study shows, there are questions regarding whether all drug use requires treatment as a medical condition in need of “fixing.”

Another popular notion is the idea that drug use has become “normalized.” The concept of normalization as it pertains to drug use and drug users refers to the ways that a “deviant, often subcultural, population or their deviant behavior is able to be accommodated into a larger grouping or society” (Parker, Aldridge, and Measham 1988). Evidence of the normalization of drug use is apparent in the growing legal accessibility of marijuana in recent years. Further evidence may be seen in other legislation - like Oregon’s passage of a state ballot measure that decriminalized the personal possession of small amounts of *all* drugs, and the decision in the state of Colorado to decriminalize the possession of psilocybin mushrooms. The popularity of microdosing classic psychedelics for practical purposes is further evidence of this normalization (Webb et al. 2019). Results from this study show that elements of both medicalization and normalization are embraced by the staff and clients in drug court. This impacts how clients experience drug court in two ways: 1) for clients who self-identify as having a drug problem, the perception that their substance abuse issues are being addressed as a disease or a medical condition (medicalization), may incline them to engage with treatment programs and perceive the program as legitimate, and 2) for clients who do not self-identify as having a

drug problem, or who are in drug court for “softer” drugs such as marijuana, the perception that they are not being overly stigmatized (normalization), may lead to them being more receptive to and compliant with program requirements.

Substance Use as a Legal Problem

Beginning with California in 1996, drugs like marijuana have become legal or decriminalized in most US states; thirty-six states have legalized medical marijuana, and eighteen states have legalized recreational marijuana (Anderson and Rees 2023). Although the country’s laws regarding the use of drugs such as marijuana are becoming more tolerant, whether drug use is immoral or should be illegal remains a topic of contentious public debate (Zarhin et al. 2020). The laws regarding the use of other drugs remain strict, prohibiting and punishing use with sharp penalties (Boyd 1999; Goode 2008; Exum 2018). Illicit drugs vary enormously in their generation of and/or association with problematic behaviors such as discoordination, violence, and poor impulse control (Goode 2008). Drugs are often involved in crimes involving the drug trade, but they are also involved in other crimes, such as when a person commits robbery to support their drug habit or when a person commits a violent crime under the influence of drugs. For instance, the Bureau of Justice Statistics (BJS) reports that seventeen percent of all state prisoners, and eighteen percent of all federal prisoners committed the crime for which they were currently incarcerated in order to obtain money for drugs (Office of Justice Programs 2020). A 2007 Uniform Crime Report (UCR) showed that 3.9 percent of homicides were narcotics related (Office of Justice Programs 2020). The National Crime Victimization Survey (NCVS) from the same year, showed that twenty-six percent of

victims of other violent crimes reported that the perpetrator was under the influence of drugs or alcohol (Office of Justice Programs 2020). When lost workplace productivity, healthcare expenses, and crime-related costs are considered, drug use costs the United States \$740 billion annually (Substance Abuse and Mental Health Services Administration 2018). Given the growing understanding that to prevent crime, there is a need to address substance use, drug courts have become a popular method for responding to substance use as an individual health issue and as a social problem.

DRUG COURTS

Marking a rise in the popularity of intermediate sanctions – i.e., sanctions that are less punitive a jail or prison sentence, drug courts first appeared as a response to the rapidly growing number of drug-involved offenders under criminal justice supervision, and the significant financial challenges incurred by incarcerating them (Belenko 1998; Dewey and St. Germain 2017). The first drug court was established in Dade County, Florida in 1989 (Belenko 1998). Since then, drug courts have been implemented, in some capacity, in every state in the country (Logan and Link 2019). As of 2020, there were more than 3,000 drug courts in the United States, serving approximately 120,000 clients (Office of Justice Programs 2020). It is important to understand the effectiveness of drug courts and the mechanisms by which they may reduce substance use among participants. This study focuses on the narratives of drug court staff and participants to understand experiences in drug court.

Generally, scholars have attributed the growing popularity of drug courts to the increased preference for the treatment, instead of punishment, of drug-involved

offenders; the proliferation and increased popularity of community-based treatment models and diversion courts; and the inability of jails and prisons to house and properly treat drug-involved offenders (Logan and Link 2019; Boldt 1998; Maguire and Pastore 1999; Leon and Shdaimah 2012). Drug courts have been advertised as a way to keep people arrested for a drug offense out of jails and prisons, while also providing them with substance use treatment (Belenko 1998). Drug court programs are considered to be a punitive-therapeutic diversionary response (Tiger 2011). They are punitive because they rely on court-mandates to compel participation in the program. They are therapeutic because they divert the offender away from incarceration and provide them with treatment for their substance use. Punitive-therapeutic treatment is becoming more common for drug-involved offenders and other offenders who engage in behaviors deemed undesirable or pathological, such as sex work (Dewey and St. Germain 2017). Other scholars (Tiger 2011; Tiger 2013) have classified these courts as being a form of “coerced treatment” intended to punish drug offenders. The term “coerced treatment” underscores the idea that drug courts blend elements of both the criminal justice system and drug treatment modalities (Tiger 2011). By diverting individuals who have been arrested for a judge charge away from the criminal justice system, drug courts are simultaneously mandating their participation in drug treatment programming. In addition to being a form of coerced treatment, drug courts are also the product of the increased popularity of “problem-solving courts”, or diversion courts. These courts intend to divert participants away from specific “problem behaviors” (Dewey and St. Germain 2017). Drug courts, prostitution courts, homeless courts, gun courts, mental health courts,

veteran's courts, domestic violence courts, and DUI/DWI courts are examples of diversion courts that address specialized issues (Leon and Shdaimah 2012; Dewey and St. Germain 2017).

Separate drug courts serve adult and juvenile offenders. The exact structure and components of each drug court vary by geographic locale, but the underlying components are similar across drug court programs. Like other diversion courts, drug courts suspend or postpone conviction or punishment while the offender undergoes certain programming and treatment intended to rehabilitate or change specific habits (Leon and Shdaimah 2012). Most drug courts require that participants engage with specific programs, such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), undergo therapy or drug treatment, and submit to supervision, including regular reporting to judges and case managers and frequent urinalyses (Leon and Shdaimah 2012). Programs also include a system of rewards for progress through the program and good behavior, and sanctions, including short stints of jail time, for a dirty urinalysis or for breaking program rules. To be eligible for participation in a drug court, most programs require that the participant be a non-violent offender with no more than one or two prior convictions, the participant make a one-year commitment to drug court, and the participant must plead guilty to their charges (Murphy 2015). When offenders complete the requirements of a drug court program, the felony drug charges for which they were arrested may be expunged or dismissed. However, if offenders are evicted from the program due to noncompliance or rearrests, they are typically sentenced to a prison term and become ineligible to participate in future alternative programs or diversion courts (Murphy 2015).

Drug courts have received political support from Democratic and Republican politicians, perhaps because drug courts embrace philosophies of both medicalization and criminalization (Murphy 2015). Drug courts appeal to people who view drug use as a medical problem requiring treatment and rehabilitation and people who believe that drug use is a crime for which there should be punishment (Murphy 2015). Perhaps explaining their increased popularity among conservatives, drug courts produce substantial fiscal savings due to producing lower rates of recidivism (Murphy 2015; Belenko 1998; Marlowe 2010). The criminal justice system saves an estimated \$2.21 for every one dollar invested in drug courts (Marlowe 2010).

Findings regarding the success of drug courts have been mixed. Multiple studies have suggested that drug court participants, as well as drug court graduates, have lower recidivism rates than comparable non-participants (Belenko 1998; Gottfredson and Exum 2000; Sanford and Arrigo 2005; Peters, Haas, and Hunt 2001). However, other studies (Miethe, Lu, and Reese 2000; Hoffman 2002) have found that recidivism rates were higher for offenders in a drug court program than for comparable offenders who were not in such a program. Miethe, Lu and Reese's (2000) study also showed that a Las Vegas drug court sentenced offenders to prison at a substantially higher rate than traditional courts; the authors explain this finding by focusing on the court's orientation towards stigmatization and punishment. Sentences also seem to be longer for drug court participants who are sentenced to a prison term; Bowers (2008) found that non-graduating drug court participants experience longer prison sentences than their counterparts who did not participate in a drug court program.

As far as success in drug court, some studies (Fielding et al. 2002) have found that people who are considered high-risk for rearrest, that is, participants who were younger, had previous felony convictions or mental health issues, or had previously failed in less intensive drug treatment programs, are most successful in and benefit the most from a drug court. Boldt (2010) has suggested that clients who were likely to succeed in a drug treatment program with or without court intervention were typically the most successful drug court participants. Additionally, Hartley and Phillips (2001) found that white participants, more highly educated participants, and employed participants tend to have more successful outcomes in drug court than their Black, less educated, or unemployed counterparts.

There are many criticisms of diversion courts generally and drug courts specifically. Many scholars (Leon, 2007; Shdaimah, 2010; Dewey and St. Germain 2017) are critical of diversion courts because they require a guilty plea for admission, are positioned as the only alternative to serving jail time, and are simply “another form of coercion” that offenders face (184). Similarly, Gowan and Whetstone (2012) suggest that such mandatory drug treatment is a primary mechanism for resocializing and controlling the poor. Leon (2007) is critical of the problem-solving model on which diversion courts are based, their promotion of “teamwork,” and the heavy and burdensome involvement of case managers in people’s lives. Some scholars have noted that diversion courts have a net-widening effect and result in more frequent arrests and greater surveillance (O’Hear 2007). Others (Orr et al. 2009) have questioned if offenders are better or worse off in the long run for having participated in diversion court programs. Finally, other scholars

(Nolan 2010) have been critical of both the appropriateness and quality of treatment. These critiques have raised concerns about who is getting access to services; for example, marijuana users may be coerced into drug treatment services – but is this necessary or appropriate?

Research has not yet fully identified the specific factors that make participants in a drug court program successful or not successful. Prior scholarly work regarding the criminal justice-social services alliance (Dewey and St. Germain 2017). has found that the attitudes and perspectives of staff from both criminal justice and social services sectors can influence the quality of services provided to individuals involved in the justice system. However, these findings have not been specifically applied to drug courts, and research has not addressed the extent to which staff perceptions of drugs and drug use impact the drug court client's experience and progression through the program. To help fill that gap, this study examines how cultural and organizational narratives about drug use and drug users relate to staff's perceptions of clients, and whether and how cultural and organizational narratives relate to the personal narratives of drug court clients, as well as their experience and perceived success in drug court. Scholarship on drug courts lack a complete understanding of what happens in these programs and the processes by which they operate. Following other scholars who have identified these processes in other settings (Estroff 1985), this study helps to fill that gap.

CULTURAL, ORGANIZATIONAL, AND PERSONAL NARRATIVE IDENTITIES

Storytelling is a primary way that people construct their personal identities and make sense of the world around them (Gubrium and Holstein 2000). Stories help people to explain their past behavior and guide their future behavior (Presser and Sandberg 2015). The study of narrative identity focuses on the role of narratives in the creation of personal identities (Loseke 2007). There are three levels of narrative identity: cultural identities (macro-level), institutional and organizational identities (meso-level), and personal identities (micro-level).

Cultural Narrative Identity

Cultural narrative identities reflect broad social classifications of people (Loseke 2007). These social classifications are constructed from widely circulating “formula stories.” Formula stories construct, for example, categorical identities of social roles such as “mother” or “citizen.” Narratives constructing institutional identities draw on formula stories “creating categorical identities of types of actors engaged in acts with expectable moral evaluations” (Loseke 2007: 667). They allow policymakers to “sort” people into identity categories – such as “poor woman” or “welfare queen.” Cultural stories produce categorical identities associated with familial roles, gender, age, religion, race, and sexual identity, among other roles (Loseke 2007). Cultural identities, like other forms of narrative identity, are produced through formula stories (Berger 1997; Loseke 2007) which are continuously being modified and changing, and through social expectations

derived from imitation, primary and secondary socialization, social networks, mass media, and other sources.

Politicians, the media, and social activists have been responsible for the proliferation of some of these formula stories. These and other moral entrepreneurs create rhetoric from these cultural narratives that construct moral panics around certain types of behavior, including substance use (Hawdon 2001; Goode and Ben-Yehuda 1994). United States history is riddled with moral panics constructed around the use and users of various drugs (Webb and Griffin 2019). Cannabis, alcohol, crack, heroin, methamphetamine, hallucinogens, and various “designer drugs” and people who use these substances have all been the targets of moral panics at some point in time, with varying degrees of intensity (Webb and Griffin 2019).

Sometimes formula stories have multiple authors. Kroll-Smith (2000) illustrates this point by explaining how researchers, magazines, the National Sleep Foundation, the National Highway Traffic Safety Administration, and mattress companies together have constructed a new type of “troubled identity:” the “drowsy person” who causes accidents. Some groups of people are more likely to have their stories evaluated as believable and important, reflecting power (Loseke 2007). They include scientists, academics or professionals (Gamson and Wolsfeld 1993). Stories that emphasize political biases, are dramatic, or attempt to make sense of recent events are also evaluated as more important (Hilgartner and Bosk 1988; Schudson 1989). For example, Folpp (2002) argues that culturally circulating formula stories following the terrorist attack on the United States on

September 11, 2001 constructed the “terrorist” as a man of Middle-Eastern or Muslim descent.

Stories told by the stigmatized (Link and Phelan 2001) or the disadvantaged, including Black and other minority women, are often ignored (Collins 1989). In addition to who is telling the story, a good story appeals to “what audiences think they know, what they value, and what they regard as appropriate and promising” (Davis 2002:17–18). The most appealing cultural narratives reflect symbolic codes of shared meaning (Alexander 1992). Symbolic codes typically situate identities as contrasting, for instance, the deserving poor/undeserving poor, good mother/bad mother, and victim/agent (Loseke 2007). Cultural narratives are often involved in the construction of symbolic boundaries between different types of social actors, and these distinctions may construct boundaries regarding, for example, those who are drug users and those who fall under the more demonized category of drug abusers (Lamont and Molnár 2002; Rodner 2005).

There are a number of prevailing cultural narratives surrounding drug use. One of the most prevalent is the idea that drug use is a moral problem and that drug users are outsiders who are to be feared and avoided (Hawdon 2001; Goode and Ben-Yehuda 1994; Webb and Griffin 2019). These narratives tend to portray negative and stereotypical representations of drugs and their users, and to conflate drug use with crime and criminal behaviors. Moral panics and the related cultural narratives are often perpetuated by the same actors who perpetuate other cultural narratives – the media, politicians, and social activists. Another prevalent cultural narrative comes from the medical community. This narrative depicts drug use as a medical, instead of a moral,

problem attributable to disease (Murphy 2015). The idea of drug use as “normalized” is another prevailing depiction. Normalization refers to the growing idea that drug use is no longer deviant, but instead, is at least normal, and in some cases even good. An example of this is the growing normalization of marijuana use, the normalization of using licit, instead of illicit, drugs, and growing support for psychedelic drugs as medical therapy (Tupper et al. 2015). Finally, and related to the idea of normalization, is the cultural narrative regarding drug use as “okay” in certain situations – such as when use results in no, or few consequences for the user (Copes 2016; Foster and Spencer 2013; Jarvinen and Demant 2011).

Organizational Narrative Identity

All organizations have a narrative describing who they are and what they do. For the purposes of this research, Loseke (2007) explains that *organizational narratives of identity* are narratives which are created by policymakers, any by the workers in organizations that have been designed for “people who evaluate themselves, or who have been evaluated by others, as having troubled identities in need of repair” (670). These organizations include, for example, drug courts, counseling centers, rehabilitation facilities, prisons, crisis centers, homeless shelters, self-help groups, Twelve Step programs, and programs for “troubled” or “at risk” youth. These narratives start with “formula stories” describing the ideal “client” for these organizations – that is, who will be successful in the organization or for whom the organization is intended. For example, formula stories depicting the characteristics of the “battered woman” and “abusive man” informed early battered women’s shelters (Loseke 2007). Organizational narratives

shape social services and their funding and are useful and necessary for such organizations, as they help to define the organization and attend to practical issues such as who the organization is intended to serve, the types of problems the “typical” client suffers, the client’s needs, and in establishing criteria for evaluation in the program (Loseke 2007; Gowan 2010). For instance, Teresa Gowan (2010) in her work with the homeless, explored how the “homelessness industrial complex” affects the people living in homeless shelters as well as funding and public policy surrounding issues of homelessness.

Narratives help staff members “train each other in occupational skills and responsibilities” (Polletta et al. 2011: 115). Mohr and Duquesne (1997) shows the historical relevance of these narratives, by illustrating how 19th century poverty relief efforts were characterized by “...a strict set of boundaries separating the destitute from a less thoroughly stigmatized class of individuals identified as needy, distressed, or misfortunate” and how these boundaries coexisted with differential relief practices” deemed appropriate for each sub-category of the poor” (306). Sometimes the organizational narratives that define client classifications are shaped by public policy. For instance, programs that receive state or federal funding may be required to classify clients in terms of their specific deficiencies (Loseke 2007). Other organizations may construct their organizational narratives from the formula stories that have been constructed by various social activists. In the case of domestic violence organizations, for example, Loseke (2007) has explained that organizational narratives came from social activists

who were trying to convince the public that the “battered woman” is a type of person who needs a specific type of help.

An explicit goal of many organizations is to have clients’ stories “conform to organizationally sponsored stories defined as those the clients should embrace as their own” (Loseke 2007: 671). In fact, in many of these organizations, the client’s adoption of the organizationally desired story is a requirement for participation in the program and receiving the program’s services. For instance, Nolan (2002) has documented how clients participating in a court-mandated drug treatment program are required to tell the organizationally preferred story depicting themselves as the “drug addict” before being released from restrictive court monitoring. The organizational narrative of a drug court is likely to be consistent with ideas that are anti-drug and anti-drug use in nature. However, as with cultural narratives about drugs and drug use, there is also likely to be some variation, or more than one narrative.

Personal Narrative Identity

People may use these broadly circulating formula stories at the cultural and organizational levels to make sense of themselves and others in their immediate social milieu (Loseke 2007). In the field of narrative inquiry, the construction of these micro-level narratives is referred to as personal narrative identities. Personal narratives allow the social actor to make coherent connections among various life events (Loseke 2007). Loseke (2007) explains that for a narrative to be “...evaluated as believable, stories crafted by individuals must at least partially reflect the kinds of stories that prevail

in...culture” (673). Baker (1996) gives the example of women who are the victims of violence. These women, Baker (1996) argues, are aware of how they “should” respond to their experience because of their knowledge of the cultural narrative of the abused woman. The cultural narratives from which social actors’ draw are not static; rather, they change over time and have inconsistent moral evaluations. An example is the changing cultural narrative of the single mother. The “single mother” at one point in time was viewed with sympathy and as a product of failed structural conditions, and at another point in time was condemned as a member of the “urban underclass” (Loseke 2007). Simply put, these widely circulated cultural narratives act as a type of blueprint for making sense of the self and constructing personal narratives of identity (Loseke 2007). People who use drugs use these cultural blueprints to make sense of themselves as well. For instance, in a study with female meth users, the women created social distance between themselves and other users to distinguish themselves from more “dysfunctional” users. These ideas about “functional” and “dysfunctional” users were derived largely from cultural stories about “typical meth heads” (Webb, Deitzer and Copes 2017).

Snow and Anderson (1993) show how another stigmatized group, the homeless, develop identity-oriented meanings to establish who they are and make sense of their lives. Some people do this by distancing themselves from other homeless people and disassociating with the homeless as a general social category, or by elaborating on why they should not be mistaken for a “typical” homeless person. Some may embrace the identity of being homeless, while others engage in “fictive storytelling” by telling fantasized or embellished stories of themselves and their circumstances (Snow and

Anderson 1993). Oselin (2018) has examined how male sex workers engage in identity talk to cope with and lessen the stigma associated with their behavior. She shows that some of these men adopt identities related to their recovery and desistance from sex work, while other men create new identities that show their acceptance of their occupational and behavioral choices, such as describing and redefining themselves as “professional sex workers.” These men attempt to portray sex work as empowering rather than demoralizing, and thus, to challenge the stigma that is typically associated with sex work.

The role of personal identity change in desistance from criminal behavior is another area that has been examined by scholars highlighting the importance of organizations in facilitating such a change (Shdaimah and Wiechelt 2012; Oselin 2014; Shdaimah and Bailey-Kloch 2014). Organizations influence this change through several mechanisms other than narratives, including social control and stigma. Aside from the organizational narrative impacting identity, other research has found that criminal justice organizations can have an influence on identity because participants are required to go there and participate in programming. These organizations may influence identity through coercion, stigma, and the threat of punishment (Shdaimah and Wiechelt 2012; Shdaimah and Bailey-Kloch 2014).

Criminal justice organizations, through various social control mechanisms, “engender a power-laden dynamic between the staff and members, where the former pushes the latter to internalize and adopt prescribed values, behaviors and goals” (Oselin 2014: 10). Institutions often perceive those within the criminal justice system as lacking

“appropriate cultural values”; this perception justifies the means for the institution to rehabilitate them (Davis 2017: 59). Davis (2017) explains that criminal justice institutions rehabilitate by imposing dominant societal discourses on those who they seek to rehabilitate in the form of documents, programs, policies, and institutional practices. These social control mechanisms can have a powerful effect on the client’s personal identity and sense of self (Oselin 2014). Although organizational members sometimes resist these social control mechanisms and the resulting identity changes, Oselin (2014) notes that resistance becomes more difficult the longer a person is immersed in a particular organization, and when social controls serve to regulate client’s talk and behavior. According to Polletta et al. (2011), people may also resist narratives that conflict with their ideas of who they believe themselves to be. Social control is exerted on those within the criminal justice system not only by the institution but also by others under the control of the institution. Davis (2017) suggests that dominant societal discourses become a means through which girls in a juvenile justice facility come to police each other. This “horizontal surveillance” is a way that they compete with each other for status within the institution (Davis 2017). Their policing of each other also results in their “being the primary enforcers or social control agents to the extent that those in power do not have to be as vehement about enforcement because [they] do the enforcing for those with power” (Davis 2017: 98).

Other literatures have examined the importance of identity change and individual agency in explaining engagement in and desistance from criminal behavior. The desistance literature in criminology, for instance, draws heavily on identity changes in

explaining how criminal offenders eventually turn away, or desist, from crime. Laub and Sampson (2003) draw on the importance of structural turning points, such as a new job, new relationship, or new baby, coupled with individual agency and how these factors combine to motivate desistance from crime. Paternoster and Bushway (2009) theorize that between a “turning point” and desistance from crime, an identity shift occurs. According to them, the crystallization of discontent and supports for self-change contribute to a “feared self,” resulting in desistance. Maruna (2001) has described “redemption scripts,” a type of narrative that allow offenders to forge new, non-criminal identities, to explain criminal desistance. These scripts involve the telling of stories that detail how past criminal behavior was at odds with a person’s “true self.” This storytelling is the first step involved in “making good”, an identity shift that enables criminal desistance. These concepts suggest possibilities for how drug courts may work. This study will examine how cultural narratives about drug use might inform organizational narratives in drug courts and whether and how this may affect the personal narratives of drug court clients and their perceived successful completion of their drug court program.

Chapter 2: METHODS

THIS STUDY

Primarily using qualitative interviews with drug court staff and clients, I examine the following research questions: (1) How do cultural narratives and organizational narratives inform the drug court staff's construction of the ideal drug court participant and their work with drug court clients? (2) How do these narratives shape the experiences of drug court clients? (2a.) How do these narratives shape drug court clients' personal narratives? (2b.) To what extent do these narratives translate to clients' perceived success in the drug court program?

Cultural narratives about drug use and people who use drugs inform organizational narratives at facilities that are intended to help drug users. Thus, understanding these narratives will help us to better understand these courts and how they operate. Additionally, the staff in a drug court facility have substantial discretion and decision-making power regarding the lives of program participants for periods of months, or even years. Staff members in various problem-solving courts are responsible for supervising clients and formulating case plans and recommendations to the judge regarding the lives of people "with whom they have spent very little time" (Dewey and St. Germain 2017: 182). The reliance on professionals to assess and address the needs of individuals within the criminal justice system, although they likely lack extensive firsthand knowledge of those individuals' circumstances has been termed the "criminal justice-social services alliance" (Dewey and St. Germain 2017). Thus, it is crucial to

understand the narratives that inform the staff members' perceptions of the clients with whom they work.

This study makes empirical and methodological contributions. Substance use is a major issue in the United States, affecting individual people as a health concern and affecting society as a whole as a social problem. Drug use is not only treated as a crime in and of itself, but drug use is also involved in the commission of non-drug related crimes. To solve the crime problem in the United States, we also need to effectively address the issue of drug use. Drug courts have been touted as a key strategy for addressing substance use and its relation to crime. The federal government allocates substantial funds to drug courts (Griffin et al. 2018) and these courts tend to be popular with judges (Farole 2009). Therefore, it is important that we learn more about these programs and the factors that contribute to and influence their success. Drug court programs need to be mindful about how cultural and organizational narratives affect client outcomes. These findings could help improve drug court policies and processes. Methodologically, most studies of drug courts have been quantitative in nature, and thus, lack an in-depth understanding of the mechanisms that contribute to success in a drug treatment court; this study also helps to fill that gap. Finally, success in a drug court may be defined as simply completing the program requirements. However, another contribution and aim of this investigation is identifying whether other alternatives to this definition of success exist.

Design

I employed a cross-sectional research design and qualitatively analyzed primary interview data for this project.¹ To supplement the interviews I also examined the organization's mission statement, and observed peer/client group meetings. Due to the COVID 19 pandemic, all of these meetings occurred virtually via Zoom. However, the bulk of the data for this study comes from the interviews conducted with the drug court staff and clients. Because the purpose of this study was to understand the experiences and points of view of individuals employed or participating in a drug court program, qualitative interviews are the most appropriate methodological approach. Tewksbury (2009) explains that the most advantageous element of a qualitative approach to research is a deeper, more rich and comprehensive understanding than is offered by quantitative, or statistical analyses. Interviews are also methodologically advantageous when studying sensitive topics or studying populations who are rarely studied (DeVault 1999). Analyzing qualitative interviews provides researchers with in-depth, detailed information that would not be as well-rounded and rich in description and detail if other methodologies were used (Tewksbury 2009).

¹ Although I considered doing focus groups for my first research aim, I ruled them out because they were less well-suited for the other research aims. I anticipated that staff and drug court clients alike may be hesitant to discuss publicly in a group their views on their interactions with clients and other staff and, in the case of clients, about their own progress through the program. Additionally, given the small size of the staff, and that I rely on voluntary participation, focus groups did not seem feasible; it was unlikely that I could recruit enough participants to run multiple groups to achieve saturation.

Setting

This study was conducted in a drug court program in the Southeastern United States. I was able to gain access to this organization through an introduction by a colleague to the Executive Director and the Data and Research Director of the drug court. After speaking with these directors and agreeing to allow my findings to be used as part of their annual evaluation, I was granted permission to conduct my research at this drug court.

The drug court in this study is located in an urban area in central Alabama. The court was established in January 1996 and has two locations, all serving one large county. The first location is a much larger city and serves 807 participants; the smaller location serves 181 participants. The court is funded through local county government and supplemented through grants from various federal agencies; the annual operating budget for the drug court is around \$672,000. The court is organized around the ten key components of Drug Courts (Office of Justice Programs 2004). The two programs perform as a collaborative effort between the county's court system and the two cities' community justice programs. The drug court operates on a system of graduated sanctions and incentives with judicial oversight. Compliance is rewarded with fewer court appearances and ultimately, upon successful completion of all requirements, dismissal of conviction. Sanctions vary from requiring the client to write essays, perform community service, attend peer groups, or spend time in jail.

To be admitted to this drug court, clients must be first-time felony drug offenders and enter a guilty plea, which is held in abeyance and withdrawn upon successful completion. This procedure is based on the traditional drug court model (Office of Justice Programs 2004). Most clients spend approximately six months in drug court; however, some may spend up to one year, depending on their performance. The drug court staff is made up of case managers, peer support specialists, and administrative support. There are also two judges that preside over the Drug Court. The peer support specialists are paid, certified staff members, many of whom are former drug court clients, and are the current client's point of reference for all things related to the Drug Court. All staff members are employees of a large university in the area.

Sample

To be eligible for participation, all staff participants had to be currently working as a caseworker or peer support specialist for the Drug Court, and all client participants had to be currently enrolled in the Drug Court. Because this is an adult drug court, all participants were at least eighteen years of age. The guiding principle of qualitative interview sampling is theoretical saturation, or to get to the point where no new information is being obtained. The number of interviews required to reach theoretical saturation differs depending on the particulars of the project; however, between twelve and thirty interviews is generally considered an appropriate number for achieving theoretical saturation (Adler and Adler 2012).

The final sample included six drug court staff (two peer support specialists and four case workers/managers), and twenty-three drug court clients. Of the staff participants, there were three male and three female participants; two of the staff participants were Black and the rest were white. Of the client participants, there were thirteen male and ten female participants. The client participants ranged in age from twenty to forty-nine years old, with a median age of thirty-three; thirteen were white, nine were Black, and one identified as Native American. The most common drug of choice was heroin or other opiates (n=7), followed by marijuana (n=5), methamphetamine (n=5), cocaine (n=1), and alcohol (n=1). Three participants claimed to have no drug of choice, and one claimed to “like most things.” Finally, client participants were asked whether or not they believed that they had a drug problem; thirteen clients claimed that they had a drug problem, ten claimed that they did not have a drug problem.

Recruitment

Recruitment for interviews involved different steps for drug court clients and drug court staff. I obtained the email contact information of the drug court staff from the court’s Data and Research Director. I tailored and circulated an email to these staff members explaining the nature and purpose of the study and asked that anyone who was interested in participating in an interview contact me. I followed up with a second email one week after the original email to staff members who did not respond to my first recruitment effort.

To recruit drug court clients, I provided case managers with a separate recruitment statement explaining the nature and purpose of the study and how to contact me for participation. The case managers circulated the information to the drug court clients. Because the clients were taking time away from their jobs and personal lives to participate in the interviews, the drug court offered to incentivize client participation by taking up to five hours off of the total community service time that the clients were required to complete before their time in the drug court program concluded. Other drug court researchers (Festinger 2002; Mackesy-Amiti, Donenberg, and Ouellet 2012) have offered clients monetary compensation for interview participation. Because monetary compensation was not available for this study, compensation in the form of reduced community service seemed a fair incentive; the small amount of time (five hours) to be reduced from the total amount of community service to be served was not large enough to coerce client participation.

Data Collection

I conducted and analyzed cross-sectional semi-structured interviews, examined organizationally produced data detailing information about the Drug Court, such as its goals, its target clients, its philosophy and its mission statement, and observed peer/client “peer support” meetings. Due to the COVID-19 pandemic, all interviews were conducted via telephone or Zoom. All participants granted permission for the interviews to be audio recorded using either the TapeACall iPhone recording app for telephone calls or the Zoom recording feature for Zoom meetings. The interviews lasted between thirty and ninety-five minutes, with an average time of about fifty-two minutes.

All interviews were semi-structured. Appendix A contains the interview protocols. Topics included definitions of success in a drug court program, ideas about ideal drug court clients, and the interpersonal and clinical treatment of drug court clients by drug court staff. I began each interview by asking the staff participant to tell me the story of their drug court organization; drug court clients were asked to tell me the story of their drug court experience and explain when and why they entered drug court. I probed throughout the interview to gain additional information and clarify ambiguous storylines. To establish rapport, I was open and honest with my participants about the nature and purpose of my work.

When it felt appropriate, I let some of the client participants know that several years ago I participated in drug court and that this experience was a reason that I am interested in this topic and the mechanisms and processes by which drug courts function. I explained to them that this is not a study about drug users, and that I do not work for drug court. This was to say that I am not interested in them personally, but in understanding the drug court and how it works. Because *they* are the experts on drug court, I wanted to know how *they* understand drug court. This aligns with the rapport-building strategies of other scholars. For instance, Berk and Adams (1970) suggest building rapport by presenting the reasons for the research of stigmatized groups in “as flattering terms as possible” and portraying curiosity and respect for the group being studied and for the story that they can tell (107). Finally, I made it clear to participants that I was not studying drug users with the thought that they are animals or deviants, in

fact, I am quite critical of this idea; instead, I explained to them that I wanted to explore how larger cultural perceptions affect drug-involved persons.

Human Subjects Protection

I obtained informed consent from all participants and explained to them what their participation meant in terms of time and effort. I informed them that the intent of my research was to explore perceptions about drug use and drug users and the factors that are related to success in a drug court program. I explained that their participation was entirely voluntary and confidential and that I would protect their identities by storing recordings and subsequent transcriptions on a password protected computer, and that their names and other identifying information would not be included in any written results. They were also informed that if at any time during the interview they wished to quit, that they were free to do so without penalty. I gave all participants my name and contact information should they have any questions or concerns after the interview. I emailed all participants a copy of the informed consent form prior to the interview. Before starting each interview, and after a brief verbal explanation of their rights as a research participant, I asked for their verbal consent to participation.

Analysis

All interviews were transcribed into a Word document by trained volunteer undergraduate research assistant(s). The names and other identifying information about the participants were changed, and participants were given pseudonyms in the written results. Interviews were coded and analyzed using the qualitative coding software

Dedoose. The transcripts were coded for overarching themes in narrative identity and meaning-making (for Aims 1-2a) and narrative identity themes and ideas about success in drug court (for Aim 2b). I began the coding process by reading each interview. From there, I made a code list of the major themes that were coming up in the data. Next, I coded each interview using this master code list. After this initial coding, I refined the themes and concepts to create the axial codes that make up the results of my analysis.

I analyzed the staff and client data separately and was cautious of conflicting reports between the two. Instead of approaching the data with hypotheses or ideas about the most important themes, concepts, or outcomes, I approached the data abductively (Timmermans and Tavory 2012). An abductive approach relies on the researcher's "cultivated position" (Timmermans and Tavory 2012). Unlike an inductive approach, which prompts the researcher to engage with theory after data collection, or a deductive approach which specifies the "scope of perceivable findings", an abductive approach calls for "...extensive familiarity with existing theories at the outset and throughout every research step" (Timmermans and Tavory 2012: 173). Abductive approaches call for a methodological approach like that of a grounded theory approach – rooted in field notes, theoretically based sampling, coding, memo writing and comparison, but with these methodological steps taken against a strong theoretical background (Glaser and Strauss 1967; Timmermans and Tavory 2012).

Positionality

With any qualitative study, the characteristics and position of both the interviewer and the participants may unduly influence and shape the nature of the responses that are given. For instance, it is possible that the accounts of the participants be exaggerated and different if they had been interviewed elsewhere or by another researcher with different characteristics (Presser 2010). Additionally, the values and opinions of the interviewer may unduly interfere with his or her interpretation of the results. Accordingly, it is important to discuss the positionality of those involved in the research. As a White, woman-identifying graduate student, my status may influence the way that I interpret the data. However, I have done prior interview research with drug users (Webb, Copes, and Hendricks 2019; Beaton et al. 2019; Kerley, Webb, and Griffin 2018; Webb, Deitzer, and Copes 2017), and this knowledge and experience has continued to benefit me in helping to establish rapport and put participants at ease. Finally, I am also not an outsider to drug use or drug court. I have had personal experience with both and thus, possess an insider perspective. As a young adult, I had to do a year in drug court; so, I have a personal understanding of what the experience of a drug court client can be like.

Chapter 3: STAFF'S WORK WITH AND PERCEPTIONS OF CLIENTS

Aim 1: How do cultural and organizational narratives inform drug court staff's construction of the ideal drug court participant and their work with those clients?

In this chapter I rely on interviews with staff member participants, the organization's mission statement, and observations of peer/client group meetings to examine the cultural and organizational narratives that were pertinent among the drug court staff participants. There were no notable differences in terms of the narratives that were endorsed by age, race, job title, or the amount of time that each staff member was employed by the drug court. I also explain how the staff participants use these cultural and organizational narratives to inform their perceptions of the ideal drug court client and their work with those clients.

CULTURAL NARRATIVES ABOUT DRUG USE

The data shows that the staff endorse the cultural narratives that drug use is a health issue and that drug use is okay under certain circumstances. They also reject the cultural narrative that drug use is immoral. How the staff view people who use drugs is important in their construction of the ideal drug court participant and in their treatment and work with those clients. In this regard, the staff participants seemed to reject other cultural narratives that portray drug users as universally weak or immoral and instead, promoted the view that problem drug use is a health issue with legal consequences. The staff members that I interviewed viewed problematic drug use not as a moral failing, but as a health issue. The staff member participants in this study did not perceive all drug use

as wrong or problematic; instead, the determination of right versus wrong was based on whether drug use led to adverse life consequences, such as health or legal problems, for the user. However, their narratives revealed that although they view substance abuse as a disease or a medical issue, they also consider it to be a crime that does, and in some cases, *should*, come with legal repercussions. In the following sections, I will explore these three cultural narratives in detail.

Drug Use is a Health Issue

The data shows that the staff in this study endorse the cultural narrative that drug use is a health issue. This narrative emphasizes the idea that drug use is primarily a health problem rather than a matter of morality or criminality. The participants who endorsed this narrative typically rely on the role of biological, psychological, and social factors as the catalyst for drug use. As such, the medical model prioritizes treatment, harm reduction, and prevention; those who view substance use as a health issue typically also emphasize that drug use should remain outside of the realm of legality and users should not be subject to criminal prosecution.

All six staff participants in this study invoked the narrative that drug abuse is a health issue. Holly (23, white, Case Manager, employed by drug court for five months) explained that she perceived drug abuse to be a disease that stems from mental health issues: “A lot of people’s substance use started with medication, prescribed medications [for legitimate physical or mental health issues].” Kelly’s perspective (44, white,

Assistant Director of Criminal Justice Programs, employed by drug court for four years) mirrored that of Holly:

A lot of the people that I have come across [that get] into opiates in particular... you know had some kind of physical trauma, were treated with opiates that maybe weren't monitored or the pain didn't get better and then the doctor takes them off of it. Then, they go to other means to treat that pain for themselves.... Even Adderall if someone is treating for ADHD. It could be any number of drugs, anxiety. Maybe they got addicted to Benzos....

Lindsey (38, Black, Clinical Program Manager, employed by drug court for six years) argued that clients wanting but being unable to stop indicates that drug addiction is a disease. She said, "... [That] a person wants to stop and can't stop should signify to people that this isn't a choice, that this isn't something that somebody's choosing."

Carter (34, white, Peer Recovery Support Specialist, recovering addict, employed by drug court for four years) argued that addiction is a health issue by likening it to a disease like cancer or diabetes:

The symptoms of Cancer like everybody feels sorry for you. Oh you know, symptoms of Diabetes, nobody blames a diabetic when they eat too much sugar. "You should probably watch it, you know?" But the symptoms of addiction are just so, so nasty and they tend to severely hurt the people closest to us. So all [of] the sudden we... start blaming, you know, the people. "You're bad. You're immoral. You don't really care. You don't really love us". Without understanding

that like, you know, a person who has the chronic brain disorder doesn't control what happens to their brain once they put in.

Through stories about addiction stemming from dependence on prescribed medication for recognized illnesses and the difficulty of quitting those drugs, and likening drug addiction to other diseases, the staff reveal their determination that addiction is a disease. As Holly (23, white, Case Manager, employed by drug court for five months) said, "...They are suffering from an illness and need help." As will be illustrated later, this determination is instrumental in the staff's construction of the ideal drug court participant, their treatment of clients, and their desire and willingness to serve them.

Perhaps as a result of the industry in which they worked, the drug court staff participants all seemed to be sensitive to the plight of people suffering from a substance use disorder. Recognizing and being sympathetic to the suffering, life struggles, and hardships that influence drug abuse was instrumental in both how the staff viewed their clients, and in how they chose to work with them. Lindsey (38, Black, Clinical Program Manager, employed by drug court for six years) said:

I think, a lot of times people use drugs to escape, to escape their own personal pain within themselves, and also whatever is going on in their environment. So if a person is living in a hostile living environment and just doesn't have the means to leave that environment, I think that sometimes they will escape to using alcohol

or drugs because they don't want to have to deal with what's going on in that environment.

Here Lindsey reveals not only understanding of, but also sympathy toward, people who use drugs as a way to escape, or cope with, various traumas or life stressors.

The staff's willingness to acknowledge the role of trauma, mental health issues, and life stressors as fueling the clients' drug use demonstrates their empathy and understanding towards the clients with whom they work. This compassionate stance informs their approach to client care and aligns with the broader societal shift, documented in prior research, towards the view of drug use as a health issue instead of a moral failing (Goodrick et al. 2022)

Finally, all six of the staff member participants rejected the cultural narrative that drug use is immoral. Many people who perceive drug use as an issue of public concern subscribe to the moral narrative of addiction as "... a choice characterized by voluntary behavior under the control of the addict" (Henden et al. 2013). This is often accompanied by the belief that drug use should be a punishable legal offense. Said Kenny (45, Black, Case Manager, employed by drug court for four years), "It's like saying cancer is immoral. Diabetes is immoral. I mean it's another medical condition that needs to be treated."

Drug Use is Okay Under Certain Circumstances

The staff participants in this study also endorsed the cultural narrative that drug use is okay under certain circumstances. Copes (2016) explains that people "make

divisions among users of different types of drugs and argue that some drugs are better than others and that [a particular] drug of choice is morally and physically cleaner than others. Consequently, [users of certain types of drugs] should be viewed differently from people who use the worst drugs and not be judged as harshly.” The staff participants differentiated between “better” and “worse” drugs; this determination was typically based on the perceived risk or harm, or the benefits or lack of benefits associated with the substance. This differentiation between drugs ties in with the staff participants’ belief that drug use is not inherently a problem, but rather, a problem only under certain circumstances, for example, if it is adversely affecting one’s health. Some staff participants reported seeing drug use as “better”, or at least “acceptable” when 1) the drug being used was “socially acceptable”, or used commonly, such as marijuana, or 2) when the drug provides medical benefit, or is prescribed by a doctor, or 3) when use of the drug is not a health issue and does not interfere with “normal” daily functioning.

Holly (23, white, Case Manager, employed by drug court for five months) explained that she viewed Adderall, cocaine, and methamphetamines as being “better” due to the decreased risk of overdose compared to opiates. She explained,

... I have my clients that are on opioids and you’re constantly wondering if you’re gonna get a call that they’ve overdosed. Or I have my clients that yes, they’re – they’re using cocaine but I generally know that there’s a less chance that something... extreme [is] gonna happen to them.”

Noting the perceived risk of harm, but citing different substances, Kelly (44, white, Assistant Director of Criminal Justice Programs, employed by drug court for four years) said: “If I were advising a client on what drug to use, it would be weed. Just so they don’t go overdose on Fentanyl or have a heart attack on cocaine or blow up from using meth, you know.”

All staff participants seemed to perceive opiates as being the “worst” due to the risk of overdose, and marijuana as being much better than other drugs because it’s not as “harsh”. Another viewpoint was that some drugs, namely psychedelics, could have positive effects.

The peer staff who, by definition, were themselves recovering addicts, differentiated between “better” and “worse” types of drugs, while also perceiving all addiction to be the same. Carter (34, white, Peer Recovery Support Specialist, employed by drug court for four years) said: “...Somebody who has an alcohol use disorder right, like I’m gonna view them the same as somebody with an opioid use disorder. To me there is no difference. But I think that comes with my personal experience.” The peer staff participants, likely as a function of their own experience with addiction, were more likely to treat all drug court clients the same, regardless of their drug of choice. This position was observed in the peer support meetings, which were run by the peer staff members. Drug court clients were required to attend these meetings, and each meeting started out with readings from the Narcotics Anonymous (NA), Alcoholics Anonymous (AA), or Cocaine Anonymous (CA) literature. This literature is geared towards people

with a substance use disorder and intended to help achieve and maintain sobriety by highlighting the ways in which drug use hinders life and sobriety enhances it.

Some staff participants also alluded to drug use being acceptable if a person is able to use drugs without experiencing a loss of functioning or adverse life consequences. Carter (34, white, Peer Recovery Support Specialist, recovering addict, employed by drug court for four years) exemplified this point:

...You would have to look at the consequences and the whole picture. Like is it impacting your relationship? Is it impacting your health? Is it impacting your employment? Is it impacting your dreams and ambition? Is it impacting your spiritual life? Is it impacting you emotionally? I think you have to take a whole, like holistic view of the person and see [if] substances [are] negatively impacting any of these areas....

Thus, these staff participants viewed the consequences of use, not the drug use itself, as the key to determining whether drug use was acceptable or problematic. Because drug use is illegal and drug court is a legal repercussion for illegal behavior, the staff participants tended to treat all drug court clients the same, regardless of whether they perceived each client's personal use to be problematic or not. Perhaps this is appropriate because drug court is a criminal justice system program, it is, however, contradictory.

While the staff participants viewed drug addiction as a health issue, not a moral issue, and that drug use is okay under certain circumstances, they still believed that drug use "can lead people to do immoral things," according to Carter (34, white, Peer

Recovery Support Specialist, employed by drug court for four years), including illegal behavior. They viewed illegal behavior as unacceptable and deserving of punishment.

Kenny (45, Black, Case Manager, employed by drug court for four years) explained that:

... The worse your addiction gets, eventually when you run out of money or run out of means of getting money legally, you'll probably turn to illegal means of some kind. Whether it's stealing or doing things that are not right as long as the legal system's concerned.... The worse your addiction gets... and you'll start to burn those bridges with family, friends, job employers. I think eventually unless you're just independently wealthy or somebody's maintaining it for you, [you'll] eventually find yourself slowly involved in the criminal justice system.

However, some staff members, like Lindsey (38, Black, Clinical Program Manager, employed by drug court for six years), believed that drug court provided help for sick people, and that a distinction needed to be made between criminalizing addiction and criminalizing illegal behaviors that were the result of an addiction, such as robbing a store for money to buy drugs. She explained, "I wish they would treat the illness and criminalize the behavior...." Similarly, Carter (34, white, Peer Recovery Support Specialist, employed by drug court for four years) explained:

... the fundamental thing that we have to do in drug court is make a distinction between bad behavior and sick behavior.... We have to differentiate those two. We have to recognize that there's very much a difference. Like somebody might be like "Fuck you. I'm gonna do what I'm gonna do" and is somebody who is

sick and needs help you know? Cause we have both types. We have both types of people and... we have to figure out which type of behavior are we dealing with... 'Cause if we're dealing with sick behavior, we need to help them and treat them. We don't need to punish them.

Other staff participants discussed their view that because drug use is illegal, people deserve to be punished for it, and that drug court was a fair, appropriate, and even merciful punishment for an illegal action. For example, Holly (23, white, Case Manager, employed by drug court for five months) said:

You broke a law.... There should be a punishment. And our clients are very lucky to have an opportunity to have the felony off their record. They look at it as a punishment because they probably just wanted stuff to be over with, but it's an alternative to prison. But the law was broken, so there does need to be some type of...punishment.

In sum, the cultural narrative that drug use is primarily a health issue was widely endorsed by the staff member participants. They highlighted the role of mental health issues, prescribed medication, and various personal struggles as the catalyst for clients' substance use. Their framing of drug use in this particular manner caused the staff participants to demonstrate compassion and empathy towards the drug court clients they served, recognizing their need for support. The staff members unanimously rejected the cultural narrative that drug use is immoral. By emphasizing the medical nature of drug use and comparing it to other chronic diseases, the staff did not negatively judge the

clients in drug court. Finally, the staff acknowledged the cultural narrative that drug use is acceptable, or even okay under certain circumstances. They recognized that not all drug use leads to adverse life consequences; they highlighted a differentiation between different types of drugs based on the risks and benefits. However, they also mentioned the legal ramifications of using drugs and the need for people to be held accountable for illegal behavior.

STAFF'S DEPICTION OF ORGANIZATIONAL NARRATIVES

As the people in charge of running the program and overseeing the clients in the program, the drug court staff are an integral part of “writing the narrative” of the organization. The most pronounced organizational narratives among the staff members that I interviewed were related to 1) their definitions of “success” in drug court, 2) their relationships with drug court participants, and 3) their depiction of the “ideal” drug court client.

“Success” in Drug Court

According to the official handbook of this drug court program:

The program provides an opportunity for people arrested with drug charges to receive substance use, mental health treatment and other services to support rehabilitation. Using a non-adversarial approach, this specialized docket combines treatment and case management with judicial oversight and personal accountability to promote rehabilitation and reduce the likelihood of continued justice-system involvement.

This description of the program may be best understood in conjunction with the staff's interpretation of this description and their definitions of "success" in drug court, as they oversee drug court clients through the program. When the staff participants were asked to define "success" in the drug court program, they described success as completion of the program. Their perceptions of "success" are an important part of the organizational narrative and the clients' experience in the program. Ultimately, for the staff participants "success" was determined by clients not only completing (a.k.a. graduating from) the program, but also making changes in their lives that would persist after drug court. Although the drug court staff members endorsed the cultural narrative that some drug use was okay if there were no consequences, they all believed that drug court clients should maintain their sobriety after drug court, likely so they would face no additional legal consequences.

Holly (23, white, Case Manager, employed by drug court for five months) explained her view that:

...A lot of people don't want to work. They don't want to go to school for stuff. They're perfectly fine with hanging out with their friends all day, being involved in criminal activity.... We push people to do stuff that they might not want to change about their life.

In Holly's view, drug court forced clients to make necessary changes to improve themselves and become successful in their lives, and that making changes was an important component in making clients successful in the program. Kenny (45, Black,

Case Manager, employed by drug court for four years) also referenced helping clients to get their lives back on track by getting their General Education Development tests completed (GEDs) if they hadn't finished high school, otherwise furthering their education, attaining employment, and resolving any open Department of Human Resources (DHR) or child custody cases. For Mark (41, white, Peer Recovery Support Specialist, employed by drug court for two years), "success" also meant attaining access to services: "...I would say somebody who comes in and their life gets better. When they get a job, you know, or... they come in and... we help them get on public assistance or get some kind of healthcare through [local hospital] or really anybody who's helped, who was living shitty."

Since sobriety was one of the goals of the drug court program, for Lindsey (38, Black, Clinical Program Manager, employed by drug court for six years) "success" in drug court meant being able to maintain sobriety after graduation from the court program:

... Successful is being able to handle life and deal with life on life's terms in life's manner without reverting back to using a mood-altering substance to get through that event. For instance, if a family member dies, I'm not going to just go smoke a blunt to get through it. I'm not gonna just go drink alcohol to get through it.

Three of the six staff participants alluded to clients becoming "contributing members of society" and embracing typical societal values as indicative of their success in drug court. This view ties in to the cultural narrative about drug use being okay under certain circumstances. Kenny (45, Black, Case Manager, employed by drug court for four

years) explained that he wanted his clients to embrace traditional, legal values, and to be “... honest. [Have] values, general values, accountability. Productive, you know. Family-oriented. Normal.... Normal societal values.”

Finally, aside from maintaining sobriety, the staff participants had other ideas about how clients should be when they finish drug court. Mark felt that clients should be “better citizens in the community”, which was consistent with their ideas about being healthy and living legally. According to Carter:

... We tell them that they need to be a person that they're okay with, right? They need to be able to go to bed at the end of the night and be okay [with] the choice that they made, you know? Especially with parents, you know, try to get them to like, “Hey, you need to be a good parent.” You know like I, I really stress with parents, you know, like if you got kids, like you got an obligation to be a good parent. But I think our program really tries to just help people, you know, move towards their potential, towards reaching whatever their goals, whatever their ambitions are. But ultimately just being okay with who you are. Like take responsibility and accountability for your choices, but also like let's start working on being a person that you're okay with and that you're okay with the choices that you've made.

These narratives from the drug court staff highlight a strong emphasis on personal growth, the embracing of traditional societal values, and sobriety as the key indicators of success in drug court, all of which align with the program's stated goal of rehabilitation.

However, there is a notable absence of emphasis on judicial oversight in their descriptions of success. While the program's mission statement explicitly emphasizes judicial oversight as a key component, the staff's narratives prioritize individual transformation over continued justice-system involvement. This shift in focus suggests that the staff may prioritize clients' personal development over strict adherence to judicial oversight as the most important measure of success.

Helpful, Empathetic, and Understanding Relationships with Clients

Universally, the staff members I interviewed aimed to be helpful to their clients, and believed that they could be instrumental in the client's success in drug court. Two of the six participants (the "peer" staff members) were themselves recovering addicts. Although their roles were the same as the non-peer staff members, their similarity to clients gave them a unique perspective and differential ability to connect with them in a personal and empathetic way. They felt they were able to use this experience to get clients to respond in ways that non-peer staff members could not. According to Carter (34, white, Peer Recovery Support Specialist, employed by drug court for four years):

...It doesn't take me very long to build that relationship with them because I try to be authentic. I try to be myself, and just be honest with them about what I've been through, you know, and where I'm at. So usually I can get them to trust me and talk to me fairly quickly.

My observations of the peer group meetings revealed a clear rapport between the peer staff members and the drug court clients. The peers and the clients alike would refer to

the members of the peer group meetings as the “Fam” – that is, “the family”. Although they were employees of drug court, and therefore, authority figures, the peer staff felt that their unique position as recovering addicts made a difference in how they interacted with the clients. Mark (41, white, Peer Recovery Support Specialist, recovering addict, employed by drug court for two years), explained: “I think the peer has a kind of a unique role where they could come in if the client is pissed off at the court, or at the case manager, the peer can kinda come in and smooth things over with them. Maybe, hopefully, they kinda relate to ‘em.”

The remaining four of six staff participants, though not recovering addicts like the peer staff, felt as though they built and maintained good relationships with clients as an important part of their work at drug court. This reflects efforts on the part of all staff to comply with the organization’s stated mission of being “non-adversarial.” Kelly (44, white, Assistant Director of Criminal Justice Programs, employed by drug court for four years) said that she has “...Clients that want to come see me years after they’ve completed [the program]. I still have some that email me and tell me what they’re up to and what they’re proud of, what they’ve accomplished.” Because the staff saw drug use not as a moral issue, but a health issue that potentially caused legal consequences, they seemed to want to refrain from moral judgment, show empathy, and help their clients avoid any negative health problems or additional legal consequences of drug use. In sum, this viewpoint underpinned their desire to be sensitive, compassionate, and non-judgmental with the clients. Additionally, because drug court staff have these characteristics, their relationships with drug court clientele are viewed as not being

punitive. This distinguishes the staff of drug court from the staff of a regular court and thus, drug court from the usual sanction for drug-related crime.

The “Ideal” Drug Court Participant

The drug court staff in the study described two types of ideal drug court participant: 1) the easiest client to treat, and 2) the client who stood to benefit most from the program.

The easiest clients to work with were described as “not really drug users”, but were, according to Kenny (45, Black, Case Manager, employed by drug court for four years): “...Probably just stopped with drugs in the car or somebody just left it in their vehicle. People who successfully complete the program the quickest, they’re not really drug users. They just [got] caught with drugs or [are] occasional users, recreational users.” This relates to the narratives about drug use not being inherently wrong, but nonetheless subject to legal consequences. The “easy” clients, thus, would likely benefit from the program primarily by having their legal charges dropped.

The staff perceived other clients to be easy to work with if their use and related problems were relatively new. Kelly (44, white, Assistant Director of Criminal Justice Programs, employed by drug court for four years) explained that someone who has been using for less than a year is easier to help since the use is not yet entrenched. She also added that people who were experiencing their first charges were also easier to work with: “...This is maybe their first arrest so it really made an impression on them, you

know, those days that they spent in jail, they are more likely the kind [to] whip it into shape in a quicker fashion.”

The second type of ideal client was described as the client who could benefit the most from the help and resources available via drug court. This client was described as someone who has a long history of drug use, acknowledges their need for help, and is willing to accept it. Carter (34, white, Peer Recovery Support Specialist, recovering addict, employed by drug court for four years) explained:

...The other one person who could really benefit from drug court is probably somebody who's never had the opportunity to be connected to services before. They probably been out there their entire life. Years and years and years and haven't had the opportunity for not only substance use treatment, but mental health treatment, basic health care. You know... connection, the resources such as employment and education....

Perhaps because of their view of drug use as a disease that should be treated medically, the drug court staff believed that the ideal drug court client was one they could help to “fix.” This belief also ties into the larger cultural narrative of drug use being of concern primarily when actual consequences arise. These ideas are in line with prior literature that shows that the clients who benefit the most from drug court are those who want help and who would succeed in drug court with or without other criminal justice system intervention (Boldt 2010). Interestingly, no staff member indicated that the “ideal” client was one who was committed to actually “working the program” and completing it.

The staff participants' ideas about the ideal drug court participant align with the cultural narratives about drug use that they endorsed. First, the staff members strongly believe that drug use is a health issue; this perspective is highlighted in their description of the ideal drug court participant as those who have a long history of drug use and acknowledge their need for help, and are willing to accept it. These drug court clients fit in with the cultural narrative of drug use being a health issue because they are in need of health and other support services. This also aligns with the organizational mission of providing health services to those arrested for drug charges. From the viewpoint of the staff members that I interviewed, the ideal participant is willing to accept and engage with this treatment. Related to this idea, the staff members also reject the cultural narrative that drug use is immoral. As such, ideal drug court participants are seen as people who need help, support, and rehabilitation, not moral transformation. This perspective aligns with the organizational mission of providing a non-adversarial environment that is conducive to rehabilitation. Finally, the staff participants endorsed the cultural narrative that drug use is acceptable or even okay under certain circumstances, such as when it does not lead to adverse life consequences. This perspective is also reflected in their depiction of the ideal drug court participant, namely when they refer to drug court clients who "do not really have a drug problem": the recreational, occasional users, or marijuana users, which ties back into their ideas about "better," less harmful drugs.

The perception of certain participants as "easier" to treat highlights the staff's recognition of varying levels of severity of drug use as well as their perception that many

drug court clients need only to have their legal charges dropped, rather than intensive drug rehabilitation. Success for these participants is largely defined by completing the program. Conversely, the identification of participants who stand to benefit the most from drug court treatment efforts, emphasizes the program's (and staff's) commitment to rehabilitation. The staff identified these individuals as having extensive histories of substance abuse histories and a willingness to engage with the program's treatment services. Success for these clients extends beyond simply completing the program and entails lifestyle changes, personal growth, and maintaining sobriety.

Perhaps it follows then, that the least ideal drug court participant, though not explicitly identified by the staff, would be repeat offenders who do not personally identify as having a substance use issue. These individuals may view drug court as burdensome and inconvenient and have no interest in being rehabilitated. These individuals, of course, may nonetheless find themselves in drug court. The next chapter presents results on drug court clients' perspectives on their experiences in the program.

CHAPTER 4: CLIENTS' EXPERIENCE OF DRUG COURT

Aim 2a: How do cultural and organizational narratives shape the experiences of drug court clients? How do these narratives shape drug court clients' personal narratives?

In this chapter, I will explore the extent to which clients' views are consistent with existing cultural and organizational narratives, as well as with the staff's perceptions of the cultural and organizational narratives. Then, I will look to the participant's personal narratives to see how they are shaped by these larger cultural and organizational narratives.

CLIENTS'S ENDORSEMENT OF CULTURAL NARRATIVES

The client participants endorsed the following narratives: 1) drug use is okay under certain circumstances, 2) drug addiction is a disease, and 3) drug use is a choice. The primary cultural narrative that came up in the interviews with drug court clients was that drug use is okay under certain circumstances. The client participant's take on this issue, like the staff's, was conditional – that is, they perceived the acceptability of drug use as dependent on the impact that use had on people's lives: legal consequences, negative health effects, or immoral actions related to drug use. Themes in this cultural narrative related to 1) better vs. worse drugs and 2) reasons for drug use informed how the clients in this study made this distinction.

The second overarching cultural narrative endorsed by clients was that drug use is a health issue, although clients focused more narrowly on drug addiction, rather than drug use generally. They viewed drug addiction as a disease, and therefore, emphasized that a

person's ability to choose to use or not to use may be compromised. This cultural narrative aligns with the organizational narrative that substance users should be provided with help and treatment. The third cultural narrative endorsed by clients was that drug use is a choice. It aligns with the endorsement of the organizational narrative that drug use is also a crime and should be punished. I will explore each of these narratives in more detail in the following sections.

Better vs. Worse Drugs

According to the literature, drug users distinguish between “better” and “worse” drugs (Copes 2016; Foster and Spencer 2013; Jarvinen and Demant 2011). The participants in this study also believed that there were some drugs that were better than other drugs. “Better” refers to participants' perception that users experienced fewer health, legal, or other consequences from these drugs as opposed to other “worse” drugs. The basis for determining better versus worse drugs included: perceived physical and psychological harm, the presence or absence of medicinal benefits, whether the drug was natural or manmade, interference of the drug with other aspects of life, changes in personality or behavior, and perceived harms and benefits.

Better drugs do not cause physical or psychological harm.

Generally speaking, marijuana was thought to be a “better” drug than “harder” drugs, such as heroin, meth, or crack. This is common in the literature, as well; many users argue that marijuana does not lead to the same “loss of control” that other drugs do (Copes 2016). What is important here is *how* drug court participants differentiate between

better and worse drugs. The participants made this distinction in terms of the chemical or psychological strength of “harder” drugs and the harm that the drugs caused. Many did this by referencing the physical and psychological harm that “worse” drugs cause. Destiny (drug of choice – none) differentiated between marijuana and other drugs, describing the former as a “better” drug:

... People [on drugs other than marijuana]... they just turn into a whole other person. They look like a monster. And like, THC, it don't have you like that. It just don't have you just crazy and all over the place. You don't know what's going on. You can't remember. It don't have you like that. But the other drugs do. So that's why I feel like... I just think those drugs are a bit too strong for our bodies to consume. That's not for us.

Benjamin (drug of choice – marijuana) also described marijuana as better than other drugs and highlighted the physical harm caused by “hard” drugs that are not caused by marijuana. He described the cocaine and heroin users whom he met in jail:

... Them people won't eat for a week. They asleep for a week and be shaking and, like man, what the hell is going on? Cuz I'm young, I never seen that before. Yeah, and that's really for people like that, they coming off meth and heroin and you know, and you see people like really messed themselves up with it, and... it messes them up physically, and their appearance, and on the inside....

Consistent with the literature (Copes 2016; Soller and Lee 2010), distinctions like those made by these participants are particularly common among those who use “soft” drugs, such as marijuana.

Medicinal drugs are better.

Other participants (n=10) emphasized a belief that drugs with potential medicinal benefits or drugs prescribed by a doctor were better than other drugs. Marijuana, psychedelics, and prescription pills taken as prescribed were included in this classification. Although the participants were not prescribed to use marijuana themselves, as it remains illegal in the state of Alabama, the participants found that it had medical benefits for them and referenced its medical potential for others. Several participants referenced examples of marijuana being used to help with medical conditions such as seizures, cancer, epilepsy, anxiety, and chronic pain, as well as positive non-medical benefits such as relaxation and creativity. This is in stark contrast to “harder” drugs which were believed by the participants to have no positive benefits.

Some participants were cognizant of the need for prescription drugs in certain cases but also highlighted the tendency for these drugs to be abused. Meredith (drug of choice – methamphetamine) explained,

... In theory, you know if you're in pain and you need painkillers like that would be acceptable. Or same thing if you have anxiety and you need Xanax. That is technically acceptable. I think it becomes the grey area when it comes to that person's ability to use them as needed instead of as wanted.

Natural drugs are better.

A few participants alluded to their belief that natural drugs, meaning drugs that came from the earth and were generally unaltered by people, including marijuana and psilocybin, are “better” and more acceptable to use than synthetic drugs, such as cocaine, crack, methamphetamine, prescription pills, and LSD. For instance, Lewis (drug of choice – marijuana) explained that he feels:

... Like shrooms, weed, anything that grow from the ground is better than any drug that is man-made that you have to put chemicals in it to alter your mind state. I feel like when you put chemicals and stuff it ain't natural in your body and it shouldn't go in your body.

He went on to say that “Plants is healthier than chemicals and bleach.”

On the other side of this argument was the belief from many participants that “worse” drugs are processed or full of chemicals. Lewis (drug of choice – marijuana) explained:

I feel like it's made by men, man makes mistakes a lot... so I wouldn't trust a man [to] mix some chemicals up and I'd be the one tested on. Like it's looking like you a lab rat, a dummy, a gopher, I feel like you shouldn't mess with none of that... you mixing up and giving it, selling it, for you to take. Messing with your health... you could die.

Dominick (drug of choice – marijuana) reiterated: “I don’t trust man enough to be putting those types of things in my body.”

As shown in the statements above, marijuana users were among the participants who identified naturally occurring drugs (like marijuana) as safer and therefore, better than other man-made substances. This is a mechanism for forming symbolic boundaries between the “safe users” of natural drugs and the “unsafe users” of man-made drugs.

Better drugs don’t interfere with your life.

Another major theme among participants (n = 11) was the belief that “better” or “more acceptable” drugs and drug use do not interfere with your life in the same way that “worse” drugs or “less acceptable” drugs and drug use do. This is consistent with literature that shows that drug users attempt to “... illustrate how they live their lives in ways that match conventional citizens” (Webb et al. 2019; Copes 2016). For example, by not allowing drugs to interfere with their ability to maintain other aspects of their life, such as keeping a job, paying bills, and taking care of children (McKenna 2013).

Dominick (drug of choice – marijuana) explained this:

If you can’t complete your daily functions and take care of business, and complete your required obligations, to you, yourself, your family, whether it be your work life, spiritual life, familial life, then I feel [that] is when you have a problem. If you are willing to spend your last dime on a substance, I feel as though you have a problem. If you can’t maintain control of yourself...

Some participants gave examples of people in their own lives who they believed used drugs in a “better” or “more acceptable” way. For example, Britany (drug of choice – opiates) said:

I have known people in the past... that use [drugs] every now and then... or on the weekends, and they still have good jobs and live normal lives and you would never know they did anything like that. So... and they're not out doing crazy things or getting in trouble. So, I think somebody could be, live like a normal lifestyle and still use drugs.

Lewis (drug of choice – marijuana) echoed this, explaining that he knows “... Some people that do stuff like cocaine and they got great jobs, they live a great life, make good money....”

Consistent with prior literature (Copes 2016), acknowledging the difference between people who can maintain obligations and people who cannot is a way for drug users to distinguish between functional and dysfunctional drug users and in turn, acceptable and unacceptable drug use.

Worse drugs change a person's personality/behavior.

While some participants focused on the physical harm caused by “harder” drugs, others highlighted the control that the substances have on users' lives, personalities, and behavior. Erratic behavioral patterns are a hallmark of the distinction that self-proclaimed functional users make between themselves and dysfunctional users (Copes 2016).

Participants emphasized lying, stealing, psychosis, and being moody or unpleasant to be around. Ian's (drug of choice – "most things") standpoint was that:

I had learned the hard way, but never trust a junkie. And unfortunately, there are some people that it just you know, particularly heroin, it just takes, it completely takes over their lives and they don't give a damn what they do to anybody, anybody or anyone. And you know, you try, you're trying to be nice to somebody, and next thing you know half your kitchen is down at the pawn shop.

Finally, still other participants drew attention to how some substances are more likely to "take over the lives" of their users. For example, Destiny (drug of choice – none), speaking about meth, heroin, and cocaine users, said, "It's a whole different drug, you know. I feel like they don't... be having their stuff together.... They be at these crack houses, no clothes, looking dirty, like just... not what a human should look like." Other participants, like Shaun (drug of choice – marijuana), discussed how when the ability to cognitively function in a normal way becomes impaired, drug use is a problem. He explained:

... People will be bright... like intelligent and then they I see them take Xanax and then... for instance this one girl couldn't even open the door, and like she was about to go drive a car right after like... and she was leaving the place... but it took her like five minutes to even open the door and [she] almost fell asleep, like while standing up. So it was like those kind of effects is just, it's almost like scary in a sense you know.

Having a healthy state of mind and retaining cognitive functions are key components to being considered a functional drug user (Copes 2016).

Worse drugs have no benefit and an increased risk of harm.

Participants were clear in their viewpoint that “worse” drugs have zero potential benefits, aside from the physiological high associated with it, and instead, have an increased risk of harm, including worse health outcomes, addiction, overdose, and harm to other people.

Several participants were concerned that the use of certain drugs was associated with more harmful health outcomes. Portia (drug of choice N/A) said, “I think some drugs damage your body worse than others.” Luke explained his view about the negative health outcomes associated with using drugs like crystal meth: “I think that it has [a] really negative affect on people’s health and their physical health... the way it affects their brain....”

Benjamin (drug of choice – marijuana) commented on the physical appearance of regular users of cocaine, meth, and heroin users: “... They losing weight... you’re going to see holes in their skin... but like weed, I’ve never seen that with nobody. Like I’ve never seen nobody like... decay... you know what I’m saying they probably get fat because of the munchies (smiling)....”

Other participants, like Stephen (drug of choice – heroin, Fentanyl, methamphetamine) equated “worse” drugs with a higher risk of overdose. Speaking about opiates in general, and Fentanyl in particular, he said: “... It's killing everybody. I mean

it's getting worse and worse every day and it's getting... nationwide, worldwide now so... I think that's gonna be an epidemic in itself.”

Some participants, like Ian (drug of choice – “most things”), spoke about the potential harm to other people that could be caused by certain drugs, such as driving under the influence of alcohol: “You never hear about somebody getting in a horrible car wreck while they are high on weed.... That usually happens when they're drunk as hell....”

Emphasizing the lack of benefits and the increased risk of harm caused by some drugs was another way that the clients in this study differentiated between better and worse drugs; those that did not come with this increased risk of harm were deemed as more acceptable to use.

Reasons that People Use Drugs

When asked to explain why people use drugs, the clients in this study claimed that drug use was either: 1) a way to have fun, enhance their moods, or boost their energy or 2) a mechanism to cope with and/or numb themselves from life stressors, trauma, grief, or other hardships. Clients in this camp perceived drug use to be okay when it provides benefits.

Drug use provides benefits.

Much literature (Askew 2016; Lau et al. 2015; Williams 2013; Vervaeke and Korf 2006) documents how people perceive drug use as fun, even when it includes negatives

consequences (Vander Ven 2011; Warburton et al. 2005). Many clients expressed that using drugs was fun. As Ian said, people do drugs “Cause they enjoy them.” Benjamin told the story of the first time that he got high, exclaiming:

All of us got high at the same time, we had so much fun, man. We were rappin’ and like it was fun. I really think that people who ain’t never experienced it are the people that think that it’s like “Drugs are bad”, you know what I’m saying? It’s really fun....

Here, the participant’s narratives generally omitted the legal (and other) consequences of drug use in face of the drugs’ perceived benefits, stating that they enjoyed the recreational benefits of participating in drug culture.

The literature has established that drug use is viewed as a normative coping mechanism for drug users experiencing many real and perceived ailments (Gezinski et al. 2021). As such, drug use was cited as a coping mechanism by many of the clients in this study. Some participants invoked themes from the medical mental health establishment as a way to legitimize their use. Buzzwords such as “stress”, “escape mechanism”, “trauma”, “depression”, “anxiety”, “grief”, and “coping”, among others, are used by the medical mental health establishment, and they were also utilized by the clients in their narratives about drug use as a mechanism for coping with negative conditions. For example, Britany said: “...I started out using it just because I liked feeling good and I wasn’t really trying to escape anything. But then as I kept using and bad things were

happening to me in my life then it did become a medicinal thing and me trying to escape.” William also invoked themes of medicalization, explaining that:

... We [drug users] have something that we're trying to cope with mentally. We don't know how to... so our limbic system tells us, you know, it's looking for relief, it's looking for safety, it's looking for, you know, all those things that [the] reptilian brain does. Whether it was just weed, or just you know, something that was not life-threatening before, our brain, my brain is telling me “Hey, this makes me feel safe, this... gives me relief.”

Many participants suggested that people used drugs as a way to escape from various life stressors, or to numb themselves from the feelings/trauma associated with depression, death, divorce, etc. Stephen explained that drug use was, for many, a way to “...Cope with their depression or to feel numb about things, too.... People wanna feel different about themselves.” Gillian told her story:

... Well for me personally mine comes from trauma and from past trauma. My, for me, drug use was self-medication, dealing with a bunch of stuff that I hadn't dealt with and not wanting to deal with the emotions and feelings. I battle a lot of different things. I think a lot of people use drugs to self-medicate from things they don't wanna deal with. Some people go from recreational use and that turns into addiction.... I think most addicts don't become addicts because they want to. I think people become addicts because they're trying to deal with the emotions they can't deal with, and they use drugs to numb that pain and most people that I know

that use drugs are trying to escape something. At least that's what I've encountered. But when I go to meetings the stories that I hear from most addicts [is] that they're trying to numb something.

Other participants noted that drug use was a response to stress. As Luke explained, "... People use drugs to cope with stress and to unwind and I think that they do that because there's something wrong in their lives...." Using drugs was an accessible and pleasant way for the participants to escape from the various stressors in their lives. William explained how using drugs was a way for him to cope with the stresses of his job:

I had an immense amount of stress, and I had no real coping mechanisms for it.... Where I worked [restaurant], it was always dinner, you know, I worked... at that time I was working five days a week and every single night, and it was all nights. So the way my ADHD brain works, is that's where, night is when [William] decompresses, that's when [William] gets his recharge time, gets his social time, you know, strikes that balance... yeah, so [I] was not handling that well.

Lauren spoke about the use of drugs to cope with the stress of being a single mother:

... Just like say just for instance you have a mom, a newly divorced mom. Four to five kids, I mean there are people that, who can do it but a lot of times they feel overwhelmed. Whether they turn to alcohol or smoke cigarettes or whatever, smoke weed or whatever. It's just a head change to... just to overcome the stress of the day....

Melody also used drugs as a way to cope with life stressors, likening it to a normal way to “unwind.” She said:

Personally, I use only when I want, just when I’m home, after a long day at work. It’s like grabbing a glass of wine, like “Oh I’m just going to smoke to relieve off the... day”, what I went through that day, or I went through that week.... Because life gets stressful, you know.... And... if you can go through every day without even... even having a glass of wine, then kudos. But just to unwind.

Similarly, Erica explained how getting high was, for her, a way to both decompress from the stresses of being a single parent, and to energize herself enough to take care of her children and keep up with tasks around the house:

... When they are in the house they just like around me all the time, versus when they go to sleep and I choose to get high. That would be my time and that’s when I feel good and I feel like cleaning up the house. And I ain’t like that when I’m high and the kids sleep and they aren’t just getting on my nerves. And then, when I am high and they up, they don’t get on my nerves. I feel like I deal with them better, then.

For some participants, drugs are a way to cope with the negative internal emotions associated with depression or anxiety. For instance, Dominick simply said that drugs are a coping mechanism for people who are “battling with something deeper within.”

William, who struggled with depression, explained that for him, drug use is “... A thought of survival. It’s a thought of ‘How do I survive in this world without killing

myself? How do I get through the day? How do I, how do I achieve this happiness that I see all around me, but yet I struggle so hard to achieve?” Dominick admitted that “Most of my drug use comes from PTSD, of past traumatic situations. I use marijuana as a tool, well I was using marijuana as a tool. To keep me calm and level-headed, whenever I would think about past traumatic experiences.” Other participants used drugs to improve their moods. Like, Benjamin, who would smoke marijuana when he was angry. He explained:

When I’m angry, oh when I’m angry, Lord have mercy! I’m quick to smoke because it calms me down. It really saved people’s life, it really saved people life, man, I ain’t gonna even lie. ‘Cause... some people really like, when you about to do something that you know you don’t need to be doin’... or somebody be messing or getting mad or whatever, it would calm you down like “What was I mad at about again?”

Destiny too would smoke weed to alleviate anger:

... Sometimes when I get mad or angry or maybe something not going right... maybe me and my family get into it, that kind of leads me to want to smoke... I’m very sensitive so some stuff that people say to me. Some stuff that people do kind of make me so mad to the point of I feel like if I smoke, it’ll all go away....

Other participants, like Derek, used drugs to cope with some sort of external pain in their lives. In Lewis’s words: “... I feel like sometimes, we go through stuff that traumatizes us and sometimes we go through stuff that cripples us, and sometimes we

want to crunch on something to help us...forget about what we are going through.”

Derek, who was coping with the loss of his brother, explained that:

I did it to mask pain and believe it or not I think there, there's a lot of people out there doing [drugs] for those reasons. Seem to be bigger issues out there than just drug use itself, you know. I just wanted the hurt to go away. I just wanted to solve it.... The idea of my brother's gone and never seeing him again, I just wanted that to go away. So I wasn't focused on the actual drug use itself or the danger at the time. I was more focused on the fact that it was masking the pain.

These narratives focused on the alleviation of negative conditions through drug use; they did not address the creation of additional negative conditions (e.g., legal trouble) that drug use may cause. Instead, they reflected the cultural perspective that drug use as “okay” in the absence of negative consequences.

Drug Addiction is a Health Issue

Unlike the staff, the client participants in this study did not view *drug use* as a health issue, instead, the majority (n=14) of the participants perceived *drug addiction* to be a disease or a medical condition. This suggests that this is why they may also view drug use as okay under certain circumstances. Clients tended to hold a narrower framing of substance use than the staff participants do; as such, they only partially endorse the cultural narrative that drug use is health issue. The clients believed drug addiction to be a health issue because of their own experience or the experiences of other users who are close to them. Participants noted the difficulty of quitting, including being unable to stop

using, the side effects associated with trying to quit, and the constant maintenance that treatment and recovery require as evidence that drug addiction is a disease. Other participants mentioned things like genetic predispositions and chemical imbalances as evidence of this point. For clients with this perspective, drug use was problematic because of the adverse health consequences that it caused to people's lives. The client participants who believed that drug use was okay under certain circumstances believed that adverse health issues must be considered; they seemed to view "okay" drug use as a way to deal with many health issues. However, the clients in this camp viewed drug addiction as an adverse health consequence that made drug use not okay.

For William (drug of choice – opiates, heroin), his willingness to continue using drugs despite numerous overdoses is evidence that his addiction is a disease: "... Having my brain, like after I've overdosed so many times in my life, and having my brain still tell me, "Oh you can still go back to this...yeah, I think there is a huge mental deficit in my thinking, and I can only attribute that to a disease." Gillian (drug of choice – cocaine) highlighted her belief that it's not as simple as "just quitting":

... people... see people that do drugs as weak. That maybe... if you're just strong enough you wouldn't do it. It's not about strength because if you could do it on your own, then you would just stop. And I've tried a million times to stop, and it doesn't work. You have to, you have to have other people to help you and you have to work a program or you have to go to treatment.

Other participants mentioned the physical side effects that they experienced when trying to stop using drugs. Luke said: "... Drugs like benzodiazepines you literally can't stop using those without having problems like seizures. Alcohol can be extremely hard to stop doing, opiates, which is my experience, obviously you can do it without medical treatment but God that's not wise." Cody (drug of choice – methamphetamine), too, said:

Once you've been exposed to it, your body feels like it needs it. Once you get used to it your body depends on it. You take that away [and] you could kill somebody... I've seen many people die from not having a drink of alcohol after years of having it. I've seen people croak over from a heart attack or their organs shutting down after being on medications and they were forced to stop taking 'em....

Gillian (drug of choice – cocaine) spoke about how treatment and recovery both require constant maintenance. To her, this was evidence that addiction is a disease. She said:

... Addiction, it's not just an affliction. It's not like a weakness or it's not, you know, something that's wrong with you because you're bad or something. If you look at it as a disease... it's an incurable disease, something that is a lifelong affliction, something that you always have to manage; and that makes a lot of sense because you know you can't cure it so it's not something that you can just fix. It's something that you have to constantly maintain and constantly have to treat... for the symptoms to subside or for it to be manageable.

Participants also mentioned genetic predispositions and chemical imbalances to back up their positions that drug addiction is a disease. Gillian (drug of choice – cocaine) explained that “... You're genetically predisposed to addiction because your family members have addictions. I don't think that it's a weakness at all.” William (drug of choice – opiates, heroin) believes that “It's [drug addiction] coming from a deficit of something that's happening in our brain, chemically, emotionally... a combination of the two...”

All of the participants who cited their inability to “just stop” using drugs were those who were users of cocaine, heroin, or methamphetamine – drugs that are typically referenced as the most addictive and, therefore, the most difficult to quit.

Drug Use is a Choice/Drug Addicts are Weak

Although the majority (n=14) of the participants viewed drug addiction as a disease or a medical condition, some participants (n=9) rejected the narrative of addiction being a disease and instead, believed that *both* drug use and addiction are the result of users making the wrong choices and/or being weak or weak-minded. That people choose to take drugs and that drug addiction is, therefore, a choice is a commonly held belief among the public – although it stands in stark opposition to the more commonly accepted medical model of addiction as a disease and thus, undermines choice (Palamar 2013; Schaler 2000). Of these nine participants, four described themselves as non-addicts and identified that their drug of choice was marijuana, or that they had no drug of choice. The remaining five participants who endorsed this narrative described themselves as addicts,

and identified that their drug of choice was alcohol, or a “hard” drug such as opiates or methamphetamine. All nine of these participants believed that people have a choice, and that by choosing to use drugs, drug users are making the wrong choice, by using when their use is clearly causing problems in their lives; the difference was in how they applied the narratives. The self-identified addicts applied the narrative that drug use is a choice and that drug addicts are weak when they were talking about themselves; the self-described non-addict, marijuana users, applied the narrative not when talking about themselves, but when talking about other users.

The self-described addict participants who endorsed the cultural narrative that drug users are weak, invoked themselves as examples. For example, when Erica (self-described addict; DOC: Lortab and cocaine), was asked to explain why she believed that drug use is weak, said:

Because, it’s an excuse.... it ain’t nothing but an excuse to why I do what I do.

Using drugs is an excuse for using drugs. So, I calm my nerves and clean up the house. It’s just my weakness. And I hate it.

Here, Erica is describing her own drug use as weak. Britany (self-described addict; DOC: opiates) also expressed a similar sentiment when she was asked to explain why drug use is weak. She described her own situation:

.... You let it take over every aspect of your life and you know that you're doing it at the time yet you keep doing it anyways. So you know every addict you've ever known, including myself, spent many days saying “This was the last time. I'm

going to quit,” and it never happened for years. So I mean it is a weakness, and that’s part of the cycle is you think you have control over it but you don’t. So anything that controls you, in my opinion, you’re weak to that.

The non-addict participants, on the other hand, seemed to be talking about other people when they endorsed the cultural narrative that drug use is weak. Participant Lewis (self-described non-addict; DOC: marijuana) explained his view:

Drugs, that’s something you can change, and like I said, it’s just a weak-minded type of person. I might tell you I want to change. I might tell other people I want to change so they could look at me in a better way, but most people don’t. They don’t change.... It’s not because they can’t. It’s because they don’t want to.

Here, Lewis seems to express that drug addicts lack the willpower and moral fortitude to change. The participants who believed that drug use is a personal choice, and that addicts were making the wrong choice by using despite the problems use caused, were more likely also to believe that drug addicts are weak. Melody (self-described non-addict; DOC: marijuana) expressed a similar viewpoint. She indicated that “They’re [drug addicts] weak. They can’t handle life on life’s terms. So drugs are like a crutch.” Through their narratives, these participants are creating status hierarchies, or doing “boundary work” (Lamont 2002).

Some of the self-described addicts and non-addicts in this study endorsed the cultural narrative that drug use is a choice and weakness. However, there were differences in how they endorsed this narrative. Self-described addicts like Britany and

Erica candidly acknowledged their struggles, and in doing so displayed their internalization of societal views regarding drug use as a weakness. The self-described non-addicts, on the other hand, seemed to have more externalized views; this is clear in their depiction of other, addicted drug users, as out of control, weak, and lacking will-power. Despite the intention of drug court to be a place for non-judgmental support, this does not seem to be the case. Some individuals, like Lewis and Melody, exempt themselves from moral judgement while simultaneously applying it to others; this undermines the goal of a non-judgmental environment.

CLIENTS' PERCEPTIONS AND INTERNALIZATION OF ORGANIZATIONAL NARRATIVES

According to Loseke (2007), staff members play a critical role in formulating an organization's narrative. This is likely due to their direct involvement in organizational activities and communication processes. As such, the organizational narratives for this drug court were informed primarily by the staff members, but also by the organization's official mission statement. Here, I will discuss what the clients perceived the program's organizational narratives to be, how their perception of the narratives is consistent or inconsistent with those of the staff and the organization's mission statement, and how clients were influenced by the organization's narratives. Drug court participants were forced to follow a strict set of rules and programming in order to complete the program and have their criminal charges dropped. As such, the clients discussed their interpretations of the organizational narrative in terms of their perceptions of drug court as being help or punishment. However, this interpretation is dependent upon whether they

perceived themselves as having a drug problem and their drug use as having adverse consequences.

Because Drug Use and Addiction is a Health Issue, Drug Court is Help, Not Punishment

As a legal sanction, drug court was considered by some participants (n=11) to be a consequence for “wrong doings” but one that was helpful. Some (n=4) of these participants perceived drug use as not okay because it had caused adverse consequences in their lives, in the form of legal repercussions. Others (n=7) felt that drug use was acceptable when it did not cause adverse life consequences; of these seven participants, only two identified themselves as having a drug problem, the other five identified themselves as not having a drug problem. Like the staff participants, some of the client participants expressed that drug use was not inherently wrong, but rather wrong because it was illegal. Therefore, many participants thought of drug court not as punishment, but as a saving grace, an eye-opening learning experience, or an act of mercy preventing them from accepting serious legal charges. As Destiny (self-described non-addict) said, “It’s here to help us, not harm us.”

Some participants believed that drug court had opened their eyes to harm they were doing to themselves and the negative consequences of their use in their lives. Thus, they saw drug court as cultivating an informal, internal deterrent to drug use. Shannon (self-described addict) said:

I feel like it's [drug court] kind of... like it's more help[ed] me to realize that this is not like, I don't need to be on drugs for any reason at all and that I don't need to

be in trouble with [the] law or anything like that so it's been kind of eye opening....

Derek (self-described addict) also mentioned the eye-opening aspect of drug court and the second chance that it provided him: “I think of it as my savior. I mean because like I said, it has been the best thing for me, it has.”

Other participants spoke about how they believed that drug court was not punishment, but instead a way to avoid felony charges. These participants were thankful for the opportunity to participate in drug court and have their felony arrest removed from their record upon completion of the program. When asked if he thought of drug court as punishment, Derek (self-described addict) responded: “I don’t because the punishment is to be takin’ your ass to prison or to take your ass to jail.” Destiny (self-described non-addict) explained her view that “At first I thought I was being punished but if I was being punished, I’d be in jail and not free. So I feel like it is really here to help, to help you.” Ian also explained that without drug court, “... I'd have to take a felony on my record, which pretty much destroys my employability if I ever decide to leave my company.” Dominick (self-described non-addict), who spoke about his fear of being a felon countless times throughout his interview, said about drug court, “I’m just taking it as a blessing.” For Beth (self-described addict), “... It's a mercy because drug possession is a felony and it can lead to prison time and so instead of that I was given, I was shown mercy and grace and given the opportunity.”

For other client participants, their arrest, fear of a felony on their record, and their time in drug court had a formal, external deterrent effect. Matthew (self-described non-addict) explained that he was:

... Legitimately in fear, like I could go to jail for a long, long time. I could have a felony on my record which means I couldn't work in the medical profession. [It would] be very, very difficult to work in [a] medical profession, you know? I was definitely scared, [it] definitely impacted, you know, my decision making and stuff. Like, that where I said social drinking is ok, but by God, I'm not even gonna touch it, 'cause I don't wanna you know be in trouble...

He explained that being in this situation "... Definitely made me go like open my eyes where it's like I'm not, I'm not, I will never ever be in this situation again."

Some participants also discussed what they felt that they had learned from drug court, and how it had been an eye opener for them. This learning could be about things that they didn't previously know or things not to do again. As an example of the former, Portia (self-described non-addict) explained:

I feel like it's more knowledge, knowledge for me and helps me understand, it helps me understand the people... on the other end who are battling the addiction of you know drugs and pills and what they're going through and it, its seems more of like, more mental strife that they're battling and pains that you know got them to where they are.... It's a big eye opener for me.

Gillian (self-described addict) noted how useful the required drug court classes had been for her:

... I have a whole notebook of stuff that I've written down in my classes. And I've taught my kids stuff that I've learned in class 'cause you know its stuff that you can apply to life not just recovery-wise but like in general. And so, like my eighteen-year-old son I'm always giving him little snippets I'm like "Guess what we learned in class tonight" and I'll type it out to him and he's like "Man, that's great!"

Matthew (self-described non-addict) was an example of the latter form of learning from drug court. He said that his experience with drug court made him learn and that "... I will never do that again, you know? It shouldn't be easy, it shouldn't be easy, nothin'-nothing should be easy. It's worth it so, but like I said, it's not I don't think it's necessarily a punishment... it's a learning lesson."

Other participants emphasized how they found the therapy and other programming that drug court offered to be helpful to them. Several participants mentioned the peer support group. Run by the peer staff members, who were all recovering addicts themselves, the peer support group met three times a week via Zoom. The peer staff members began each meeting by reading a prompt from a recovery book and facilitating discussion around that prompt. Drug court clients expressed appreciation not only for the knowledge and guidance of the peer staff who led the meetings, but also

for the camaraderie with the other drug court clients in the meetings. Shaun (self-described non-addict) said:

... It's [the meetings] like a ground zero, a rooting almost. Like you know this [is] where you're comfortable at and you can talk out your problems or certain things that you're facing and you know for sure that these people that are listening to you... they know what you're dealing with, they know to some extent like how and what, what you're facing.... I feel like it would be [difficult] for me to open up to people who have never used... 'cause you don't really, they don't really understand or fully grasp the concept. But for these people who are, yes they have used... yes they, they have stopped, so I feel like they get it.

Finally, other participants expressed that drug court was help not punishment because it gave people resources they needed to turn their lives around. Matthew (self-described non-addict) explained this, saying that “Drug court is to not necessarily sentence you and, you know, give you a slap on the wrist or punish you for your choices. It's geared more towards helping you get away from that and make the right choices and right decisions.” Gillian (self-described addict) explained how she did not have the financial resources to get the help that she needed to quit using on her own: “I couldn't go to inpatient treatment 'cause I'm on Medicare because I'm on Disability. And it doesn't cover inpatient and so the outpatient treatment was just what I needed. So I was like ready for it, really ready for it, and so, it's been really helpful.”

The views of the clients who think that drug court is help not punishment are consistent with those of the drug court staff participants. As indicated in the earlier chapter, the staff emphasize personal change, growth, and improvement as indicators of success in drug court. The clients who felt that drug court is help not punishment expressed appreciation for what they say as opportunities for personal change, growth, and improvement via the drug court’s treatment access, programming, and compassionate care from staff members. In conjunction with the perspectives of the staff, these clients also perceived drug court as a second chance – for them to address their substance use issues and avoid further legal consequences. The views of these participants are also in line with the organization's stated goal of non-adversarial intervention.

Because Drug Use is Illegal, Drug Court is Punishment

Although the drug court’s mission statement pledges a “non-adversarial approach” to people charged with drug crimes, many of the client participants (n=12) expressed that they were being punished for their illegal behavior. Although they felt that they were being punished, the majority of these participants (n=12) still felt that drug court was helpful in some way. Additionally, this group had two subgroups: those who felt that it was a justifiable punishment (n=5) and those who felt that the punishment was not justifiable (n=7). Only five of these twelve participants endorsed the cultural narrative that drug use was okay when it did not cause adverse consequences; and only four of these twelve participants endorsed the cultural narrative that drug use is immoral.

Even though they perceived drug court as punishment, five of the drug court client participants believed that it was a fair consequence given their illegal behavior. They felt they deserved punishment because they had broken the law and been caught. In this way, they, like the staff, endorsed the organizational narrative that because drug use is a crime, it warrants punishment. For example, although admittedly burdened by the fines and other demands of drug court, Beth (self-described addict) acknowledged, "... It is the repercussions of my decisions and the consequences of my decisions ... that I'm having to deal with." Portia (self-described non-addict) likened drug court to "being grounded". She said "I mean I do feel, you know, like you're grounded and you have to sit down and think about what you've done. Like when you're a child and you get grounded and go to your room and think about what you've done." Britany (self-described addict) explained that drug court was a justifiable punishment, "... It should be like that because we're disobeying the law so it's supposed to be a form of punishment and treatment at the same time." Meredith (self-described addict) too, explained that she felt that she was being: "... Punished in a way that I deserved. You know, I was doing something wrong, you know, and I did get caught, so logically there are repercussions to action." William (self-described addict) also thought that he was being punished for his illegal behavior, but also that he was being unfairly punished for his disease:

I mean I messed up (laughs). I did something stupid.... It's a punishment because at the end of the day I'm paying money for something that's wrong with my way of thinking, and I'm being punished for, and having a criminal charge held over my head for, what to me is a mental disease....

The remaining seven participants felt that drug court was simply a punishment for what they had “done wrong.” They identified themselves as non-addicts who either got caught up in the criminal legal system or were punished for their disease. Some of them rejected legal punishment for drug use and tended to believe that treatment (independent of drug court) was the more useful option. Erica (self-described addict) told the story of a friend of hers who had recently died after getting out of jail instead of receiving treatment:

... He went to jail. He ain't go [to] no rehab. He got no help. He went to jail, and got right back out on the streets.... I feel like he could've got out, man I feel like they could've sent him to like a rehab and got him some help before they put him back out on the street. Instead of taking him to jail and then putting him back out on the street. Get him some help.

Other participants who saw drug court as a punishment described specific aspects of the program – what they saw as tedious tasks and strict rules – as indicative of punishment. Brian (self-described addict), for example, said: “I mean, paying a bunch of fines and stuff does seem like a punishment.” Erica (self-described addict) also mentioned program requirements: “Yeah, it's a big punishment, because it's in my life. It's taken a toll on my life. Like, I have to go drug test.... Then I have to sit on the phone, on a Zoom meeting from 12:00 to 3:00.” Additionally, in-program punishment in the form of sanctions is a typical feature of drug courts, generally (Callahan et al. 2013). This drug court formally addressed why participants might be sanctioned and the potential sanctions that they might receive in the organization's official handbook. Failure to

maintain contact with case managers, missing or failing drug tests, and new arrests, for example, could lead to sanctions such as additional community service, increased supervision requirements, delay in program completion, incarceration, or dismissal from the program. Sanctions are used to “encourage progress and reinforce personal accountability” and are a crucial component of the general organizational narrative of a drug court.

Some participants saw the utility of drug court but still perceived the program as a burden, like William (self-described addict): “I think it's amazing for people. It's just that, again, for me, having access to support already, it has been more of a, it's been more of a ball and chain than it has been, than it has been something that's really helped me.”

The views of clients who view drug court as punishment are inconsistent with the views of the drug court staff participants and the organization’s official mission statement. While staff members indicated that they prioritized clients’ personal transformation and development as indicators of success in drug court, the clients who view drug court as punishment perceive this expectation, as well as the tasks required of them by drug court, as tedious and burdensome. Similarly, while the organization’s mission is to provide “a non-adversarial approach,” the clients in this group perceive the whole experience as adversarial.

THE EFFECT OF CULTURAL AND ORGANIZATIONAL NARRATIVES ON CLIENTS' PERSONAL NARRATIVES

Perceptions of the presence or absence of a drug problem and ideas about the self before and after starting drug court shaped the personal narratives of drug court clients in this study, as did elements of the cultural and organizational narratives that have been discussed. Of the twenty-three drug court clients in the study, fourteen described themselves as having a drug problem, and ten described themselves as not having one. This perception related to their reported experiences of drug court – specifically, whether they believed drug court helped them.

How Drug Court has Helped Clients

Sixteen clients reported that drug court had been helpful to them in at least one of two separate ways: 1) showing them that they actually had a drug problem and there was another, drug free, way to live and helping them learn to do so, and 2) helping them change other behaviors to improve their lives.

Some participants mentioned that drug court helped them to see that they actually had a problem. For example, Destiny (self-described non-addict) discussed how drug court helped her to realize that smoking marijuana was not something that she actually needed to do. She explained:

I always said I'd never stop, stop smoking, and I thought it was okay. But now that I'm in drug court and see the bigger picture I know it's not okay. That's not

something that you need, like I said that's, that's not something that you have to have to live.

Destiny, a self-described non-addict, recognized that although she was not addicted to marijuana, drug court helped her to recognize that her smoking marijuana was “not okay.” This change is in line with the organization’s narrative of helping users learn to live and embrace a drug-free life.

Still other participants described a vast improvement in their lives over where they were before drug court. Stephen explained how his life had improved because “... Before drug court I [was] living in a hotel doing fentanyl every day.” Gillian (self-described addict) described her transformation: “I'm happy and I'm not struggling and it's, it just the... the person that I was is just so far removed from what I am now, and I can't even imagine being that, being her.”

Other clients talked about how they would still be using if it weren't for drug court. Some even feared that they might have overdosed or died if it weren't for the drug court. Gillian (self-described addict) said that without the drug court, “I'd be dead! I mean it's very likely could be dead right now. I mean, I was using three or four times a day, I mean every single day.”

Some participants talked about their positive life changes since they started drug court. They expressed that without drug court they would likely still be using the same substance(s) for which they were arrested if drug court hadn't forcing them to cease use. For example, Destiny (self-described non-addict) described the peace of mind that came

from knowing that she could pass a drug test: “I can go to any job and they can drug test me and that’s fine, I’m clean.” Dominick (self-described non-addict) described his productivity since he quit using marijuana:

... Me not being able to use the substance, I realize how much more I could have accomplished. Since I haven’t been using. Because honestly, marijuana would sometimes make me sleepy or more sluggish, more tired.... It makes me feel as though I was missing out on certain things due to using.

Other participants described how drug court helped them with other aspects of their lives. Shaun (self-described non-addict) described gains in his personal relationships since starting drug court and getting sober. He explained: “I’ve been around my family more. Those connections have grown. You can’t put up a money sign on that. That, to me, is ... the most valuable thing.” Destiny (self-described non-addict) also mentioned personal changes and how she became closer to her family: “There’s a lot of stuff that I didn’t do before this, prior to (drug court), and now...I feel better. I can speak. I can tell y’all my experience. I just feel like a whole other person. I’m a better parent to my kids.” These quotes show how self-described non-addicts could perceive drug court to be helpful. Even though they did not consider themselves to be addicted to the substances the use of which landed them in drug court, these clients reported positive life changes after having to quit use as a requirement of the program.

Drug Court has not Helped

Unlike the clients who reported positive gains from drug court, some (n=7) clients in the study expressed that drug court did not help them in any tangible way.

Furthermore, some of these participants even argued that drug court had caused them additional problems. For example, Ian (self-describe non-addict) also said that drug court had not helped him in any significant way. He explained that "...when I'm done with this I have zero intention of not doing drugs anymore, and I knew coming in. I mean, this whole thing is simply a means to an end to have a felony taken off my record." Benjamin (self-described non-addict) said his temper was worse since being unable to smoke marijuana. He explained that, "I got, I got a little worser, like as far, as my temper and attitude, it got a little-- it got a little worser, and it lasts a little longer nowadays, because I don't, I got no alternative other than playing my [videogame]...." Four of the seven participants who said that drug court had not helped them also indicated that they did not believe that they had a drug problem; this pattern suggests that aside from having their charges dropped, the clients perceived that there was nothing for drug court to help them with.

Ideas about the Self Before and After Starting Drug Court

To assess how personal narratives shifted over the course of the program, I asked participants to describe how they felt about themselves before starting drug court, and how they felt about themselves at the time of the interview after being in drug court for

some time. With regard to before-court perspectives, nine participants had negative self-views, eight had unqualified positive self-views, and six had qualified positive self-views.

Nine participants reported feeling badly about themselves before starting drug court. Like William (self-described addict), who said: "... More or less a total piece of shit who had no prospects, and who was just completely failing at life, on life's terms, and... just... you know, a thirty-year-old, a washed-up thirty-year-old that isn't doing anything." Erica (self-described addict) described herself as "going downhill," and Lauren (self-described addict) said that she was "a mess."

Seven participants, five of whom were in drug court for marijuana use, did not report having a negative self-view before starting drug court. As Benjamin (self-described non-addict) said, "I just thought, ...I'm just me. Smoking weed was just a part of life." Lewis (self-described non-addict) described himself as "happy, goofy, playful, and strong-minded" before drug court, and felt that these things hadn't changed since he started the program.

Finally, six participants discussed feeling positively about themselves before the program, while also knowing that their drug use was wrong. Shaun (self-described addict), who thought of himself "... as a pretty good, intelligible person and... I still feel the same way, but ... when you were using, you kind of know that that's not right. So it's like you're doing wrong, but you know you're doing wrong." Melody (self-described non-addict) also felt good about herself before the court, but recognized positive changes in herself since starting drug court. She said that "Before I started drug court, I felt pretty

good about myself. I [saw] myself as a positive and influential person to the people around me. And even after, I still feel the same way, but I also do thank this program because I've been taking my time and thinking more rationally.”

Regardless of how they felt about themselves before starting drug court, all participants in this study felt more positively about themselves after. According to Derek (self-described addict), “Oh my god, I love myself now.” Stephen recognized that “... I'm evolving I guess to the person I want, the man I wanna be. Took twenty years or fifteen years to get this this far.” Diana (self-described addict) said that since starting drug court:

I feel good. I feel like I'm on the right path. I don't feel.... You know, that shame is gone. I know I'm forgiven. I know that everybody makes mistakes. The more people I meet that have had my experience or similar to [my] experience, I feel positive about the future. I feel like I can do this... like I can, like this will be part of my past and part of my testimony hopefully to help other people.

Gillian (self-described addict) also felt that her life and her ideas about herself were completely different since starting the program. She described herself as:

Happy. Joyful. My self-esteem is getting better.... I'm working part-time. My husband and I are doing great. My kids and I are doing great. Life is good. Life's really good.... You know, living life on life's terms is so much better than existing, hiding in my bathroom from everybody.

Other participants said that they had a mostly positive self-image before starting drug court, but that they felt even better about themselves now. Like Dominick (self-described non-addict), who said:

I saw the error of my ways, and now I just, I do more positive, motivating self-talk to myself. And I tell myself that I am confident in my abilities and I can achieve whatever I put my mind to. So, therefore, I start developing more plans and goals and stuff to take action to achieve those goals and become more successful than what I already was.

Although not every participant attributed their positive self-image to drug court participation, no participant reported feeling worse about themselves since starting the program.

In sum, with regard to ideas about the self, participants' pre-drug court self-perceptions were heavily influenced by cultural narratives surrounding drug use and addiction. One subgroup felt negatively about themselves, seeing their addiction as evidence of sickness or personal failure. All but one of the participants who indicated feeling badly about themselves before starting drug court endorsed the cultural narrative about drug use and addiction as a health issue; three of these participant also endorsed the cultural notion that drug use is a choice. These participants' endorsement of these cultural narratives likely colored their negative perceptions of themselves before starting drug court. For instance, these participants may have felt badly because they viewed their addiction as a health issue that would be challenging to overcome. For those who

endorsed the notion that drug use is a choice, their negative self-perception may have been fueled by guilt and self-blame for their choices.

The subgroup of participants who had unqualified positive self-views before the drug court, and particularly those who primarily used marijuana, perceived their drug use as relatively harmless and even normal. This group can be seen as endorsing the cultural narrative that drug use is acceptable when it does not lead to adverse life consequences. Finally, the third subgroup – those who had qualified positive self-views before the drug court – viewed their drug use as wrong but maintained a positive self-image. They recognized that their drug use was harming them, but did not view their use as a defining feature. Three of these participants endorsed the cultural narrative that drug addiction is a health issue – this could explain why this group maintained a positive self-image: they believed that what they were doing was a sickness. Regardless of the catalyst, as participants progressed through drug court, their self-perceptions shifted. Clients who embraced the cultural narrative of addiction as a disease appeared to find solace and self-forgiveness in this perspective, leading to increased self-love, compassion, and acceptance.

Finally, it also appears as though the participants who described themselves as addicts reported the most notable improvements in their self-views since starting drug court. Drawing on themes from the organizational narratives embraced by the clients as well as by the drug court staff might explain this pattern. Drug court staff were clear in their prioritization of personal growth and rehabilitation as key factors of success in drug court. They defined clients' success in terms of not only completing the program and

resolving their legal issues, but also making other changes to improve their lives. Seeing positive changes in themselves likely made these clients feel better about themselves, and likely explains why the self-described addicts reported the most improvement in self-perception since starting drug court. Additionally, since, by definition, the self-described addicts acknowledged their addiction and wanted help, they expressed greater receptiveness to the services that were offered to them by drug court, aligning with the staff's ideas about the "ideal drug court participant." Their reported embrace of the treatment and programming may have facilitated greater engagement and progress in the program. Finally, the self-described addicts were more likely than the self-described non-addicts to perceive drug court as help instead of punishment; this perspective likely changed the way that they utilized that help, leading to greater improvements in self-views.

CHAPTER 5: CLIENTS' PERCEPTIONS OF SUCCESS IN DRUG COURT

Aim 2b: How do cultural and organizational narratives shape the experiences of drug court clients? To what extent do these narratives translate to clients' perceived success in the drug court program?

In this chapter I will examine how cultural and organizational narratives translate to clients' understandings of success in drug court and the perceived facilitators of their own perceived success in the program. Their understandings were related to their 1) descriptions of the “typical” drug court client, 2) definitions of success in drug court, and 3) perceived facilitators of success in drug court.

“Typical” Drug Court Clients

I asked the client participants to describe the “typical” drug court client. Some of the participants described demographic traits, while others described personality features. Descriptions also addressed the conditions surrounding the arrest that led to drug court -- specifically, whether typical clients were addicts or simply in the wrong place at the wrong time.

Demographically, many participants noted that the “typical” drug court client was there for marijuana, and according to William (self-described addict) were “lower class African American males.” However, others noted that the “typical” drug court client was there for pills, heroin, or meth. The broadly differing perspectives on what constituted the “typical” drug court client reveals the difficulty that clients had when asked to describe the “typical” person in a drug court program. Other clients, like Luke (self-described

addict), noted that it's "... A pretty even make up, like white and Black, young and old, male and female.... The demographic of drug court when I arrived was pretty much the demographic of [city]." There variety of answers to the question about a typical client indicates that the "typical" client could be anyone. Lauren (self-described addict) explained:

It's just a lot of different people... from different walks of life. My last court date there was a lady maybe, like, seventy something years old and she got in front of the judge and said she had just been using for so many years and she just needed help. Like, she just initially broke down. I think she was just admitted into some type of facility or whatever. It's just like people, just regular people. A lot of them are tired. A lot of them are placed in a situation where there's a mandate and they don't want to tell anyone and they just want to be charged. I've seen it all.

Shaun (self-described non-addict) explained his similar stance:

... Before I kind of felt like "Oh 'these type of people' deal with this type of stuff" and whereas to now like... I think I've come to the understanding that everybody deals with something, and it's not the typical person that you would pass by and think of. Like it might be a person I meet right downtown and he could be having the worst time of his life or dealing with the worst drugs but you would never know.

These descriptions of "typical" drug court clients indicate clients' perceptions that anyone could potentially find themselves in drug court. This view shows that the

participants distance themselves from harmful stereotypes about drug court clients as a stigmatized group.

Many participants had positive views of the personality and behavioral traits of the “typical” drug court client. They believed that clients were attempting to solve problems and better themselves and were utilizing the tools and resources available in drug court to do so. This view helped them to form or maintain a positive self-image. For example, Destiny (self-described non-addict), said: “A typical drug court participant is someone who is trying to do better. We encounter a problem, and we [are] fixing that problem. But at the end you're going to be fixing that problem, be a better person, think different.” Melody (self-described non-addict) said:

It seems like everyone's just really trying to get help. Especially [on] the phone calls... from the guys that I've been seeing on there, the ladies that I've been seeing on there... They're really taking it serious and they're really like, you know, “I understand... I notice it... I do have a problem and I can admit to having a problem. So I need this.” Some of the participants are like, “Yeah, even when this is over, I'm going to come back because I need this.” I love to see people... admit when they actually have a problem and own up to “Yeah, I have a problem. So I'm happy that there's this outlet where I can go to get help.”

With regard to the perceived “typical” clients' relation to drug use, participants described two types of drug court clients and reported that drug court was made up of a combination of them. They said there were addicts and there were non-addicts who got

caught with drugs. Gillian (self-described addict), said, "... A lot of people are there for weed... and they just got busted and so they do this so they don't get a felony and then they go right back [to] smoking soon as they get done." Beth (self-described addict) said:

From what I've observed a lot of us are truly addicts. But I've seen a couple of people who have just gotten in trouble for like weed charges or like something simple that may not be an overall issue for them in their lives.... But I don't think that that's the majority.

Matthew (self-described non-addict) espoused a similar view, explaining that "... There are people that are... physically and mentally addicted. But you also have your people that just, pardon my French, but they fucked up [laughs]." Ian (self-described non-addict) made this distinction by explaining his own situation:

I think there are people that, you know, definitely qualify as your typical addict and then there's people who I would probably say like, like me who... I don't consider myself to be a drug addict or really have a drug problem. I made a bad decision.

By qualifying some of the "typical" drug court participants as people who just "messed up and got caught," participants who were self-described non-addicts were able to group themselves into that category, distance themselves from "real addicts," and minimize their "need" to be in drug court. Again, these participants are doing "boundary work" (Lamont 2002). It is notable that even the self-described addicts distinguish between types of clients rather than saying that all clients need drug court. They perceive a

difference between themselves as addicts and some of the other clients (i.e. the non-addicts).

Understandings of Success in Drug Court

Cultural, organizational, and personal narratives shaped participants' definitions of success in the program. For the purposes of this study, organizational narratives were derived from two sources: interview data with drug court staff and the drug court's official handbook. As reported in Chapter 3, the official handbook of this drug court reads:

The program provides an opportunity for people arrested with drug charges to receive substance use, mental health treatment and other services to support rehabilitation. Using a non-adversarial approach, this specialized docket combines treatment and case management with judicial oversight and personal accountability to promote rehabilitation and reduce the likelihood of continued justice-system involvement.

As will be shown, the degree to which clients identified with the drug court's organizational narratives was related to their own personal narratives about whether they had a drug problem. And whether they had a drug problem was related to cultural narratives.

Drug courts and other problem-solving courts attempt to change client behavior by shifting their mindsets about themselves and the behaviors that landed them in the program. During the program, it is required that clients pass drug tests and participate in

programming intended to reduce clients' interest in drug use. In other words, clients are expected to be drug-free and compliant with programming during drug court. The goal/hope is that clients' changes in thoughts and behaviors during drug court will persist after drug court. However, participants themselves varied in their perceptions of program expectations. Some participants felt that clients were expected to remain drug-free after the program. Others felt that clients were expected remain "productive and contributing members of society," not simply drug free. This latter group mentioned such expectations as getting registered to vote, obtaining a GED or otherwise furthering their education, being a better parent, planning for the future, and maintaining stable employment.

The majority of client participants (n=18) defined themselves as on course toward success in drug court. The remaining five participants expressed ambivalence when asked if they felt successful in drug court to date. Participants varied in whether they viewed success as based on behavior during court or based on behavior during and after court. For the majority (n=17), "success" in drug court meant completing the requirements of the program, graduating, and having the charges that they were arrested for dropped. As such, it was dependent on behavior during the program, not on behavior afterward. Although the program was focused on permanent changes, not all clients perceived that permanent changes were either expected or desirable. For example, Cody (self-described non-addict) said that to be successful in the program, drug court clients must, "Just do what they ask you to do in the time they ask you to do it." He added "Whether you take in what's being discussed, just do what they ask." Cody's comments indicate that his definition of success does not align with the program's definition which involves changes

during the program coupled with maintenance of those changes after program completion.

A minority of participants (n=6) defined success in terms of changes that would persist after court. These participants mentioned that acquiring and maintaining good habits in addition to becoming and remaining abstinent from drug use. This definition is in line with the formal program goals of personal accountability and rehabilitation. It is also in line with the organizational narratives presented by the staff participants. Drug court client Brian (self-described addict) said that success included:

Maybe for some people, finding the right medication that helps them, or changing their habits, like health habits, or the people they hang out with.... After the post-acute withdrawals go away, it's important to try to change your everything, from exercise and diet and stuff like that, even though it's hard for a lot of people.

In this second group, some participants emphasized that success in drug court meant remaining abstinent upon completion of the program and incorporating the lessons from drug court into their lives after the program. This is in alignment with the program's goal of rehabilitation. This often meant internalizing narratives about admitting to having a drug problem, and learning to live a "better life." For example, Meredith (self-described addict) said that to her, success means "... Just finding a way to appreciate sobriety... and find a way to be happy about it." Portia (self-described non-addict) said that success means "Finding legal ways of dealing with stress and pain and trauma and mental illness and being able to take care of yourself." Since drug use is illegal, it cannot be used to care

for oneself, according to Portia. Melody (self-described non-addict) thought that success in drug court "... is getting a person to understand that they have a problem and to be able to successfully get them away from whatever drug that they were using and get them onto a better path in life." Shaun (self-described non-addict) said:

I see the success of drug court would be like, again, the personal relationships and the willingness to open up about what you're dealing with and just being more honest with you know "Why?".... It's like soul searching almost, like tell yourself the truth as to why you are using it, what it is exactly that you're really dealing with.

Gillian (self-described addict) stated that,

Success in drug court is that you learn something from... this experience. It's not just going through the motions to get all your requirements done and then get out and then going back to the same behaviors. Like you learned what you did wrong and then you've changed your behaviors and your patterns of thinking that got you here in the first place.

Definitions of success in drug court seemed to be a function of whether or not the participant believed that they had a drug problem. For those that believed that they did not have a problem, success simply meant cooperation and facing no further legal consequences. For those who believed they had a drug problem, success also meant they maintained some of the new, positive behaviors that they had learned, and that they

remained substance free upon completion of drug court - an indication that they had internalized the “drug-free” narrative of the program.

Perceived Facilitators of Success in Drug Court

In the previous sections, I focus on how cultural narratives and organizational narratives influence clients’ experiences in drug court. In this section, I identify what the clients identified as facilitators of success in drug court in their personal narratives. Participants’ narratives revealed their perceptions of the factors that enable success, whether immediate or long term, as a drug court client. The clients discussed factors such as: 1) mindset, 2) replacing drug use with other activities, 3) a strong personal commitment to recovery, 4) fear of further legal repercussions, and 5) the drug court staff as facilitators of their success to date in drug court.

Many participants’ narratives revealed their belief that a specific mindset facilitates success in drug court. These participants discussed self-discipline and commitment to goals as keys to their success in the program to date. Dominick (self-described non-addict), for example, cited self-discipline and a goal-oriented mindset as the reasons for his success-to-date in the program. He said, “It’s... me being a disciplined person... and me knowing what I actually want to achieve, otherwise... - like I have goals that I want to accomplish. Like, just me being a goal-oriented person, I believe, has been my main factor.” Lewis (self-described non-addict) said, “It’s being strong-minded.” Gillian noted how she had to “... Completely surrender to the program and [give] it every, [give] my all to it. You know I've put one hundred percent effort into it,

you know. I didn't have reservations, I didn't half ass it. I just did everything they told me to do. I listened to all the suggestions that were given to me, I read the literature..." The fact that these non-addict participants self-identified, or made comments that implied that they saw themselves as being "disciplined" and "strong-minded" suggests that they may subscribe to the cultural narrative that addicts generally lack these personality traits; this creates social distance between themselves and "more problematic" users. These participants seem to subscribe to the idea that drug use is okay under certain circumstances; that is, drug use is not okay if you lack self-discipline and a strong mind. These cultural and personal narratives shape perceptions of success and failure within the organization (organizational narratives) and influence how participants perceive themselves and others in relation to drug use and addiction, and recovery.

Some participants mentioned additional personal elements that had helped them be successful in the program to date. Like William (self-described addict), who said that "... My actions apart from drug court are really... what's causing me to gain momentum back in my life." He listed "the scheduling of fun things in my life, having things to look forward to, which generates a sense of purpose, and encourages a sense of self" as being instrumental to his success in the program. He added that:

... Finding that purpose, finding that social balance, and finding things to be happy about in life again.... Me and my dad started picking up fly-fishing during all of this.... We've visited my brother out in [city], went on a fly-fishing trip out there, we took a course about two weeks ago down in [city]. So you know, just

finding new hobbies, finding new things, and just trying to be a normal human being.

Participants who self-identified as having a drug problem reported as a facilitator a strong commitment to recovery and a recovery community [a group of individuals committed to their own and others recovery from substance abuse]. For some it was about consistency in efforts to participate in recovery-related efforts. As Gillian (self-described addict) said, “I’ve tried to get a little bit of something recovery-wise every day and that really has helped me.” She followed up by saying, “You have to make time for it every day.” Beth (self-described addict) added that she has “... A really strong recovery community around me. People who have, you know, strong links of sobriety and quality sobriety, and also people who still struggle.” Gillian (self-described addict) explained how for her, following all of the strict rules required to complete the program meant that she:

... Went to NA meetings, I went to the classes, I listened to my teachers, I got a sponsor, I talk to her every day. First thing in the morning I text her and talk to her throughout the day. When I have a bad day I call her. I go to meetings as often as I can. I read NA literature. I post on the [Facebook group]. I post on the NA group.... I try to help other addicts when I can, that really helps.... I listen to the NA speakers on YouTube just to hear other people’s stories. Just anything and everything that I can get that's recovery based... has really helped me.

Many clients reported that the threat of legal punishment either as an alternative to drug court or for failing to comply with the program facilitated their commitment to drug court and in turn, their success in it to date. Fearing a conviction and additional legal repercussions helped clients like Matthew stay on track and succeed in drug court.

Matthew (self-described non-addict) said:

... I've never been in trouble so I was freaking out, scared to death. I thought I was gonna go to a jail for years and years and have a felony and just this, that, and another.... I mean it's definitely an eye opener 'cause if you don't do what you're supposed to be doing you know, you can go to jail for all those years and stuff.... It's definitely, definitely a scary experience for me but it was a humbling experience as well, and you know there I was in the mindset like "You mess up, you're done."

Similarly, Benjamin (self-described non-addict) stated that what had made him successful in drug court so far was "... Fear because... I don't wanna be no felon. So that right there just burns up everything. Every time I think about smoking a blunt, or I want to smoke a blunt... felony! [emphatic expression] no...." This concern about more severe legal consequences directly relates to not only the official narrative of the drug court regarding the necessity of avoiding further legal entanglement due to continued drug use, but also to the cultural narrative about drug use as harmful because it is illegal. Legal punishment alone may not sufficiently deter addicts. However, for non-addicts, like Matthew and Benjamin, legal consequences are perceived to be a powerful deterrent. The prospect of a felony record or significant jail time seem to serve as stark reminders of the potential

consequences of their actions. This fear seems to be amplified by the threat that a criminal record poses to their future opportunities. This suggests that drug courts may need to tailor their approaches to accommodate the diversity of needs and motivations among participants. For addicts, interventions address underlying issues and support for recovery are likely to be desirable and beneficial. However, for non-addicts, strategies that emphasize the legal consequences of their behavior may provide more effective incentives for program completion.

Regardless of whether they perceived themselves as addicts, almost all participants spoke highly of the case managers, the peer mentors, and the judge, describing these people as integral parts of their perceived success to date in drug court and/or in their recovery. However, clients with a self-proclaimed drug problem spoke more frequently and in more detail about the helpful role of drug court staff.

Almost every participant spoke highly of the peer counselors. Few perceived the drug court staff to be unduly judgmental or unfair. Ian (self-described non-addict) noted that "... They seem to be sincerely, sincerely trying to help people." Derek (self-described addict) was asked why this was such an important part of a positive drug court experience for him:

The fact that I could be me. The fact that I know these people that I'm around, these people that I'm talking to are not judging me. These people have been through, in some shape, fashion, or form, the same things I've gone through and there's no [way] that they could look down at me, they can judge me, they can

call me names. There's no way they can do that because that's the part of coming back. They've been right there with me in some kinda way.... Which with that being said, it allows me to be more comfortable in expressing myself.... Because my feelings, my thoughts, my ditch life, the whole nine yards, it makes me more comfortable because I know I'm not being judged and I know that these people talking to me are from right here [pats his heart].

Others, like Diana (self-described addict), felt that they could connect with the peer counselors differently than with the non-peer counselors, since the former were also recovering addicts. She said they were "... Supportive. They're non-judgmental. You know that they're there to help and that they've been there themselves in your same situation [which] is tremendous... because they can relate to you. I've had nothing but just a one hundred percent positive experience with that with them all." According to Portia, for the peer counselors "... It's not just their job; it's more of their missionary work."

Most participants also spoke highly of the judge, describing her as compassionate, fair, and justice-oriented; all of these qualities were valued by the participants and, at least, made their experience in court more pleasant and perhaps less punitive. Gillian (self-described addict) explained, "... The judge wasn't there to just punish me and to just make me jump through these hoops. She really truly wanted to help me get better, and I am." Beth (self-described addict) similarly commented:

I really appreciate [the judge]. I think that she is very justice-oriented which can be rare in this justice system in America. She is somebody who has a lot of mercy and a lot of understanding for addicts. I appreciated her willingness to put me through this program because I believe it is something that is helping in my recovery overall.

Some participants, like Diana (self-described addict), noted feeling like the judge cared for her on a personal level. She said, “I told Judge I don’t have anyone at home, no family. she said, ‘You do have someone . You got me. You have the people at drug court, the people you talk to in peer groups’.”

Other participants described their case managers as a positive and indispensable component to their recovery and to their drug court experience. Many noted having what they felt to be close and personal relationships with their case managers. Beth (self-described addict) explained:

... I loved my case manager and I talked to her like multiple times a week sometimes, and we do text message through her Google Voice thing. So I don't just call her on the phone once a week. Like, I text her about certain things., I ask her questions. If I'm having struggles and I can't get ahold of my sponsor, I will call her, and I think that that's wonderful. ...God blessed me with her [her case manager].”

Stephen (self-described addict) described his case manager as “... A big part in my being sober in this program.” Meredith (self-described addict) appreciated “How personal the

case managers are. I do like that, for example, when we check in with them every week, we're able to just text them." Again, it was the clients who self-identified as having a drug problem and wanting/needing help that felt that their interaction with the drug court staff and the other requirements of the program were instrumental in their perceived success to date in drug court. The clients who did not self-identify as having a drug problem seemed more concerned with simply completing the program, graduating, and moving on with their lives. Finally, it is interesting to note that the phenomenon described by Davis (2017) where girls incarcerated in a juvenile justice facility seemed to "police" each other, serving as informal agents of control, did not appear in my findings of this drug court. I will discuss this finding in the following chapters.

Chapter 6: DISCUSSION AND CONCLUSION

This study illustrates the role of cultural and organizational narratives within a drug court setting. Interviews with the drug court staff reveal that they reject cultural notions deeming all drug use as inherently immoral, and instead endorse a more health-focused view, and even acceptable circumstances in which to use drugs. This viewpoint, however, is at odds with the abstinence-focused approach of drug court programs. Similarly, interviews with drug court clientele reveal that many also perceive drug use as acceptable under certain circumstances; this influences how they engage with and participate in drug court. In this chapter, I will discuss these points, along with what the findings imply about the drug court model, and about narrative identity theory.

Staff Perspectives

With regard to the findings from Aim 1 (How do cultural and organizational narratives inform drug court staff's construction of the ideal drug court participant and their work with those clients?), the staff participants in this study rejected the cultural narrative that drug use is immoral. Instead, they believed that drug use is a health issue, and that drug use is okay under certain circumstances, such as when it does not cause adverse life consequences. This view is in line with pre-existing cultural narratives regarding when and if drug use is acceptable, but it is fundamentally at odds with the organizational narrative/model of drug courts in general. The drug court model assumes that drug use is problematic under all circumstances, at the very least because it is illegal. Thus, drug court programs call for abstinence from drugs and alcohol – during and after

the program -- and assume that if a person is in drug court, they have a drug problem or are “dependent” on substances. As such, all participants in drug court (whether or not they self-identify as having a substance use issue) are required to undergo drug treatment. While drug court programming includes services and requirements other than drug treatment, including physical and mental health services, goal setting, and educational attainment, all drug court participants are required to participate in drug treatment services and “accept help” (National Association of Drug Court Professionals 2004). This coercion to treatment is similar to that associated with in-patient psychiatric treatment (LeFrancois and Coppock 2014) and gay conversion therapy (Golightley 2023). It is also similar to insight-oriented mental health treatment, which is based on the idea that insight leads to acceptance and that acceptance “...spring[s] action and a willingness to embrace treatment and accept help” (Murphy 2005: 614)

The study data show that staff members do not universally buy in to the assumptions that guide drug courts -- that is, at least some do not believe that all drug use is problematic, endorsing instead the cultural narrative that drug use is okay under certain circumstances. It follows then, that although staff believe that it is understandable that drug court clients find themselves in drug court because they have broken a law, they do not believe that every person who is arrested for drug use has a drug problem for which they need to undergo drug treatment. If the staff members are responsible for promoting a philosophy in which they only partially believe, to what extent can they successfully perform their jobs and can the program achieve its aims? It is reasonable to assume that not every person in an organization agrees one-hundred percent with an organization’s

aims. However, when the staff's views are fundamentally at odds with the organization's aims, what is the impact on program effectiveness?

Perhaps the drug court staff need to be screened regarding their personal philosophy before hire, or if hiring practices remain the same, drug courts should train staff members to cultivate client buy-in and, in turn, facilitate successful promotion of the organization's aims. This same suggestion is applicable to other types of diversion courts as well; similar processes could be applied to ensure staff's alignment with organizational philosophies and goals. Or, perhaps alternatives to drug court, such as harm reduction programs, should be explored. Unlike drug court, harm reduction programs tend not to be tied to legal sanctions. Instead, they focus on minimizing the negative consequences of drug use, an issue with which the drug court staff was clearly concerned. In addition to not being tied to legal consequences, harm reduction programs do not require abstinence. Examples of harm reduction services include safe injection sites, needle exchange programs, the distribution of fentanyl test strips, and overdose prevention education (Kimmel et al. 2021). Both drug court staff members who view drug use as a health issue, and staff members who view drug use as okay when it does not involve negative consequences may be likely to support harm reduction strategies. If so, they may better serve clients (or at least some of the clients – those who do not identify as having a drug problem and just “got caught” but generally have low needs) through harm reduction than through abstinence and drug treatment. Future research should more formally assess how the match/mismatch between drug use understandings and drug court program services relates to overall program effectiveness.

Diversion programs, such as Seattle’s Law Enforcement Assisted Diversion (LEAD) program (<https://kingcounty.gov/en/legacy/depts/community-human-services/mental-health-substance-abuse/diversion-reentry-services/lead>) may also be considered. LEAD is for people arrested for low-level drug offenses and consists of three components: diversion from the criminal legal system, harm reduction case management, and legal advocacy (Collins et al. 2019). Participants in this kind of program are not required to “attain abstinence or attend treatment or any other services to maintain standing in the program” (Collins et al. 2019: 203). However, if offenders want drug treatment, they can get it through the program. Offenders who solely wish to have their legal charges dismissed can participate in the program and solely use its legal advocacy services. It may be possible for drug courts to similarly have a two- (or more) track system in which offenders with different needs get different programming.

Drug courts are designed to address both a health component, a “sickness”, and a legal component, a drug-related offense. Their logic is that by forcing people to remain drug-free for the duration of the program, and providing them with treatment for their supposed substance use disorder, drug court concurrently helps offenders address both their legal issue and their health issue. However, the staff members in this study, who are the promulgators of the organization’s aims, only partially endorsed this logic. They emphasized personal growth and transformation as indicators of success in drug court; this diverges from the program’s mission statement that emphasizes judicial oversight and abstinence. This reflects the staff’s more nuanced and holistic approach to rehabilitation. Their recognition of the problems that lead individuals to use drugs in the

first place and the subsequent multifaceted needs of those who find themselves in drug court demonstrate an understanding of underlying issues that are absent from the program's official mission statement.

Staff also indicated that drug use was only problematic when it causes adverse life consequences; they endorsed the cultural narrative that drug use is okay under certain circumstances, noting that some people are able to successfully use drugs in a recreational manner and be fine. They perceived many people in drug court to be without a drug dependency problem, and only in the program because they were caught engaging in a drug offense. This view was apparent in the staff's construction of the ideal drug court participant. Their description of the "easiest" to treat client was the client who did not have a drug problem, but was simply "in the wrong place at the wrong time." While the staff help clients get through the program and, in fact, clients attribute success to their support, the staff's efforts do not appear to successfully convince all clients that they should permanently cease drug use. Should this result be considered a failure of the program? This result forces us to question the logic of drug courts, and consider how the program operates and who it serves: are drug courts wasting resources by requiring non-addicted, recreational users to undergo strict programming and mandatory substance use treatment that they neither want or feel they need or by requiring abstinence that may not continue upon program completion?

One limitation of this study is the low sample size of staff participants; this is because there were only six staff members who worked directly with clients. Another limitation of this study is that I did not specifically ask the staff participants about the

drug court's official mission statement. It may have been advantageous to have read the drug court's mission to the staff participants; from there, I could have questioned them about the extent of their agreement or disagreement with it. It would also have been advantageous to have asked staff whether they believe in drug court, or to what extent it is just a job for them. Finally, staff could be asked if they thought that there were better ways for them to help drug court participants than what they were currently doing as prescribed by their jobs and job titles. As such, future research could further explore staff's endorsement of the drug court model, their views on potential alternative models, and their ideas about how things could be done differently to make drug court more effective.

Client Perspectives

With regard to findings for Aim 2A (How do cultural and organizational narratives shape the experiences of drug court clients?), like the staff member participants, many of the drug court client participants also endorsed the cultural narrative that the acceptability of drug use is dependent upon the extent to which people experience adverse consequences. Consequently, the extent to which the client participants bought into the organizational goal of permanent abstinence from substance use was dependent upon whether they perceived themselves as having a drug problem. Some participants saw themselves as drug users, not drug addicts – that is, not people with a drug problem. As such, progressing through the program was experienced differently by these two groups of participants. Participants who identified as having a drug problem and in turn, wanted or needed help, perceived drug court to be useful in that

it provided them with tools, programming, and resources to address their drug problem. These clients spoke highly of drug court and did not mind the requirements of the program because they felt that they were getting the help that they needed for their substance use problem.

As such, it seems as though participation in drug court did lead to an identity shift for the self-identified addicts in this study. Before starting drug court, many of these participants reported having negative self-views; their self-views shifted significantly after starting drug court. Perhaps their endorsement of the cultural narrative that drug addiction is a health issue provided them with comfort and acceptance of their condition. These clients were, by the staff's accounts, the most willing to embrace drug court treatment and programming, aligning with one of the staff's two conceptualizations of the "ideal" drug court participant. As such, these clients may have benefitted more from the program. This embrace may have facilitated meaningful gains and, in turn, improvements in their self-views.

The program requirements were reportedly experienced as more challenging and overwhelming for the clients who did not perceive themselves as having a drug problem or needing help with their substance use. These clients only wanted to avoid further legal repercussions from their arrest. That said, several of even these clients reported that they still experienced benefits from drug court. Many said they learned valuable lessons that they expected to utilize in their lives. Yet this is not the formal primary aim of drug court; facilitating behavioral changes is the primary role of drug and other problem-solving courts. Oftentimes the behavioral changes are accompanied with changes in participant's

personal identities and their sense of self (Shdaimah and Wiechelt 2012; Oselin 2014; Shdaimah and Bailey-Kloch 2014). This co-occurring effect is likely because participants are required to attend, and coerced to participate.

The self-described non-addict participants in this study did seem to experience an identity shift, but in a less pronounced and less profound way than the self-described addict participants. Many of these participants reported feeling like their drug use was harmless or normal, and having positive self-views before starting drug court. Although they did not believe themselves to have a substance use problem for which they needed drug court services, having to be in drug court likely provided these participants with time to reflect which likely led to self-growth and perhaps a more positive self-view than they had prior to starting drug court. The coercive nature of drug court may have forced or encouraged these participants to make the most of their situation and engage with resources and opportunities to improve themselves, despite their already positive self-views. However, despite the fact that non-addict participants seemed to experience an identity shift, the question remains: did they need an identity shift? Did that identity shift need to occur in or as a result of being mandated to participate in drug court programming? Could these helpful resources have been utilized by someone who does self-identity as having a drug problem, and who needs and wants the help? Additionally, although an identity shift did seem to occur, this may not have been accompanied by a lasting behavioral change. The logic of drug courts is that an identity shift will result in a permanent behavioral shift (i.e. toward abstinence); my findings suggest that behavior shifts may not occur for all clients.

The foundation of programs such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) is that positive change relied on users admitting that they have a problem, their lives are unmanageable, and they need help (Greil and Rudy 1983). That said, marijuana users, in particular, require special consideration in this discussion, as they were the participants least likely to believe they had a drug problem and, in turn, most likely to describe drug court as punishment. This finding calls into question the logic of drug courts: is it useful to have the same requirements for all participants, regardless of their drug of choice (DOC) or whether they have (or perceive they have) a substance use issue? Do the self-described non-addict participants need to undergo the same programming as the self-described addict participants? Do non-addict participants belong in drug court at all? Drug courts were developed based on the desire to treat rather than to punish drug users (Logan and Link 2019). But the results from this study beg the question of whether all drug users *need to be treated*. The fact that the majority of participants who were in drug court for marijuana found the program to be more burdensome than helpful suggests that marijuana users might not be appropriate drug court clients. Marijuana users, as the data indicated, don't easily buy in to the philosophy of drug court because they do not typically believe themselves to have a problem. This is likely the result of the change in cultural narratives about marijuana; once considered harmful, marijuana is now considered to be normal, and in some cases even helpful; this is true even in conservative states (Denham 2019; Habecker and Bevins 2023). As such, these users may need to be evaluated before referral to drug court so as to separate marijuana users with substantial problems (e.g., those who exhibit psychological

addiction) from marijuana users without problems (e.g., recreational users). If marijuana laws were changed this would remove a sizable portion of clients from drug court, and from the criminal justice system in general. This change could potentially enable drug courts to better attend to those who are involved with “harder” drugs and to whom the drug court philosophy would be better and/or less harmful.

Participants’ identities were affected by the social controls operating in drug court, particularly via its’ mandatory participation. That is, the *legal requirement* to participate in drug court and its’ programming forced the drug court clients to confront their substance use, or at the very least, confront its consequences. Similarly, social controls pushed the participants to either accept or reject the notion that they have a drug problem; the participants who self-identified as having a substance use issue were more likely to engage with drug court treatment and achieve better outcomes that resulted in a more significant identity shift. Finally, the participants’ success in the program seemed to be at least partially contingent on their perceptions of the social controls; the participants who viewed the court's intervention as a form of help rather than punishment were more likely to report positive changes since starting drug court.

In addition to the social control that is exerted by the police and court system, Davis (2017) noted the prevalence of horizontal surveillance, or “peer policing”, as an additional form of social control in juvenile justice facilities. This did not seem occur in the adult drug court that this study is based upon. Participant clients did not report that peer clients negatively impacted their experiences in drug court. One reason for this finding could be differences in the institutional environments – youth are confined in

juvenile justice facilities which are all encompassing; this confinement does not exist in drug courts. Additionally, the role and influence of peers is likely to be less pronounced for adults compared to juveniles. Related to the social control exerted by the court system, it seems to be worth noting that many of the client participants in this study noted the “nice judge” of the drug court. While a compassionate judge can certainly have utility, making the drug court experience less punitive for individuals progressing through the program, the very mention of a “nice judge” has implications. Shouldn’t all judges be “nice” and treat defendants with courtesy and respect? This underscores the need for empathy across all courtrooms and the criminal justice system as a whole. Finally, the peer staff members, are worth noting. These staff members are recovering addicts and now work for drug court and seemed to be particularly beneficial to the clients. As recovering addicts, they had a unique perspective and expertise. Having experienced many of the challenges that many of the clients were facing, they had a distinctive credibility with the drug court clients, and were able to offer empathy, understanding, and guidance that other staff members were not always able to. Although the staff do not necessarily endorse the drug court philosophy, my findings indicate that the clients still viewed the peer staff members as helpful. If clients perceive staff members who are recovering addicts as helpful and beneficial to their recovery and/or their drug court experience, then their presence within the program can still be perceived as being a positive contribution to the clients and to the program. This insight is evident in the literature, as well. According to Oselin, Mahutga, and Day (2023), “When clients experience or perceive a high degree of social support from staff, they are likely more

receptive to programming and other services...” (1529). Other types of diversion courts could also benefit from implementing a similar type of peer-support staff.

Returning our attention to the mission of drug courts mentioned previously, the underlying assumption is that using drugs means abusing drugs and all offenders in drug court have a substance use problem. The client participants in this study, like the staff member participants, do not universally endorse this assumption. Nine out of the twenty-three client participants indicated that they do not believe themselves to have a substance use problem. This again begs the question of whether drug court is necessary or appropriate for these clients. If the program only leads to dropped legal charges, why apply the legal charges to this subgroup in the first place? Should drug courts screen and/or limit the clientele to only those who believe that they have a problem because those clients are more likely to commit to abstinence not only during the program but also after? Must drug court clients adopt an addict identity, or can drug courts be re-structured to provide more tailored services to both addict-identifying and non-addict-identifying clientele? Other diversion courts could also provide more tailored approaches to better suit clients’ needs. For example, prostitution courts could provide different programming to different clients based on the specific circumstances that led to their arrest, or mental health courts could tailor treatment to the perceived severity of the mental health issue.

Finally, many of the staff and the client participants reported believing that *officially*, “success” in the program simply meant finishing it. If “success” in drug court, to these participants, is contingent upon completing requirements and not using drugs for

the duration of the program, then it must be considered that some participants, likely the non-addict participants, succeed because they are doing just that – going through the motions and completing what is required of them by the program, not committing to sustained abstinence and, by definition, drug law abidance.

Still, it should be said that even if drug court clients do not maintain their sobriety after completing the program, drug court appears to be useful to clients in various ways, whether or not clients identify as having a drug problem. For example, clients indicated that they had learned stress management and self-care techniques that they could employ in their lives after program graduation. However, the program's weakness is in preventing recidivism of drug use because it does not appear to require that participants view drug use as "bad/not okay" in order to graduate; clients must simply go through the motions, "get out" of drug court, and move on with their lives.

This study was cross-sectional. Thus, there was no follow-up data to permit an assessment of participants' attitudes and behaviors after graduation. Similarly, the client participants' "identity change" was measured only cross-sectionally and verbally, and was not assessed behaviorally. Additionally, I did not ask staff about their assessments of changes in specific clients. We also do not know if participants maintained their abstinence upon graduation from drug court, though their narratives suggested that some would not. Future studies could collect data on staff assessments of changes in specific clients, as well as changes in clients' post-graduation attitudes and behaviors; this would further our understanding of the "success" of drug court. Additionally, although I did ask clients if they felt stigmatized (by family, friends, or staff or clientele of drug court) for

their drug use, this topic could have been explored in more depth. Specifically, future research should explore the extent to which stigma influences the ways that clients engage with drug court. Future research could also examine what the clients think would improve drug court; this information could improve programming and potentially guide program tailoring to fit the needs of the self-described addict clients and the non-addict clients.

Problems with Drug Court

Drug courts attempt to treat the “problem” of drug use. Logically, drug use is a “problem” because it has consequences; the consequences being legal, physical, behavioral, and relational in nature. Because there are participants in drug court who are *only* facing legal consequences but not physical, behavioral, or relational consequences, programming could be tailored in this way and to fit each participant. For example, drug court clients without physical, behavioral, or relational problems associated with their use should be offered programming that is tailored specifically to the legal ramifications of their drug charge; they should be spared the burdensome mandatory treatment requirements if they do not need or want them because they do not believe that they have a drug problem and are experiencing only legal consequences. Similar logic could be applied to other types of diversion courts, as well.

According to Burns and Peyrot (2003) drug courts base case dispositions on the determination of whether or not clients “are genuinely committed to changing their putatively dysfunctional drug involvements” (417). This includes admitting to having a

drug problem and being amenable to treatment for that problem (Burns and Peyrot 2003). Again, some drug court clients admit to having a drug problem and may experience consequences of their use beyond that of the legal consequence. Other clients may not admit to having a problem but clearly experience myriad consequences of their use. Still other clients do not admit to having a problem and in fact, experience few or no consequences of their use other than the legal consequence. It should be considered that it may be a misuse of state resources to act as though people who do not believe that they have a problem with drugs are being “converted” to believing that they do and to changing their behavior accordingly.

Efforts to apprehend and punish drug offenders has been identified as a driver of mass incarceration (Travis, Western, and Redburn 2014). Drug court is one mechanism for responding to the problem of mass incarceration by diverting offenders from prison; it is also an indication of the trend for the response to drug crime to be less punitive and more therapeutic. However, this approach, according to the data here, is still punitive for some clients, especially those who consume certain drugs – namely, marijuana.

Marijuana is now legal in some capacity in most US states. Users tout several medical benefits, including relieving chronic pain, treating anxiety, and preventing relapse in drug and alcohol addiction. Further, the risks that are posed by marijuana seem to be less exaggerated than the risks posed by alcohol or even tobacco. For example, Kruse et al. (2021) report that states with legalized marijuana have fewer traffic fatalities “mostly due to marijuana being used as a substitute for alcohol” (1). Attitudes about marijuana have also changed; only twelve percent of Americans were in favor of legalizing recreational

marijuana in 1969, by 2021, sixty-eight percent of Americans were in favor of legal marijuana for adult use (Gallup Poll, 2021). Decreases in religious affiliations, shifts in media framing, and a decline in punitive attitudes have been identified as root causes for shifting attitudes about marijuana (Felson et al. 2019). People who live in states where marijuana is still illegal (like the state where this study was conducted) are being arrested and criminalized for using a drug that is legal in many other places; however, changing attitudes about marijuana leave these people caught up and punished in a system whose philosophy is not appropriate given their, and the public's, understanding of their own behavior.

Further, although drug court evolved based on attitudes about drugs, drug use, and drug users that stem from the War on Drugs and the resultant mass incarceration, it is clear that, attitudinally, as well as politically, we are in a different place now, and thus, the drug court model is outdated. As I mentioned previously, marijuana is legal in some capacity in more US states than not, and there has been wide public support for this change. Furthermore, attitudes towards other drugs, including psychedelic substances such as LSD, MDMA, psilocybin, and ketamine, are shifting drastically. Once considered dangerous and harmful, these drugs are now receiving attention for being a potential treatment for various mental health disorders (Webb et al. 2019). This marks a notable shift in the narrative from these types of drugs being considered dangerous and problematic, to being considered a possible *solution* to a problem. The question that we now face is: should drug courts continue and be updated to address its problems and the political and attitudinal changes in the country, or should drug court be eliminated? If the

answer is that we should reform drug court, many suggestions for these reforms have been mentioned here. If, on the other hand, the answer is that we no longer need drug court, then to solve the issue of mass incarceration, and the problems and suffering that it causes, we need to decriminalize drugs. People who commit serious crimes while using drugs should indeed face consequences, but those who face simple possession charges (such as those who find themselves in drug court, as felony drug charges are typically not eligible for drug court) should no longer be criminalized. It is overwhelmingly evident that criminalizing drug use does not make people stop using drugs; criminalizing drug use only further entangles users in the criminal justice system. If we really want people to stop using drugs we should consider addressing the social vulnerabilities and systemic issues that cause people to use them: sadness and desperation stemming from and a lack of resources and opportunities. Ironically, these issues are worsened when a person becomes entangled in the criminal justice system.

Even though some participants indicated that they did not feel like drug court was a punishment, they were still being criminalized for their behavior as drug court is considered to be a punitive-therapeutic treatment response. That is, it uses the criminal justice system and criminal justice sanctions to compel offenders to undergo mandatory drug treatment (Tiger 2011). However, as the data in this study show, drug court is made up of clients who actually perceive themselves as “sick” (suffer from a substance use disorder) but also contains many clients who were just caught with drugs but do not actually suffer from a substance use disorder (“criminal.”) That is, drug court manages people who are 1) “sick” (self-perceived), 2) “criminal” or 3) both “sick” and “criminal.”

This brings up many questions: Do the “non-sick” drug offenders belong in drug court? Should the truly “sick” be punished at all? Although proponents of drug court argue that drug court is not punishment in the same sense that imprisonment is punishment, critics point to the punitive nature of drug court programming (Murphy 2015).

Narrative Identity Theory

There are many preexisting cultural narratives about drugs, drug use, and drug users. The goal of this study was not to report on these preexisting narratives, but to determine the extent to which the participants in this study, the drug court staff and clients, endorsed any of these narratives. That said, when conducting a study that assesses endorsement of preexisting cultural narratives, it is important to ask specific questions about the specific narratives. While I asked questions related to elements of some of these preexisting narratives, asking questions that were more detailed, pointed, and tailored to address a specific preexisting narrative may have been fruitful. Similarly, there was a preexisting organizational narrative for this drug court (in the form of the organization’s mission statement); questions should have been tailored around this specific mission statement to gauge the extent to which the drug court staff and the drug court clientele agreed or disagreed, or identified or did not identify with elements of the organization’s mission statement.

Empirically, this study provided data that allowed me to assess whether and how people endorsed more than one cultural narrative. I was also able to assess whether endorsement of the cultural narratives was patterned by personal characteristics, such as

their drug of choice, whether they see themselves as users or addicts, and whether they view drug use as “okay” or “not okay”. However, a limitation of this study is that it was cross-sectional in design, and thus, unable to address how narratives changed over the course of time. For instance, future studies could examine if and how personal narratives changed over time – both before, during, and after drug court – this would allow us to determine whether drug court was instilling attitudinal changes in clients.

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Appendix A - Interview Questions

Drug Court Staff

Cultural Narratives

1. Generally, what are your opinions on drugs and drug use?
2. Is drug use the result of personal weakness?
3. What do you think about the idea that drug use is the product of a faulty system (instead of a personal weakness)? Is there truth to this statement?
4. Generally, do you think that drug use moral or immoral? Why?
5. Do you fear or try to avoid drug users? Why?
6. Do you think that drug use leads to criminal behavior? Why?
7. What do you think of the idea that drug use is a medical problem?
8. When, if ever, is it acceptable to use drugs?
9. Are there certain drugs that are better or worse than others? What makes them better or worse?
10. How would you describe your political ideology?
11. Do you consider yourself to be religious? What is your religious affiliation? What role, if any, does God, or religion, play in a client's progress through a drug court program?
12. How would you describe the typical drug user? (Demographically, personality traits, etc.)
13. Who is the ideal drug court client?

14. How would you describe the typical drug court participant? (Demographically, personality traits, user of certain drugs?)

Organizational Narratives

1. Tell me about your organization.
2. How long have you worked for the organization?
3. What does the organization tell clients about who they should be?
4. What enables the organization to be successful?
5. How do you define success in a drug court program? Can you give me an (anonymous) example of a success story? Can you give me an (anonymous) example of someone who was not successful in drug court?
6. How important are sanctions for incentivizing clients to follow drug court rules and procedure?
7. How do different types of drug users perform in the program?
8. How do you feel that your perspective on these topics may differ from those of other staff members? (Others in the same role, and others in different roles).

Drug Court Clients

Thank you so much for agreeing to participate. You might be interested to know that several years ago I participated in drug court, as well, and that experience is a reason that I am interested in this topic and the mechanisms and processes by which drug courts function. This is not study about drug users, and I do not work for drug court. I am a graduate student interested in understanding drug courts and how they work. As a drug

court client, I consider you to be the expert here, and want to understand your understanding of drug court.

General Information

1. How old are you?
2. What is your race/ethnicity?
3. Were your parents married, divorced, separated, etc.?
4. Do your family members have a history of using drugs or alcohol? Explain.
5. Do you have family members who have been in legal trouble because of drugs or alcohol? Have they participated in a drug court program?
6. Have you ever been married? Are you currently married?
7. Do you have any children?
8. What is your drug of choice?
9. Tell me the story of what brought you to drug court.
10. Tell me about your drug court experience.

Cultural Narratives

1. Generally, what are your opinions on drugs and drug use?
2. Is drug use the result of personal weakness?
3. What do you think about the idea that drug use is the product of a faulty system (instead of a personal weakness)? Is there truth to this statement?
4. Generally, do you think that drug use moral or immoral? Why?
5. Do you fear or try to avoid drug users? Why?

6. Do you think that drug use leads to criminal behavior? Why?
7. What do you think of the idea that drug use is a medical problem?
8. Are there certain drugs that are better or worse than others? What makes them better or worse?
9. When, if ever, is it acceptable to use drugs?
10. How would you describe your political ideology?
11. Do you consider yourself to be religious?
12. What is your religious affiliation?
13. Did your drug court program encourage you to believe in God? Explain. What role, if any, does God, or religion, play in your progress in the program?
14. How would you describe the typical drug user? (Demographically, personality traits, etc.)
15. Who is the ideal drug court client?
16. How would you describe the typical drug court participant? (Demographically, personality traits, user of certain drugs?)

Organizational Narratives

1. How do you define success in a drug court program?
2. How do different types of drug users perform in the program?
3. What do you like about the program? What do you dislike about the program?
4. What are the hardest drug court rules for you to follow? The easiest?
5. Have you been sanctioned in drug court? How important are sanctions (i.e. if there was no threat of sanctions, would your thinking and behavior be different?)

6. Do you get along with the staff? How are you treated by drug court staff?
7. Do the types of drugs that clients use equate to different treatment by program staff? If yes, how so?
8. Do you think the program has helped you? If so, how?
9. What does the organization tell you about who you should be?

Personal Narratives

1. Do you view yourself as being immoral for using drugs?
2. Do you feel like people feared or tried to avoid you when you were using drugs?
3. Did your drug use ever lead you to other criminal behavior?
4. Do you feel that your drug use is a moral problem or a medical problem? Neither? Both?
5. How did you think of yourself before you began drug court?
6. How do you think of yourself now?
7. Do you think you've changed since you started drug court? How?
8. Do you feel that you have been successful in drug court? What has helped you to succeed in your drug court program? What has been a barrier to your success in drug court?
9. How do you feel like your perspective on these topics may differ from those of other drug court clients? Other drug court staff?
10. Is there anything else that you would like to add?

FOR THOSE PARTICIPANTS WHO WILL BE DONE WITH THE PROGRAM BY
(DATE): WOULD YOU BE WILLING TO PARTICIPATE IN AN OPTIONAL
FOLLOW-UP INTERVIEW