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## The Criminal Justice Experience of African American Cocaine Users in Arkansas

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### ABSTRACT

*Background:* African Americans are incarcerated at rates much higher than other racial and ethnic groups in the United States. *Objectives:* We sought to qualitatively explore the relationships between ongoing involvement in the criminal justice system and continued drug use in a population of urban and rural African American cocaine users in a southern state. *Methods:* Semi-structured qualitative interviews were conducted among African American cocaine users in Arkansas between 2010 and 2012. Participants resided in both rural (two counties located in the eastern Arkansas Mississippi delta region) and urban (the county including the capital city of Little Rock) areas. *Results:* Numerous important themes emerged from participants' narratives, including chronic involvement with the criminal justice system (being a "career criminal"), continued access to drugs while incarcerated, relapse, and reincarceration and lack of access to effective drug treatment. *Conclusion/Importance:* The themes which emerged from our data speak to the collective experience that many substance using populations in the United States face in dealing with the criminal justice system. Our findings highlight the need to better, more holistic ways of engaging African American substance users in community based substance use treatment and supportive services.



### KEYWORDS

Cocaine; criminal justice

Nearly 12 million individuals are incarcerated in prisons or jails each year in the United States (Carson & Sabol, 2012), giving the US the highest rate of incarceration in the world; one in 33 adults is under correctional supervision (Pew Center on the States, 2012). Nearly one-fifth and one-half of state and federal prisoners, respectively, were incarcerated for a drug-related offence during this time; approximately half of all state and federal prisoners meet criteria for substance use dependence or abuse (Warner & Leukefeld, 2001). While treatment does exist within many correctional institutions, primarily state and federal prisons, many individuals do not successfully access treatment services (Nowotny, 2015). In addition, individuals with substance use disorders are released from correctional facilities with limited support and/or access to treatment (Nunn et al., 2009; Prendergast & Cartier, 2008). As a result, many individuals return to drug use in the period immediately following release from incarceration (Binswanger et al., 2012; Prendergast, & Cartier, 2008; Scott & Dennis, 2012). For many, the criminal justice system represents a revolving door; an estimated 43% of inmates return to prison within 3 years of their release (Pew Center on the States, 2012).

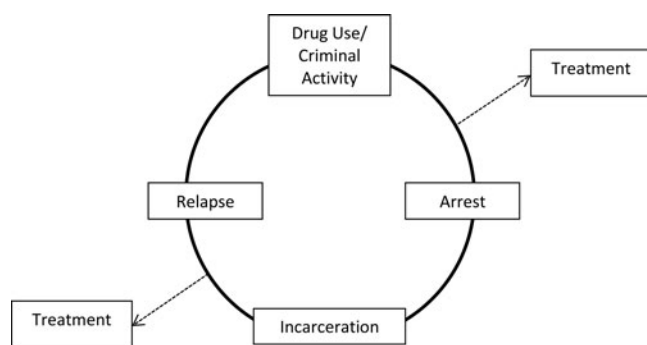
Racial disparities in incarceration rates in the United States are stark: African Americans are incarcerated more than six times as often as their White counterparts (Minton, 2013). This is despite data suggesting that rates of drug use are similar between African Americans and Whites (U.S. Department of Health and Human Services, 2013). African Americans in southern states have been especially impacted by the epidemic of mass incarceration as these states have the highest rates of incarceration (6 southern states rank among the top 10 states in rates of incarceration).

Since its inception in the 1970s, the "War on Drugs" has been one of the largest contributors to the burgeoning correctional population. Graff has suggested that the ramping up of the War on Drugs in the 1980s coincided with economic deprivation among inner cities in the United States and as such led to a disproportionate number of African Americans being incarcerated (Graff, 2015). In addition, Dumont et al. note that the divergence in rates of incarceration between African Americans and Whites became most pronounced during the decades of the 1980s and 1990s, during which the mass incarceration policies of the War on Drugs were most aggressively

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**Figure 1.** Relationship between the cycle of drug use, arrest, incarceration, and relapse.

pursued (Dumont, Allen, Brockmann, Alexander, & Rich, 2013). The cycle of drug use, involvement in the criminal justice system, and risk for relapse to drug use upon release has been well documented (Anglin, Hser, Grella, Longshore, & Prendergast, 2001; Dennis, Scott, Funk, & Foss, 2005; Grella, Hser, & Hsieh, 2003; Scott & Dennis, 2012). And as previously mentioned, relapse to drug use following release from incarceration is common. The relationship between the cycle of drug use, arrest, incarceration, and relapse is depicted in Figure 1. This figure is one way to illustrate conceptually that many individuals continually cycle through a pattern of drug use and crime, arrest and incarceration and relapse to drug use upon release. While attention is most often given to access to substance use treatment both within correctional settings and upon release, there is a lack of data on how incarceration actually impacts individuals' patterns of substance use and how experiences with the criminal justice system may influence an individual's continued drug use. Such data may have important implications on substance users' access and/or willingness to engage in treatment or risk reduction around their drug use. Thus, one of the primary goals of this paper was to better describe the impact of incarceration on individuals' substance use.

In particular, there is a general lack of data on the criminal justice experience of African American substance users in the south. Studies in southern states indicate increasing availability of stimulants, particularly methamphetamine (Booth, Luekfeld, Falck, Wang, & Carlson, 2006) and cocaine (Borders, Booth, & Curran, 2015). We sought to qualitatively explore the relationships between ongoing involvement in the criminal justice system and continued drug use in a population of urban and rural African American cocaine users in a southern state. Our data provide important insight into the role of the criminal justice system in the lives of African American cocaine users in the southern United States. Furthermore, our data can be used to inform culturally appropriate interventions aimed at breaking the cycle of addiction and incarceration among this population.

## Methods

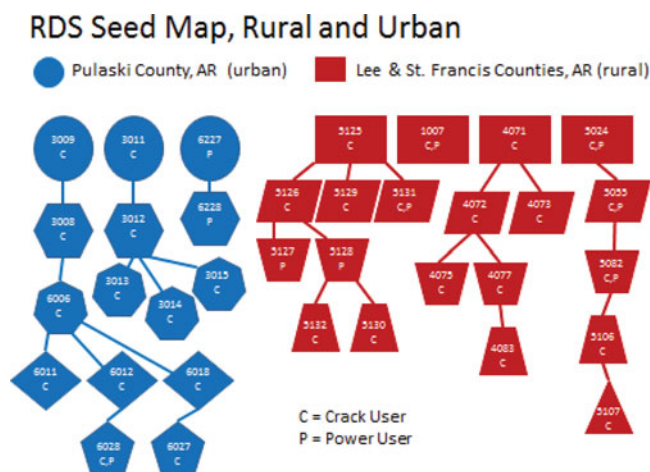
### Sample, eligibility, and recruitment

The methods of the study have been described elsewhere (Cheney et al., 2014). Briefly, data presented in this manuscript were collected during phase 1 of a sequential, mixed-methods study among African American cocaine users' perceived need for drug treatment and HIV tests (Booth, Stewart, Curran, Cheney, & Borders, 2014; Borders et al., 2014; Borders, Booth, Stewart, Cheney, & Curran, 2015). Semi-structured interviews were conducted with 51 African American cocaine users between 2010 and 2012. Participants resided in both rural (two counties located in the eastern Arkansas Mississippi delta region) and urban (the county including the capital city of Little Rock) areas. Rural/urban residence was defined according to the non-metropolitan/metropolitan designations (U.S. Census Bureau, 2010). The Mississippi Delta Region of Arkansas has a high level of poverty and social and health inequality (Felix & Stewart, 2005; Rogers, 2006) the estimated percent of individuals living in poverty is 17.3%, 41.1% and 37.3% for Pulaski, Lee and St. Francis Counties (the counties from which the sample was recruited), respectively (U.S. Department of Agriculture, 2012). The capitol city of Little Rock is located in Pulaski County in the center of the state; over a third of the city population is African American (U.S. Census Bureau, 2010). Inclusion criteria included: African American race; age 18 or older; use of crack cocaine or cocaine hydrochloride by any route other than injection at least twice in the 30 days prior to the interview; and a current residence in one of the study locations. Exclusion criteria included: injection drug use as this route of use is relatively rare in the study locations (Booth et al., 2006); recent drug use treatment (within the previous 30 days).

Both phases of the study used Respondent-Driven Sampling (Heckathorn, 1997); 1–2 seeds were identified through the use of ethnographic mapping techniques (Carlson et al., 2010), such as “hanging-out” in locations where individuals were using cocaine (motels, shelters, etc.), talking with community members and identifying key informants (Figure 2). Recruitment was evenly distributed with respect to geographic location (one urban location, Little Rock, and two rural locations, Marianna and Forrest City) and participants were purposefully selected based on residence, age, gender and usual type of cocaine use (i.e. powder versus crack).

### Study procedure

Interviews averaged approximately 90 minutes (range: 1 hour to 2.5 hours) and were held in a private location either in a study-sponsored field office or at the



**Figure 2.** Seed map.

UAMS campus in Little Rock. Domains in the semi-structured interview guides included community perceptions of substance use, individual substance use and treatment history, knowledge and perceptions of treatment, perceived need for treatment, and treatment preferences. Data were recorded and transcribed. Participants were compensated \$60 for completing the interview and could earn an additional \$10 for up to three referrals who completed an interview. All aspects of the study protocol were approved by the UAMS Institutional Review Board (IRB)

### Data analysis

Similar to previous analyses using these data, (Cheney et al., 2014) coding and analysis were performed using an inductive and iterative approach (Strauss & Corbin, 1990). The first author initially examined all transcripts for any description of experiences with the criminal justice system. For the purposes of this manuscript, we focused only on those interviews in which participants explicitly discussed criminal justice related experiences ( $n = 23$ ). After selecting those transcripts which contained explicit mention of participants' criminal justice experiences, the first author performed the initial coding and analysis, with the second author's assistance. This involved an inductive approach of identifying themes to create an analytic framework grounded in the data. The first author used open-coding (line-by-line reading of text) to identify emergent themes and then axial coding (i.e., constant comparison) to explore relationships between themes and their dimensions (Strauss & Corbin, 1990). The second author reviewed the analytic categories and their dimensions and where there was disagreement, both the first and second authors discussed disagreements and revised understanding of relations between

categories and their dimensions. For this analysis, we only focused on themes related to incarceration in either jails or prisons. Jails are typically places where individuals are detained for relatively short periods (e.g. days to months) whereas prisons generally hold individuals for longer sentences (e.g. years). In Figure 1, we illustrate the relations between the cycle of drug use, arrest, incarceration, and relapse that emerged from our inductive analysis of the data.

### Results

While the interview guide did not explicitly contain a question about incarceration, nearly half of participants reported experiences with the criminal justice system. Thus, the overarching theme of substance use and incarceration strongly emerged from the data. Overall, 23 of the 51 participants discussed the role of the criminal justice system on their cocaine use (Table 1). More than half (56.7%) of participants were male, the median age of participants was 29 years. With respect to geography, 52.2% were from a rural setting. Approximately 57% indicated their preferred route of cocaine use smoking. Finally, 100% reported not having a recent treatment episode (within 30 days).

Data presented below highlight numerous important themes which emerged from participants' narratives, including chronic involvement with the criminal justice system (being a "career criminal"), continued access to drugs while incarcerated, relapse and reincarceration and lack of access to effective drug treatment. These themes speak to structural as well as individual level factors which lead to participants' become part of a cycle of continued drug use and involvement with the criminal justice system. Figure 1, described above, also depicts this cycle and the relationship between the themes which emerged from the data.

**Table 1.** Participant demographics.

Demographic characteristic	Number (%)
Male	13 (56.5)
Female	10 (43.5)
Median Age (range)	29 (18–61)
Country of Residence	
Urban	11 (47.8)
Rural	12 (52.2)
Currently in Treatment	
No	23 (100)
Route of Administration*	
Smoke	13 (56.5)
Oral	12 (52.2)
Sniff/snort	2 (8.7)

\*Percentages do not total to 100% as participants could indicate multiple routes of administration

### **Chronic involvement with the criminal justice system and being a “career criminal”**

Many participants spoke about their ongoing involvement with the criminal justice system, often spanning years or decades. While much of this involvement with the criminal justice system was resultant from criminal behavior associated with addiction (individual level factors), some participants spoke about how race and structural inequalities factored into their ongoing involvement with the criminal justice system. Both individual and structural factors pertaining to ongoing involvement with the criminal justice system are presented in this section.

Often the criminal activity that results in initial involvement with the justice system begins at a very young age. One male participant summed up his criminal history as follows:

*I have been locked up on and off from the time I was 13 until I was really 30-something. Matter of fact, about 33, 34 years old, you know. In and out of the jailhouse, but not back to the penitentiary. Misdemeanor this and misdemeanor that. 53-year-old male*

This quote introduces the idea of being a “career criminal” or having an almost life-long association with the criminal justice system. Continued criminal activity often leads to repeated confrontations with law enforcement and/or repeated incarcerations. Some participants described their experiences being arrested and/or incarcerated as habitual. One female participant illustrated this in saying: *I’ve been doing time ever since 1981 to 1994. It was like a fetish, every 90 days I go to jail. 50 year old female*

Given that all of the participants in the sample struggled with cocaine use, it is not surprising that many indicated that they committed crimes in order to obtain money to purchase drugs. As one participant explained:

*I was going around taking stuff that didn’t belong to me. I was stealing cars and going to jail off and on. Just trying to support my habit because I didn’t want to ask nobody for no money or nothing like that. 34-year-old male*

Another participant commented that most of the people he knew had been incarcerated as a result of trying to get drugs. He stated, *Pretty much everyone ...that I’ve known and met in that lifestyle have done some kind of jail and/or prison time. Behind decisions made to get more drugs. 49-year-old male.*

However, other participants described their ongoing involvement in the criminal justice system within the context of race and/or structural factors. For example, one participant commented,

*I got popped. Now, it took me a lot of money that I had to get out of this trouble. I got probation, I got on this deferred adjudication thing. Now I’m running scared. This is process that we go through as black men, back to the race thing.*

*You get caught and well you know you’re not invincible any more. You’re in the system and once you get in the system, it’s tough. So what do you do. 36-year-old male*

This quote illustrates the reality that many of the participants in this sample expressed as African Americans. This participant alludes to the idea that the criminal justice system is designed to maintain people, particularly black men, under its authority.

### **Continued access to drugs while incarcerated**

Participants discussed the availability of drugs and their personal choice to either continue their drug use or to remain abstinent during their incarceration—decisions that were linked to participants’ access to money and power to purchase drugs, perceived negative consequences of using while incarcerated (more common) and/or their desire to make a change in their drug use behavior (less common).

Interestingly, many participants referred to the accessibility of drugs within the incarcerated setting (both county jails and prison). Access to drugs on the inside was challenging, but some discussed making deals with prison guards, “class 1 guys,” and trustees all of whom facilitated access to drugs during incarceration. As one participant remarked,

*All you got to do is have the money, you can get what you want to get. If you paying this man [prison guard] more than what he’s making, you know, working for the correctional department, hell it’s a hustle. You bringing this ounce of dope in, you know, I give you \$500. He can’t make \$500 in one day. He might not make that in two weeks at that time. It really wasn’t hard at all. You slide ‘em \$500 and they look the other way when visitors come in. If you had money you could do what you want to. 52-year-old male*

Within these transactions inmates with money were able to “hustle” prison guards who accepted bribes; these transactions, as this participant and others commented, facilitated access to drug use on the “inside” and exacerbated participants’ ongoing struggles with addiction and the choice to ultimately say “no” to continued use while incarcerated.

However, several participants described significant barriers to drug use on the inside, including the high cost of accessing drugs and the fear of the consequences of being caught using drugs while incarcerated. For example, one participant commented that while drugs were available, the cost was prohibitively expensive. He stated,

*If I’m locked up, yeah, I could probably get it, but it’s going to be triple the price ‘cause it’s hard to get it in there and when you do get it in there I’m paying \$80 a gram out here, it may be \$200 for a gram in there. 25-year-old male*

And while some participants indicated that they continued to use while incarcerated, others enumerated fears that inhibited their use while on the inside, even if they had access to drugs while incarcerated. One participant illustrated this point when discussing the consequences of being caught using while incarcerated were too great.

*Well, you can use every day in there if you choose to. I ain't used every day and I choose to use here and there. Also, I was thinking about I want to go home, so I know I'm not supposed to be using and if they drug test me I'm through. So, I had to start using my head. Forget the drug. I had to tell the drug no. Until it's a better time. Now ain't the time. That's how I cope with it. I had to tell the drug, naw. 26-year-old male*

This same participant went on to remark:

*Consequences are high. Nine times out of 10 if you accept somebody's drugs and using drugs in there, there's a consequence for having it. Nothing is free. Not even the conversation. Not if me telling you "how you doing, good luck today." That ain't free. 26-year-old male*

These quotes highlight the difficult choices many participants had to make while incarcerated. While some described access to drugs, most indicated that drug use while incarcerated was likely to bring about significant and potentially serious negative consequences.

Conversely, other participants indicated that they didn't have access to drugs while incarcerated and that this contributed to their abstinence in the period immediately following release from incarceration. As one participant commented, "It made me stop it at the time I didn't have no access to it, so I didn't have no other choice but to stop." 29-year-old male

Another participant commented that drugs were particularly difficult to obtain in the juvenile system. When asked about abstinence from drugs while incarcerated in the juvenile setting, this participant remarked, [in] juvenile you can't get shit in there. That's the only thing I hated 'cause I was minor and you couldn't smoke no cigarettes, you couldn't really get nothing up in there. 22 year old female

### **Repeat incarceration and drug use**

For many participants, the threat of returning to jail was very real. Indeed, many participants reported multiple incarcerations and frequent run-ins with law enforcement. And while many arrests may result in short-term jail stays, repeated arrests can lead to longer prison sentences. Participants' narratives illustrate the on-going involvement that many individuals with active addiction have with the criminal justice system and that once

involved, it is very difficult for individuals to extricate themselves from this system. Participants described arrest, or the fear of arrest, as part of their daily lives as drug users.

The fear of re-arrest was a deterrent for some but not others. Yet, nearly all participants described being re-arrested and/or the threat of going back to jail as being continuously on their minds. One respondent summarized this as follows,

*That thought always there in the back of your head ...going back to that type of filthy environment. So yeah, you think about that all the time. Do you care, sometimes you care. Sometimes you don't care. 26-year-old male*

For some repeat incarceration did not prevent them from continuing to use cocaine. This is particularly the case for individuals in active addiction who do whatever is necessary to continue their substance use. In the exchange below, a participant explains to the interviewer how he continued to get arrested for new offences (charges) which violated the terms of his probation thereby landing him in prison.

*Respondent: Then I started catching other charges and they put me on probation. Then I caught 4 charges, probation was revoked and then reinstated me and added 2 more years to my probation. Interviewer: These were all for possession or other charges were starting to mount now? Respondent: Yeah, other charges, oh they were mounting up, yeah. Then I caught another charge and that's where probation ended. Then it was prison. 49 year old male*

Other participants also discussed that while returning to prison or jail was of some concern, it wasn't a deterrent to continued substance use. When asked whether or not the threat of returning to prison affected his lifestyle choices, one participant commented,

*A little bit, a little bit. But like I said, once you get in the habit, you don't think about that. You get high and pray you don't get caught. 46-year-old female*

Similarly, another participant described that he continued to use drugs but he was more careful after having been incarcerated.

*Well, what I did is go ahead and get my drugs and go start to the motel. Get all I need ...my alcohol, my crack cocaine and a female companion and go to the motel and stay there all night and don't ever come out. 43-year-old male*

However, for other participants, the experience of serving time in a correctional facility was a deterrent for relapse. One woman described her experience as follows,

*That's not a pleasure, believe me, they scared me straight. I quit, I never sold drugs again in my life. I know you somebody when I can get up, when I can sleep, when I can piss, when I can shit. It ain't happening for me. If I can't tell*

*myself what to do, I don't need to be told. I'm a grown ass woman. 53-year-old female*

### **Lack of access to effective drug treatment**

As depicted in Figure 1, effective drug treatment can be a way in which individuals can break the “cycle” of continued drug use and involvement with the criminal justice system. This includes treatment while incarcerated, treatment in lieu of incarceration and linkage to treatment upon release. Few participants spoke about drug treatment during incarceration. Some participants did mention groups or classes that they attended, either on a mandatory or voluntary basis, while others spoke of devoting their time to the spirituality by reading the bible or other religious texts. And, when participants did discuss drug treatment in the incarcerated setting, it was more within the context of something they had to do or something that would “look good” to a parole board. Thus, treatment was not necessarily viewed as a perceived need to overcome drug dependence. One participant summed up this sentiment when he was asked about the benefits of drug treatment while incarcerated:

*Well, you just never know because every jail and every prison that you go too, you got to have some type of certificate in your jacket in order to get released. So you got to take up some course. 34-year-old male*

This participant is referring to drug treatment as a means to be released from jail. While participation in jail based treatment does not guarantee an early release, some participants felt that participating in such programs would increase the likelihood of a shorter jail stay. Conversely, other participants discussed positive aspects of corrections-based treatment groups based on the 12-step tradition. One participant commented on his attendance of such a group,

*We're talking about drugs and the things that you did in the ...we call it the free world ...and you could get up tell your side of the story if you tricked for money or you tricked for drugs. You just get up and tell a if you wasn't ashamed. And I had some shit to talk about because I wasn't ashamed. I'd just get up and we'd talk about what we did in the free world. The 12 steps and the 12 traditions again. That's what it was about, being sober. 61-year-old female*

For many drug offenders, alternative sentence practices may offer a way to avoid jail or prison time. Or, mandated treatment may be a condition of parole. However, many participants expressed considerable opposition to court-ordered or mandated treatment. When asked why he thought judges mandated treatment for some drug offenders, one participant responded,

*They call themselves trying to change people. And they can't. And that's something the judge and nobody else can do. 34-year-old male*

Other participants indicated that other than avoiding more severe punishment, court-ordered treatment did relatively little to decrease use among its participants. As one participant remarked,

*It's good for the people that's going because they're getting out from under some shit, but other than that they just wasting their damn time. You cannot force this on nobody. It has to come from within. 52-year-old male*

This was one of the strongest themes to emerge from the data, that success in accessing and completing any sort of treatment program is predicated on internal motivation.

Similarly, one participant commented about her own court-order treatment experience,

*For somebody that wants to learn, you know that really wants to stop, it's helpful. But the whole time I wasn't paying attention to what he was saying, I was thinking I wanted to go home. 18-year-old female*

With respect to linkage to treatment, participants frequently described situations where individuals were mandated to treatment yet they relapsed soon after treatment completion. For some participants, this represented evidence that forced or coerced treatment is ineffective. When discussing court-ordered treatment, one participant stated,

*They go through treatment and they back on out doing the same thing. All they was doing is going to treatment so they can get they time cut down. They wouldn't go to the penitentiary. 52-year-old male*

Similarly, one participant commented that court mandated treatment was nothing more than a brief respite from substance use for many individuals. He summarized this as follows:

*They take a break, but they gonna have that breakdown and then when they hit that binge, shit, they off and running, man. All the way to the poor house. 52-year-old male*

Collectively, these quotes highlight a general lack of voluntary treatment options that many of these participants experienced while involved in the criminal justice system; even if individuals were interested in substance use treatment, they may not have been able to access it while incarcerated or may have had negative experiences with mandated treatment. And for many participants, court ordered treatment did not appear to address their readiness for change, or lack thereof, which is sometimes a focal point of community based drug treatment programs in that such programs often rely in patient readiness for treatment to be successful.



The general lack of access to treatment was associated with relapse upon release from incarceration. For many participants, this was a very common experience. For example, one participant described his own experience upon release from jail.

*The only time I thought I wanted treatment was them 3 weeks I was in jail. Like I says, soon as I got outta jail, the treatment went out the window. I didn't think about treatment no more. I thought that would be away for me to get quicker, see what I'm saying? But it did work, so after I got out I didn't think about treatment no more. I thought where I was going to get my next hit from, who was going buy me one, like that. 46-year-old female*

Another participant described her experience a bit differently. She did not intend to use after release but quickly found herself in a situation that triggered a relapse. She commented,

*I'm gonna get out and we'll see what happened ...but my mind was kind of made up that I didn't want it no more, but like I said, I started drinking and every time, basically, every time I drink I have to get my drug of choice because it elevates your mind, suddenly in your mind that this is not your drug of choice. And then you want to go get your drug of choice. 43-year-old male*

Still other participants intended to make a change in their lives after release but faced numerous structural barriers that complicated successful reentry. For example, some participants commented on the general lack of employment available to individuals with criminal justice histories. One participant explained,

*...my parole officer gave me a list of jobs that's suppose to hire felons. Well when I got out and I called them, they said they was all booked up and filled in at the time. Then it depends on what type of charge you got. Like if you got any type of theft charges they won't hire you. 24-year-old male*

Overall, many participants described returning to the same environments upon release from corrections. These environments were the same that they were using in prior to their incarceration so returning facilitated their relapse. As one participant described,

*I got out and I had a check, I went and got me some Ts and blues and stuff and when I got home to my sister house, then her and her friend were over there and they were doing crack. 50-year-old female*

These narratives highlight some of the re-entry challenges that many participants faced. In addition, most participants returned to environments where they had been using substances prior to incarceration after their release. The environment to which they returned was a significant contributor to the risk of relapse for many participants.

## Discussion

Our data document the experiences of being involved in the criminal justice system among a sample of African American cocaine users in a southern state. And while these themes may not necessarily be unique to this specific population, the themes speak to the collective experience that many substance-using populations in the United States face in dealing with the criminal justice system. Collectively, these data highlight the need to provide better support for African American cocaine users as they transition between correctional facilities and the community as most tend to return back to the environments and neighborhoods from where they were arrested. As others have documented, cocaine users in the rural south have significantly lower treatment participants compared to users in other areas of the US (Carlson et al., 1994). African American cocaine users in the south face multiple barriers to accessing formal drug treatment services (Sexton, Carlson, Leukefeld, & Booth, 2008) and tend to rely on their social networks rather than formal services to change substance use patterns (Cheney, Booth, Borders, & Curran, 2016). Furthermore, as Brown, Hill, and Giroux (2004) found, African American cocaine users in the South, feel alienated from the dominant culture of recovery that has historically been designed for White men (Brown et al., 2004).

Importantly, while barriers to treatment entry among rural stimulant users have been previously documented (Carlson et al., 2010; Cheney et al., 2014), our findings emphasize the influence of perceived need for treatment and point to the challenges with mandating treatment to individuals with low or no perceived need for treatment. Many participants specifically referenced internal motivation as the primary or only component that predicts successful drug treatment. This is consistent with published data on the motivations of drug treatment seeking and completion behavior among diverse groups of substance users (Johansen, Brendryen, Darnell, & Wennesland, 2013; Kelly & Greene, 2014; Ludwig, Tadayon-Manssuri, Strik, & Moggi, 2013; Murphy, Bentall, Ryley, & Ralley, 2003). For some participants, however, involvement in the criminal justice system interrupted their usual pattern of drug use. This finding is also consistent with previous work published by our group (Cheney et al., 2014).

There is a large body of literature examining outcomes associated with court ordered treatment, most notably drug court, which is associated with reduced drug use postrelease and reduced risk for recidivism (Brown, 2010; Klag, O'Callaghan, & Creed, 2005; Wild, Cunningham, & Ryan, 2006). Participants in our study

overwhelmingly expressed the view that coerced treatment, whether through the legal system or otherwise, was largely ineffectual. Though, given that all of the participants in our sample reported active drug use, this view may be somewhat biased. Indeed, the effectiveness of mandated treatment is equivocal as Klag et al note given the paucity of rigorous research evaluating such treatment (Klag et al., 2005).

While our study recruited participants from both urban and rural environments, most participants reported similar experiences, regardless of geography, with respect to adverse neighborhood influences on substance use behaviors. The influence of neighborhood and environment on relapse to drug use and recidivism has been well documented (Freudenberg, 2001; Harding, Morenoff, & Herbert, 2013; Morenoff & Harding, 2014; Stahler, Mennis, Belenko, Welsh, & Hiller, 2013). The relative concentration of ex-offenders seems to be one of the strongest predictors of a neighborhood's influence on recidivism. Stahler et al found in an analysis of more than 5,000 returning prisoners in Pennsylvania that factors related to neighborhood disadvantage, including poverty and social mobility, were not predictive of recidivism. However, they did find a relatively strong association between returning to neighborhoods with a high density of ex-offenders and recidivism (Stahler et al., 2013). In addition, substance use is one of the most important predictors of recidivism, an estimated two-thirds of drug offenders are rearrested (Hakansson & Berglund, 2012).

One finding from our study that was somewhat surprising was the frequency with which participants spoke about the availability of drugs within the correctional setting. While in-prison drug use has been previously documented and described (Clarke, Stein, Hanna, Sobota, & Rich, 2001; Rowell, Wu, Hart, Haile, & El-Bassel, 2012; Turnbull, Power, & Stimson, 1996; Wright, Tompkins, & Farragher, 2015), we were surprised at how many participants reported the availability of drugs in both prison and jail facilities. However, despite the apparent availability of drugs, not all participants chose to use while incarcerated. A study conducted by Rowel et al found that being on probation and/or parole was inversely correlated with drug use while incarcerated (Rowell et al., 2012). Our qualitative data support this as many individuals in our sample who were arrested while on probation or parole indicated that they did not want to take the risk of using drugs while incarcerated so as to avoid harsher sentences.

Our data suggests that continued involvement in the criminal justice system can serve as a social determinant of continued drug use and relapse to drug use upon release from correctional settings. As Kinner and Wang emphasize, returning prisoners (and jail detainees) are often disproportionately poor, disenfranchised, and

chronically ill (Kinner & Wang, 2014). In addition, while correctional institutions are mandated to provide medical care to inmates, often the health gains made while incarcerated quickly erode once individuals reentry society leading to increased emergency department utilization (Frank et al., 2013). Repeated incarcerations can interrupt continuity of medical care which suggests that incarceration itself can serve as an additional health determinant. This is particularly the case for individuals with substance use disorders who may have insufficient access to addiction treatment within correctional settings and poor linkage to substance use treatment upon release (McKenzie, Macalino, McClung, Shield, & Rich, 2005). The incarcerated setting represents a significant public health opportunity to engage drug-involved offenders in substance use treatment as well as other evidence based re-entry services (Boutwell, Nijhawan, Zaller, & Rich, 2007; Perry et al., 2013; Zaller et al., 2013).

Given that many participants in our study indicated a general disinterest in substance use treatment, better attempts to engage this population in substance use treatment while incarcerated and linkage to postrelease substance use treatment is critical. In particular, given the general lack of support for coerced treatment among our sample, one strategy to better engage this population in treatment may be the use of motivational engagement therapy (MET). MET is an adaption of motivational interviewing and incorporates personal assessment feedback. This approach has shown some efficacy among cocaine users in reducing the frequency of relapse (Rohsenow et al., 2004). However, importantly, one study among African American cocaine users examining the effect of MET demonstrated that this approach was more successful in reducing relapse among individuals who had a relatively high degree of self-motivation for treatment at baseline (Burlew, Montgomery, Kosinski, & Forchimes, 2013). More research is needed to elucidate different patterns of motivation among African American cocaine users.

Any efforts at substance use treatment engagement will likely require coordinated efforts between law enforcement, the judiciary and correctional institutions. This is particularly important as Taxman and Kitsantis note that a need for greater understanding of the distribution of treatment services and the capacity of such services to provide treatment to criminal justice involved individuals (Taxman & Kitsantis, 2009). In addition, there has been an increased emphasis in the past several decades on coordination between correctional institutions and community based behavioral healthcare (Taxman & Thanner, 2006). Finally, consideration must be paid to gender differences between men and women involved in the criminal justice system as important differences have been

noted with respect to drug use severity, reasons for drug use and adverse consequences associated with drug use (Adams, Leukefeld, & Peden, 2008; Messina, Burdon, & Prendergast, 2003).

### Strengths and limitations

As with any qualitative study, data are not necessarily generalizable to larger population groups, e.g. all African American cocaine users and African-American cocaine users in other areas of the United States. While incarceration was a topic that often came up in interviews, this topic was not specifically part of the semi-structured interview guide. However, the themes discussed in this manuscript emerged from the participant narratives illustrating their saliency within participants' substance use histories and experiences. Because we did not employ a pure grounded theory approach (Strauss & Corbin, 1990), we did not engage in the process of theoretical sampling or secondary sampling which would have allowed us to make comparisons between data (e.g., drug availability within jails versus prisons) and obtain more nuanced information about participants' incarceration experiences (e.g., repeat incarcerations, charges or offenses). We also acknowledge that many individuals may not have felt comfortable discussing their experiences being incarcerated and the frequency of incarceration among our sample may have been under-reported and/or under-represented. Finally, it is important to note that all of the participants included in the study were active substance users which may in part explain their negative attitudes toward various types of treatment, mandated or otherwise.

### Summary and conclusion

Limited data exist with respect to the criminal justice experience of African American stimulant users in the southern United States. Our data suggest that many African American stimulant users in the south face a variety of challenges to successful reintegration into society, particular with respect to relapse to drug use. Importantly, many of the participants in our sample did not indicate a perceived need for drug treatment and many continued to use post-release from incarceration. Thus, while incarceration for some was a disrupter to substance use, it was not a deterrent to continued use post-release. In addition, our data highlight the fact that incarceration may be an important determinant for continued drug use in the community among our sample given that most respondents reported a general lack of linkage to substance use treatment upon their re-entry into the community.

Our data suggest an urgent need to develop better engagement of substance involved individuals in treatment within correctional settings and more robust discharge planning to refer individuals to services, including substance use treatment, post-release. And for those who do not have a perceived need for substance use treatment, greater effort is needed to provide these individuals with substance use related risk reduction education and linkage to ancillary services, such as housing, employment, etc., post-release. Such efforts will mean stronger collaborations between correctional institutions and community-based providers.

### Declaration of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the article.

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