

LIFE AFTER PRISON: EXPLORING HOW BEST TO SUPPORT FORMERLY
INCARCERATED OPIOID USERS AS THEY SEEK EMPLOYMENT

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Abstract

The United States incarcerates 698 individuals per 100,000 residents – more per capita than any other nation (Wagner & Sawyer, 2020). An estimated 65% of incarcerated people have a substance use disorder (SUD) (NIDA, 2020). Once released, former prisoners must reintegrate into society, including finding employment and addressing health issues such as opioid use disorder. However, formerly incarcerated people face challenges in seeking jobs due to low levels of human capital, distance from jobs, lack of transportation, and the stigma associated with felony records (Visher et al., 2008). In addition, those with SUD face an increased risk of relapse and death from drug use (Krinsky et al., 2009).

This qualitative research study attempts to determine the most effective ways to assist people who reenter society and have opioid use disorders find employment. We conducted 21 semi-structured interviews: 14 with formally incarcerated opioid users and 7 with individuals who work in organizations that serve this population, which we term the “ecosystem of support.”

Our data indicate that factors that affect a recently released person’s ability to find employment include pre-release programs, connections with trades, addiction recovery support, housing, support for bureaucratic challenges, and soft skills. Interviewees almost unanimously discussed the value of employment as one of the key factors in a recently-released person’s ability to fight and overcome addiction. In addition, recently released interviewees indicated that the “ecosystem of support” professionals played a critical role in helping them reintegrate into society.

Considering the wide-ranging benefits that employment offers for individuals leaving the criminal justice system, it is important to ensure that supports like those identified in this study be widely available.

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Part 1: A Biosocial Analysis of the Opioid Epidemic

“Three Strikes and You’re Out”

I am a bit anxious, and I have no idea what to expect. I am sitting on the pavement, taking notes and absorbing somewhat of an alien, for me, world. The anger, the swearing, the stumbling, the falling down. Empty eyes, worn out and dirty clothes, mottled hair. People with nothing left but despair, hopelessness, little agency.

Cigarettes, trash, and then a cool African American guy singing, smiling, looking at me. His name is Victor Franklin, and he stops to introduce himself. He is around 50 and appears to struggle with mental health issues. He keeps telling me, “Three strikes and you’re out, three strikes and you’re out,” ironically mimicking the mantra of President Clinton in the mid-1990s. We are across the street from Boston Health Care for the Homeless Program, but Victor will not go inside for breakfast or warmth. He seems afraid. A man walks by with a three by four-inch bandage over the left side of his face. He yells but continues to move on. Victor disperses. A guy is shooting up in his right arm, just below the elbow, while sitting on the street corner nonchalant with his two female friends chatting about something else.

Beneath the surface of one of America’s most vibrant and liberal cities, there exists poverty, despair, and hopelessness. People buy, sell, and use opioids freely here. Some have a place to stay while others live on the street. How could this happen in the most powerful nation on the planet, a country which has historically prided itself on hard work and a vision of economic prosperity for all?

The twin problems of economic decline and social disintegration play a substantial role in community devastation. Moreover, the immense personal despair suffered by the many deindustrialization victims and the resultant decimation of employment adds to the burden.

Analysis of social and economic forces' changes over the past five decades will further deepen our understanding of their full impact. The synthesis of these two scholarship areas is challenging, especially when these sometimes-covert forces and their ramifications progress slowly over decades.

Henceforth, I will outline the impact of worldwide globalization and the ineffective, in hindsight, corporate strategies to combat the challenge. I will then describe how deindustrialization followed in most of the previously vibrant manufacturing cities in the United States. Finally, I will draw attention to the federal government's ineffective efforts to manage the emergent crises of opioid addiction. These political, economic, and historical developments are necessary to understand the forces that drive addiction.

The globalization of production to lower-cost areas of the world has caused extreme disruption and concentrated poverty in manufacturing cities around the United States. The loss of manufacturing jobs had an outsized effect on most cities in the Rustbelt, which traditionally relied on the steel and automotive industries to power their economies. Starting in the 1960s, cities like Detroit were particularly hard hit, as were its African American citizens who suffered persistent racial discrimination, which magnified deindustrialization's effects with a nearly 30% unemployment rate (Agbafé, 2018). In addition, black workers were often not welcome in worker unions and generally had lower seniority levels with lower pay, placing them at the most challenging end of industrial ruin.

The Intersection of Deindustrialization and Increased Opioid Use

Beginning in the early 1970s, United States corporations targeted most worker unions as being expensive and inefficient. Emergent competition from Japan, and later China, exposed the

cheap labor markets overseas and reinforced the value they could provide to American corporations. Neoliberal demonizing of government intervention during this period revealed the strategy of enabling unbridled classic market forces such as supply and demand (Westra, 2020). The transfer of this power from governments to markets leaves many individuals much worse off and devoid of important social safety nets.

Philosophical changes in American liberalism precipitated the decline of labor. U.S. government policies and corporate lobbying efforts to destroy unions during this period caused significant harm to working-class Americans by substantially lowering wages and bargaining power. Whereas political concerns were the foundation of Roosevelt's New Deal coalition, by the 1960s, many liberals had deserted working-class politics. As a result, poverty was increasingly seen as a failure of individuals. However, in the 1930s, Roosevelt's perspective most likely would have been to bolster employment with government jobs, as evidenced by the New Deal program.

President Johnson's Great Society initiatives funded government-sponsored job training via the Job Corps program for low-income families but did not offer people employment. Growth in postwar prosperity reversed its uphill climb and started to retreat by the mid-1970s, resulting in an employment drought as more and more jobs were lost to overseas competitors. International competition from Japan and West Germany, combined with out-of-date American technology, weakened former U.S. productivity gains, resulting in reduced middle-class wages. As the United States entered the 1973-1975 recession, the earnings gap between workers and management began to widen. In addition, the tax code became more regressive—taking a greater percentage of income from those that earn less, worsening labor's plight. Generally, in the past, the strength of workers' unions protected labor from these negative consequences. Still, by the

mid-1970s, corporations were increasingly successful in their strategy of convincing the government and much of the population that workers' unions were ineffective and expensive. "Unions represented a third of the workforce in the 1950s, but only one in ten workers belonged to one as of 2015." From 1947 to 1977, the U.S. manufacturing labor force had decreased by nearly one-third (Schindler, Gillespie, & Banks, 2018).

During this period, many American corporations' strategy was to lower quality and minimize innovation to reduce costs. This was particularly prevalent in the auto industry, one of the main drivers of our economy. As former U.S. Commerce Department Chief Economist Susan Helper explains, the auto industry's problem resulted from years of poor management, and she goes on to add that "The biggest element of mismanagement was designing and selling poor products" (Eisenbrey, 2012). As a result, the Big Three (Chrysler, Ford, General Motors) made product and quality decisions, culminating in the dramatic loss of auto sales from the mid-1970s and beyond.

Capitalism is not working for impoverished and less-educated Americans. Drug use and suicides have risen in a toxic environment where depression and addiction thrive and increase deaths of despair. In their text "Deaths of Despair," Case and Deaton (2020) suggest that mortality in the United States can be affected by declining material advantages. Still, deep despair results in more disintegration in family, community, and religious support structures that have provided a central way of life for many Americans. Depreciated material well-being and wages did not directly affect these more significant factors

Upon further analysis, Case and Deaton discovered that there was an additional factor at play: education. People with a bachelor's degree were mostly unaffected. However, those

without the degree experienced an increase in pain, poor health, mental distress, reduced ability to work and lower earning potential.

Economic Disparities, Health Disparities, and Opioid Use

Leading economists Kate Pickett and Richard Wilkinson unpack the social effects of inequality, revealing how neoliberal structural forces reduce various opportunities for the middle class and the working poor. Where wealth disparities are the most prevalent, there are elevated levels of social distrust instead of more equal societies that usually do better on social health measurements. Our dilemma is to ascertain why the United States, one of the world's most wealthy countries, has become unequal. For example, a corporate CEO who took home approximately 40 times a typical worker's pay in 1980 would take home an astonishing 350 times the typical worker's earnings by the early 2000s (Pickett and Wilkinson, 2011).

Before 1970, almost everyone's income from a big company was determined by deals struck amongst business, labor, and the government. This atmosphere of working together kept executive compensation more modest. The difference by 2020 is that competition is much more fierce, and rivals have access to low-cost global suppliers, enabling corporations to substantially reduce their labor forces. This inequality level undermines trust, unity, and fellowship weakening the broad foundation of citizenship itself (Pickett and Wilkinson, 2011).

The scale of differences in wealth has a strong effect on how we interact with each other, impacting our psychological health. As wealthy societies have grown more affluent, we have seen significant increases in anxiety, depression, and drug use (Pickett and Wilkinson, 2011). Social status and our mental well-being are closely linked. Serotonin and dopamine are two chemicals that regulate a person's mood and are linked to mental disorders (Pickett and

Wilkinson, 2011). Researchers at Wake Forest School of Medicine experimented with dominant and subordinate macaque monkeys to see how social inequality may affect mental health. The subordinate macaque monkeys became addicted to cocaine, in effect, medicating themselves against the impact of their low social status (Morgan et al., 2002).

An explanatory systematic literature review of 28 studies from 1990 to 2015 examined mechanisms explaining how recessions or unemployment affect illegal drug use (Nagelhout et al., 2017). For many who suffer from addiction, drug use increases during recessions since unemployment increases psychological distress as people are laid off or worried about the potential of layoffs (et al., 2017). The increased stress and depressive feelings add to additional drug use, while an inability to access employment usually leads to lethargy and isolation, exacerbating stress and depression (et al., 2017). Supportive evidence was found in countries such as the United States, Australia, New Zealand, Norway, Sweden, Argentina, Vietnam, and Jamaica.

Drug use adds to the trauma of deep and lasting recessions, not only for the person with the disorder but also for their family, friends, and acquaintances. Lack of employment is disruptive in many ways because it helps in so many ways. It is especially important for individuals being released from prison and hoping to rebuild their lives in a more positive direction. Employment can be a significant confidence builder. People feel more productive and positive when they have money to support themselves and their families. More companies in Massachusetts are willing to consider hiring people with a Criminal Offender Record Information status (CORI) partly because there is more acceptance that Opioid Use Disorder (OUD) is a disease. Many know people who have been devastated by the disease.

The Vicious Cycle of Poverty and Trauma

Poverty represents the confluence of psychological and social factors. Many adults who have experienced trauma linked to childhood poverty often medicate themselves to reduce the pain of deprivation. It is well known that stress increases poor health. Chronic stress can produce body aches, obesity, infections, heart disease, etc., while damaging brain neurons, reducing cognitive function (DePace et al., 2019).

Another byproduct of poverty is that it tends to erode social support. On the other hand, people involved with social groups such as churches or volunteer organizations are more resistant to poor health outcomes since they are more socially integrated. Lack of trust in relationships adds to family conflict and mental illness. Children from lower-income families are potentially worse off as they experience more disruption, witness more violence, and often live in marginal housing with poor nutrition and limited health care (Levesque, 2018).

It is no wonder that prisoner psychometric tests have shown higher scores for childhood trauma, impulsivity, aggression, and lower resilience. As a result of these factors, prisoners who abuse substances usually experience increased judiciary issues and heightened psychiatric challenges. Prisoners who use substances had elevated scores on Emotional Abuse and Physical Neglect. Inmates addicted to drugs have generally been incarcerated multiple times. They have also had more adolescent convictions, exhibit more violent behaviors, and have a history of suicide attempts (Cuomo et al., 2008).

The substance user cohort also reported a history of multiple convictions before age 18. In addition, personal reports from those who use substances note that they experienced psychological abuse and were often left at home alone at a young age. These findings are

consistent with Roy (2003), who studied drug users who attempted suicide and found higher introversion and childhood trauma levels.

Gender and Race: Increased Abuse and Suffering

Women often bear the brunt of physical, sexual, and emotional abuse, especially when they live in impoverished, vulnerable cities and towns. Nearly 1 in 5 experience completed or attempted rape in their lifetimes, 1 in 3 between 11-17 years. In contrast, 1 in 38 men experiences completed or attempted rape in their lifetimes (CDC, 2020). Furthermore, a 3-year study of over 1000 female welfare recipients noted that rates of both intimate partner violence and poor health are high among women with low socioeconomic status (Staggs and Riger, 2005). Many struggle with addiction, earn money via the sex trade, are homeless, and are susceptible to violence from men. Narratives from 27 women in Vancouver, Canada, illuminate the true challenges of continued adversities and trauma that often begin in childhood. Negative environmental and structural conditions intensify each other, usually resulting in substance abuse and little ability to resolve trauma-related challenges from the past (Shannon et al., 2009). For example, most of the women in the study were unable to complete school, get an education, and find a job. Childhood was chaotic as abuse and neglect, often with homelessness, were prevalent. Physical, sexual, and emotional abuse from partners was the norm and typically ended in drug use to limit total despair (Minh et al., 2013).

Structural (e.g., economic and policy) factors also contribute to the dangers and threats that focus on women's everyday lives. Living on the street or in unstable conditions, even as teenagers, is especially problematic as it may disrupt the youth's normal developmental processes and expose them to further challenges (Embleton et al., 2016). Helpful interventions could include creating safe housing models for women, support services for sex workers and homeless women, and potentially most helpful, reducing economic injustice to alleviate the need to work in the sex trade. (Torchala et al., 2014).

Theories of Social Suffering

A core premise is that deindustrialization and its painful manufacturing shifts abroad provided very little support to the individuals who bore the financial risk's brunt. Many found that the skills they had acquired were not easily transferable to other parts of the economy. Even where employment was available, a job outside one of the traditional sectors often entailed a significant loss in income as well as the deprivation, at least in part, of pension rights, medical insurance, and other work-related benefits.

For many, loss of employment entails complete removal from the labor force, causing significant suffering for both the wage earner and their entire family (Iverson & Cusack, 2007). The theory of "social suffering" describes this as "an assemblage of human problems that have their origins in the devastating injuries that social force can inflict on human experience, the conditions that involve health, welfare, legal, moral, and religious issues" (Kleinman, Das, & Lock, 1997). During the 1973-1975 recession, little retraining of affected populations was offered by governmental or corporate powers. Financial support was negligible, and social despair extreme as vibrant communities were disrupted by the flight of businesses. Some families with financial resources moved south to find new employment, but the poorest people had very limited options.

The dislocation caused by deindustrialization led to unbearable despair, shame, boredom, and demoralization for many formerly productive individuals. Psychologist, Bruce Alexander, helps us rethink addiction's nature with his "Dislocation Theory of Addiction." It suggests that the primary causes of addiction are based on our societal structures rather than a person's moral failure or inherent weakness (Alexander, 2010). It highlights society's role in having a significant causal impact on a person's initial and continuing desire to reduce the pain or despair in their

life. Psychosocial integration is a profound and critically necessary interdependence between an individual and society, providing a sense of belonging and community. Wayne Skinner further adds,

The more people, individually and collectively, cannot establish and maintain an existential sense of wholeness and community, the increased...likelihood that they will recourse to addictive behavior. Addiction is a way of adapting to the homelessness of the human spirit that dislocation produces. (Skinner, 2010)

Many individuals use addiction to adapt to their dislocation in an environment where inequality is growing, and resources are becoming scarcer when people are struggling to make ends meet.

According to a 2017 Distressed Communities Index (DCI) report, massive disparities in health outcomes parallel the nation's economic imbalances. Many formerly thriving communities bore the brunt of deindustrialization that added to substantial despair, especially as work fled to cheaper locations that benefited American corporations but not American workers. Disadvantaged communities where individuals face enormous challenges to find work, exact heavy psychological and physical tolls: "One in six, or 52.3 million Americans live in a distressed community, places that are characterized by deep poverty, pervasive joblessness, low levels of educational attainment, and little to no economic growth" (DCI, 2017). More than half of the great recession's new jobs went to towns and cities in the country's most populous and wealthy zip codes, home to 84 million people. The report goes on to say that "[w]hile economic disparities between places are magnified...[there is] a clear link between an individual's health outcomes and the economic conditions of their community." Towns and cities decimated by job loss have lower life expectancies than prosperous areas by almost five years. Health care provided to distressed counties is double that of wealthy counties. Mortality from mental health

and substance abuse disorders is 64% higher in distressed counties, and substance abuse has the world's highest mortality rate. Since low agency and hopelessness are two of the major public health issues in the United States, it is no wonder that distressed environments often lead to opioid addiction and possible incarceration (DCI, 2017).

The theory of structural violence, whereby the political and economic organization of society wreaks havoc on vulnerable categories of people, is quite relevant here (Farmer, 2004). Large swaths of dispossessed people throughout our nation have suffered disproportionately. Social forces in our society play an enormous role in poverty, inequality, food security, discrimination, and racism experienced by individuals. Structural violence is the societal architecture that reinforces this pain. An impoverished social environment where people lack human rights and suffer from unfair access to food, housing, and appropriate healthcare, greatly reduces their chances of living a productive and positive life (Mukherjee, 2018).

Philippe Bourgois and Jeff Schonberg (2019) add more color to this theory in their book *Righteous Dopefiend*. According to Bourgois and Schonberg, “The chronic suffering of homeless heroin [users] is best understood as a politically structured...[and] abusive phenomenon...[of] institutional forces such as the restructuring of the labor markets, the gentrification of San Francisco’s housing markets, the ‘War on Drugs,’ the gutting of social services, racism, gender power relations, and stigma” (pg. 16). Any one of these forces would severely weaken an individual's confidence and agency to push ahead with determination, implement new strategies, and change his or her life despite the struggle. The combination of all of the forces makes success practically impossible.

Sociologist Pierre Bourdieu’s concept of symbolic violence refers to the “mechanisms that lead those who are subordinated to ‘mis-recognize’ inequality as the natural order of things

and to blame themselves for their location in society's hierarchies" (Robbins & Bourdieu, 2017). Symbolic violence is often misinterpreted but is generally seen as a subliminal reinforcement of societal norms and the difference in power structures between the classes. Nevertheless, it is a useful concept for thoughtful critiquing of homelessness, unemployment, and other disadvantages, which many in society erroneously consider being caused by personal character flaws. Sadly, those with substance use issues often think the worst about themselves since they don't realize the structural violence that has decimated their agency, confidence, and resilience along the way (Robbins & Bourdieu, 2017). Paul Farmer's theory of immodest claims of causality is especially pertinent here:

The asymmetry of power generates many forms of quiet brutality. It is inequities of power that prevent the poor from accessing the opportunities they need to move out of poverty. Denying this only serves the interests of the powerful; a change of mentality is needed in the hearts and minds of those with power. Poverty results from the actions of other human beings, the result of man-made structural violations. (Farmer, 2004)

Unemployment, the breakdown of families, and the dissolution of community institutions reinforced the structural violations that devastated towns and cities simultaneously as the opioid crisis accelerated in the 1980s. However, there are at least two other significant determinants at play as well. Firstly, opioids are substantially more powerful than they were just 20 years ago. (Bezruczyk, 2019). As a result, many people become more quickly addicted to opioids since the 'high' they produce so much greater than the historic potency. Secondly, pharmaceutical companies' greed has been especially prevalent over the last two decades as they flooded the markets with "76 billion oxycodone and hydrocodone pain pills" and reduced prices to enable more rapid uptake (Washington Post, 2020).

The main cause of this crisis is not a personal weakness. Instead, it is socioeconomic despair married with the dumping of powerful drugs prescribed by some doctors to take twice daily for 30 days that is exceptionally difficult to combat. In their desire to increase profits, corporate forces and medical providers during this period relaxed both the oversight of these powerful drugs as well as the knowledge of their long-term effect on American citizens.

In her book *Dopesick*, Beth Macy provides an extensive evolutionary history of opiates from the 1800s to the present day in the United States (Macy, 2020).

By 1900, more than 250,000 Americans were addicted to opium-derived painkillers resulting in the outlaw of heroin in 1924 (Bezruczyk, 2019). However, when OxyContin was introduced in 1996, no one seemed to remember the devastation almost 100 years earlier. During this time, many family practice doctors were advised to make pain relief a priority. (Bezruczyk, 2019)

Sales rapidly escalated, as did bonuses to Oxy salesmen. As poverty became rampant in former mill towns across the country, OxyContin became a way to relieve depression. “Drug-related crimes soared, and users began ‘shopping doctors,’ going from one to the next for more prescriptions” (Bezruczyk, 2019).

Demographics: The Opioid Crisis and its Unequal Impact on Women, Minorities, and Rural Areas

Before the dawn of the 21st century, Appalachia had become a hot spot of opioid use as Oxycontin, Purdue Pharma introduced a new prescription painkiller to assure that the drug was safe and long-acting therefore lessening its appeal to drug users. Unfortunately, teenagers began

experimenting with the new pill crushing it to release large amounts of the even more dangerous oxycodone narcotic.

Pennington Gap, a small town in Virginia, became one of the new epicenters of another American drug epidemic. Local activists Beth Davies, a Catholic nun, Dr. Art Van Zee, and Lawyer Sue Ella Kobak understood how the power of addiction could devastate their town. Over the next two decades, 400,000 people would die from Oxycontin, heroin, and fentanyl. Yet, little was done to stem the tragedy. The Justice Department appeared to be complicit since it refused to charge Purdue executives with felonies and struck a deal whereby the executives pled guilty to only misdemeanors. The legacy of this inaction is still seen in Pennington Gap. Drugs laced with fentanyl are still sold on the street. Emaciated people using methamphetamine suffer from hallucinations and rage on the town's sidewalks.

Meanwhile, our three resilient activists now run one of the few inpatient addiction treatment facilities for many miles around (Meier, 2019). Today, life expectancy in the United States falls for the first time in 100 years, while most wealthy countries usually experience a gradual incline each year. Opioids, overdoses, and suicides are to blame. The number of opioid overdoses increased sixfold from 1999 to 2017.

Purdue Pharma's marketing prowess convinced doctors and government officials of the drug's safety and low potential for addiction via medical education courses. However, in 2007, Purdue Pharma admitted that its claim of a low likelihood of addiction was untrue. As a result, Purdue paid a \$635 million fine, but tragically, doctors and patients were not made aware of this at the time, likely causing even more unnecessary deaths.

The states that suffered the worst were West Virginia, Ohio, Kentucky, and New Hampshire, some of the same states that bore the brunt of deindustrialization. For Purdue, it was

ideal. These states had chronic unemployment and a population suffering from substantial despair. Prescription opioids were followed by heroin and then cheaper and more potent fentanyl, with many people using all three drugs. Users could obtain numerous prescriptions given U.S. privacy laws and weak intra-state coordination. By 2013, heroin dealers entered the supply chain more significantly and began mixing heroin with the more deadly fentanyl. By 2016, overdose deaths increased by 88% per year as Black deaths rose disproportionately.

Elements of the U.S. drug regulatory environment continue to concern many. For example, the Food and Drug Administration evaluates drugs' safety when used as directed, preventing them from focusing on misuse. It also evaluates drugs individually rather than in unison, providing a new challenge given the increasing diversity of synthetic opioids (Deweerd, 2019).

Government Policy and Evolution

David Courtwright reviews the governmental drug policy stratagems in his book *Dark Paradise*. He provides a fascinating perspective on the politics and challenges from the various administrations between 1965 to the 2000s, which continue to affect policy today (Courtwright, 2001). The 11 million-strong 'Baby Boomer' generation came of age in the mid-1960s. This enormous group established a new youth culture that emphasized freedom and glamorized drug use and experimentation with many drug varieties. In a 1974 study, one million young men said they had used heroin at least once, while a third of a million men said they had taken heroin almost every day for at least a year (Courtwright, 2001). Drug users comprised all races, the poor and the wealthy, the well-educated or not.

The 'War on Drugs' began in earnest after Nixon was inaugurated in 1969. While the initial target was the 'hippie' population, it soon spread to the soldiers fighting the Vietnam war. "We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities," Ehrlichman said. "We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news" (Baum, 2016).

President Reagan took the helm in 1981 and continued to shift the 'War on Drugs' to the demand side by focusing on reducing the number of customers rather than the supply of drugs coming from Colombia and Mexico. As a result, minority communities were more heavily policed, leading to a significantly higher rate of criminalization. Part of the Anti-Drug Abuse Act included a heftier penalty, known as the "100-to-1 sentencing ratio," which heavily discriminated against people of color (Vagins & McCurdy, 2020). A Black person who used a personal amount of crack cocaine (5 grams) would face the same prison sentence as a major drug dealer of powdered cocaine (500 grams), predominantly used by White, wealthier individuals. Racism is especially prevalent here since those who used crack cocaine were generally poorer people of color who were given much longer sentences than people who used the more expensive powdered cocaine.

Additionally, mandatory minimums for crack offenses meant that plea bargaining for a reduced sentence was not available. As a result, First-time White offenders in powder cocaine cases usually received parole and drug treatment. Fortunately, the Fair Sentencing Act (FSA), which Congress passed in 2010, reduced the discrepancy between crack and powder cocaine offenses from 100:1 to 18:1 (Vagins & McCurdy, 2020).

For Black Americans, the current rise in opioid use and overdose emanates from several avenues. First, excessive prescribing from clinicians and subsequent use of drugs leads to Opioid Use Disorder. Second, others are impacted by dependency on pain medications, which can evolve into heroin use, a more easily accessible opioid. Lastly, Black Americans may also use heroin and cocaine, common in low-income Black communities during the 1960s and 1970s. “The relationship between being African American and recent crack cocaine use diminished over time while the relationship between being White and recent powdered cocaine was strong over the five-year study period” (Yacoubian, 2003). A newer danger is that some of these drugs are often laced with fentanyl leading to more opioid-related overdose deaths (Iversen & Cusack, 2000).

Criminal justice system data supports the premise that Black people are incarcerated at a much higher rate than other individuals, as detailed below (Hedwig, 2015):

Four years later, the average federal drug sentence for African Americans was 49% higher. In 2000, there were more African American men in prison and jails than there were in higher education, leading scholars to conclude that our crime policies are a major contributor to the disruption of the African American family. The effects of mandatory sentencing minimums not only contribute to these disproportionately high incarceration rates but also separate fathers from families, separate mothers with sentences for minor possession crimes from their children, create massive disfranchisement of those with felony convictions, and prohibit previously incarcerated people from receiving some social services for the betterment of their families. (pg. 273)

During this time, Reagan emphasized “getting tough” on drugs while focusing on punitive measures against users who were prosecuted for possession. During the Reagan era,

laws led to the mass incarceration of individuals for nonviolent crimes (Macy, 2020). Today more than 2.3 million people are currently being held in the American criminal justice system, with nearly half a million people incarcerated because of a drug offense (Vargins & McCurdy, 2020).

Although the Reagan administration provided some grant funding for drug treatment, the rehabilitative efforts were insufficient to meet the overwhelming amount of drug abuse (Rosenberger, 2020). Reagan ultimately could not reconcile his initial rehabilitation policy with his moralistic view of addiction as sinful and due to personal weakness. As late as 1991, government policies were still in turmoil regarding how to handle the opioid epidemic. President Bush's drug czar, Robert Martinez, refused to accept research showing that methadone treatment saved lives. His concern was that "the credibility of society's message that using drugs is illegal and morally wrong" would be greatly diluted (Courtwright, 2001). The number of lives that could have been saved because of treatment was most likely significant.

Clinton largely continued the Republican's supply-side policies. "In the 1995 budget, Clinton earmarked an extra \$1 billion for both the demand and supply fronts of the government's drug policy (Baum, 2016, pg.198). In addition, he doubled the demand side spending for rehabilitation and prevention programs. Still, more substantial increases were made for the supply side of drugs coming into the U.S. in the form of eradication programs and law enforcement (pg. 196).

Clinton was a proponent of Community Action Programs and grassroots organizations to reduce the demand side of the drug war, but of the \$1 billion given to these programs, a paltry \$50 million was allocated to drug education and prevention and treatment (Rosenberger, 1996). In hindsight, one of President Clinton's most controversial policies was the signing of the

“three strikes” rule that meant anyone convicted of a serious violent crime who had two or more prior convictions, including drug crimes, was given a life sentence (CNN, 2020). However, in 2015, Clinton agreed that his approach was substantially misguided since many minor actors were imprisoned for way too long (CNN, 2020).

The past five decades offer additional intellectual fodder for enlightenment via social theories. Pierre Bourdieu’s concept of symbolic violence is linked to the social domination of people who may not be in the privileged class of society based on heritage, wealth, or education (Robbins & Bourdieu, 2020). This can reinforce a view that inequalities make sense for a certain class of people. Many of us were likely aware of this effect in the 60s and 70s. African Americans, “newer” immigrants, and those with less education bore the horror of the Vietnam war for most of us. Those who could enroll in college saved themselves from the draft. As seen in wartime, politically structured suffering is another form of abuse that becomes even more problematic when disadvantaged populations bear the brunt of the pain.

Foucault explains how soldiers are a ripe population for control and manipulation since they can “constitute a body-weapon, body-tool, body-machine complex. Thus, disciplinary power appears to have the function...as a coercive link with the production apparatus. Discipline is no longer simply an art of distributing bodies, extracting time from them, and accumulating it, but composing forces to obtain an efficient machine” (Foucault, 1984). In his book, *Society Must Be Defended*, Foucault adds, “They were also techniques for rationalizing and economizing on a resource that had to be used in the least costly way possible, thanks to whole systems of surveillance, hierarchies, inspections, book-keeping, and reports-all the technology of labor” (Foucault, 1984).

Foucault's biopolitics concept explains how authoritarian regimes manage human life and productivity through its primary mechanisms of power: knowledge, subjectivity, and violence (Burchell, Davidson, & Foucault, 2008). Thus, it is relevant to the military population as a scientific and political problem or a potential opportunity for those in positions of power. This is particularly relevant to the hundreds of thousands of American troops that must strictly abide by the will of sometimes abusive superiors running our military campaigns.

Karl Marx's and Friedrich Engels' critique of capitalism was that social classes are key to understanding power relations. Marx identifies class struggle as the motor force of history (Marx & Engels, 1848). The Industrial Revolution in the 1800s created new modes of production accompanied by enormous wealth. But the wealth distribution was unequal, with 10% of the population possessing virtually all of the property while 90% owned nothing (Menand, 2016). As a result, workers became another cog in the wheel while those who owned the means of production harvested maximum profits. By the early 1900s, workers began aligning themselves with unions and political parties that drove labor law changes to better distribute wealth to the middle class. However, due to globalization and the destruction of this support in the mid to late 1900s, deindustrialization and neoliberalism greatly restricted workers' ability to negotiate effectively.

Marx cautions us to understand that modern economies are not naturally egalitarian. As Piketty puts it, "There is no natural, spontaneous process to prevent destabilizing, inegalitarian forces from prevailing permanently." "Industrial capitalism didn't reverse these trends in the nineteenth century, and finance capitalism is not reversing it in the twenty-first" (Yarrow and Piketty, 2018). As human beings don't change much over each century, we cannot expect a more

egalitarian approach. Industrial capitalism and finance capitalism are merely different ways for those in power to enhance their wealth.

While a worldwide working-class revolution is unlikely, Piketty believes that this level of inequality is ‘unsustainable.’ He can imagine a time when much of the planet is owned by billionaires” (Yarrow and Piketty, 2018).

As Piketty suggests, every society must justify its inequities. Unless reasons for inequities are found, the entire political and social structure is subject to collapse. Every human era suggests a range of contradictory discourses and ideologies in an attempt to legitimize existing inequality. Economic, social, and political rules then attempt to make sense of the prevailing social structure via narratives that strengthen the existing inequality (Piketty, 2020). The themes of property, entrepreneurship, and meritocracy are often most prevalent. Modern inequities are said to be fair because they result from a free process in which all may benefit from equal access to markets and property and benefit from wealth acquired by the most ambitious, deserving, and useful.

Based on property rights and individuals selected according to merit, this narrative is looking more fragile, especially after the hyper-capitalism of the 1980s and beyond. Now that we are 20 years into a new century, countries are more deeply interconnected, and an alternative approach must be built.

As socioeconomic inequality has increased throughout the world, a substantial gulf divides a focus on the individual’s capabilities from the reality of access to education and wealth for those considered less important in our society. Many who have succeeded financially in our economy often blame the losers for lacking talent and strong work ethics. In many cases,

discriminatory practices focused on status, race, and religion combine with violence that people of “merit” fail to admit.

Merciless discrimination of homeless people, immigrants, and people of color results from identity politics based on fears of replacing one population by another. The United States Capitol riots of January 6, 2021, are a frightening example of how these fears could destroy American society.

As Piketty remarks, “If we do not radically transform the present economic system to make it less inegalitarian, more equitable, and more sustainable, xenophobic “populism” could well triumph at the ballot box and initiate changes that will destroy the global, hyper-capitalist, digital economy that dominates the world.” We can build a more equitable narrative, including new and more robust ideals of democracy built upon “equality, social ownership, education, and power-sharing” (Piketty, 2020).

A significant challenge for people who have been trained for years in this powerful web that generally doesn’t treat individuals as equals is how to escape it when it is no longer necessary. For example, prison populations often have substantial challenges in learning how to re-acclimate to society’s norms while slowly unlearning the methods of their former superiors. Mental health issues often dominate during this transition. Many manage stress by seeking solace in substance use. In 2017, there were 11.4 million opioid misusers aged 12 or older in the United States, the vast majority of whom misused prescription pain relievers. (Substance Abuse and Mental Health Services Administration. (2018). Incarceration is a natural consequence of substance use.

A Small Dose of Incarceration

As illustrated by the historical review in the first half of this paper, even as the data on drug use, drug's dangerously addictive capabilities, and drug addiction as a medical disease evolved with each decade, there was still little support for people in need of help. In many states, the "drug policy" is to incarcerate the user, who may have only misdemeanors or summary offenses, even when the best and least costly approach would be to provide rehabilitation and productive employment.

It was now time for me to delve into the lived experience of opioid users in prison. I have gotten to know many people working diligently to reduce drug users' despair by providing needed hope and agency. I had not yet, however, visited a prison.

The Suffolk County Sheriff's Department House of Correction in Boston is an imposing co-ed facility housing over 2,000 inmates (15% women). 75% of the population are or were drug users, with the majority doing more serious crimes. It was a fascinating and unsettling experience as I walked with my new friend Christina Ruccio in and out of heavy metal doors to get to the various parts of the massive structure.

Christina is the Director of Women's Program Services at the House of Correction, and we spent over 2 hours together. Christina began our discussion by clearly stating that "nobody gets clean in jail." The ease of getting drugs into prison constantly challenges their security systems. Correction Officers are just as likely as prisoners to be drug addicts and dealers. Small amounts of narcotics can easily be hidden, and larger amounts can be concealed in body orifices. Ironically, while getting drugs into prison is relatively easy, it is especially difficult for prisoners to access the necessary opioid detox drugs like suboxone and methadone. Unfortunately, many people still believe that opioid use disorder is a poor personal choice rather than a medical

condition. This mentality further supports the justification for governmental bodies to deny the expense of treatment.

Christina advocates for women to be “any place but here.” Her team and the team in the men’s facilities have built impressive educational programming that includes anger management, recovery, domestic violence support, financial literacy, impulse control, writing workshops, art and spirituality, yoga, etc. Suffolk also tailors its approach based on age. For example, because younger men are still maturing as late as their mid-twenties, Suffolk has a dedicated unit that is less punitive for this population.

Suffolk is not a one size fits all environment, even for older individuals. Women’s priorities are generally: sobriety, mental health, safety, children and family, housing, and recovery from trauma such as sexual abuse and human trafficking. Men focus more on attaining employment upon release, mental health, and family. One of the biggest challenges for both sexes is to heal and recover from their past burnt bridges. Unfortunately, many inmates often relapse into the prison environment after their initial incarceration. Employment is a significant reason why the other inmates do not relapse, but a constant and very real concern is the inability to make a living wage.

During my visit, Michel Foucault’s theories were front and center in my mind. While taking field notes inside the prison, it was much easier to understand concepts such as Foucault’s Arbitrary Power of Administration: “The feeling of injustice that a prisoner has is one of the causes that may make his character untamable. When he sees himself exposed in this way to suffering, which the law has neither ordered nor envisaged, he becomes habitually angry against everything around him; he sees every agent of authority as an executioner; he no longer thinks

that he was guilty: he accuses justice itself' (Foucault, 1984, pg.153). It is easier to understand that viewpoint as I imagined being locked away in this environment for multiple years.

For Foucault, biopower focuses on managing humans at the population level, allowing for entire populations' control. According to Foucault, modern power becomes part of the fabric of social practices and focuses more on controlling human behavior as the person succumbs to subtle regulations and expectations (Foucault, pg. 155). Thus, it is paramount to the functioning of the nation-state. As Foucault described, "Where discipline is the technology deployed to make individuals behave, to be efficient and productive workers, biopolitics emphasizes the impact of political power on all aspects of human life. It is deployed to manage a population; for example, to ensure a healthy workforce." (Foucault & Senellart, 1978, pg.89).

Certainly, there are aspects of Foucault's philosophy in the Massachusetts prison system. However, given Christina's meeting, I believe our state's approach is much less nefarious than the norm. Massachusetts' educational programming, case management teams, earned 'good time' incentive (offering up to 10 days reduction in sentencing per month), and prideful philosophy regarding team relationships appear quite progressive (C. Ruccio, personal communication, December 14, 2019). I sense that the environment is profoundly different from the corporate prison businesses found in many other states.

Future Thoughts

During these challenging times, I find Max Weber's theory of the Iron Cage to be especially relevant to our futures. "Max Weber suggests that the technological and economic relationships that organized and grew out of capitalist production became themselves fundamental forces in society." The suggestion here is that if you are born into this capitalist

social structure that demands a division of labor, you can't help but participate in the system (Turner, 1990). Of course, these concepts can affect all human beings at every level. Still, they may be most extreme and detrimental against the more vulnerable in society who could be less educated, confident, or abuse or poverty victims. At a minimum, Weber's theory suggests a strong tendency of the powers to keep individuals subservient to the forces in society.

As such, one's life and worldview are shaped by these forces to such an extent that one probably cannot even imagine what an alternative way of life would look like. So, those born into the cage live out its dictates, and in doing so, reproduce and reinforce the cage in perpetuity. For this reason, Weber considered the iron cage a massive hindrance to freedom (Turner, 1990, pg.1004).

Future Challenges

There's a very different kind of challenge today. My premise has been that the lack of meaningful employment is one of the major causes of despair and displacement in the United States. Globalization and deindustrialization have happened, and it has been painful. In some ways, I believe this is the lull before the storm. Our challenges may become more extreme. The growing divide between the "haves" and "have nots" is accelerating. Here, the term "meaningful employment" is not accidental. While low-wage jobs are plentiful, older or less-educated workers in the U.S. cannot sustain their families on \$10 to \$15-dollar minimum wages. Most of the well-paid manufacturing jobs from our parents' and grandparents' generations have either fled overseas or have been supplanted by automation. Today's scenario is that "the poorest sectors of the population have experienced the greatest increment in poverty levels at the same time that the rich increased their relative numbers by 40%" (Roser & Ortiz-Ospina, 2013).

That scenario is even bleaker today in the United States as the top ten percent of the population owns seventy-two percent of the wealth. The bottom 50% of the population owns only two percent of the wealth (Global Inequality, 2020). After World War II, the great prosperity that was so prevalent now looks more like a 30- to 40-year aberration that transitioned to a sustained economic crisis for much of the nation, decimating the most impoverished among us and further restricting middle-class employment. The despair and demoralization of individuals continue to inflame the opioid epidemic in our midst.

The increasing political and material powerlessness of the working poor, those who have been practically expelled from the economy, must become the central concern of all citizens (Bourgois & Schonberg, 2009). They explain that “The ‘American Dream’ of upward mobility has to be reinvented by boosting the credibility of the legal economy.” Bourgois adds that drug dealing, which is so prevalent today, can be interpreted as accepting the “American Dream” of accumulating wealth compared to demeaning and poorly paid hourly employment in the legal economy (Bourgois, 1999).

Given the significant cost increases for critical needs such as housing, childcare, food, and transportation over the last few decades, the working poor need substantial financial assistance to jumpstart their ability to thrive in our increasingly expensive economy. In addition, educational support is critical for impoverished families to add strength and new resources to our growing population. Infusion of capital from the federal government could go a long way in creating a virtuous cycle of growth while elevating the confidence and self-respect of the great majority of Americans who yearn to be self-sustaining.

Unfortunately, even in our vibrant new-economy cities, too many people do not have the skills to compete for new-economy jobs since governments have not provided sufficient

resources. Since the 1970s, globalization, and deindustrialization have placed many Americans in an increasingly unfair society where the distribution of resources is often extracted from the poor and filter up to the rich. Furthermore, increasing computerization and robotics have taken over many jobs does not bode well for a quick solution (Case & Deaton, 2020).

This, of course, adds to the despair and hopelessness that we see in even the most vibrant cities. I maintain that this is the reason the opioid epidemic continues to blossom. There are substantial areas of Growth in the United States, and our economy continues to thrive as globalization expands trade around the world. However, just five U.S. metropolitan areas—San Francisco, San Jose, Seattle, San Diego, and Boston—accounted for 90% of all the new net job growth in the U.S. digital economy since 2005 (Porter 2019).

For companies operating in the knowledge economy, the most important ingredient is the availability of large pools of well-educated talent. Companies are concentrating on fewer places despite soaring housing costs and wage competition. As a result, college graduates are converging into fewer places, which now appears to be self-reinforcing. As smaller places lose their college graduates to superstar cities, they become even less attractive to innovative companies—this fuels the political divide between the blue and red states.

According to a CNN report from a recent Brookings study, “‘More and more the incremental growth will go offshore,’ says Robert Atkinson, president of the ITIF and also a co-author of the study. ‘Just simply for the fact that these (domestic) places are packed to the gills.’” (Brownstein, 2020). That CNN report added that “Development is creating so many pressures in the superstar cities that the authors expect most of the future growth in employment in these industries will shift to tech hubs overseas” (Brownstein, 2020).

The Brookings Institution’s Metropolitan Policy Program and the ITIF are calling for a substantial federal effort to encourage greater geographical distribution of thriving industries throughout the U.S. “They propose that the federal government pick 10 mid-size communities and invest \$10 billion in each of them over a 10-year period” (Brownstein, 2020).

While this approach has promise, I remain concerned that our more vulnerable populations will suffer from a new “globalization,” akin to the 1970s, if knowledge workers move abroad. Moreover, the impact could be even more devastating for those who do not have the skills for new-economy jobs and whom the government has left behind without sufficient training programs.

Recent trends

In recent decades, many of America’s social safety nets have been eviscerated by austerity. Some attribute this change to our individualistic culture as amplified through our capitalistic “winner takes all” system. Yet when jobs are lost due to recession, trade, or new technical advances, many of our peer countries provide much more robust unemployment benefits to reduce hardship and help with new job placement.

Case and Deaton believe that “the pharmaceutical companies’ behavior caused more deaths than would otherwise have happened, showering gasoline on smoldering despair. Stopping the drug epidemic will not eliminate the root causes of deaths of despair, but it will save many lives and should be an immediate priority” (Case & Deaton, 2020).

Healthcare in the U.S. delivers among the poorest outcomes of any rich country. Its most important consideration appears to be the redistribution of income upward to the health care business establishment. At the same time, Americans’ lives have become subservient to

corporations' financial growth. The money that is already allocated to support this voracious beast is more than enough to improve our healthcare system. Funding can be reallocated to serve our population if we have the political strength and technical and financial fortitude to re-engineer our approach towards what is truly best for Americans' health. Unfortunately, to accomplish our goal, we will most likely need to financially appease the neoliberal opposition over time (Case and Deaton, 2020).

Impact of COVID-19

However, our first order of business is to allocate our immediate energies to resolving the COVID-19 pandemic. The U.S. government could have foreseen this devastating pandemic. We had systems in place in anticipation of such a pandemic, but unfortunately, the Trump administration disbanded the pandemic response chain command, including the White House's management infrastructure (Brownstein, 2020). In addition, funding for global health preparedness was drastically cut further, impacting one of the most vulnerable groups in our society, struggling with substance use disorder.

In the last few months, doctors and substance-use experts have seen a rise in opioid relapses (Alfonso, 2020). Many people in rehabilitation homes and treatment centers live in very close quarters and fear contracting COVID-19. It is most difficult for this population—with an already low sense of agency—to be required to isolate and be deprived of critical support systems that buttress their resilience and enable their confidence to continue fighting the disease. In the last few months, it has not been unusual to see people who have gotten sick from COVID-19 after long periods of sobriety and start using drugs again after recovering from the virus.

Dr. Michael Genovese suggests a “pandemic’s-worth of triggers going on right now” (Alfonso, 2020) due to the abundance of unstructured time and the inability to go to recovery meetings more deeply connect with others fighting to restore health. In addition, job loss causes significant disruption to those fighting to maintain healthy habits. Unfortunately, the Bureau of Labor Statistics noted that the U.S. economy lost 20.5 million jobs in April of this year, the largest decline since 1939 (Alfonso, 2020). Dr. Lawrence Weinstein, the chief medical officer of American Addiction Centers (AAC), notes that “isolation, decreased communication, altered

routines, and excess stress can trigger a relapse. During stressful periods of job loss and financial challenges, substance use often increases.

Dr. Weinstein noted that opioid use puts people at an increased risk of mortality and “has been related to respiratory issues, pulmonary infections, and viral infections.” Co-occurring mental health and addiction disorders further increase anxiety for patients, but telehealth addiction recovery support has been shown to greatly decrease the challenge of travel for many (Alfonso, 2020). Zoom offers the ability to connect with others struggling with Opioid Use Disorder (OUD). Jerod Thomas from Shepherd’s House in Kentucky hosts a bi-weekly video conference attended by approximately 350 people worldwide (Alfonso, 2020).

Many are offering solutions for easier access to medication-assisted treatment. For example, per Dr. Genovese, some treatment clinics are now offering take-home doses for methadone and buprenorphine to reduce the need for people to travel to clinics and potentially be exposed to COVID (Alfonso, 2020). In addition, Kentucky governor Andy Beshear is now commuting sentences for hundreds of nonviolent offenders to reduce Covid-19 cases in the prison system while also providing naloxone kits to former inmates (Alfonso, 2020).

Jeff Thomas, CEO of the White Deer Run treatment center in Pennsylvania, advises that it is important to understand the huge challenge that opiates have a powerful effect on the brain's pleasure center (Alfonso, 2020). For many, a substantial negative experience would be needed to overcome a person’s perceived benefit of using opioids. Yet while Covid-19 triggers relapse for some, it may frighten others to abandon drug use.

To all these challenges of the COVID pandemic, we must add the current economic recessionary factors that promise to intensify and worsen the most vulnerable plight in our society. Time magazine expects the economy to shrink at approximately a 30% annual rate in the

current April to June quarter, the worst quarterly contraction since record-keeping began in 1948 (Rugaber, 2020). Moreover, economists at Goldman Sachs suggest that a substantial second wave of cases this fall could increase business closures and decimate growth by up to 50% next year (Rugaber, 2020).

The inability to find a job and support yourself and your family causes substantial distress and increases drug use for many, disrupting efforts to maintain sobriety. Unfortunately, health care and social care systems in this country are ill-equipped to handle the psychological distress of COVID. While many countries have built integrated health and social support care for times such as these, the United States has focused on a fragmented model based on profit maximization with little integration of critical services (Mukherjee, 2020). This neoliberal approach has slowly eroded both medical care and economic opportunity for our citizens over the last 50 years (Mukherjee, 2020).

The impressive contact tracing efforts employed by Partners In Health and Massachusetts Governor Charlie Baker are critical to slowing the virus and understanding its nuances to implement best practices for future contagious diseases (Mukherjee, 2020). It is a holistic approach focused on repairing our fractured support systems in dire need of relief. Our poorest communities need decent housing, unemployment benefits, food stamps, daycare, community health centers, and several other protections to limit the structural violence impacting the most vulnerable (Mukherjee, 2020).

In his text “The Health Gap: The Challenge of an Unequal World,” Michael Marmot further educates us on the societal structures that enable a pandemic such as COVID-19 to impact our health and wealth most severely:

“If you want to understand why health is distributed, the way it is, you have to understand society. We are well versed in understanding why one individual gets sick, and another does not, given their habits of smoking, diet, drinking alcohol, physical inactivity, and genetic makeup. Being emotionally abused by your spouse, having family troubles, being unlucky in love, being marginal in society can all increase risk of disease just as living in supportive, cohesive social groups can be protective. Upper-class men are at lower risk of dying from heart attacks and most other causes of death than anyone below them. It is a social gradient. People who are less advantaged in terms of socio-economic position have worse health and shorter lives than those who are more advantaged. Progressively higher mortality going hand-in-hand with a progressively lower grade (Marmot, 2019, Loc 126 of 759).

Social injustice increases devastation for the worse off. For example, when rich countries plunder Africa’s minerals and forests, when people with hate and malice spread confusion to manipulate race and religion, as seen in Trump’s America, any belief in the beneficence of government is severely shaken (Marmot, Loc 381).

Inequalities in health are tightly linked to inequalities in society. Health care does not cause illness in the first place; social conditions drive injustice. Do the lower survival prospects of young men come more from suicide, car crashes, drugs, alcohol, etc., or are there other factors at play such as broken families, weak education, and childhood trauma?

Measurements of people’s life satisfaction are most relevant to their happiness and stem from social arrangements, critical to health in our society. Money is important for your health, but what you can do with what you have will also be influenced by your life. For example, if you reside in more compassionate capitalistic Nordic countries, you do not need to spend your own

money on clean water or sanitation. If subsidized public transportation, healthcare, and education are provided, you need even less (Marmot, Loc 683). Understanding the environmental and political context is highly relevant to financial needs. Americans spend significant portions of their income on services freely offered in other countries.

Marmot argues that a focus on reducing disempowerment is critical for enhancing health equity more broadly. Material aspects, such as having money to feed your children, are critical. Disempowered people have weak control over their lives, adding substantial stress and more risk of mental and physical illness. Political empowerment is associated with having a voice in society, advocating for change (Marmot, 2019, Loc 726).

Conclusion

As I dive more deeply into my research and continue to meet exceptional people who dedicate their lives to reducing suffering, I find myself spending more and more time along Boston's Albany Street and Massachusetts Avenue, the nexus of the opioid epidemic in the state. I have yet to bump into Victor Franklin again, possibly due to the warm summer weather that provides more restful choices. As winter approaches, he will likely return to the large, tented shelters that Boston erects for the frigid winter months. Unfortunately, there are not enough traditional homeless facilities to handle the demand for extreme poverty and homelessness in one of the most vibrant cities in the country.

My research has provided me with a deeper understanding of what our government provides and what it does not. In support of American citizens, I believe that our state and federal governments need to be much more thorough in anticipating potentially negative health, economic and environmental trends and much more proactive in providing solutions to support

its citizens during difficult times. In addition, our government must be at the forefront of societal and economic disruptions to provide creative economic and educational supports that will limit the dislocation of temporarily marginalized populations.

Formerly incarcerated people with substance use disorders are some of our society's most marginalized and vulnerable people. Many of these people were swept up in the devastation of forces beyond their control, like deindustrialization, the rise of big pharma, and continuing effects of poverty and racism in our society. These people are eager to work and deserve the opportunity to reenter society successfully.

Part 2: Barriers to employment, and key elements of support that facilitate job placement for formerly incarcerated individuals with a history of opioid use in Boston, Massachusetts:

A qualitative study

Introduction

Criminal justice policy in the United States is shifting to a more generic justice system rather than a rehabilitative approach (Benson, 2003; Galster & Scaturro, 1985). Traditional court-administered criminal punishment has long been considered an appropriate response and a possible deterrent in limiting criminal activity. However, recent literature has shown that prison sentences are not deterrents (Nagin, 2013). Inherently the justice system works to identify, apprehend and punish criminals, trying to ‘protect the society’ from them. In advanced capitalist economies, criminal punishment is often used as an economic tool to control the oversupply of labor. A greater number of paroles are allowed to work when the industry’s demand for labor rises, which ensures that the gainfully employed force is still partially under the control of the state (Greenwood, 1983). In 2018, in the US, 698 people were incarcerated per 100,000 people, while in 2016, 2.2 million Americans were incarcerated, i.e., 655 per 100,000 people (Prison Policy Initiative, 2020).

The employment rates of the formerly incarcerated are very low, even many years after their release. Some of the challenges they face in seeking jobs include low levels of human capital, distance from jobs, lack of transportation, and the stigma associated with felony records (Visher et al., 2008). Individuals who find jobs often leverage social networks, using their social capital to counter felony stigma and apply for multiple jobs. However, many of the formerly incarcerated do not have these resources. Instead, their employment is primarily through the secondary labor market, or they are self-employed with social support from their family.

(Couloute & Kopf, 2018). This labor market is often subject to low wages, few benefits, frequent schedule changes, and abusive bosses, just to mention some of the challenges.

There are state-wide employment restrictions posted on those released from prison, and certain professional licenses are also barred (Travis, 2005). Added pressures include the conditions of post-release supervision faced by most of those who leave prison (Travis, 2005). The emphasis for the supervision strategies is now focused on control rather than the longstanding models of support and assistance. Reporting and other requirements are also enforced more strictly. The piling on these new rules has led to the predictable effect of greater restrictions and closer surveillance with an increase in technical parole failures (returns to prison not because of new crimes but because of breaches of one or more of these rules (Clear, 2009).

The benefits of employment are many and include increased financial opportunities, daily routine, confidence, and informal social capital, all of which are critically beneficial to individuals re-entering society. Per a 2011 study, employment is the most crucial factor in decreasing recidivism (*Prison Education Programs Reduce Inmate Prison Return Rate, Study Shows*, 2011). The recidivism rates have been found to fall by half for those who have full-time jobs than those who are unemployed. The recidivism rates have been as low as 9% in those who found full-time jobs shortly after their release, whereas the statewide average is 31% to 71% (*Prison Education Programs Reduce Inmate Prison Return Rate, Study Shows*, 2011). The National Institute of Corrections reports that 85% - 89% of ex-offenders who are re-arrested are unemployed. Yet, a full-time job and a steady paycheck are needed for ex-offenders to provide for themselves. In addition, unemployment increases homelessness, while employment provides a chance for the previously incarcerated to resurrect their lives and start anew (*The 2012 EEOC Guidance on the Consideration of Arrest & Conviction Records in Employment Decisions*,

2012). Considering the important role that employment plays in positive societal reintegration, it is important to understand what factors support employment for individuals upon release from prison. This paper seeks to identify the key barriers and facilitators to job placement by examining the lived experiences of individual job seekers who are reentering society and representatives from key support organizations both within and outside of the formal justice system in Boston Massachusetts.

Methods

Study Design and Recruitment

This phenomenological study based in the Metro-Boston area aims to more deeply clarify the challenges of formerly incarcerated opioid users' ability to access employment when re-entering society. Purposive sampling allowed for the ability to select "information-rich" participants who could provide various perspectives on the experiences related to the issue of job placement, notably the inclusion of job seekers and key personnel involved in job placement support.

Data Collection

Single, individual interviews were conducted with a total of 21 participants, 14 formally incarcerated opioid users, and 7 individuals who constituted the local "ecosystem of support." The "ecosystem of support" is defined as counselors, treatment personnel, employees of the Suffolk County House of Correction and NGOs involved in job placement in the Boston area. Interviews took place using semi-structured interview guides that sought to capture an in-depth understanding of the complex challenges facing newly release job seekers. Separate interview guides were devised for each population, and covered the following themes: (1) key support

elements offered during incarceration and upon release, (2) relevant programs and services for job support, (3) prior job histories, (4) relationship with families and communities, (5) views on criminal justice policies, and (6) key obstacles related to job attainment and career success.

Six (6) interviews were conducted in person; with the dawn of COVID-19 restrictions, interviews shifted to a 'remote' format. Fifteen (15) remote interviews took place using Harvard's Zoom platform. Remote interviews took place using Harvard's Zoom platform. All interviews were recorded with participant permission, and ranged from 60-90 minutes in duration. All were conducted in English.

Qualitative Data Analysis

Qualitative analysis proceeded using an inductive, content-analysis approach focusing on thematic category construction. All interviews were transcribed in full using Transcribe Pro transcription software and checked by a trained research assistant. Following a complete review of the data, a subset of transcripts was open coded to establish a codebook used to manually code the entire dataset. The principal investigator and his research assistant examined the coded data to identify emergent themes, described, and supported with relevant quotes from the data. These thematic categories were then revised using an approach and refined to a final set of descriptive categories.

Ethical Considerations

The study protocol was reviewed and approved by the Harvard University IRB. Written informed consent was obtained from all enrolled participants. The study population primarily included formerly incarcerated opioid users.

Results

Qualitative sample characteristics

Our qualitative sample included 15 formerly incarcerated Opioid Users and 6 Professionals in the Study’s “Ecosystem of Support”. These 6 professionals have an average of 22 years of education. They include psycho-social counselors, rehabilitation/treatment center personnel, job placement organizations, and members of the criminal justice system (Suffolk County Sheriff’s Department, House of Correction). Over two-thirds of our participants are male (see Table 1).

Table 1: *Characteristics of participants*

Age (years), mean (SD)	45 (10)
Male sex, n (%)	15 (71%)
Female sex, n (%)	6 (29%)
Study site, n (%)	
Metro-Boston and South-East MA.	20 (95%)
Philadelphia, PA	1 (5%)
Education, n (%)	
High school or GED	11 (52%)
Some college	3 (14%)
College graduate	7 (33%)

Qualitative Results

Our qualitative analysis identified six key themes, elaborated below, that intersect with an individual’s ability to secure employment post-incarceration. Taken together, these themes highlight key factors that support individuals both directly and indirectly in their search for employment.

1. Pre-Release placement programs

Pre-release programs offer the ability for an inmate to begin making the transition from an institutional setting to the community. These programs also offer the added benefit of enabling inmates to begin making money during incarceration while providing access to important connections between the individual and the various Trades. However, accessing pre-release opportunities while in prison is dependent upon the number of discipline reports a prisoner has. Fewer discipline issues can result in a person's ability to re-integrate more quickly into society since it enables the prisoner to work outside of jail during the day while earning a little money. If prisoners have under 6 discipline reports in a minimum security-setting, they are eligible for pre-release. In a maximum-security setting, anything under 11 discipline reports enables the individual to be eligible for pre-release.

While pre-release is a highly sought-after program for many inmates who are close to re-entry, care must be taken to ensure that inmates have the proper temperament and skill sets to be successful in the pre-release setting. In addition, the circumstance of the inmate's former criminal offense must also be within guidelines.

The prison system will bring people to their pre-release jobs in the morning and will return them to prison in the evening. These jobs are in the surrounding area of the prison because they have to be transported to and from these jobs each day.

-Male, 52 years, post-incarcerated individual

When you're in pre-release you're one foot out the door and you're working but you go back to the prison to sleep. So, a lot of us had jobs in McDonald's and companies around the surrounding area. They brought you there they pick you up.

-Female, 41 years, Ecosystem

They had a pre-release program. But it was shut down through the pandemic and people are still getting out of jail. How are they supposed to get a job. How are they supposed to pay for rent. How are they supposed to eat.

-Male, 39 years, post-incarcerated individual

The pre-release process can be very helpful in acquiring contacts that will serve people well when they are looking for a job after release from prison. By working in these pre-release jobs individuals also get an additional level of training that enhances their skill base. This experience can make them a more desirable and productive employee upon discharge.

Project place has been helpful and they have a career coach. I mean, I don't know what exactly he's doing, resumes and all that. I'm going to be doing that through MassHigher next week. I've got a career coach.

-Male, 39 years, post-incarcerated individual

They should set you up with some type of job training program to help you fill out a resume. As well as a class to help people with technology and get reintegrated into society, because just coming home and being around people, driving in a car, all that stuff is a challenge.

-Male, 39 years, post-incarcerated individual

Trade and union jobs generally offer higher pay and more lucrative benefits helping individuals earn an income more quickly prior to leaving prison. As a result, pre-release programs nurture contacts with the trades and unions. Individuals in these programs begin to gain skills in the trades, making them more desirable employees for the trades upon discharge.

Often these connections prove to be quite fruitful especially in growing, vibrant cities such as Boston.

Well, the good news is at the pre-release. They do have programs in place for inmates to get jobs before they are discharged. Boston pre-release has some contracts with different restaurants and different places, you know mechanic shops or whatever to get these guys some funding so they can build a bank account before releasing transition, but that doesn't happen at the medium-security level. This is at the pre-releases where this happens.

-Female, 41 years, Ecosystem

It's important to have strong lines of communication and relationships between job training programs and local businesses.

-Female, 39 years, Ecosystem

And that's job training and my understanding is that you get a stipend you get paid what during the training and then you develop, you know, meaningful skills-building like carpentry type skills. -Female, 27 years, Ecosystem

2. Direct connections to trade and union jobs

Trade jobs are accessible and highly valued by those looking for work as they reenter society. Unionized trades, in particular, are sought after since they afford people higher salaries than other jobs available post-incarceration. In addition, trades such as the carpenter's and electrician's unions, construction, HVAC, etc., actively recruit from the post-incarceration population since they are often familiar with the individual's strong work ethic and are less

concerned about past challenges. As a result, people hiring in the trades generally are not as concerned about Criminal Offender Record Information (CORI) records.

I can get guys jobs with unions and skills trades and I can find of guys for NECAP which is the New England culinary arts school and have them leave the jail and go right to work.

-Male, 48, Ecosystem

The city has a program called operation exit and so they so what it does is it helps a lot of individuals who are formerly incarcerated, hard to employ individuals and they will give them an apprenticeship to one of the trades. Carpentry welding and so they'll give them these apprenticeships so that's one of the major one of the major programs that exist to help individuals get into the trades and become unionized.

-Male, 54, post-incarcerated individual

I did masonry, roofing I did carpentry I did framing I did finished carpentry, then I worked in a shipyard doing boat repair.

-Male, 41, post-incarcerated individual

Government provided pre-release programs offer an ability for an inmate to begin making money while still incarcerated, allowing for the ability to facilitate important connections between the individual and the various Trades. Often these connections prove to be quite fruitful, especially in growing, vibrant cities such as Boston.

They have some contracts with, you know, different restaurants and different places, you know mechanic shops or whatever to get these guys some funding so they can build a bank account before releasing.

- Female, 37 years, Ecosystem

Now you can work for minimum down to a pre-release, start integrating into the Community get a little money in your pocket.

-Male, 52 years, post-incarcerated individual

Boston pre-release is not big enough for the demand.

-Female, 27 years, Ecosystem

NGOs also specifically target trade jobs for those they assist during reentry. These programs make personal contacts with influential leaders in the trades in order to facilitate connecting their program to hiring within the trade. This approach is very positive for the trade given the need for workers in Boston's vibrant economy. It is also highly beneficial for a person reentering society who is looking to restart their life with both confidence and a stronger financial foundation.

Project place has been helpful and they have a career coach. I mean, I don't know what exactly he's doing, resumes and all that, to me, and I'm going to be doing that through mass higher next week. I've got a career coach.

-Male, 29 years, post-incarcerated individual

He went in before people had wide use of cell phones. He gets out, not only just cell phones, There's touchscreens. He's never used one before, ugh.

-Male, 37 years, Ecosystem

It's a Workforce Development program and they took at-risk kids between the ages of 16 to 25 and they help them either get their GED high school diploma and occupational trade to become a part of the workforce. -Male, 48 years, Ecosystem

3. Addiction Recovery Support

Addiction recovery support in prison often takes the form of Medically Assisted Treatment (MAT). Outside of the Department of Corrections (DOC), Massachusetts has a strong system to help with sobriety as there are clinics for suboxone and methadone in the larger cities and many counties. Fortunately, since these drugs are legal and available now, MassHealth insurance pays. However, some believe that this is a medicalized approach to the complex problem of addiction. They are concerned that a sole focus on medicine is not appropriate to provide the comprehensive level of support that really is necessary to treat this complex problem. Many participants acknowledged that long-term addiction recovery requires more than just connecting people to pharmaceuticals, but also focusing on unravelling past traumas. Unfortunately, the Correctional Recovery Academy from the DOC provides Cognitive Behavioral Therapy but not with MAT support.

Massachusetts has a strong system to help with sobriety. We're lucky. Suboxone clinics are everywhere methadone clinics are everywhere it's actually pretty easy to get linked into the clinic or opioid treatment program or provider that deals with Opioid Use Disorder. Stigma is less now, and treatment is more available. Even medical said they couldn't help these people as recently as 10-15 years ago. Treatment can break the cycle

of being in and out of prison. Drugs are legal and available now, and insurance pays.

-Male, 48 years, Ecosystem

Yes, and so the MAT program literally gets them into the treatment of opioids with methadone, right? The problem with methadone is it's the drug itself. Yeah, and so what you're really dealing with is the mental health issues that has not been properly diagnosed or properly treated.

-Male, 48 years, Ecosystem

There's no funding to give the extra care, you know manage the stuff. You're putting Band-Aids on a you know a small problem while they are incarcerated that might have you know stem from trauma or their history their whole life. And then you're seeing a therapist once a month in prison. I mean is that really efficient mental health treatment for a long-term recovery?

-Female, 41 years, Ecosystem

Separate from the Department of Correction's provision of MAT is a second, alternative approach to recovery called the Correctional Recovery Academy or CRA. The CRA incorporates a therapeutic aspect to recovery. It offers access to Cognitive Behavioral Therapy (CBT) and is a more comprehensive approach to addiction recovery support. Our participants recognized that this broader strategy of pairing addiction recovery support with mental health treatment offered stronger, more effective results for individuals working on sobriety in the correctional system. Unfortunately, the CRA is offered at very few prisons where MAT is offered, significantly limiting the number of people who can access this type of comprehensive recovery approach.

The DOC's most well-known drug addiction treatment program is called the Correctional Recovery Academy the CRA. I think a really detrimental practice is that they don't offer the CRA at any prison where they offer MAT. The CRA, I guess it's like talk treatment - CBT cognitive behavioral therapy. It's combined with medication with medical treatment, right? I mean, it can be very effective. So I think they should offer it simultaneously.

-Female, 27 years, Ecosystem

I'm an addict right, I'm speaking from experience. We're not going to go tell our family. A big part of addiction is isolation; I do it in the dark. But you can talk to someone that's NA, AA. Or someone who works in that field and calls them they understand. They're going to want to help.

-Male, 52 years, post-incarcerated individual

More comprehensive support makes a difference in a person's overall recovery from addiction. Post-incarceration, this support would come from social workers or caseworkers. Often social workers from NGOs will accompany individuals and check in on them. Department of Corrections caseworker also provide support, though it is generally related to connecting individuals with available government resources. Government-provided caseworkers have larger caseloads and are inundated with work, making it more difficult for them to provide the same level of accompaniment that NGO social workers can provide. This limits the amount of comprehensive addiction care available to those reentering society.

It's pretty bad, and we're not doing anything to increase those types of supports because when you're re-entering and even before you're re-entering, it's critical support, whether it's a social worker or some other type of person that can make more one-on-one handle

kind of buttressing the persons' perspective for the future. The caseloads and the support and the pay is just not enticing it's just not what people can handle.

-Female, 39 years, Ecosystem

Recovery support for people reentering society can also come from their communities. Family support can be helpful but it is not always available as participants note that there are sometimes burnt bridges with their families as a result of their former often drug-related challenges. In others cases, families may be detrimental to recovery, especially if family members are also using. NA and AA group sessions are most helpful to post-incarcerated individuals since they provide the ability to meet new friends and witness stories of strength, hope, and resilience. Faith-based programs and organizations can offer similar benefits.

I think getting them into groups, NA and AA Services help as well. So providing them resources we do provide them listings. I find a lot of folks do well when they have a connection to a faith-based program or if they can talk to someone if they don't have family. They can utilize their reverends or deacons or pastors or priests, you know to shoot some ideas off of so connecting them with a local spiritual guidance.

-Female, 41 years, Ecosystem

And they have to wait an extra two or three months because you know the caseworker forgot to, you know, reach out to a program for him and he has nobody and there's no one that's fighting for him.

-Male, 33 years, post-incarcerated individual

4. Housing

A number of interviewees in the “Ecosystem of Support” mentioned that the supply of affordable housing in the Boston area is insufficient to meet the needs of formerly incarcerated people re-entering society. Many prisoners who were interviewed also agreed. A person in charge of programming in the Boston prison system shared the view that adequate financial resources are not the crux of the problem. The issue is that funding is incorrectly allocated. The interviewee wondered if we have the political will to prioritize funding differently. Another interviewee, a leading executive at a non-profit focused on finding employment for former prisoners, shared there is a need for transitional housing in Boston, but this was no longer given priority by HUD.

And so you're not going to qualify for housing and things like that. So I think there was like a lot of missteps and it could be on the federal level too like with HUD. There is a need for transitional housing in Boston, but under HUD, that kind of went away.

-Female, 36 years, Ecosystem

A lot of people are in the Section 8 program, you know, people and families, some with criminal records, who live in subsidized housing. They get out and they're technically homeless and are also not, for the most part, going to the shelter.

-Male, 37 years, Ecosystem

The housing programs in Boston are minimal at best and then they are very specific in who they can take and federal funding is available for certain amount of beds for certain

amount of people for certain amount of area. So, there's no telling what we can actually get a person when they need it.

-Male, 47 years, Ecosystem

One of the most challenging barriers to re-entry is securing affordable housing. Former prisoners noted that at \$700 a month, halfway houses are expensive and create a large burden for families who may be trying to help. Those that leave the prison system with no housing plans and little money will “couch surf” for as long as they can with family and friends. Without this support, individuals often end up on the street resulting in a 70% recidivism rate back to prison.

The cost of recidivism alone should more than pay for access to low-income housing let alone the economic loss from inmates who are able and willing to work to support themselves and buttress the State’s economy. But as is often the case with inmates reentering, the next barrier hits; having a Criminal Offender Record Information (CORI) record disqualifies access to low-income Section 8 housing. Many will try to lay low to avoid being caught, but if found out, they will jeopardize the family/friend’s access to low-income housing. More low-income housing must be built to support the need throughout Greater-Boston. And, just as critical, CORI reform focused on reducing mass-incarceration and recidivism must be prioritized.

What they do is they try to get you to go to a halfway house or shelter or that's the thing they don't lead you and guide you or help you like they should, as far as this is what we're gonna do for you. -Male, 48 years, post-incarcerated individual

They're more couch surfing or they're staying in a room at their grandmother's or their mothers or fathers, but it's all kind of kept off the books and sometimes can't get an ID or address there because the housing can affect the entire family.

-Male, 37 years, Ecosystem

CRJ (Community resources for Justice) runs 99% of the halfway houses. One of them, McGrath house, which houses female offenders, is on Mass Ave. So the jail is on Braxton street, they find needles and everything on their doorstep. The environment is triggering for some of them. It's not the best place to be. Also, how crowded is the halfway house, do they share rooms, how many per room?

-Female, 36 years, Ecosystem

People with drug offenses often suffer from “legalized discrimination.” Landlords and employers are legally required not to discriminate but still often do based on drug offenses. The population I interviewed shared that the impact of a CORI offense on their record is exceptionally devastating since it prevents access to Section 8 low-income housing. Some of the housing that is available has rules and regulations that many struggle to abide by. If family doesn’t have the means or desire to help, then the person faces homelessness. Usually, this results in living on the street since many avoid going to shelters due to mental health issues or fear of being robbed.

Housing is a major thing. There's a lot of people leaving without housing.

-Male, 39 years, post-incarcerated individual

The state could build transitional housing near public transportation and also offer vouchers towards rent or a 1 or 2 year stipend of some sort. More Section 8 housing would help but you can't be a felon if you want to live in lower-income housing like Section 8 or if you have been evicted in the last 5 years or committed fraud or bribery.

-Male, 48 years, Ecosystem

The most challenging of the work we do it's daunting because it's the first need more so than a job board so than treatment of if you are homeless the other needs are really are not that relevant. So the first thing you need is housing. If you have a job and you don't have housing you're going to run into barriers.

-Male, 54 years, Ecosystem

Some individuals have different challenges to finding appropriate housing for their needs. For example, group homes or rooming houses may be the wrong type of housing for some people who are re-entering. A number of formerly incarcerated people with substance abuse challenges expressed concerns that there is limited management oversight and few checks regarding people's status in group homes or rooming houses. In contrast, sober houses have group meetings with individuals that have similar drug abuse challenges, and management requires breathalyzer screens and urine screens.

I'm at Boston medical center, a licensed counselor. I assess people, homeless people who will be looking for help. Yes, a lot of them might be looking for housing, but a lot of them are looking for some drug abuse treatment as well. We assess them and determine that, yes, they fit the criteria for detox placement, and then it's our job to see if we can find a bed for them.

-Male, 64 years, post-incarcerated individual

So, we have partners you know for the firm that we can direct them to but most of the time if they don't have family and they can't get into this halfway house system they just end up on the street.

-Female, 56 years, Ecosystem

At rooming houses there's not much oversight and it's kind of just you rent a room share a bathroom at the end of the hallway and no one's really checking on you. At the Sober House, they're holding meetings, and there's some kind of check-in and breathalyzers and urine screens.

-Female, 41 years, Ecosystem

5. Support for Bureaucratic Challenges

As prisoners get closer to re-entering society, they face a number of challenges that can stymie their success and disrupt their ability to re-enter with reduced stress. The main barrier to success is the ability to easily access a new driver's license from state facilities such as the Registry of Motor Vehicles. When a person reenters society, they often realize that their license has expired due to the length of time they have been in prison. Without a license, a person cannot drive a car which is often necessary to find employment. Friends or family may assist them at the Registry of Motor Vehicles, but that assumes the former prisoner hasn't burnt those bridges. NGOs will also assist at times.

While you're in there, then you have to go redo the test, and like that's what I had to do, I had to go and start over to do the permit test again, then the driving exam. But they should have a way that you could renew that while you're in custody.

-Male, 41 years, post-incarcerated individual

Well, with the registry being closed right now, I don't know. I have to get online when I get to my halfway house. I want to get in there before the real ID goes into effect. I don't have proof of address, proof of employment.

-Male, 52 years, post-incarcerated individual

So, when we talk about the re-entry process, the first thing we have to deal with is documentation. What kind of documents do you have? Do you have your ID? Do you have your birth certificate or a Social Security card. A number of the guys that are in the Boston area may not even be citizens. How do they get their documentation? Then you got guys who don't have driver's licenses, weren't even born in this state. So, we have to hunt down their IDs, and the problem is getting enough IDs for him to be functionally identified.

-Male, 48 years, Ecosystem

Attempting to access critical health care, including mental health therapy and bridge scripts from doctors, also leads to undue stress. Figuring out what is available is complicated since many are unsure about what they're eligible for, such as MassHealth or Medicaid, and are uncertain regarding how to enroll. Access to drug treatment programs must also continue due to concerns regarding dope sickness and potential relapse to ward off sickness. Prisons have very few personnel resources, such as Case Workers, to help people with these challenges.

The last week that I got released they're supposed to give me the mass health card and for whatever reason I didn't get it. Last week they finally called me and said, hey your mass health has been here the whole time.

-Male, 48 years, post-incarcerated individual

And they give you a bridge script and refer you to a suboxone clinic, but when they write you the bridge script, they write you that bridge script for Subutex, but mass health doesn't cover Subutex. They don't give you meds to go home with. They just give you a bridge script, and when I dropped it off, they don't cover it. So now I'm scrambling, and I don't have meds for the morning; in the morning, I would be sick.

-Male, 41 years, Post-incarcerated individual

And nothing was set up for me, the doctor. It was supposed to be the doctor was set up for me and dental, and everything, and they screwed up my mass health. My girl got the letter saying that my mass health wasn't active, and I asked the caseworker in there. Oh, he's like, yeah, no, that's just a misunderstanding, you have to take care of that when you get out there. I said, what if I didn't have anybody when I get out.

-Male, 33 years, Post-incarcerated individual

Massachusetts has a strong system to help with sobriety. We're lucky. Suboxone clinics are everywhere methadone clinics are everywhere it's actually pretty easy to get linked into the clinic or opioid treatment program or a provider that deals with Opioid Use Disorder. We need to accept the fact that it's a chronic disease, and it gets better with

treatment. In many parts of the country, people are not as understanding, and there are fewer resources.

-Female, 37 years, Ecosystem

There are many factors like a sense of structure and routine, support, and a job is super important since it offers structure and support. For many people, getting mental health treatment is very important, as well as getting other physical conditions under control. Parenting skills, support for reintegration with children, and basic life skills also help people believe in themselves again. They need therapy and counseling to repair the bridges that have been burned.

-Male, 48 years, Ecosystem

The challenges of having a CORI record also limit success. Many companies that offer employment will not readily consider someone with a record. A former prisoner has to disclose a CORI record if he or she has a felony or, in some cases, a certain type of misdemeanor. A person could try to advocate for himself, but their knowledge of the law is often limited. Fortunately, some NGOs will work with employers to explain CORI issues and advocate for a person's rehabilitation success, work ethic, and ability to thrive in society.

I couldn't get a job for five years because of my CORI. You need to know the various categories. I couldn't get a job in accounting or anything to do with money because my category was stealing money.

-Female, 54 years, post-incarcerated individual

One of the challenges especially with respect to employment and housing is the legalized discrimination for people with drug offenses. There's a lot of agency that housing and

employers can have to not necessarily exercise their right to discriminate based on drug offenses.

-Female, 39 years, Ecosystem

You can seal somebody's record, but it doesn't seal it as to everybody. And we're starting to do more expungements, which really matter.

-Male, 54 years, post-incarcerated individual

I think that CORI's should work almost like a credit score. After a certain amount of time, you should be able to have them sealed, especially if it is a low-level crime.

-Female, 39 years, Ecosystem

6. Soft Skills

The evolution of technology is often particularly challenging for people who have been incarcerated for extended periods of time. Technological knowledge often changes when someone is incarcerated, and they cannot keep up with these changes while they are in prison. Participants noted that cell phone and computer technology often changed during their period of incarceration. Individuals noted that not being familiar with technology interfered with their ability to communicate with potential employers.

They don't even know how to go about getting a cell phone or they're watching commercials on TV to see what the most up-to-date technology is. Someone who's committed 20, 30 years ago.

-Female, 37 years, Ecosystem

He went in before people have wide use of cell phones. He gets out, not only just cell phones. There are touchscreens. He's never used one before.

-Male, 37 years, Ecosystem

I couldn't figure out how to use a cellphone. Someone gave you a phone told you to have people take my number....to get the jobs. Two weeks later, I'm thinking, 'Well, why was it that no one called?' I had 72 missed calls. It was on an airplane setting.

-Male, 52 years, post-incarcerated individual

Unfortunately, when people are incarcerated, they are generally not building skills that are needed to get jobs. NGOs play an important role in helping people write resumes that are needed for a certain class of desirable jobs which are often in the trades. NGOs also help people learn how to interview for jobs, speak and listen in an interview setting and dress appropriately. They also provide job seekers with ample opportunities to practice these interview skills.

So, we had a young man apply for a job at the Greater Boston food bank from Roca, and I worked so hard with him to get his resume perfect for making sure that the language highlighted all the things that were in the job description because the Greater Boston food bank is incredibly particular about hiring. They're very picky, and it's hard to find someone with the experience that they were looking for, and we were their choice.

-Female, 39 years, Ecosystem

And like I said, we have in a whole career department you work that individually from day one on employment goals. They have a resume. They're not an interview. You bring the Employers in to do the mock interview. With them, they get three months of transitional employment in our businesses. So they're practicing that for the time they get

to the employer. They're pretty much ready to go.

-Female, 36 years, Ecosystem

Participants acknowledged that many people coming out of prison did not feel confident with the interpersonal skills required in a workplace. Participants noted that there are several skills that many of these individuals were never explicitly taught. These included a variety of 'soft skills' such as public speaking, working independently, and practicing key skills such as time management and financial management.

There's a lot of individuals who have wrestled with drug addiction and may have some issues around anger. A lot of people need anger management and are not good with authority, taking direction, taking orders. Therefore, a lot of the work is around preparing individuals to be in these environments where you may have an employer who's not going to hold your hand.

-Male, 54 years, post-incarcerated individual

Yeah, they should have some kind of course where you can learn how to talk, how to interview and present yourself so that we can be confident in dealing with employers.

-Male, 48 years, post-incarcerated individual

I have another partnership with Second Chance cars. It's amazing...I mean, all people have to do is get insurance. They learn about financial responsibility.

-Female, 36 years, Ecosystem

Discussion

Our data demonstrated that there are a unique set of needs that people face immediately upon discharge from prison. The provision of this support allows people to navigate these

challenges and be in a better position to obtain employment. This support begins before discharge for inmates who are given access to pre-release work programs and addiction recovery services. Upon discharge, there are standard forms of support offered by the state, such as health care and accessing legal IDs. Unfortunately, our data demonstrate that this support is often partial, and does not always meet the complex needs of individuals reentering society. Oftentimes treatment is outsourced to private companies who may be more adept at the fuller range of services necessary for this population, including addiction and recovery support as well as anger management, relapse prevention and opioid maintenance. NGO's specializing in re-entry support play an important role in filling this gap by providing comprehensive, individualized support that is attuned to individuals' needs for mental health support, accompaniment for recovery services, robust connections with employers, and a holistic approach to skills training.

Our data demonstrated that having trade skills and getting connected to key trade and union jobs was an important bridge to meaningful employment for individuals after incarceration. Unfortunately, educational programming and training within prisons have decreased significantly in recent decades. These programs have diminished in scope because of a lack of funding. Politicians have been reticent to fund programs that could be associated with 'rehabilitation' or prisoners. Since the 1970s, there has been an increasing political pressure to be "tough" on crime and criminals, and funding educational or training programs was politically unpopular, even unacceptable (Phelps, 2011). This was largely fed by a 'culture' of blame that deemphasized systemic barriers and sought to place blame on personal deficiencies (Dewey et al., 2018).

Access to post-secondary education for inmates is highly limited, and programs that support individual's post-incarceration are almost exclusively privately funded. In Massachusetts, there is one educational program (Boston University's Metropolitan College Prison Education Program) that is geared towards providing both men and women with increased access to a college education. State and federal funding for additional programs would be beneficial to not only reduce recidivism and rehabilitate inmates, but also to further add to the substantial capabilities of persons reentering to our growing state economy (Bender, 2018). Before 1994 there were more opportunities for inmates to get college credits but the passage of the Violent Crime Control and Law Enforcement Act of 1993 and the Higher Education Reauthorization Act of 1994 reduced the number of prison education programs from 350 to eight (Chappelle, 2020).

Pre-release opportunities for individuals who will soon reenter society are sought-after programs for most inmates. These valuable programs help people earn needed funds for when they are released as well as gain important skills and experience which is critical for potential employers. Unfortunately, the amount of financial support currently available from the state and criminal justice system is inadequate to provide widespread access. Scholars have highlighted a recent shift in the rhetoric surrounding the prior focus on punitive policies. A review of six states found that lawmakers have become increasingly interested in shifting away from punitive policies, as these have been found to be both ineffective and unsustainably expensive. This has opened up the possibility for reform, as legislators are now interested in finding new opportunities to meaningfully reduce recidivism and promote individuals' productive return to society (Steen and Bandy, 2007). Our data demonstrate key components of both the pre-release

programs and NGO programs that are particularly valuable and viewed as effective by both previously incarcerated individuals and those who support them in their job-seeking journeys.

Pre-release work programs are beneficial to inmates for a number of reasons, including work experience, accountability as an employee, and re-assimilation to the outside world (Bender, 2018). Expansion of state funding to support programs such as these is a critical component in assisting individuals and helping them get sorely needed employment (Bender, 2018). Pre-release programs that include a component of mental health support were particularly appreciated by our participants. Any expansion of the pre-release programs should include the provision of robust mental health support to ensure better acclimation to living outside of prison or jail.

Our findings also highlight the key role that NGOs play in the “ecosystem of support” for job seekers post-incarceration. Since the prison system provides very limited support to reentering inmates, NGOs are largely shouldering the responsibility of ensuring that individuals who are clients of the NGO receive the support they need to secure employment. Our data demonstrate that their uniquely comprehensive approach often fulfills the spectrum of needs facing this population. The services offered touch on the various needs identified by our respondents, including connections with potential employers, formal training, soft skills education, and accompaniment to addiction recovery support. NGOs are also adept at how to manage bureaucratic challenges such as obtaining IDs and obtaining medical care. Additionally, they are also experts at interpreting CORI records which often proves to be a valuable skill when employers are seeking workers.

The services offered by NGOs are available only to a limited number of people leaving prison; this creates a significant equity issue as they are usually geographically limited and

focused in an urban environment. There is also an additional risk regarding funding. Since NGOs are normally standalone entities that are not part of the formal incarceration system, their funding can be tenuous. They are not guaranteed funding through the criminal justice system even though they do the challenging work of caring for individuals coming out of that system. Longevity for NGOs can be fragile since they are dependent on fundraising for their survival.

Our findings highlighted that facilitating placement to jobs with unions and trades has worked particularly well for our study population. It is important to note that during the period of data collection, the greater Boston area was experiencing significant economic growth even with the challenges of the COVID-19 pandemic. Trades and unions were actively hiring, and as our data suggested, key barriers such as CORI records were often overlooked. These benefits may be less pronounced at a time when there is reduced economic growth. Formalizing ties with trades and unions may safeguard this important avenue of employment against future economic downturns. Incentives from the state could prove pivotal to securing this important bridge to employment in the long term.

Limitations

One of the primary limitations of this study is the sample size of 21 interviewees. Most interviewees came from Metro Boston, while three came from greater New England. Other parts of the United States may have different demographics and perspectives and, therefore, may not be completely representative. For example, Boston's current vibrant economy most likely would have a more positive impact on the employment results of our findings, while a potential future decline in economic prosperity could have a more negative impact. Critical governmental funding for in-prison programs is also variable and can severely stymie success for individuals

reentering society if funding is prioritized elsewhere. Pandemics such as COVID-19 can add to personal isolation and despair, further challenging the mental health of prisoners as well as other marginalized individuals if funding is not available and properly allocated.

Conclusion

Our qualitative study served to elucidate the many challenges facing individuals as they seek to re-enter society and rebuild their lives after incarceration. It highlights the multiple barriers that these individuals face and the scarcity of resources offered by the criminal justice system to assist with their reintegration and successful job placement. Additional support from NGOs is both individualized and comprehensive and has been transformational in individuals' ability to secure employment, but sadly it is not available to all job seekers. Considering the wide-ranging benefits that employment offers for individuals leaving the criminal justice system, it is important to ensure that the kind of comprehensive support for employment identified here be more widely available.

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