JOURNAL OF SOCIAL WORK PRACTICE IN THE ADDICTIONS
2021, VOL. 21, NO. 2, 139–148
https://doi.org/10.1080/1533256X.2021.1912964

A Focus Group Analysis with a Drug Court Team: Opioid Use Disorders and the Role of Medication-Assisted Treatment (MAT) in Programming

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ABSTRACT

Drug courts are an alternative to incarceration for individuals who have substance use disorders and nonviolent arrests, and these programs can be an avenue to recovery for those who have opioid use disorders. This qualitative study used a focus group methodology to explore drug court team members' thoughts, opinions, and lived experiences related to how the program treats opioid use disorders and the role of medication-assisted treatment (MAT) in programming. The drug court team had favorable views toward MAT and reported that participants who received MAT experienced many positive outcomes. Additionally, members of the drug court team often had to educate participants on MAT, as some participants had inaccurate information and beliefs about MAT that were based on myths. The drug court team also candidly discussed their paradigm shift from not allowing MAT to incorporating MAT into programming. Implications for drug court practice and future research are discussed.

ARTICLE HISTORY
Received December 10, 2019
Accepted January, 30, 2020

KEYWORDS
Drug court; medication-assisted treatment (MAT); opioid use disorder; qualitative research; substance use disorder

The United States (U.S.) opioid epidemic has profoundly devastated individuals, families, and communities nationwide. In the last decade, over 280,000 U.S. residents have died from an opioid-related overdose (National Institute on Drug Abuse [NIDA], 2019). This number, however, is likely drastically underreported. From 2009 to 2015, an estimated 70,000 drug-related deaths were missing from unintentional opioid overdose death statistics (Buchanich et al., 2018). One approach to addressing the opioid epidemic is medication-assisted treatment (MAT). MAT is the combination of counseling and medications approved by the Federal Drug Administration (FDA) to treat opioid use disorders (Substance Abuse and Mental Health Services Administration [SAMHSA], 2018). Currently, the FDA has approved three medications to treat opioid use disorders, including methadone, buprenorphine, and naltrexone. Research on MAT has demonstrated that the combination of counseling and medication significantly reduces opioid use and associated risks, including

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overdose, death, infectious disease transmission, and other diseases associated with injection drug use (SAMHSA, 2018). MAT is also associated with a significant increase in treatment retention and significant reductions in unemployment, criminal behavior related to obtaining drugs, mental health symptoms, and social problems (SAMHSA, 2018).

A significant proportion of individuals with opioid use disorders interface with the criminal justice system. One study estimated that from 2015 to 2016, at least 20% of people with opioid use disorders were involved with the criminal justice system in the previous year (Winkelman et al., 2018). Drug courts are a commonly used intervention in the criminal justice system to treat individuals who have substance use disorders including opioid use disorders, and according to the National Drug Court Resource Center (2019), over 3,000 drug courts operate in the U.S. Drug courts, also referred to as problem-solving courts or drug treatment courts, work with individuals who have substance use disorders and drug-related crimes (e.g., possession of a controlled substance). The first drug court began in 1989, and over the last three decades, research on drug courts has demonstrated that they reduce participant criminal recidivism and arrests for nonviolent offenses, in comparison to other criminal justice programs, such as probation (Mitchell et al., 2012).

A substantial proportion of drug court participants use opioids. In a survey of 53 drug courts, over two-fifths of participants identified heroin as their primary, secondary, or tertiary substance of use, as follows: 49% of urban participants, 42% of suburban participants, and 42% of rural participants (Marlowe et al., 2016). About one-third to nearly one-half of participants identified pharmaceutical opioids as their primary, secondary, or tertiary substance of use, as follows: 32% of urban adults, 46% of suburban adults, and 45% of rural adults (Marlowe et al., 2016). In another survey of 100 drug courts in the U.S., Matusow et al. (2013) reported that almost all courts (98%) had at least some participants with opioid use disorders. There seems to be a trend, though, where MAT is not commonly used in drug courts to treat opioid use disorders and this may lead to negative outcomes, such as lower graduation rates. For instance, in an analysis of one Midwestern drug court that did not use MAT, Gallagher et al. (2018) found that participants with opioid use disorders were 80% less likely to graduate compared to individuals with other substance use disorders. When MAT is available, this seems to improve outcomes. Gallagher et al. (2019a) conducted focus groups with 38 drug court participants who had moderate to severe opioid use disorders. In their study, two of three participants (66%) identified drug testing as an important component for accountability in maintaining abstinence from opioids and sustaining their recovery. Furthermore, several participants indicated that all three forms of MAT (e.g., methadone, buprenorphine, and naltrexone) helped minimize their cravings, and at least a quarter of respondents indicated that MAT helped improve their attendance and engagement in treatment.

As stated previously, however, many drug court participants do not have access to MAT. Matusow et al. (2013) estimated that 56% of drug courts did not provide their participants with access to MAT. In a survey of eight drug courts, agencies preferred drug free treatment over MAT and security concerns (e.g., misuse or diversion of medications) were the only factors significantly associated with not offering MAT (Friedmann et al., 2012). In a survey of 231 criminal justice professionals in Indiana, respondents had most favorable views toward extended-release injectable naltrexone, but previous MAT training was significantly associated with having favorable views toward all three medications (Andraka-Christou et al., 2019). Similarly, in a recent study, Fendrich and LeBel (2019) found that less than half

of drug court participants whose drug of choice was heroin or other opioids accessed MAT. For those who did access MAT, extended-release injectable naltrexone was the most common medication used, although evidence suggested that methadone maintenance treatment increased the likelihood of completing drug court. In a study of methadone maintenance treatment in New York drug courts, Csete and Catania (2013) found obligatory tapering, waiting lists, and difficulty with communication between the courts and treatment providers to be the biggest concerns and barriers to care.

The current study adds to the existing knowledge base by facilitating a focus group with members of a drug court team to learn their thoughts, opinions, and lived experiences related to treating opioid use disorders in drug court and the use of MAT in drug court programming. To our knowledge, this is the first qualitative study to use a focus group methodology to explore this topic and answer the following two research questions. First, what are drug court team members' perceptions on how drug court treats participants who have opioid use disorders? Second, what are drug court team members' perceptions on how drug court utilizes MAT to treat participants who have opioid use disorders?

Methodology

Sampling and data collection

The current study was approved and monitored by the Institutional Review Board (IRB) at the first author's university and is part of a larger program evaluation that used similar data collection and analysis methods (Gallagher et al., 2019a, 2019b). Research participants were recruited in 2018 from a drug court located in Indiana, United States. Inclusion criteria were as follows: (1) 18 years of age or older; (2) currently a member of the drug court team; and (3) capable of comprehending, speaking, and reading English at the 6th grade level or higher, which participants self-assessed during the informed consent process. Two researchers attended a drug court team meeting, which were held every Friday, introduced themselves, described the research questions and format of the focus group, explained the study inclusion criteria, and emphasized that participation in the study was voluntary and confidential. Individuals providing voluntary informed consent participated in the focus group on the same day.

The focus group was held in a private, secure conference room. The focus group was audio-recorded and co-facilitated by two researchers who are coauthors on this article. Individuals were asked the five open-ended questions listed in Table 1 and follow-up probes were used to develop an in-depth understanding of drug court team members' lived experiences working in drug court. Little is known about drug court team members' thoughts, opinions, and lived experiences in drug court, particularly related to the treatment of opioid use disorders and the use of MAT in drug court programming. Therefore, focus groups are recommended for new areas of study, and the exchange of ideas in focus groups can have a synergistic effect offering an in-depth understanding of phenomena being studied (Padgett, 2016; Rubin & Babbie, 2008).

Table 1. Focus group questions.

(1) Could you please describe what aspects of drug court are most helpful in treating participants who have opioid use disorders?
(2) Could you please describe how drug court could be more helpful in treating participants who have opioid use disorders?
(3) Could you please describe your thoughts on the benefits of using medication-assisted treatment to treat opioid use disorders?
(4) Could you please describe your thoughts on the challenges of using medication-assisted treatment to treat opioid use disorders?
(5) Could you please describe your thoughts on whether or not drug court effectively utilizes medication-assisted treatment to treat participants who have opioid use disorders?

Data analysis

The audio recording from the focus group was transcribed verbatim and uploaded to NVivo (Version 10), a qualitative analytic software program. Responses were examined through a phenomenological lens (Miles et al., 2014). The phenomenological analysis focused on drug court team members' lived experiences in drug court and emphasized their cumulative viewpoints as the avenue to answer the research questions, rather than the researchers' preconceived thoughts and opinions (Padgett, 2016). Data analyses followed a three-step process. First, to promote immersion in the data, researchers read the transcription on three occasions over a one week period. Second, responses were coded to reflect logical or semantic categories. Third, concept mapping was used to group the coded responses into conceptual themes.

Several strategies were employed to increase the rigor of the data analyses and reliability of the findings (Padgett, 2016). First, response coding and concept mapping were performed by researchers from different professional disciplines (criminal justice, psychology, public health, and social work), offering interdisciplinary triangulation and agreement on the codes and themes. Second, peer debriefing allowed the researchers to receive in-depth feedback on their preliminary codes and themes from senior colleagues who were unaffiliated with the research study and had substantial expertise in qualitative research methods. The peer reviewers had access to the focus group transcript (purged of subject identifying information) and the peer-debriefing process was completed via e-mail and phone calls. Third, audit trails were used to confirm the findings. Specifically, the research team retraced the coding and concept-mapping procedures to ensure that the conclusions followed a logical path emanating directly and accurately from drug court team members' narratives.

Findings

Sixteen members of the drug court team participated in the focus group. Drug court teams consist of different professional disciplines which may vary from one court to the next. For this focus group, at least one member of each professional discipline in the drug court was represented. The focus group consisted of a judge (n = 1), prosecuting attorney (n = 1), chief probation officer (n = 1), drug court coordinator (n = 1), addictionologist (e.g., a physician who specializes in addiction medicine) (n = 1), medical social worker (n = 1), sober living case manager (n = 1), recovery coach (n = 1), defense attorneys (n = 2), treatment providers (n = 3), and drug court case managers (n = 3). Throughout the focus group, a number of

major thoughts and experiences were shared consistently among members of the drug court team. The themes derived from the data are described below.

Laying the foundation for a sustainable path to recovery

The first theme to emerge from the data was *laying the foundation for a sustainable path to recovery*. As a whole, the drug court team reported that one of the most helpful aspects of drug court is that the program offers MAT to participants where it is medically and clinically warranted. In their opinion and lived experiences as members of the drug court team, participants who received MAT experienced many positive outcomes, such as a reduction in cravings for opioids, increased engagement and retention in treatment for their opioid use disorders, and better drug court outcomes (e.g., increased graduation rates, fewer positive drug tests for illicit opioids). Some members of the drug court team, particularly those with a clinical background (e.g., clinical social workers, addiction counselors), emphasized that recovery from opioid use disorders often requires comprehensive treatment plans that address a multitude of areas. Hence, MAT is important in helping an individual, especially in the early phases of recovery, but ongoing counseling is needed to promote sustainable recovery. A drug court team member, for example, shared her observations of the benefits some drug court participants have received by using MAT. She stated:

> *I would say that one of the primary benefits that I see coming out of the medically assisted treatment is that the individuals then have a chance to realistically address the underlying issues that may be contributing to their pursuit of drug use, alcohol use, whatever it may be. And then they are in a better position to benefit from the therapy and groups because they are not in a position where the cravings are constantly, you know, riding them, they aren't constantly thinking about getting high or constantly feeling sick.*

A consensus among the drug court team was that when drug court participants are released from jail, they seem to be at risk of relapse (e.g., returning to illicit opioid use), and this risk seems to be immediate upon release from the county jail. It is common in the drug court model to use brief periods of incarceration (e.g., a weekend in jail) as a sanction, intended as a means of increasing participants' motivation for recovery, and some members of the drug court team shared that combining incarceration with MAT better supported participants in their recovery, as compared to incarceration alone. Specifically, a member of the drug court team shared:

> *From a client perspective, I've heard from several clients who got released from custody with Vivitrol [injectable, extended-release naltrexone] and they said that they literally walked out the door and saw their dealer across the street and they said I just walked by and said not today man. And I mean, without that [Vivitrol], that never would have happened, so I think that is very key for our clients coming out of custody.*

A member of the drug court team who facilitates group therapy with drug court participants shared her firsthand experiences with the benefits she has seen in participants who were prescribed and taking MAT. She commented:

> *I think one of the things that I see, too, is when somebody's on Vivitrol [injectable, extended-release naltrexone], on Suboxone [buprenorphine and naloxone], or even methadone, and they're utilizing it as they're supposed to be utilizing it, a lot of times when I see them in group they are*

actually able to pay attention to what's going on. They are not constantly thinking about using, so they are able to actually engage in treatment and get something out of it and engage with other people who are in a similar situation.

Debunking myths related to medication-assisted treatment (MAT)

The second theme to emerge from the data was *debunking myths related to medication-assisted treatment (MAT)*. As a whole, the drug court team reported that a noticeable challenge in treating participants who have opioid use disorders is that some participants have inaccurate information related to MAT (e.g., nonfactual information related to how MAT works neurologically, misinformation related to the costs and service-delivery of MAT, minimizing ones recovery by saying an individual is not in *real* recovery if using MAT, and the fallacy that MAT is substituting one addiction for another). Unfortunately, these inaccuracies can spread throughout the program from one participant to the next. A priority of the drug court is to educate participants on the benefits and potential side effects of MAT so participants can make an informed choice as to whether or not they want MAT to be part of their treatment plan. Although myths and inaccuracies can have an obvious negative impact on programming, some members of the drug court team viewed this issue through an optimistic lens, as they were able to educate participants on MAT to encourage informed decision-making. One team member, for instance, commented:

I've been to trainings on medication-assisted treatment and they aren't for everyone, but they do have many benefits and the people in drug court should have accurate information and know the truth. Some people I meet with won't even consider methadone or Suboxone [buprenorphine and naloxone] because they think negatively about it, like they can't be in recovery if they use them or they will get judged by others. It's a shame because these are the same people who relapse over and over again but refuse to use medications, so I try to educate them the best I can. The judge is supportive, too, and I'm starting to see positive changes, slowly, but they are happening.

Additionally, members of the drug court team consistently shared that a barrier to participants who have opioid use disorders being successful in drug court is that some, especially those who are on MAT, experienced stigma and judgment from others. It is important to note that the drug court team reported being supportive of MAT and the program has a protocol for MAT service-delivery. Therefore, the stigma and judgment, in their opinion, did not come from the drug court, but perhaps outside entities, such as families, friends, or recovery support groups, to name a few. Actually, the drug court viewed itself as a non-judgmental, empathic, and compassionate program where participants receive best practices in treating their opioid use disorders. A member of the drug court team emphasized the importance of providing a non-judgmental environment and offering individualized treatment. He stated:

I think that with that goes the one-on-one support that they get from Oaklawn [community mental health center] and from the case managers because, you know, they all say they are sick and tired of being sick and tired. They find it helpful to talk to the different people and find out that nobody's judging you. We're offering support, this is, you know, what the treatment is for and debunking some of these rumors they hear about drug court or whatever about medically assisted treatment. I think that's important, too, but mainly the one-on-one support is helpful to meet people where they are and find out what's best to treat their opioid addictions, maybe medications, maybe not.

A paradigm shift in treating opioid use disorders in drug court

The third theme to emerge from the data was *a paradigm shift in treating opioid use disorders in drug court*. The drug court team offered a candid, behind-the-scenes perspective on how their approach in treating opioid use disorders changed in recent years. Simply put, the drug court did not offer MAT prior to 2016, but since they started using naltrexone, buprenorphine, and methadone, they have noticed many positive outcomes with participants. A member of the drug court team, for instance, described how the drug court started using naltrexone, and based on positive experiences while piloting this medication, the program expanded its use of MAT. The team member shared:

> *I think one big change, big shift that we've seen is we went through this evolution of trying to treat these folks with no medication and then we kind of started to do some Vivitrol [injectable, extended-release naltrexone] and we were like, wow, this works! Then we were like maybe we should look at buprenorphine and then maybe even methadone, in some cases. The drug court has been very savvy about medications. There's a sophistication with the criminal justice providers about what to expect with the different medications, so everybody's really knowledgeable. We're not, none of us are flying blind here and there's a greater understanding, I think, of what the medicines do and how effective they are, and I think that's been a huge game changer in treating these people.*

Similarly, another member of the drug court team mentioned that it took some time for the drug court to adapt its programming to the use of MAT for opioid use disorders, but since medications have become an option for participants, the benefits of medications have been seen physically and behaviorally. Specifically, the team member commented:

> *Medicine is a complete game changer. I mean neurologically, heroin and other opiates do such a number on rewiring the system that it's a complete uphill battle without any kind of medicine. So the benefits are it keeps people alive longer and it improves their motivation because we're helping their dopamine levels. They know it's an option now, and once on a medication, they can start developing the skills needed long-term to stay clean and sober, so the benefits are, to me, dramatic improvement in outcomes. It took our court some time to get there with medications, but now that we're there, all of us, especially the participants, are benefiting.*

A member of the drug court team mentioned historical trends in the drug court's graduation rate, and these trends seem to provide compelling evidence that incorporating MAT into drug court programming can have significant, positive outcomes. The drug court team confirmed in the focus group that the program did not allow participants to use methadone or buprenorphine prior to 2016. However, in 2016, the drug court began using MAT and graduation rates for participants who had opioid use disorders increased. The drug court attributes this paradigm shift in programming to receiving accurate, scientifically-based education and training on best practices in treating opioid use disorders and enhanced collaboration with treatment providers and physicians who prescribed MAT (e.g., an addictionologist joined the drug court team). In regards to graduation rates for participants who had opioid use disorders, a drug court team member stated:

> *It helps with graduation rates. Prior to 2016, without MAT, we were at a 33% graduation rate for people whose drug of choice was opiates. We then started using MAT and we started to ramp up. In 2017, we went to a 46% graduation rate, and then now at the end of October [2018] we're at 56%, which is the twenty year average of our graduation rates, so I think we're right back where we need to be.*

Discussion

This was the first qualitative study, to our knowledge, to facilitate a focus group with a drug court team to explore their thoughts, opinions, and lived experiences related to treating opioid use disorders and the use of MAT in drug court. The goal of this study was to develop an in-depth, behind-the-scenes perspective on drug court programming related to the use of MAT from a professional perspective. Overall, the research resulted in three important findings that are consistent with previous literature. First, drug court team members reported that providing MAT to participants was instrumental in supporting participants in their recovery, which included minimizing cravings for opioids, a reduction in relapses, and increased retention and engagement in substance use disorder treatment. This is consistent with the work of Westerberg et al. (2016) in their study among inmates that found that using methadone had a significant impact on recidivism rates when compared to solely detoxing from opioids. Specifically, 53.4% of individuals who were prescribed methadone were rebooked within a year of release from jail, while 72.2% of individuals who were just detoxed from opioids were rebooked. The perceptions of drug court professionals in this study were also consistent with drug court participants' perspectives. Recent research on drug court participants' opinions about MAT noted that at least 25% of participants felt that medications reduced their cravings and helped with engagement in treatment (Gallagher et al., 2019a). Furthermore, drug court participants also highlighted the importance of combining MAT with counseling to ensure sustained recovery.

The second finding was that some drug court clients had misinformation about MAT making their treatment with MAT challenging. In response, offering MAT as an intervention to treat opioid use disorders provided an avenue to provide drug court participants with accurate information about the purpose and effects of the medications. Educating criminal justice professionals (e.g., judges, attorneys, probation officers) about MAT should be a priority that must also extend to clients and clients' friends and family. Matejkowski et al. (2015) found that as education about MAT increased, the prevalence of negative opinions about these medications decreased, further highlighting how education can mitigate the negative impact of erroneous information about MAT.

The third finding of this study was there was a paradigm shift that saw the adoption of MAT in 2016 in this study's drug court and resulted in significant positive outcomes for drug court participants who have an opioid use disorder. As opioid use has spread rapidly across the U.S., opioid use disorders among drug court participants has also increased. The paradigm shift described by this study's participants is a needed pivot in approaches and an excellent illustration of adapting programing to maximize benefit and deliver evidence-based care. Matusow and colleagues report on what may now be a rather dated survey of MAT services in drug courts that just 56% of drug courts employ MAT. Given the surge of opioid use since 2013 and the emerging evidence to support MAT use, we hope that a greater percentage of drug courts are offering MAT than reported by Matusow et al. (2013).

Not only do MAT services in drug court have positive impact from the perspectives of both drug court professionals and consumers, it may be legally unsound to deny participants MAT, especially if participants are already using MAT prior to their enrollment in a drug court. In the case of *Pesce v. Coppinger* (2018), it was successfully argued that mandated detoxification from methadone in prison and the failure to provide treatment

was a violation of the Americans with Disabilities Act. This decision led to the U.S. Department of Justice informing all prisons and jails that they must provide MAT to inmates and detainees who were receiving treatment prior to their incarceration (Lelling, 2018). In light of these findings, we recommend that drug courts offer participants MAT when it is clinically warranted, and also provide a continuum of care for participants who may be incarcerated while participating in the program. Evidence-based interventions, like MAT, are vital for participants' recovery. Consequently, failure to adhere to empirically supported treatment is a departure from best practices (National Association of Drug Court Professionals, 2018).

The findings from this study are based on a single focus group with one drug court team; therefore, the findings are not meant to be generalized beyond the research sample. With that said, however, the findings do offer preliminary insight into drug court team members' thoughts, opinions, and lived experiences related to the treatment of opioid use disorders and use of MAT in drug court. Future research can build on the knowledge gained from this study. A key finding from this study, for instance, was that some members of the drug court team had to educate participants on MAT in order to correct fallacies and myths that some participants held toward MAT. It is recommended that future research complete a national survey of drug court teams and participants to assess their knowledge and understanding of MAT. A national study of drug courts is warranted because, consistent with the findings from this study, myths, inaccuracies, and stigmas related to MAT seem to be common, especially in criminal justice settings, and it is important to assess the magnitude of the problem (Gallagher et al., 2019a). Additionally, future research should continue to use qualitative methods where drug court participants can share their firsthand experiences with MAT. Then, as the knowledge base increases, a comparative and contrastive analysis of the views of drug court participants and drug court teams can be completed.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

This research was funded by a grant from the Indiana University School of Social Work, Center for Social Health and Well-Being.

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