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Post-Incarceration Drug Relapse Prevention in Penobscot County, Maine

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COUN 6785: Social Change in Action:
Prevention, Consultation, and Advocacy

Social Change Portfolio

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OVERVIEW

Keywords: Relapse prevention, incarceration, post-incarceration, overdose

[Post-Incarceration Drug Relapse Prevention in Penobscot County, Maine]

Goal Statement: The goal of this social change prevention portfolio is to prevent drug relapse among people reentering their communities after a period of incarceration.

Significant Findings: The incarcerated population in the United States that meets the criteria for a substance use disorder is estimated to be 65% (National Institute on Drug Abuse ([NIDA], 2020). Penobscot County, Maine, has the second-highest incidence of drug overdoses in the state of Maine (Sorg et al., 2023). Incarcerated individuals face significant barriers to reintegration into their communities, including employment, housing, and welfare barriers, which could trigger relapse (American Bar Association ([ABA], 2018). People being released from custody are at higher risk of drug relapse during the first two weeks following release (Graves & Fendrich, 2024).

Objectives/Strategies/Interventions/Next Steps: Relapse prevention efforts must begin while the individual is in custody, and services must continue after release to avoid interrupting services (United States Department of Justice, 2024). Successful relapse prevention programs include community stakeholders and culturally sensitive interventions (Reese & Vera, 2007). Peer recovery supports, specialists, and coaches, as well as priority access to medication-assisted treatment (MAT), non-stimulant treatment for ADHD, faith-based supports, and employment support services, are but a few of the evidence-based practices recommended to prevent drug misuse and relapse.

INTRODUCTION

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The percentage of people incarcerated for either drug-related offenses or who were under the influence of a mind-altering substance when they committed their crime is high. According to the National Institute on Drug Abuse ([NIDA], 2020), it is estimated that 65% of the incarcerated population in the United States meets the criteria for a diagnosis of Substance Use Disorder (SUD) and while 20% of the incarcerated population did not meet the criteria for a SUD diagnosis, they committed their crime while under the influence of drugs or alcohol. Incarcerated individuals are at higher risk of overdose upon release, and also have higher chances of recidivism (NIDA, 2020). Implementing strategies that support drug relapse prevention in this population can improve these individuals' quality of life and, therefore, have a positive effect on their families and communities.

PART 1: SCOPE AND CONSEQUENCES

[Post-Incarceration Drug Relapse Prevention in Penobscot County, Maine]

National Trends

Correctional facilities house people who have committed many different types of crimes and people from all walks of life. One thing that is relatively common in correctional settings is a high rate of substance use disorders among residents (NIDA, 2020). According to the National Center for Health Statistics ([NCHS], 2024), between 2009 and 2019 overdose rates increased from 11.9 to 21.6 deaths per 100,000 population. From these 21.6 deaths per 100,000 population, the vast majority were males between the ages of 15 and 85 (NCHS, 2024). Interestingly, recent data reflects a decrease in this national trend as a total of 90,157 overdoses were registered up until July 2024 versus 111,825 reported overdoses in August of 2023, which was the peak of

reported overdoses in the United States (NCHS, 2024). Although this decrease may seem promising, it is important to remember that many states, especially rural states, underreport the amount of fatal and non-fatal overdoses (NCHS, 2024). NIDA (2023) reported that in 2020, 40.3 million people in the United States met the criteria for a SUD, yet only 6.5% of those individuals received treatment.

When it comes to correctional populations, there was an increase of 3% in this population between 2021 and 2022, with a 2022 year-end total of 1,808,100 adults incarcerated between state and federal prisons and local jails (Bureau of Justice Statistics [BJS], 2024).

Local Trends

Maine does not have a large population, with a total of 1,405,012 residents in the entire state in July 2024 (United States Census Bureau [USCB], 2024). On average, in 2023, the Maine Department of Corrections housed 1,819 individuals, of which 1,630 were males and 189 were females (Maine Department of Corrections [MDOC], 2025). In Maine, there are 54.3 drug overdose deaths per 100,000 population, with an average age of 37 (NCHS, 2022). In 2022, there were a total of 12,201 overdoses in Maine, while in 2023, the total was 10,938 (Sorg et al., 2023). Penobscot County accounted for 14% of the total confirmed and suspected nonfatal overdoses in 2022 and 2023, while it accounted for 15% of the confirmed and suspected fatal overdoses during those same years (Sorg et al., 2023). Maine has 16 counties, and Penobscot occupies second place when it comes to the number of overdoses per county (Sorg et al., 2023).

Maine has a total of seven adult facilities, of which one is a maximum security prison that houses only adult men, four are medium and medium security facilities that house only adult men, and two are medium and minimum security settings for women (State of Maine Department of Corrections, 2022a). Drug-trafficking was the number one sentence in 2024 with

24% of adults incarcerated having drug-related charges, followed by assault/threaten with 16%, sex offenses 13%, and murder with 12% (MDOC, 2025).

Consequences

The consequences of drug use are numerous and include repercussions on individual, microsystem, mesosystem, exosystem, and macrosystem levels (Guy-Evans, 2020). For instance, the Substance Abuse and Mental Health Services Administration (SAMHSA, 2024) describes the negative effect drug use can have on an individual's overall health, as well as changes in mood and behaviors. Serious illnesses such as cardiovascular disease, stroke, cancer, HIV/AIDS, and hepatitis, to name a few, are all listed on NIDA's (2011) website as possible consequences of drug use. Although there is limited information available for Penobscot County specifically, overall data of Maine reflected that the leading causes of death in the state are heart disease, cancer, accidents, chronic lower respiratory diseases, COVID-19, stroke, diabetes, Alzheimer's Disease, Cirrhosis, and pneumonia (NCHS, 2024). Therefore, despite drug overdose not being listed as one of the leading causes of death in Maine, it is possible that for many, drug use played a role in their cause of death.

As for incarceration, this circumstance has unique consequences on a person's life. ABA (2018) lists social and economic barriers that individuals will face upon reentering their communities, such as employment, housing, welfare, and others, increasing the likelihood of recidivism. Incarceration may also have negative consequences on an individual's mental health, such as increased anxiety, depression, and others.

Goal Statement

The goal of this social change prevention portfolio is to prevent drug relapse among people reentering their communities after a period of incarceration.

PART 2: SOCIAL-ECOLOGICAL MODEL

[Post-Incarceration Drug Relapse Prevention in Penobscot County, Maine]

Prevention efforts that take place solely on an individual level will be moderately successful at best. Individuals do not exist in isolation, so when offering preventive services, the Social-ecological Model is ideal since it encompasses the individual, relationships, community, and society (CDC, 2024). When discussing drug relapse prevention for people being released from incarceration, the environment the individual is being released to plays a crucial role in supporting that individual's recovery or promoting drug relapse and possibly overdose since recently released people are at higher risk of overdose (Cherian et al., 2024). The overlap between individual, relationship, community, and societal factors will be essential when implementing interventions since interventions on one factor will influence the others. According to SAMHSA (n.d.), risk and protective factors are cumulative, and prevention should target multiple areas and levels of the Social-ecological model to increase the chances of positive outcomes. In the following section, I will explore risk and protective factors which influence drug relapse among people reentering their communities after a period of incarceration.

Individual Level

Risk Factors

On an individual level, risk factors for overdose after incarceration include an absence of motivation for continued sobriety, the co-occurrence of mental health challenges and SUD (Stopka et al., 2024). Additional risk factors at the individual level include a lack of participation in psychotherapy or medication-assisted treatment (MAT) during and after incarceration (Stopka et al., 2024). An important factor to consider is the extent of incarceration since the longer the individual has not had access to substances, the lower their tolerance will be, and therefore, the higher the risk of overdose.

Protective Factors

As for protective factors, individuals who received services while incarcerated that included therapy and, if necessary, MAT have a decreased risk of overdose once released as long as they continue such services upon reentering their communities (Cherian et al., 2024).

Additional protective factors are less severe SUD and mental health challenges (SAMHSA, n.d.).

Relationship Level

Risk Factors

Many incarcerated individuals have conflictive relationships with significant others, children, family members, friends, and others. Being involved with people who are still actively using substances or who are engaging in criminal activities is a risk factor for drug relapse after release (Stopka et al., 2024). Conflictual relationships can also trigger the recently released individual, leading to drug relapse. Another critical element is to consider if the individual is a member of a gang and being released into a community where said gang is present, which could increase the risk of drug relapse.

Protective Factors

On the other hand, involvement with people who are not using substances or involved in criminal activities can be a protective factor. Parental responsibilities or caregiving for others could also be a protective factor to motivate individuals recently released from incarceration to avoid drug relapse (SAMHSA, n.d.). Overall, supportive relationships, both on a personal and professional level, are important protective factors.

Community Level

Risk Factors

Studies have shown that people with criminal histories involving drug-related charges have higher rates of continued criminal activity, substance use relapse, and recidivism (Belenko et al., 2014). Considering that about 80% of the incarcerated population in the United States has used illegal substances, and about half of the incarcerated population meets the criteria for a substance use disorder, then it seems safe to say that the percentage of people at risk of drug relapse and possibly overdose is significantly high (Belenko et al., 2014).

Unemployment is, without a doubt, a risk factor for drug relapse. According to Wang and Bertram (2022), in 2010, only 33% of recently released individuals found employment within 4 years of their release date. Employment support services are one of the main evidence-based practices recommended to avoid drug relapse (American Bar Association, 2018). The Centers for Disease Control and Prevention (2023) recommends implementing Workplace Supported Recovery strategies that lower barriers to accessing and receiving substance-related care and maintain recovery.

Being released into the same community from before incarceration is a significant risk factor for many who come from impoverished and violent neighborhoods (SAMHSA, n.d.). Communities that do not encourage treatment and condone MAT are also risk factors for overdose after incarceration (Klemperer et al., 2023). It is vital to consider the type of community the individual is reentering. Rural communities, such as Maine, have additional barriers that increase risk factors for people being released from prison or jail. The need to travel long distances to access treatment, limited treatment options, and waitlists are all risk factors for drug relapse after incarceration in rural communities (Stopka et al., 2024).

Individual psychological conditions should be addressed with intensive counseling while the individual is in custody, since personality disorders, low impulse control, cognitive deficits,

risk-taking, and criminal thinking patterns are all risk factors for drug relapse post-incarceration and are all psychological conditions that are present in higher numbers within the incarcerated population (Belenko et al., 2014).

Protective Factors

Protective factors at a community level include aspects such as faith-based resources and the availability of activities that do not include the need for mind-altering substances (SAMHSA, n.d.). Easy access to resources such as MAT, therapists, intensive case management, and self-help groups are also community-level protective factors from overdose after incarceration.

In Penobscot County, there are four methadone clinics (Methadone Centers, 2025), 10 Suboxone -prescribing clinics (Suboxone Clinics, 2025), and eight comprehensive clinics that offer not only MAT but also therapeutic services for people with substance use disorders (Psychology Today, 2025). Sober living houses can be an essential resource for many struggling with homelessness and who need support with their sobriety as well as daily living activities before they are prepared to live independently. In Penobscot County, there are a total of 20 sober living homes, of which two homes, which can house a total of 16 people, are explicitly designated to provide cultural healing for Indigenous people (Wabanaki Public Health & Wellness, 2023) and 18 houses, which can house a total of 137 people, offer services to men and women, including pregnant women and women with young children (Fresh Start Recover, 2025).

Society Level

Risk Factors

Incarcerated people face unique challenges upon release and reintegration into their communities. The intersectionality of the stigma that comes with having a criminal record and the stigma of having an SUD significantly increases the risk factors at a societal level. Lack of

economic opportunities, lack of insurance or required services that private insurance or Medicaid do not cover, racism, and local government policies that limit access or availability of supportive resources are all drug relapse risk factors for people who have recently been released from prisons or jails (Guy-Evans, 2020).

Protective Factors

On a societal level, protective factors include access to medical and mental health services, affordable housing, economic opportunity, intensive case management, availability of resources, and access to MAT (Cherian et al., 2024).

Penobscot County has a total population of 155,312, of which 94.5% has a minimum of a high school diploma (USCB, 2024). Having a high school diploma is an important foundation for economic opportunity to either find entry-level jobs, or further one's education to access increased economic opportunities (Mather & Jarosz, 2014). According to the United States Census Bureau (2024), on average in Penobscot County there are 2.26 people per household between 2019 and 2023, and the median household income per household for those same years was \$63,248. According to the Federal Poverty Level (FPL) for a family of three in 2023 was \$24,860, putting the median of households in Penobscot County above the FPL (Health Care, n.d).

The state of Maine's Department of Health and Human Services Office for Family Independence offers many programs and services for people and families who are at or below the FPL (Office for Family Independence, 2023). These services include child support services, temporary assistance for needy families (TANF), higher opportunity for pathways to employment (HOPE), supplemental nutritional assistance program (SNAP), health care assistance, and general assistance (Office for Family Independence, 2023).

PART 3: THEORIES OF PREVENTION

[Post-Incarceration Drug Relapse Prevention in Penobscot County, Maine]

Theories help guide practitioners to offer adequate services to the population they are serving. There is a large number of theories available for many different populations and problems. Prevention theories are important because they assist practitioners to try to avoid or stop a specific issue from happening or re-occurring. There are not many prevention theories that address drug relapse prevention for recently released incarcerated people, yet there is a significant need for services, specifically substance use-related services, for this population (Graves & Fendrich, 2024).

Studies show that upon reentering their communities, individuals with SUD are 120 times at higher risk of fatal overdose than people without SUD (National Institute of Health [NIH], 2022). These individuals are not only at higher risk of experiencing an overdose after incarceration but 9 out of 10 released people will be re-arrested nine years after release (Graves & Fendrich, 2024). Overdose is the leading cause of death upon release in many states, and the numbers have been increasing over the past few years (Graves & Fendrich, 2024). Therefore, the importance of implementing prevention theories and programs to assist recently released individuals in successfully re-integrating into their communities cannot be underestimated. Therapeutic Community Treatment will be reviewed for drug relapse prevention for people recently released from incarceration in Penobscot County, Maine.

Therapeutic Community Treatment

Therapeutic Community Treatment encompasses a multilayered approach to offer support and prevention strategies for post-release (Galassi & Athanasou, 2015). Graves and Fendrich (2024) spoke about the requirements for “smart decarceration” (p. 6) and the

importance of effective treatment that addresses the multiple community-based needs of adults reentering their communities

Individuals being released from prison who have a SUD diagnosis are more likely to be re-arrested when compared to their non-drug-using peers (Galassi & Athanasou, 2015). The risk of fatal overdose is 120 times more likely during the two weeks following release from incarceration (Graves & Fendrich, 2024).

Therapeutic Community Interventions (TCI) were found to decrease the risk of re-incarceration by 75% and prevent drug misuse relapse by 70% (Galassi & Athanasou, 2015). In their study, Galassi and Athanasou (2015) found that TCI strategies that included CBT and aftercare components had the highest success rate in avoiding drug relapse for recently released individuals. This population had increased possibilities of success if SUD treatment had been started while incarcerated, including MAT (if appropriate), skills building, and coping strategies (Galassi & Athanasou, 2015). Peer-delivered community-based interventions with a focus on lived experience were an essential addition to interventions delivered by clinicians, and they offered the additional benefit of not only supporting the well-being of the receiving end but also increasing self-efficacy and continued success of the delivering peer (Galassi & Athanasou, 2015). TCIs also have the additional benefit of supporting the well-being and health of families and communities (Galassi & Athanasou, 2015).

TCIs include interventions such as Mobile Intervention Kits (MIK), peer recovery supports, specialists and coaches, MAT, non-stimulant treatment for ADHD, faith-based supports, pre-release services, mindfulness interventions, and others (Graves & Fendrich, 2024).

Evidence-Based Program

The United States Department of Justice (2024) recommends Adult Re-entry Programs for individuals being released from the justice system. Much like TCI, these evidence-based programs address multiple elements of the individual's life to offer the best chances of success. Adult Re-entry-Programs initiate while the individual is still in a prison setting and focus on specific treatments aimed to support their re-entry into their homes and communities, such as substance use treatment, life skills, education, cognitive-behavioral, and sex/violent offender treatment (United States Department of Justice, 2024).

The target population is individuals who are transitioning from confinement back to their homes in their communities, and the programs specify the importance of initiating treatment while the individual is in a prison setting and then offering additional program components (such as TCI) following their release from prison (United States Department of Justice, 2024). These programs are based on the theory that individuals being released from custody face many reintegration barriers, such as a lack of behavioral and cognitive skills, substance use problems, barriers to housing, employment, and education, and mental health issues (United States Department of Justice, 2024). Treatment can include several elements, and each individual may need a unique combination of services that may include individual, group, or family therapy, case management, employment support, specialized programs targeting sexual or violent individuals, and gender-specific services (United States Department of Justice, 2024). Effective programs last 13 weeks or longer post-incarceration (United States Department of Justice, 2024).

The MDOC offers re-entry services that start by assessing the individual to determine their risk areas and create individualized case plans that address these factors (State of Maine Department of Corrections, 2022b). Re-entry services in Maine include encouraging pro-social relationships throughout a person's sentence, such as AA sponsors, family and church members,

employers, landlords, counselors, and others (State of Maine Department of Corrections, 2022b). In 2024, a total of 36 programs were offered by the MDOC as part of their re-entry services, which included vocational training, education, work release, medications for substance use disorders, evidence-based treatment for substance use disorders, anger management, intimate partner violence (IPV), parenting, grief and loss, and others (State of Maine Department of Corrections, 2022b). According to the MDOC (2025), in December of 2024, 2,254 individuals were active participants in these re-entry programs, while 1,588 were waitlisted for services.

Despite the limited available data for Penobscot County, there is available data that reflects the overall statistics for Maine. These statistics indicated that 84% of individuals in custody have a re-entry case plan they are actively working on completing (MDOC, 2025).

In Maine, incarcerated individuals can qualify for Supervised Community Confinement Program (SCCP) placement. While an individual is on SCCP, they are no longer housed at one of the MDOC facilities but are still considered under MDOC custody (MDOC, n.d.). SCCP and probation have similar components, with SCCP being a stricter form of probation (State of Maine Department of Corrections, 2022b). As of December 2024, there were 129 SCCP participants in Maine, 111 SCCP completions, and 29 SCCP returns to custody; while in November 2024, 153 people (73%) successfully completed probation, and 58 individuals (27%) did not successfully complete their probation and returned to custody (MDOC, 2025). Despite updated reports for 2024 regarding the reasons for return to custody not being available at the time of this writing, data from 2019 indicated that 31% of males returning to the MDOC custody for violating the conditions of their SCCP or probation were for substance use relapse for either alcohol or drugs, and 23% were due to new charges while on SCCP or probation (MDOC, n.d.).

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

[Post-Incarceration Drug Relapse Prevention in Penobscot County, Maine]

Diversity Considerations

Maine is considered one of the states with the highest population of Whites. Specifically, in Penobscot County, 92.5% of the population is White, 1.2% Black or African American, 1.3% American Indian, 1.3% Asian, 1.9% two or more races, and 2.2% Hispanic or Latino (USCB, 2022). However, even though the Maine DOC's residents are mostly White (81%), the number of minorities is significantly higher within the incarcerated population than it is in the general population (19% versus 7.9%) (MDOC, 2024).

These statistics demonstrate the need for interventions that are sensitive to the needs of minority groups within the justice system. Despite ethnicity and race being only one element of a multicultural approach, the disproportionate amount of minority groups demonstrate the need for culture-specific interventions (Reese & Vera, 2007). Incarcerated individuals are considered a marginalized group that faces many barriers upon release that challenge their reintegration into their communities. Adding additional layers of marginalization further complicates the case for many individuals, such as if the person also has a SUD or mental illness or is a member of a racial or ethnic minority.

For instance, although it is well documented that intervention outcomes can vary by race, few studies address the barriers African American people face when seeking MAT to address their SUD (Graves & Fendrich, 2024). Comas-Díaz (2012) spoke about the importance of understanding clients' lives in context and applying multicultural assessment. For instance, essential aspects include the client's culture of origin, religion, social class, gender and family roles, languages, and others (Comas-Díaz, 2012). People from collectivist cultures may need

interventions that include their communities versus clients from more individualist cultures (Comas-Díaz, 2012).

Incarceration has its unique effects on a person's mental health, and it may be an experience that creates an aversion for people with this background seeking help in the future, including help for SUD-related issues, which increases the odds for relapse (Graves & Fendrich, 2024). Many studies have demonstrated the need for a multisystemic community approach to support individuals transitioning from incarceration back into their communities (United States Department of Justice, 2024).

Cultural relevance in prevention programs improves recruitment, retention, and positive outcomes (Reese & Vera, 2007). Including stakeholders in the design, implementation, and evaluation of prevention programs is critical for the program's success (Reese & Vera, 2007). Sirolli (2012) discussed how no one can succeed independently and how obtaining the best results for any endeavor requires teamwork. This holds true for relapse prevention after incarceration, as re-integrating into the community will require teamwork, and therefore, the importance of including community members, including peers who have successfully navigated community reintegration, can offer an essential element to offer culturally relevant services.

Ethical Considerations

The American Counseling Association's (ACA) Code of Ethics (2014) includes many subsections regarding multiculturalism and serving diverse populations. For instance, counselors are expected to honor diversity and embrace multicultural approaches that support their clients' worth, dignity, potential, and uniqueness (ACA, 2014). It is also important to remember that confidentiality is a crucial factor in counseling, yet culturally diverse groups may have different concepts regarding confidentiality and privacy, and it is the counselor's responsibility to respect

differing views of these concepts and hold ongoing discussions with their clients regarding the disclosure of information (ACA, 2014, §B.1).

The ACA also addresses the need for counselors to gain specific knowledge, awareness, sensitivity, dispositions, and skills for working with a diverse client population (ACA, 2014, §C.2.a). In Penobscot County, a higher amount of cultural diversity is found in the justice system than in the community (USCB, 2022), therefore adding an extra layer of sensitivity required for working with this population, as it is not only more culturally diverse than the rest of the population but they are also considered a marginalized group.

Reese and Vera (2007) discussed the ethical rationale of tailoring prevention programs to be more culturally relevant to alleviate minority groups' perceptions of the program. Doing so would increase the chances of engagement and program success, which is especially sensitive when it comes to preventing relapse after incarceration, as the higher risk of fatal overdose offers a sensitive and small window of opportunity to engage clients in appropriate services.

Tailoring prevention programs to meet the needs of the recently released individuals would also meet standard A.4. Avoiding Harm and Imposing Values of the ACA Code of Ethics (2014). As few studies address the specific needs for relapse prevention post-incarceration of minorities, these clients are at higher risk of finding themselves placed in programs that were not designed to meet their specific needs (Reese & Vera, 2007). Sirolli (2012) discussed the importance of listening to people's interests and goals to support them in accomplishing them by offering aid in the areas they may need assistance with but without imposing one's values.

PART 5: ADVOCACY

[Post-Incarceration Drug Relapse Prevention in Penobscot County, Maine]

Counselors play a crucial role in advocacy efforts as they not only have training in human relationships and well-being but also have a pivotal position that allows them to understand policies and institutional barriers (Toporek et al., 2009). Advocacy is the actions taken by counselors or any other professional in the mental health field to promote client empowerment while reducing institutional barriers for clients and promoting social justice (Murray & Crowe, 2016). Promoting change has always been a part of counseling, and advocacy is the core of counselors' professional identity (Toporek et al., 2009).

Barriers to Post-Incarceration Relapse Prevention

Institutional

These barriers refer to any institutions that come into contact with the client (Ratts, 2017). Therefore, barriers to post-incarceration relapse prevention would start at incarceration with the corrections system, be it jails or prisons, businesses, MAT clinics, counseling centers, housing and employment agencies, churches, and community-based agencies. As people are released from the judicial system, they often face institutional barriers that make their reintegration into their homes and communities difficult and add increased stress to their situation. Facing long waiting lists for treatment, homelessness, and more are all risk factors that can lead to relapse, especially when individuals are facing more than just one of these institutional barriers. Moreover, as stated previously, Adult Reentry Programs must begin while the individual is in custody and offer a continuation of services once the individual is released from custody. If a lack of funding, lack of staff, one-size-fits-all services, or institutional barriers within the judicial system make it so the person has not begun receiving services while imprisoned, then access to said services once released will be even more challenging, and the risk for overdose upon release increases.

Community

Community barriers refer to norms influencing the client's perception of the problem (Ratts, 2017). This type of barriers can be present in the stigma the community places on individuals with a criminal history, SUD, and mental health challenges. The community's perception of MAT and mental health services can deter the individual at risk from accessing services even if they are readily available. Many people with a criminal history will find it challenging to find employment, as 87% of employers perform background checks (ABA, 2018). A lack of education and the perception that SUD is a moral defect promote barriers that could potentially lead to relapse after release from custody. As recently released individuals try to return to their previous lives before incarceration, they may face rude awakenings that include long-lasting effects of criminal activity, such as stigma, loss of meaningful relationships, loss of property, and others that lead to increased stress and add to the risk of relapse (ABA, 2018).

Public Policy

These barriers include rules, laws, and regulations that limit client access to necessary services to promote overall well-being and avoid relapse after release from custody (Ratts, 2017). For example, federal laws that ban access to public housing for people with certain types of convictions or grant local housing authorities the discretion to deny housing based on criminal activity place recently released individuals at risk of homelessness or force them to live in neighborhoods with high crime and drug rates, which places them at increased risk of relapse, and potentially overdose (ABA, 2018). Specifically in Penobscot County, as a rural community, public transportation is limited, and getting to appointments and work without a vehicle is practically impossible for people who live outside of Bangor. However, specific laws regulate that people have their licenses revoked for several years if they commit specific crimes, making

it impossible for them to make it to therapy sessions, MAT clinics, self-support groups, and others, yet the city offers no alternative transportation. Public policy can also affect the quality of services people receive, as human services workers tend to have large caseloads, limiting their ability to offer high-quality services that include cultural competence.

Advocacy Action for Post-Incarceration Relapse Prevention

Institutional

Institutional advocacy efforts can help prevent relapse and possibly overdose after incarceration (Multicultural and Social Justice Counseling Competencies [MSJCC], 2015). An advocacy effort could include connecting people being released from incarceration with local supports, including schools, churches, and businesses that specialize in working with marginalized groups and addressing their unique needs. Regarding relapse prevention efforts, ensuring the continuation of services after release, including SUD counseling, MAT, intensive case management, and peer support, would aid in preventing relapse and possibly overdose. As a high-risk overdose population, advocacy efforts to guarantee prioritization of services upon release to avoid long waitlists could play a key role in avoiding relapse, as it is estimated that approximately half the people being released from custody meet the criteria for a SUD (Graves & Fendrich, 2024).

Community

Community-level advocacy could include educational campaigns to support the understanding that SUD is not a moral weakness but a multicausal issue (Capuzzi & Stauffer, 2020). Community involvement in different types of programs increases the odds of success for reentry programs (Graves & Fendrich, 2024). Community involvement increases the chances of changing community norms that may increase the risk of relapse and have a direct influence on

the individuals at risk of relapse, as well as their families and loved ones (Ratts et al., 2016). Learning a community's spoken and unspoken norms is essential to tailor services according to needs and strengths. Even within the same city, there may be different needs depending on the specific community being addressed and making modifications to interventions to adjust them to diverse and marginalized communities could be the difference between successfully preventing relapse after incarceration or not (Reese & Vera, 2007).

Public Policy

Advocacy efforts for public policy promote relapse prevention on a large scale as it includes laws, regulations, and policies (MSJCC, 2015). Advocacy efforts on this level could include reaching out to policymakers to express the negative impact specific laws may have on an individual's access to services, such as priority access to MAT, transportation, intensive case management, and medical services upon release from the judicial system that may impact the likelihood of relapse. Advocating for financing for educating staff and creating community-based programs that include culturally sensitive interventions is another crucial public policy advocacy effort needed in Penobscot County, as most interventions available now are created for the dominant culture and do not include the needs of diverse populations. Advocacy for changes in public policy does not necessarily need to include the affected client community (Toporek et al., 2009). Yet, it is essential to include stakeholders in the design and implementation of programs, including prevention programs, as this guarantees the program's success (Reese & Vera, 2007).

Additionally, volunteering and partnering with advocacy projects already established in Maine could be beneficial to support efforts already taking place for people with SUDs in Maine. For example, the Maine Recovery Advocacy Project (ME-RAP) is a network of people across the state who actively work to advocate for changes in justice, access, connection, and recovery

in state laws, county policies, municipal ordinances, schools, and workplaces (Recovery Advocacy Project, n.d.). This organization advocates for reentry programs in Maine and support harm-reduction approaches and mental health education and training for law enforcement officials, as well as paid employment of people with lived experiences who can be invaluable assets to supporting people who are being released from incarceration and are at risk of drug relapse and overdose (Recovery Advocacy Project, n.d.).

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