

# Strong-arm Sobriety: Addressing Precarity through Probation

Victoria Piehowski and Michelle S. Phelps

*Over the past half-century, the US welfare and penal systems have become increasingly fused modes of poverty governance. At the center of the welfare-penal continuum sits probation, a form of community supervision that operates as a central hub, directing people to both services and incarceration. Drawing on interviews with 166 adults on probation in Hennepin County, Minnesota, in 2019, we argue that the coercive care of probation is structured by the broader project of controlling alcohol and drug use among the poor. Developing the concept of strong-arm sobriety, we show how the “criminal addict” trope undergirds the central processes of probation: treatment, testing, and revocation. We argue that strong-arm sobriety misreads structural precarity as the result, rather than the cause, of individuals’ choices. In doing so, strong-arm sobriety fails to address the circumstances that engender substance use and produces future subjects for coercive care.*

## INTRODUCTION

Over the past half-century, the United States has witnessed profound shifts in the governance of people rendered precarious by economic, political, and social transformations. On one side of the ledger is the erosion of welfare programs, exemplified by the 1996 bid to “end welfare as we know it,” which slashed cash assistance to poor families and attached punitive stipulations to the receipt of aid (Wacquant 2009; Soss, Fording, and Schram 2011). On the other is the building of an unprecedented penal state, with more people arrested, convicted, supervised, and incarcerated as the state increasingly turned to policing and punishment to solve social problems (Simon 2007). As a result,

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penal institutions perversely became a frequent site of care for the most marginalized, providing forms of respite and services not guaranteed by the state to non-carceral citizens (Miller and Stuart 2017; Sufrin 2017; Western 2018; Lara-Millán 2021). Substance-use disorders became a central focus of these services as the “War on Drugs” increasingly funneled in people convicted of drug offenses and framed criminality as inextricably linked to addiction (McKim 2017; Whetstone and Gowan 2017; Kaye 2019).

Probation, a form of community supervision, is a critical hub within this penal-welfare continuum (Brydolf-Horwitz and Beckett 2021), providing referrals to drug treatment and other community services alongside monitoring and punishment (Phelps and Ruhland 2021). Like imprisonment, probation has expanded to “mass” proportions (Phelps 2017). By 2020, 56 percent of the 5.5 million adults behind bars or on community supervision in the United States were supervised through probation (Kluckow and Zeng 2022). One of the most common forms of coercive care is mandates to attend substance-use treatment in the community (Phelps and Ruhland 2021) or what Sarah Whetstone and Teresa Gowan (2017) dub “carceral rehab” (see also McKim 2017). Rather than constituting a therapeutic alternative, these programs often amplify the stigma and punishment associated with drug use, especially for race-class subjugated communities that state actors frame as most in “need” of coercive care (Whetstone and Gowan 2011; Soss and Weaver 2017). If not satisfied with their compliance, probation officers have the authority to send people on probation to the other end of the penal-welfare continuum: incarceration. In the United States, probation officers use this authority often—in 2017, nearly a quarter of all state prison admissions were for people on probation, with half of those imprisoned for technical supervision violations (Council of State Governments Justice Center 2019; see also Klingele 2013; Doherty 2016; Phelps 2018a).

In this way, probation plays a critical role in organizing the “devolved” penal state in which the day-to-day work of rehabilitative care for carceral citizens is off-loaded to a network of private or semi-private community organizations (Miller 2014). Despite probation’s outsized role in sending people to varied sites of coercive care, few analyses have centered probation as a critical site of poverty governance and addiction management. In this article, we examine how adults on probation experience this process of addiction-focused off-loading. Focusing on the perspectives of people on probation, rather than those who facilitate it, reflects a “bottom-up” approach to understanding policy regimes (Michener, SoRelle, and Thurston 2022). This vantage point can illuminate how the “pains of supervision” are experienced by those subjected to its varied forms of governance (McNeill 2018; see also Herd and Moynihan 2018) and open avenues to reimagine state practices of care (Michener, SoRelle, and Thurston 2022).

Drawing on interviews with 166 adults on probation in Hennepin County, Minnesota, conducted in 2019, we ask how adults navigate, internalize, and resist the demands of carceral care. Our interview guide combined structured survey questions and open-ended questions across several domains—including criminal justice experiences, employment, housing, health, and family dynamics. Despite the broad focus of our questions, we found that talk of sobriety—its value, its enforcement, and sometimes its irrelevance—dominated participants’ experiences of probation.

To grapple with the dominance of sobriety and the tensions its enforcement generated across our sample, we develop the concept of “strong-arm sobriety,” defined as the coercive care meted out to adults on supervision to contain, manage, and punish drug and alcohol consumption. Like “strong-arm rehab” (Gowan and Whetstone 2012), this form of help projects onto participants the trope of the “criminal addict,” reducing complex biological patterns of behavior and structural patterns of inequality that shape substance use into the “criminal thinking” of disordered adults (see also Miller 2014). Instead of describing the intimate, interpersonal governance that takes place within the confines of rehab (Gowan and Whetstone 2012; McKim 2017; Kaye 2019), however, we turn our attention to how sobriety demands saturate the probation experience—from treatment, to surveillance, to sanctions. The emphasis on sobriety thus serves as a core logic for how probation sorts and shuffles “clients” into services in the community and incarceration in jail or prison. We argue that strong-arm sobriety pushes vulnerable adults onto meager public resources that, at times, provide short-term assistance but which ultimately fail to address the many structural barriers they face.

Our findings outline how strong-arm sobriety undergirds the three central dimensions of the lived experience of probation: access to assistance, programs, and services; surveillance and compliance monitoring; and the threat of revocation. Across each arena, sobriety (or the lack thereof) was a central preoccupation. For our participants, the services on offer largely consisted of substance-use disorder treatment; surveillance was dominated by drug testing; and the most salient threat of revocation was for substance use. This was the case whether or not participants understood substance use as harmful or a cause of their circumstances and often in lieu of addressing the structural precarity that engendered problematic substance use. As a result, participants described coercive care (especially treatment services) as sometimes welcomed, but often constraining, degrading, and risk laden. Ultimately, we argue that strong-arm sobriety too often fails to meet people’s basic needs and exacerbates their vulnerabilities, (re)producing future subjects for coercive care. In this discussion, we argue that scholarship should move beyond the concept of care in describing this dynamic to better understand the intertwined crises of precarity and mass criminalization.

## CONCEPTUAL BACKGROUND

### Probation and State Care

Over the past half-century, the US penal state has grown to “mass” scale, expanding the breadth and depth of its intervention into daily life, particularly in poor communities of color (Western 2006; Garland 2012). At the same time, punishment became increasingly neoliberal, emphasizing mass containment, control, and management over individualized diagnosis and rehabilitation (Feeley and Simon 1992; O’Malley 1992; Garland 2012). Against the backdrop of widespread attacks on the legitimacy of anti-poverty initiatives, welfare institutions shifted as well, with cash aid programs becoming more meager, surveillance oriented, and disciplinary (Soss, Fording, and Schram 2011; Garland 2012; Sheely 2020). The transformation of the

social safety net amidst rising inequality and the expansion of punishment produced a new set of care needs that the criminal legal system came to manage.

Rather than address such needs directly, the state increasingly devolved responsibility for the task of “rehabilitation” onto private and non-profit service providers (Miller 2014). Addiction management became a primary target of these programs, reconfiguring the link between punishment and welfare (McKim 2017) and spurring a network of therapeutic institutions designed to discipline and regulate addicts. These included drug treatment courts (Nolan 2003; Tiger 2012; Kaye 2019; Horowitz and Gowan 2022), prison-based drug treatment (Haney 2010; McCorkel 2013; Sue 2019), in-patient rehabilitation centers (Gowan and Whetstone 2012; McKim 2017; Whetstone and Gowan 2017), out-patient support groups like Alcoholics Anonymous and Narcotics Anonymous (Sered and Norton-Hawk 2011), and sober living or halfway houses (Martin 2021; Miller 2021). This expansion has meant that many of the services and treatment programs the most marginalized Americans receive are now imbricated with criminal legal system contact (Miller and Stuart 2017; Brydolf-Horwitz and Beckett 2021).

Probation serves as a key hub in this system of addiction governance, deputizing “satellite state” agencies to take part in the treatment and monitoring of individuals’ substance use (Haney 2010). Among the three million US adults on probation in 2020, a quarter were on probation for drug offenses alone, with another 11 percent on supervision for a driving while impaired (DWI)/driving under the influence (DUI) charge (Kaeble 2021). As the war on drugs expanded and the labor market for unionized low-barrier employment collapsed, community supervision became increasingly oriented around detecting, treating, and punishing drug use (Simon 1993; Schuman, forthcoming). Today, in addition to abstaining from alcohol and substance use, adults on probation are typically required to meet a long list of conditions, including avoiding contact with other adults with criminal records, not leaving the county without permission, living in an approved residence, finding or maintaining employment, completing required programming, avoiding police contact, and reporting regularly. Violating any of these terms (a “technical violation”)—including a positive drug test—constitutes grounds for revocation to jail or prison (Klingele 2013; Doherty 2016; Phelps 2018a).

While probation officers wield significant punitive power, the field also retains some of its history as a social work-oriented institution tasked with reintegration (Robinson 2002; Phelps 2018b; McNeill 2020). For example, Hennepin County, where we situate our study, describes its approach in policy documents as “client-centered,” with an “emphasis on supporting the individual’s sobriety goals” (see Gokey 2021, 3; Johnson 2021). So too do people on supervision and probation officers themselves construe the experience of probation as one of assistance (at least in part), a dynamic that Michelle Phelps and Ebony Ruhland (2021) describe as coercive care.

From the perspective of probation officers (and, at times, people on supervision), even the most punitive aspects of probation can be construed as “care”—with probation officers requiring treatment programs as a response to violations, framing the completion of services as a way to show “accountability,” and threatening incarceration to coerce compliance with treatment regimes (Phelps and Ruhland 2021). Thus, coercion and care are understood not as competing goals of supervision but, rather, as intimately

interwoven strands that collectively produce effective treatment (Burns and Peyrot 2003; Paik 2009). As Robert Werth (2013, 219) outlines in the context of parole, the other major form of community supervision, the punitive ideology common among probation officers constructs “paroled subjects as always precarious and as responsible for their own reformation.” This “tough love” treatment thus responsabilizes adults on probation to reform themselves, a project that has become increasingly enmeshed with efforts to manage and punish substance use.

### Navigating Strong-arm Sobriety

Studying drug treatment programs in a Midwestern city, Teresa Gowan and Sarah Whetstone (2012) develop the concept of “strong-arm rehab” to characterize the punitive and degrading treatment programs that often serve justice-involved adults (see also Whetstone and Gowan 2011). These programs, the authors argue, understand their clients through the trope of the “criminal addict,” reducing complex biological patterns of behavior and structural inequality to the “criminal thinking” of disordered adults. Poverty, in this formulation, is a result of users’ moral failings rather than the other way around (Kaye 2019). As a result, such programs focus on character reformation, “fixing” problematic thoughts, desires, and lifestyles. As Kenneth MacLeish (2020) argues in the context of veterans treatment courts, such programs thus inherently circumscribe the parameters and goals of “care.”

This neoliberal conversion of state failures into individuals’ “bad choices” pervades institutions in the “murky middle” of the penal-welfare continuum, including in-prison and community-based treatment programs, half-way houses and day reporting centers, community supervision, and re-entry and employment programs (Brydolf-Horwitz and Beckett 2021). In these (largely residential) sites, quasi-government agents produce practices of intimate governance, including “gut-level” therapeutic techniques and psychoeducational strategies (McKim 2017). Allison McKim (2017, 9) calls this process “governing through addiction,” arguing that “the logics and techniques from the addiction recovery field underpin how we think about and act on social relations.” In this way, addiction becomes the central framework for understanding and acting upon a wide swath of social problems.

This remaking of the self is often experienced differently across race, gender, sexuality, and other axes of difference. While men in substance-disorder treatment programs are often pushed toward job readiness programs to become the “average Joe taxpayer” (Gowan and Whetstone 2012; see also Halushka 2020), women are more typically instructed to resolve flawed desires, emotions, and family relationships, sometimes with the additional goal of workforce participation (Haney 2010; Wyse 2013; Leverentz 2014; McKim 2014, 2017; Gurusami 2017; Kerrison 2018a). Programs are also racialized, attempting to mold Black and Latino/a/x populations into a white middle-class norm, placing responsibility for the effects of racism onto racialized people while reading (and treating) white people’s drug use through more sympathetic medical lenses (Miller 2014; Gurusami 2017; McKim 2017; Whetstone and Gowan 2017; Dagenhardt 2021; Lindsay and Vuolo 2021).

We draw on this literature to describe the logics of a different site within the penal welfare continuum. Rather than focus on the techniques of intimate governance, we examine the lived experiences of being caught and shifted across the penal-welfare continuum. In doing so, we explore the gaps between how governing strategies imagine those under supervision and how those subjected to that governance perceive their own circumstances, identities, and struggles (Michener, SoRelle, and Thurston 2022). Fergus McNeill (2018), in his study of probation in Scotland, argues that this kind of misreading constitutes its own particular pain of supervision. Drawing on Michel Foucault's concept of the panopticon, McNeill (2018, 209) describes the self-reclamation project of community corrections as maloptical: "[T]he subject is seen badly, is seen as bad and is projected and represented as bad" (on misrecognition, see also Rios 2011). As community supervision imposes the gaze of the state, people come to see themselves through the lens of their probation officer (or the department and court system writ large) in order to navigate the demands and threats of supervision. As Forrest Stuart (2016) describes in the context of policing, this internalization of the state gaze (or becoming "cop-wise" in his work) has not only social-psychological pains but also real material consequences, as people isolate from the people and places that might bring scrutiny from the state (see also Brayne 2014; Fader 2021).

We bring this work on carceral rehab and the malopticon of the state together to develop the concept of "strong-arm sobriety" or the coercive care meted out to adults on supervision to contain, manage, and punish drug and alcohol consumption. We find that sobriety demands saturate the probation experience—from services and treatment, surveillance and compliance monitoring, to sanctions. Further, strong-arm sobriety is maloptical, misreading the multiple and complex forces leading to substance use and punishment through the lens of the racialized "criminal addict," in the process misrecognizing and mistreating the people subject to its control. This maloptic dynamic of probation is not just driven by individual relationships with probation officers but also structured through the rules, protocols, and culture of the probation department and the conditions imposed by the courts. Thus, in our analysis, we describe the effects of strong-arm sobriety not in terms of simple dyadic relationships between officers and supervisees but, rather, in terms of how individuals experienced this system of control more holistically.

## DATA AND METHODS

Our interview participants were recruited in Hennepin County, the seat of Minneapolis and the largest county in the state by population and probation caseload (Minnesota Sentencing Guidelines Commission 2020). Minnesota, at first glance, seems to resist national trends around burgeoning incarceration rates and the retrenchment of welfare services. The state is known for its progressive Midwestern politics, which have retained a relatively generous set of social services, including an expansive number of treatment programs for substance-use disorders. As one of our participants joked, riffing on the state's nickname, Minnesota is the land of "10,000 lakes, 10,000 treatment centers." Yet, while constraining growth in imprisonment, Minnesota also has one of the country's highest community supervision rates

(Phelps 2017; Kaeble 2021). Addiction looms large in this population. Two-thirds of adults on high-level probation in Hennepin County with state insurance have been diagnosed in recent years with a substance-use disorder, while nearly half had substance-use disorders and mental health conditions (Olson et al. 2021; for national estimates, see Hawks et al. 2020). As a result, there is a constant shuffling of clients between treatment and community supervision programs in Minnesota, both marked by stark racial disparities. Thus, our case is perhaps an extreme (or “pointy” [Pacewicz 2022]) example of probation’s focus on substance use and treatment, allowing us to document the benefits and costs of this more “progressive” approach.

In order to participate in this study, participants had to be eighteen years of age or older and currently on probation. Participants were recruited through flyers posted in probation offices, the central drug testing center, and at local health and social service agencies that serve justice-involved populations. Participants were also recruited through referrals from previous participants, though most learned about the study by seeing flyers in probation offices. Our sample is a non-probability sample; descriptive statistics on our study population should be considered non-generalizable. Instead, we focused on collecting a purposively heterogeneous sample, talking to participants with a range of demographic characteristics, time on probation, criminal histories, and so on to map the multiple paths to and through supervision (Ritchie, Lewis, and Elam 2003).

The interview guide consisted of multiple modules, including employment, housing, health, family, and criminal justice experiences. Following the Boston Reentry Study, which focuses on the year after release from prison (Western, Braga, and Kohl 2017), we combined closed-ended questions across each module (drawing on validated scales where feasible) with semi-structured probes and follow-up questions. This allowed us to provide both descriptive statistics on our study population as well as more qualitative information on how participants understood their own lives and the role of supervision across each of the modules (Western et al. 2015). Our survey questions on substance use and treatment were modeled off the National Survey on Drug Use and Health. Interviews were conducted by a team of undergraduate and graduate student research assistants (diverse across race/ethnicity and gender)<sup>1</sup> who went through extensive training regarding confidentiality, interview techniques, and data storage. The interviews ranged from thirty minutes to up to three hours, with an average of one to one-and-a-half hours. During the interview, staff entered structured answers into an online interview software (Qualtrics) and audio-recorded open-ended responses (which were later transcribed). Interviews took place in public cafés, libraries, and (in a few cases) supportive housing facilities. We assigned all participants a pseudonym to protect confidentiality. Participants were compensated for their time with a forty-dollar honorarium.

Table 1 presents the demographic characteristics of our sample. As with other studies of justice-involved adults, our participants were disproportionately male and non-white. Of the 166 participants, 76 percent identified as men and 24 percent as

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1. Half of our interviews were conducted by two graduate students, a white woman in her early thirties (the first author) and a Black man in his late twenties. The project principal investigator (the second author), two undergraduate students, and two additional graduate students conducted the other half of interviews.

**TABLE 1.**  
**Demographic characteristics of interview sample**

	N	%
<b>Race/Ethnicity</b>		
Non-Hispanic White	63	38
Non-Hispanic Black	60	36
American Indian or Native	12	7
Hispanic or Latina/o/x	4	2
Multiracial	10	6
Other race/ethnicity	17	10
<b>Gender</b>		
Men	126	76
Women	40	24
<b>Age</b>		
Under 30 years	36	22
30–39 years	43	26
40–49 years	43	26
Over 50 years	44	27
<b>Total Sample N</b>	<b>166</b>	

*Note:* Categories may not round to 100 percent due to rounding. Percentages only include participants with non-missing data for each question.

women; 38 percent identified as non-Hispanic white, 36 percent as non-Hispanic Black or African American, 7 percent as American Indian, 2 percent as Hispanic or Latinx, 6 percent as multiracial, and 10 percent as other or non-specified races/ethnicities. Our sample ranged in age from twenty-one to sixty-three years, with an average of forty-one years.<sup>2</sup>

Table 2 summarizes participant's socioeconomic status, their criminal legal involvement, and reported substance-use histories. Most of our sample experienced significant socioeconomic precarity. The majority of participants in our sample (52 percent) had a high school diploma or less. At the time of the interview, more than half (58 percent) were not employed and more than one-third (36 percent) were living in supportive housing (including in-patient treatment programs and half-way houses). While 72 percent reported food stamps, income assistance, or housing support from government programs, two in five people in our sample reported that it was "slightly" to "very" difficult to provide themselves with food. Just less than half (42 percent) were on supervision for a drug- or alcohol-related offense as their most serious conviction, while a majority of participants (75 percent) reported that drug or alcohol use had "ever been a problem before starting this term of probation."<sup>3</sup>

2. This age distribution over-represents middle-aged and older adults, compared to national demographics of adults on probation (Hawks et al. 2020) and adults on probation in Hennepin County (Hougham and Buskovic 2018).

3. For more information on our study participants and project, see Phelps et al. 2021.



**TABLE 2.**  
**Precarity and substance use among sample**

	N	%
<b>Highest year of completed education</b>		
Less than high school	49	31
High school or GED	33	21
Some college	41	26
College degree or more	35	22
<b>Food insecurity</b>		
Not at all difficult to provide food	88	58
Slightly to very difficult to provide food	65	42
<b>Employment status</b>		
Not employed	97	58
Employed	69	42
<b>Housing status</b>		
Unhoused or motel	11	7
Supportive housing	57	36
Living with friends or family	54	34
Own apartment or house	38	24
<b>Public assistance</b>		
Not receiving any form of public assistance	45	28
Receiving some form of public assistance*	116	72
<b>Offense type for most serious conviction</b>		
Drug or alcohol offenses	66	42
Personal offenses	47	30
Property offenses	29	18
Other offenses	17	11
<b>Any history of substance use problems</b>		
No	41	25
Yes	121	75
<b>Total Sample N</b>	<b>166</b>	

*Note:* Categories may not round to 100% due to rounding. Percentages only include participants with non-missing data for each question.

\*This included cash aid (general assistance, supplemental security income, and similar programs), housing assistance, and food stamps.

To understand how precarity, substance use, and probation intersected across our sample, we organized and coded both quantitative results (in Stata 14) and qualitative transcripts (in NVivo 12). We focused our analysis on the questions that were most central to experiences on probation:

- “Overall, how helpful has your supervision been to you since you started probation?” Respondents were directed to rate their response on a Likert scale ranging from “not at all helpful” to “very helpful.” Participants were then invited to explain their perceptions, with the interviewer offering a flexible prompt relevant to their answer (for example, “can you tell me more about how supervision has been helpful to you?” or “why has supervision been not helpful for you?”).

- “For the most part, my experience of being on probation has been stressful.” Respondents answered on a five-point Likert scale (from “strongly disagree” to “strongly agree”).
- “Generally, how would you describe your relationship with your current probation officer?” and “what has been the most difficult condition or part of probation for you? Why?” These two open-ended prompts were included after a battery of survey questions about perceptions of probation officers and supervision, but they were not linked to any individual closed-ended question responses.
- “Since starting probation, has drug or alcohol use been a problem for you? Why or why not?” In the health module, participants were asked an open-ended prompt about experiences with substance use, both past and present. In addition, interviews included structured survey questions about the frequency of substance use before and after starting probation.

The combination of close-ended and open-ended questions allowed us to analyze both general patterns in the data (for example, the correlations between finding probation helpful and/or stressful) and individuals’ unique experiences on supervision (for example, how they described why probation was helpful or not). Rather than examine these four questions in isolation, the study design allowed us to contextualize participants’ open-ended answers with structured survey questions about their ascriptive identities (that is, race/ethnicity, gender, and age) and past and present life circumstances, including housing and employment statuses, previous probation violations, and substance use.

Nicole Deterding and Mary Waters (2021) provide a modified version of the grounded theory approach that allows teams to analyze large-scale qualitative data in software like NVivo. We followed their methodological advice, moving through an iterative process of descriptive data analysis, flexible qualitative coding, analytical memos, and collaborative discussions. Through this analysis, we reviewed our quantitative and qualitative data to identify patterns and themes in the data, including who found probation more or less helpful and stressful, reasons probation was helpful/stressful, and relationships with probation officers. For example, focusing on the “helpful” question, we first tabulated survey results to the question and then ran descriptive statistics on the demographic characteristics (that is, race, age, gender, education level, income, and so on) of people in each response category. We then analyzed the open-ended responses to the follow-up probe, looking at how these responses differed between respondents who perceived probation as “very” versus “not at all” helpful. Similarly, we identified key patterns and themes in the open-ended responses to relationships with probation officers and difficulties on probation.

A consistent preoccupation with sobriety and drug use dominated our transcripts. We found that the relationship between precarity, substance use, and probation was clearest when looking at individual participants’ stories holistically, especially as we linked how they described their history of struggles with drugs and/or alcohol to their probation experiences. To unpack these dynamics, we turned to a case study approach, which allowed us to represent our participants’ experiences in their full complexity and often ambivalence. We first generated a document with two dozen case profiles, selecting participants whose responses to our focal questions were emblematic of themes identified in the large-N coding described above. For each case study, we reviewed the entire interview transcript for each person to document their lives (including housing and employment histories, experiences with the justice system, health conditions and

treatment, and family dynamics) and trace how these histories shaped how they experienced and reacted to supervision. We then integrated these individual stories within the broader analysis patterns, picking cases that best illustrated core themes and tensions.

## FINDINGS

As our participants described their lives, it became clear that there was no one universal story. Nor did our participants' reactions to probation fit cleanly into distinct patterns of action. Thus, rather than organize our findings by categories of responses, we instead structured it through the three central processes of probation—places where participants experienced both the care and coercion of strong-arm sobriety: treatment, testing, and revocation.

### A Chance to “Get Back on Track”: Treatment

As noted above, many of our interviewees experienced significant challenges across several domains, including difficulty finding and affording housing, accessing medical care for lengthy untreated health conditions, meeting basic food needs, and struggles with substance use. In this context, supportive services or assistance from probation was often welcomed, with over three-quarters of our participants evaluating probation as “somewhat helpful,” “helpful,” or “very helpful.”<sup>4</sup> Yet there were no statistically significant difference in perceptions of probation's helpfulness across race, age, or gender categories. For example, 31 percent of women, compared to 27 percent of men, rated probation as “very” helpful, while 25 percent of women and 23 percent of men selected “not at all helpful.”

Instead, what mattered was more qualitative—how much participants felt that probation had helped them to change their lives. For participants who described probation as helpful, the most common reason was that it helped them to get and stay sober, in part through the coercive motivation of drug testing (described below) and in part to access services. Similarly, for those who described probation as “not at all helpful,” their responses to the open-ended prompt often described their frustration at not getting linked to services and assistance. Indeed, as participants spoke about the “care” of probation, it became clear that the supportive resources on offer were often curated around addiction, ranging from in-patient rehab to outpatient services and peer support. Many of our participants had been required by the court to complete a “Rule 25” assessment, in which a health professional determines if an individual needs substance use treatment, the level of treatment they require, and their financial eligibility to receive state funding for treatment. Probation officers could also order Rule 25 assessments if, for example, a client failed a routine drug test. These assessments often became court or probation mandates to attend treatment. In turn, probation officers would then monitor compliance with treatment regimes.

This focus on substance-use treatment as the main form of care created tension across our sample. On the one hand, the shuttling of probationers into sobriety services,

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4. The remaining half were split roughly evenly between “not at all helpful” and “somewhat helpful.”

including in-patient rehab, could generate periods of respite and address real needs. Treatment-related housing and programming provided some of our participants with a safe shelter after periods of incarceration, homelessness, and distressing drug use. Beyond shelter and treatment, rehab sometimes served as an access point to a wide array of additional services, such as individual psychotherapy. On the other hand, these services were delivered within the coercive structure of probation (and the dictates of carceral rehab programs). Accordingly, substance-use treatment services were sometimes perceived by participants as an intrusive, disruptive, and demanding mandate and an additional node of surveillance. In addition, for those who reported benefiting from services, such periods of respite were time limited to the length of the program. Many described leaving such periods of respite in the same precarious circumstances in which they had entered (see also Halushka 2020; Martin 2021; Miller 2021).

The experiences of Donna and Carl illustrate both ends of this spectrum, providing a window into the various ways in which people on probation managed the fault lines of strong-arm sobriety. For Donna, a forty-three-year-old Black woman, the supportive social services that came with probation enabled her to address long-standing issues of drug use and trauma. Donna had an extensive history of legal contact, having been arrested over twenty times in different states before her current case. At the time of her arrest in Minnesota, she had been jumping from state to state, committing bank fraud, and engaging in sex work to make ends meet. After starting this term of probation, however, Donna finally gained access to services that allowed her to stabilize, starting with in-patient rehab and then later sober housing, where she was residing at the time of the interview. Donna described the powerful impact of this programming on her life:

I just want to say, all the times that I've been to jail, I was never offered treatment as a helpful tool, alternate to incarceration. As a matter of fact, I wasn't offered it, so I would plead guilty just to get out of jail quicker and go back out and do the same thing. That's why I have 26 arrests and . . . well, 26 convictions . . . And it's finally good to get myself back on track even if that means going through probation. Without that, I wouldn't be, you know, I wouldn't be in drug treatment.

For Donna, “going through probation” was worth it to address her struggles. Donna talked about her past experiences of sexual abuse, explaining that drug use became a way of dealing with it or, as she puts it, “to not deal with it.” Stably housed and receiving psychotherapy to address this long history of trauma, Donna emphasized that the supportive services she received were critical to her recovery. She said the combination of medical care, drug treatment, psychiatric care, and Narcotics Anonymous meetings has made her more “aware” and “balanced.” Like participants in Kimberly Sue’s (2019) study of drug treatment in prison, Donna utilized the trauma lens in ways that were empowering: “I’ve been through a lot in my life where it’s hindered me, but it’s also made me stronger.”

As Donna explained the benefits of care during probation, she minimized the role of the coercive apparatus regulating her recovery. Indeed, she gave urinalyses (UAs) at her treatment center, and so the conditions of probation appeared to coincide with a larger program of addiction recovery rather than feeling like a separate coercive burden.

She was not even sure if the Narcotics Anonymous meetings she attended were mandated as part of her probation—she attended them voluntarily, finding them beneficial for her own goals of maintaining sobriety. All told, Donna's evaluation of strong-arm sobriety case management involved her own distinctive alignment of coercion and care, in which the coercion of probation appeared justified through the value of care. She went so far as to state that she was "glad" that she was arrested in Minnesota—the resources that came along with it enabled her to both make sense of her history of trauma and perceive herself as moving in the right direction. Yet, in her focus on the positive impacts of care, Donna repeatedly noted the novelty of its accessibility ("I just want to say . . . I was never offered treatment") despite a long and arduous history of criminal legal involvement. This emphasis highlights the taken-for-granted yet fundamental condition of this care: that, as hubs for services, penal institutions simultaneously act as their gatekeepers, controlling and managing the access points. The arbitrary nature of this gatekeeping process leaves some individuals, like Donna, weathering decades of arrests to find help. Poignantly, though Donna identifies her experiences of trauma as central to her repeat run-ins with the law, it was her identification as an addict that gained her access to the services that finally helped her to address this history.

Most of our participants were more ambivalent than Donna, both appreciating and resenting this blend of rehabilitation and punishment. Onerous probation conditions often cross-cut other obligations from employers, government assistance institutions, and social service providers in ways that made accessing these resources impossible or nearly so. This meant that the "care" of rehabilitative programs often caused a great deal of stress and financial, emotional, and time demands (Phelps and Ruhland 2021). In addition, for participants who had traversed this continuum several times, the push toward rehabilitative institutions was a recurring process, one they were aware was ill-fated from the outset. For these participants, care was not a turning point but, rather, another hurdle to overcome (see also Halushka 2020).

Carl, a sixty-year-old Black man who had spent much of his adult life in prison or on probation, spoke pointedly to this bind. When asked about his housing difficulties, Carl explained how his supervision conditions clashed with the complex public assistance eligibility standards in the county. At the time of our interview, he was serving probation and parole terms concurrently and living in a halfway house. He had overstayed the allowed time in the halfway house, and, although the director had agreed to let him stay temporarily, Carl was in a frantic search for affordable housing. Carl's housing options were limited because of several chronic health conditions—including Hepatitis C, back pain, and schizophrenia—which had been exacerbated by his recent stint in prison and now made employment unattainable. Due to these issues, Carl received nine hundred dollars of monthly supplemental security income support from the state. However, these funds went directly to his halfway house and would do so until he left. Thus, Carl only had two hundred dollars per month in general assistance funds, which went to his cell phone bill, personal hygiene products, public transportation costs (needed for regular check-ins with his probation officer), and food. One local housing program, which could have been a pathway to stable housing, required its recipients to be homeless for fifteen days in order to be eligible for its services. But being without an address was a violation of his supervision terms, and he did not trust his probation officer

to grant him any leniency. Tracking down additional resources became difficult as his halfway house only allowed him to go to three places per day, and Carl had many supervision requirements, including attending Narcotics Anonymous meetings and participating in “prosocial volunteer activities” that, according to him, took up many of his opportunities to leave.

Despite these many cross-cutting burdens and restrictions, and the centrality of housing concerns for Carl, his probation officer was focused on substance use and wanted him to go to in-patient treatment. When Carl asked his probation officer for help with other issues like his housing predicament, his probation officer replied that it was not his job to help with those kinds of things. For overburdened probation officers, sending a client experiencing homelessness to rehab makes sense: it removes them from a dangerous and precarious setting and provides a structure that in some ways supplants supervision. Yet Carl’s struggles for long-term stability had little to do with substance use. He reported not using in three years, and a recent Rule 25 assessor found that he did not need substance-use treatment. Carl was so frustrated that he considered going back to prison to serve the last eight months of his charge, telling us: “That’s the reality of a guy getting out of prison . . . I’m thinking of just going back. Just going back and doing the rest of my time because . . . nobody’s helping me. And then I’m being hindered.”

While Donna articulated a hopeful ideal of probation as intervention, Carl’s story represents a common narrative among those who had already run through the institutional circuits of coercive treatment, finding few sustainable off-ramps. For these participants, while services could be a useful access point to resources like (often temporary) housing and therapy, there were clear limits to this care. Critically, the benefits associated with treatment are often strictly time-limited, and participants were well aware that a discriminatory housing market and struggles for sobriety awaited them at the end. As another participant summarized, “[y]ou’re in a bubble when you’re there. They do everything for ya.” Once outside the “bubble” of in-patient care, participants described steep challenges in meeting their own needs and those imposed by probation. Carl’s frustration, and his contemplation of returning to prison, highlight how much the shuttling processes of strong-arm sobriety could feel like a dead-end rather than a transition to stability.

### **“Now I’m Drinking All the Time”: Testing**

Probation officers used their authority to demand regular drug and alcohol testing of the people in our sample, making the (often fraught) experiences of traveling to testing sites and providing samples a common thread across the probation experience. A routine probation condition was the “color wheel,” a system of assigning random drug tests, with a frequency determined by the risk level (or “color”) of the participant at any given time. Two-thirds of our sample (66 percent) reported to probation once a month or less, while another 8 percent had no reporting requirements, and 26 percent reported more frequently (up to once per day). Every visit could entail a drug test on the spot; others were required to routinely test with breathalyzer machines that they carried on

their person at all times. While the frequency of testing varied from person to person, the inconveniences and frustrations of testing were a frequent conversation. Yet participants' description of the value (or lack thereof) of the practice varied substantially. As described above, the majority of our sample had struggled with substance use. So too did a majority report that probation was at least "somewhat" helpful. For these participants, drug testing could at times be experienced as a form of coercive motivation as they came to internalize the label of a criminal addict in need of external regulation (Phelps and Ruhland 2021). On the other hand, testing was simultaneously a demanding and intrusive burden, which sometimes misread participants' needs and selves.

Participants who struggled with sobriety on a day-to-day basis often described strong-arm sobriety as a necessary (if painful) form of accountability. Indeed, as noted above, among participants who reported that probation was "helpful" or "very helpful," this invocation of accountability to deter drug and alcohol use through both testing and treatment was the most common explanation for how probation had helped. For some of these participants, drug testing was an essential part of their accountability structure. Phil, a forty-year-old American Indian man, provided a particularly extreme example of this pattern. Phil had experienced a long stint of addiction before probation and feared relapse. Despite these challenges, he had achieved a measure of stability while on probation, working a minimum-wage service job that allowed him to meet his basic needs. Phil described the color wheel system of random drug tests as critical to "safeguard" his sobriety. He went so far as to ask his probation officer to continue testing after she lifted the requirement, worried that diminished surveillance would threaten his sobriety.

Phil was unusual in the degree to which he embraced testing, but it was not uncommon for our participants (especially men) to describe testing as helping them to achieve and maintain sobriety. Craig, a forty-year-old white man who owned his own construction company, credits his own turning point to a surprise home visit from his probation officer. "We need that discipline," said Craig, who described his probation officer like a second mom. Craig had been drinking at home when his probation officer knocked on his door and required him to submit to an on-the-spot breathalyzer. While, as a result of this encounter, he now had to wear an ankle monitor that detected alcohol use, he was sanguine when describing the experience, noting that he wished that his previous stint on probation had provided this degree of monitoring. Yet, even for participants like Phil and Craig, who adopted the demands of testing as important to their own self-defined goals, the coercive motivation of testing was time limited. Phil and Craig would eventually finish probation and be forced to navigate sobriety independently. If testing undergirded their sobriety, it would be threatened when probation ended, especially if the circumstances that engendered use had not been addressed. While Craig and Phil had both achieved a measure of economic stability alongside their sobriety, others were not so lucky.

Many participants in our sample resisted the notion that coercive surveillance would lead to greater well-being, particularly *vis-à-vis* sobriety. In some cases, this was because participants had gotten sober or had never had, or long since moved past, relapse concerns. For those participants, continued drug testing was an inconvenience and a continual reminder of how they were misrecognized and punished by the system. For others, including many of the roughly one-third of participants (36 percent) who

reported continued use of illicit substances at the time of the interview,<sup>5</sup> substance use was not a sign of disorder and/or an addiction that they wanted to fix. For instance, when Jayden, a twenty-three-year-old Black man, was asked if drug or alcohol use had ever been a problem for him, he said: “It’s a problem for *them*.” Pushing back against probation’s assumptions, Jayden maintained that his substance use (of marijuana) was not criminal and, indeed, positively contributed to his health. Thus, when asked if he did drugs, Jayden replied no because “marijuana is not a drug.” Leaning in closer to the recording device, Jayden reiterated: “Marijuana is not a drug, I repeat.” Like the young men in Victor Rios’s (2011) study, Jayden flaunted his marijuana use as a way of “discredit[ing] the significance of a system which had excluded and punished” him (Rios 2012, 53).

For adults like Jayden, the fixation on sobriety was misaligned with their own perceptions of what drove their arrest. Participants who continued to use substances during probation often adopted strategies to manage the demands of strong-arm sobriety and minimize the risk of violation for “dirty” urine. Importantly, this process of becoming “PO [probation officer]-wise” to avoid drug use detection was a high-risk practice of trial and error, fraught with anxiety. It was also a process that could worsen, rather than improve, participants’ well-being. For these participants, strong-arm sobriety probation not only failed to promote rehabilitation but, at times, imperiled their health.

Esperanza, a forty-two-year-old Latina, found herself dealing with increased anxiety and depression after an arrest for drug possession. She had lost her job after the arrest and was struggling to find new employment while balancing childcare for her five-year-old son and mental health issues. Prior to this run-in with the law, she reported using marijuana regularly to cope with daily life stressors—for her, the drug was a form of relaxation, not an addiction. But, once on probation, her probation officer informed her that her tetrahydrocannabinol (THC) levels in monthly drug tests had to come down to avoid a violation. A violation would mean jail time that would take her away from her son. To adjust, Esperanza turned to cigarettes and alcohol. Even though drinking alcohol was also prohibited on probation, she had learned that traces of this substance left her system much more quickly than marijuana and thus were harder to detect. Esperanza told us that she had started “drinking pretty much . . . every other day” as a result, compromising her overall health. At the end of the interview, Esperanza noted her growing worry about the impact of her increasing alcohol use, feeling trapped between the demands of sobriety and her need for coping mechanisms. Stories like Esperanza’s about compensatory use of other substances to replace drugs were frequent across our sample, with many participants commenting that the disruption of their prior coping practices (especially marijuana use) created immense pressure for them.

In addition to evasions of the testing regiment, other participants dealt with these pressures by curating their presentation of self in alignment with their probation officers’ expectations. Adam, a twenty-nine-year-old white man, had been arrested for fraud while living in a Western state. His arrest followed a series of downturns, including

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5. This drug use included marijuana. Excluding marijuana, 22 percent of our sample described using heroin, crack, methamphetamine, or illicit prescription drug use at the time of the interview. In addition, 31 percent of participants reported that they were drinking alcohol “occasionally” or more.



losing his job and being kicked out of the house by his (former) girlfriend. To pick up the pieces, Adam moved to Minnesota to live with family, bringing his probation (transferred to Hennepin County) along with him. This move marked a decisive change in his experience. Even though his arrest was not drug related, his Minnesotan probation officer added a new condition (then standard in the department): regular drug testing. After a few months of testing positive for THC, Adam's probation officer became certain that he needed in-patient drug treatment. So, she ordered him to undergo a Rule 25 assessment. That assessor found that Adam did not need treatment. Since Adam did not have insurance or the money to pay for rehab on his own, this finding effectively excluded him from in-patient services. Undeterred, Adam's probation officer reportedly ordered him to get another assessment—and then a third after the second yielded the same result. Framing Adam with the “criminal addict” trope, his probation officer said she would submit a violation if he did not go to treatment. Under intense pressure, Adam checked himself into rehab and got a fourth assessment, which he and the assessor “manipulated” to access and fund treatment. Perhaps not surprisingly, it was Adam who dubbed Minnesota the land of “ten thousand lakes, ten thousand treatment centers,” noting how his supervision had changed.

Though in treatment at the time of the interview, Adam continued to use illicit substances and did not find his substance use problematic. Like Esperanza, Adam was aware he could not use marijuana without detection. He mentioned substituting cocaine and alcohol since they both cleared from drug tests more quickly, a switch he calls “kind of backwards.” Going along with the criminal addict label, however, enabled him to make it through probation without a violation. Asked how he was managing the rehab program, Adam noted that, while “my counselor there is great,” he knew to be “really careful” to keep a consistent presentation of self and obscure continued alcohol and drug use. His deferral to the treatment mandate, not surprisingly, improved his relationship with his probation officer: “She’s gotten more understanding, I guess. I don’t know if that’s because she actually cares or if she just wants me to be in treatment for whatever reason. I guess, like, she’s happy so that makes my life easier [laughs].” While, for Adam, this strategy paid off in the short term, he was delayed in piecing his life together, completing a demanding treatment program that he perceived as unnecessary rather than moving toward other goals.

For participants who did not see themselves or their struggles through the lens of addiction, the demands of testing did little to curb substance use and, in some cases, actually worsened their use and overall health. Those who resisted strong-arm sobriety were required to develop a series of strategies and compensatory techniques, driven by practical knowledge of the UA system and the community of actors that enforced it. These strategies were not foolproof, however, and required a significant and stressful reordering of participants’ day-to-day lives. In Esperanza’s case, the high stakes of looming jail time pushed her to increase her alcohol use, generating new substance use concerns and worsening her depression. Adam, for his part, felt forced into complicity with the criminal addict label and navigated the shuffling processes of strong-arm sobriety by actively seeking out its institutional application. But the costs of coping with strong-arm sobriety manifested in a delay in pulling together the forms of support more relevant to his needs.

### “I Caught a Relapse”: Revocation

Across our sample, probation’s emphasis on eradicating substance use created a friction between probation officers and their charges. In the first section, we documented how this conflict could arise in the context of service provision with the miscasting of people’s needs and difficulties, leading to an inappropriate set of resources and a hampered form of case management. It could also snag at the point of testing, in setting expectations around what kinds of substances should be prohibited, tested for, and sanctioned. We turn now to the most punitive edge of strong-arm sobriety, which undergirded much of its stress: revocation. Probation not only served as a hub to services but also to jail or prison, a risk heightened for people with substance-use problems (Galvin, Davidson, and Kleiman 2021). The department’s policies and practices, together with the discretion of probation officers, was critical in determining if use was overlooked, treated, or brought into court (Doherty 2016). This risk of revocation was rarely far from the surface in our interviews, as participants described how probation officers linked substance use with personal failings and relied on the threats to compel compliance. Indeed, as the cases below demonstrate, revocation was one of the most powerful ways in which probation officers provided coercive care.

Just over half of participants (58 percent) “agreed” or “strongly agreed” that their experience on probation had been “stressful.” As with helpfulness, however, perceptions of the stressfulness of probation did not reliably correlate with age, race, or gender categories. For example, 58 percent of Black or African American participants replied that they “agreed” or “strongly agreed” with the statement “for the most part, my experience of being on probation has been stressful,” compared to 59 percent of white participants. In contrast, current substance use mattered a great deal: adults who reported using any illicit substances at the time of the interview were twice as likely to “strongly agree” that probation was stressful, compared to their sober peers (50 percent versus 24 percent). Similarly, 47 percent of people who reported drinking alcohol “occasionally” or more at the time of the interview strongly agreed that probation was stressful, compared to only 26 percent among participants who reported no alcohol use.

Even with an “understanding” or “laid-back” probation officer, there was always the threat of removal from the community and the psycho-social pain of being continually assessed as a “risk.” Indeed, even Jayden, who boldly asserted that drug use was a problem “for them” rather than for himself, spoke to this fear: “And I mean I feel like they’ll really send me to prison for weed. That shit is not fair to me. And then if they send me to prison for a year or two, next year they probably legalize this shit while I’m sitting in jail. That’s bogus.” Here, Jayden highlighted how the historically contingent criminalization of marijuana determined his freedom. Jayden’s criminalized marijuana use is particularly poignant in Minnesota, one of the growing number of states to recognize the drug’s medical value through partial legalization. This program, however, is one of the most restrictive and expensive programs in the United States. The program prohibits smokeable flower while requiring patients to use the far more expensive processed oil forms, regulating access to care through legal mechanisms and criminalizing the most affordable forms (Steel, forthcoming). While Jayden was acutely aware of how strong-arm sobriety misrepresented him as a “criminal addict” and put him at risk of

revocation, at the time of the interview, he had so far evaded the consequences of violations.

Other participants were not as lucky, describing how these institutionally prescribed perspectives on drug use misrecognized their struggles and perseverance, imposing punishment in lieu of care. Ann, a white fifty-six-year-old woman, described a rocky childhood with an abusive mother. While she had reached stability in early adulthood, Ann began drinking after a bad divorce and breast cancer diagnosis that impacted her ability to work. A particularly bad binge, and subsequent DUI, caused her to lose her apartment and her white-collar job. At the time of the interview, she was sleeping on a friend's couch and reported difficulty providing herself with food and supporting herself financially. She had gone to the emergency room twice in the past year, both after drinking binges. After one of these binges, a friend she was staying with called the police, and Ann's probation officer filed a violation. Ann spent nineteen days in jail on that charge<sup>6</sup> and recalls her disbelief at hearing her probation officer describe her case in court: "When the guy gave me the Rule 25, he said 'why is she keeping you in here?' I said, 'I don't know, she never talked to me.' She just showed up at court and said some things that were not true . . . She said 'she can't keep a job'. And that's not true; I can't get a job" (emphasis added).

Ann's comments pinpoint her probation officer's misrecognition through strong-arm sobriety. By describing Ann as someone who cannot keep a job, the probation officer painted a picture of a person who is out of control, someone who has been given opportunities but has spoiled her chance at success. Ann wanted to correct this perception in our interview, highlighting how periods of mandated treatment exacerbated her economic deprivation: "When you've been through several in-patient treatments, you're taking us out of the mix, you're making it harder for us to find a job, you're making these people homeless because they can't find a job." In addition to the impossibility of obtaining a job while in rehab, Ann also faced the temporal and geographic challenges of the random UA system, which tied her to a long bus commute to the downtown testing center. From Ann's perspective, she had not had the opportunity to spoil her own chances—the conditions of probation had already done so for her.

As Ann's case demonstrates, services, testing, and revocation were intimately intertwined, constituting a pathway between substance use and punishment that could be hard to escape. Of course, the risks of this relationship were particularly significant for participants who were under intense surveillance, a common practice for those assessed as high "need" or high "risk" through risk-needs assessment tools (Prins and Reich 2021). Randall, a thirty-nine-year-old mixed race Black man, described the scrutiny he was under after a revocation: "I have to watch literally everything I do because they got me under a microscope." For years, Randall had struggled with serious mental health challenges that he said were exacerbated by a history of misdiagnosis. He described his last five years as a cyclical pattern of mental health crises leading to

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6. While nineteen days is still "short-term" detention, it is a long disruptive period that goes well beyond the three-to-five-day best practices for sanctions (National Association of Drug Court Professionals 2018). Regardless of the length, jail stays can be detrimental to housing, employment, and familial stability (Turney and Conner 2019).

criminal justice contact, which was then exacerbated by mental health issues and substance use, putting him at risk for deeper system involvement.

The arrest leading to Randall's current stint on probation followed on the heels of what he described as a misdiagnosis for anxiety and a prescription for antidepressants: "After a week or so of taking those antidepressants and building up [in] my system I called the doctor . . . and said 'hey man, I'm agitated, I don't feel right, something's wrong.'" Randall reported that his doctor told him to keep taking the medication and that it would be okay. A week later, he was in psychosis and had been jailed. Between 2014 and 2017, Randall struggled with repeat arrests interspersed with jail stays, multiple stints of homelessness, and shelter living. During this period, Randall was evaluated by a state case manager, who declared him disabled and found that he was eligible for a plethora of state services specifically for adults with serious mental illness. This included residence in an assisted living facility and intensive case management.

In some ways, however, this state support operated in tandem with his criminal justice supervision rather than distinct from it. Indeed, it was apparently communication between his case manager and probation officer that led to his eventual revocation. Randall forgot about a meeting with his case manager on a Monday; on Tuesday, his probation officer showed up at his residence and had his place searched. Randall had a small bag of drugs that he said he had intended to sell, and this was discovered in the search. He was put in jail and received an ultimatum: stay incarcerated or attend inpatient drug treatment. He refused treatment for four months but, ultimately, relented and completed a month-long stint in rehab. When the interviewer asked Randall if treatment was helpful, he said: "Not at all, because I don't have a drug problem. Well, I don't have *that* type of drug problem. 'Cuz I did have a drug problem but it was not doing drugs."

Randall's story reflects a pervasive practice of poverty governance through strong-arm sobriety—mandated sobriety and treatment comes to govern a large swath of people as "criminal addicts" in ways that can be arbitrarily connected to addiction. Indeed, ethnographers of state-mandated rehab facilities often find patients with greatly varying relationships to substance use, ranging from people who report severe addictions to people who were caught with drugs but, even by the counselors' standards, do not really have a "problem" with drugs or alcohol (Gowan and Whetstone 2012; Kaye 2013; Miller 2021). In theory, Randall's eligibility for enhanced social services due to his mental health conditions should have resulted in more attentive and individualized care. In fact, Randall noted that it was his probation officer that first suggested that his diagnosis was incorrect and that he may actually be suffering from bipolar disorder, which resulted in a new diagnosis and better psychiatric medication. But as this attentiveness complemented the imperatives of criminal justice surveillance, it simultaneously empowered the "microscope" that detects even slight missteps. Importantly, it was Randall's non-substance related needs that opened him up for this push into punitive treatment, as his mental health case managers operated as an extension of his probation officer's surveillance. Thus, the collective effect of this "caring" surveillance was to shuffle Randall across the punishment-welfare continuum (Brydolf-Horwitz and Beckett 2021).

Like Ann and Randall, most of our participants were well aware that substance use carried potent meanings across different institutional settings; in the context of strong-arm sobriety, all drug use was an indication of a criminal addict subject and punishable through revocation. One participant, Samuel, a Black man in his late fifties, summarized the ways in which his use is perceived differently across institutional settings: “If I wanna have a drink or something it’s like I’m an alcoholic, I’m out of control and all that. And that’s not the case but that’s the way it’s written. Because I caught a relapse, I caught it [laughs] instead of slipping and that’s the way it is.” What might be called a “slip” in a more low-stakes context is understood as a “relapse” for the patient in treatment. And, in a field legally and rationally organized by strong-arm sobriety, a “relapse” quickly becomes a technical violation and potential revocation. By combining the phrase “experiencing a relapse” with “catching a case” to describe how he “caught a relapse,” Samuel conveys the high stakes of coercive care.

One of the interesting things about Samuel’s word choice here is that he was not someone who exclusively resisted strong-arm sobriety’s prescription of his identity. Indeed, Samuel himself expressed ambivalence about what to make of the severity of his drinking and how it intersected with the numerous other challenges in his life, including a serious disability. Yet, rather than see drug use as recreation, self-medication, a sign of a medical disorder, or a symptom of other kinds of precarity, strong-arm sobriety framed all alcohol and drug use as the poor life choices of the criminal addict. This reading of substance use reduced the myriad of personal and structural problems facing our participants into “bad choices” that were punished through coercive intervention. At the deeper carceral end, this punitive intervention resulted in incarceration, with such punishment justified as necessary to corral participants’ substance use and the threat associated with such behavior.

## DISCUSSION: RETHINKING THE “CARE” IN STRONG-ARM SOBRIETY

Scholarship on the enmeshment of punishment and welfare often exhibits a discomfort around the concept of care (Dominey and Canton 2022). Referred to as “care” in quotation marks (Phelps and Ruhland 2021), “carceral care” (Martin 2021), “perverse benefits” (Miller and Stuart 2017), “blended and at times synonymous” with coercion (Moore 2011), “life-sustaining and constraining” (MacLeish 2020), or “aid” (Brydolf-Horwitz and Beckett 2021), scholars make a concerted effort to distinguish this criminal justice “care” from an idealized notion of the carework that feminist thinkers have long argued should be centered in efforts to build a just society (Tronto 1993; Federici 2004; Fineman 2004). At its core, this ambiguity provokes larger questions around the consequences of placing a legal and moral duty of care within the strong arm of the state. The import of these questions is intensified within our social and political context—where inequality has spiked, the social safety net is more notable for the size of its holes than the strength of its weave, and the scale of criminal justice system contact has radically expanded (see also Lara-Millán 2021).

Like many others analyzing the “murky middle” of the penal-welfare continuum, we demonstrate how care was a resonant, if troubled, signifier of value

(Brydolf-Horwitz and Beckett 2021). On the one hand, participants frequently invoked care when describing their relationships with their probation officers, going so far in some cases to compare them to friends or even parents. On the other hand, this “care” was often limited, stigmatizing, punitive, and unable to address the forces that made adults’ lives so precarious. Even as our participants experienced this seemingly more rehabilitative form of punishment in a relatively progressive county and state context, many did not know where they were going to live beyond the next few weeks, expressed considerable anxiety in buying adequate food, and struggled to cope with the uncertainties of a low-wage job market particularly hostile to Black men with criminal records (Pager 2008). The paucity of real help in these areas constituted significant barriers to well-being for the people we interviewed.

The assemblage of rules, protocols, court decisions, and probation department culture around substance use together formed what we term strong-arm sobriety. As in Fergus McNeill’s (2019) concept of the “malopticon,” strong-arm sobriety reads participants as flawed adults—or “bad”—and, thus, in need of coercion to access care. As a hub within the larger penal-welfare continuum, strong-arm sobriety shuttled people to and from the non-profits and other community-based programs that now administer state aid programs (Miller 2014). Instead of a rich welfare ecosystem, however, many of our participants found they were funneled into one very specific resource: drug treatment. This centralizing of substance use was deeply enmeshed with the coercive scaffolding of probation. Because of the focus on sobriety, our participants were not simply “bad”; they were “criminal addicts,” defined by their perceived inability to self-regulate substance use and criminal offending (Gowan and Whetstone 2012). This meant that strong-arm sobriety was not just drug treatment but also drug testing and the threat of more punishment for failures in either avenue. Drug testing, in turn, provided community supervision agencies with an easy-to-adopt technology to measure “compliance” with the terms of supervision and evaluate risk (Simon 1993). As a result of these tensions, participants variously experienced strong-arm sobriety as meaningful help, misrecognition, and punishment. The misrecognition at the heart of strong-arm sobriety produced significant material consequences, including jail stays for “out-of-control” substance use. The resultant risks, anxieties, and potentially life-altering consequences were significant and in a non-trivial share of participants constituted a substantial downward turn in health and well-being (Phelps et al. 2021).

We also traced how participants variously internalized, evaded, and resisted this imposition of the “criminal addict” label as they managed the risks and pains of strong-arm sobriety. The experience of supervision was not simply a top-down imposition of the will of the state but, rather, a negotiation between the experiences of (mis)recognition and participants’ responses. While some internalized the gaze of the state, others creatively evaded detection for violations, even when those adaptations came with stark personal costs. In this analysis, we focused more on describing these reactions rather than predicting who is most likely to internalize or resist. Treatment, and probation more broadly, was more likely to be perceived as meaningful help when people found their own substance use to be distressing and when those participants had failed to get treatment in the community or during earlier entanglements with the state. Yet there were no clear demographic patterns in adoption or resistance of the addict

label and coercive care, in contrast to some previous research.<sup>7</sup> As we demonstrate across the findings, in our sample, white, Black, Hispanic, and Native participants variously reproduced and resisted the discourses and demands of strong-arm sobriety, sometimes simultaneously grateful for, and resentful of, the intrusion of the state into managing their substance use.

In short, in our sample, ascriptive identities did not produce clear patterns in the ways in which people chose to “take the state up on its offer” of coercive care, nor the proportions of care and coercion that the state doled out (Kaye 2013, 210). This is not to suggest, however, that these processes are “race neutral”; instead, the entire criminal justice apparatus and its incumbent techniques of rehabilitation are already racialized (Clair 2021). As Bruce Western (2018) notes, selection often operates differently inside the criminal legal system, with white adults who face imprisonment often having longer histories of addiction and precarity than their peers of color, given the racial disparities in arrest and punishment rates that make the threshold for arrest, conviction, and imprisonment higher for white Americans. In addition, within a political and social context that so tightly yokes criminality to Blackness (Muhammad 2019), even white people caught up in the criminal justice system can experience a kind of racialized stigmatization (Van Cleve 2016).

Minnesota, as home of the nationally recognized “Minnesota Model” of recovery, perhaps has a particularly strong political and institutional commitment to addiction treatment; though as Allison McKim (2017) demonstrates, the expansion of addiction logics is increasingly shaping responses to social problems across the United States. Accordingly, we argue that the state’s punishment practices hold important insights for recent attempts to address mass incarceration by reorienting punishment back toward rehabilitation. The most expansive reforms to the criminal justice system in the past twenty years have focused on diversion away from imprisonment and increasing rehabilitative mandates in the processing of people charged with lower-level crimes, especially drug offenses. These changes range from a proliferation of treatment courts and specialty drug probation caseloads to the issuance of standard requirements to complete testing and treatment as a condition of traditional probation (Nolan 1998; Wexler 2000; Fagan and Malkin 2003; Mirchandani 2008; Baker 2013; Kaye 2013). While often vaunted as new, innovative, and uniquely compassionate approaches to drug use, these reforms reconstitute rhetorical and practical commitments to “moral hygiene” that have been present, in some shape or form, across the history of American punishment (Garland 2012; Tiger 2012; Goodman, Page, and Phelps 2017). Strong-arm sobriety represents a contemporary iteration of these historical trends, situated within more recent neoliberal policy frameworks that blame the poor for their own poverty (Soss, Fording, and Schram 2011). These are the social-structural

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7. In a large study (N = 300) of former prisoners, Erin Kerrison (2018b) found that white respondents who had participated in prison-based therapeutic community programming were more likely to adopt the “addict” label, while Black respondents were more likely to resist the treatment rhetoric. Similarly, studies of “carceral rehab” programs often find that white clients’ substance use is read through more medicalized (rather than moralized) scripts (Gurusami 2017; McKim 2017; Whetstone and Gowan 2017). Danielle Dagedardt (2020) finds a similar dynamic in probation violation hearings. It is unclear whether our divergent findings are connected to selection into various programs, methodological differences in study design, or time and place.

contexts that addiction scholar Bruce Alexander (2008, 20) argues form “the root cause of the current proliferation of addiction across the globalising world.”

Through its conversion of precarity into personal failures of justice-involved adults, strong-arm sobriety devolves the responsibility of the state onto its most precarious citizens, turning a crisis of economic and social precarity into a crisis of criminalization. While providing only meager or substandard forms of care, programs like probation and its related appendages also burden these same adults with a set of unwanted goals, the pains of misrecognition, and all the barriers and risks that accompany a criminal conviction, active surveillance, and burdensome conditions. In the end, we argue, strong-arm sobriety appears to produce care needs as much as it ameliorates them, creating future subjects for carceral control. In doing so, strong-arm sobriety may create its own policy feedback loop, exacerbating the conditions of precarity in which addiction flourishes and, in turn, grappling to address the social fallout of that increased drug use. Instead of working to improve the “care” of the penal state, then, reformers should instead focus on scaling back punishment and, in its place, find ways to support people and communities to reduce precarity outside the strong arm of the state.

There are signs that this alternative vision of change could take root in the coming years—from the growth of the “defund the police” movement to the efforts to decarcerate and scale back supervision during the COVID-19 pandemic. Indeed, after our data collection ended, Hennepin County’s Department of Community Corrections and Rehabilitation moved to dramatically limit in-office visits, drug testing, and revocation to respond to public health directives. So too, however, was access to treatment programs disrupted. As we shift into the next phase of the pandemic, department leadership in Hennepin County (and, we suspect, in other jurisdictions across the country) are overhauling the drug- and alcohol-use testing policies to turn to a new normal that reduces the department’s reliance on drug testing to measure compliance (Gokey 2021). The changes enacted during the early pandemic years document that profound shifts in penal practices can be implemented rapidly as long as local jurisdictions and states can establish and maintain the political will to develop different responses to poverty, marginalization, and exclusion.

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