Unsung Heroes: The Jones County Drug Court

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UNSUNG HEROES
THE JONES COUNTY DRUG COURT

A thesis
submitted in partial fulfillment of the requirements for the degree of

Master of Fine Arts in
Documentary Expression

Center for the Study of Southern Culture
THE UNIVERSITY OF MISSISSIPPI
Oxford, Mississippi

by
ELISE JOELLE DENOULET
August 2023
ABSTRACT

In Ellisville, Mississippi, some heroes do not wear capes. The Jones County Drug Court, located in rural Mississippi, fights drug and alcohol addiction daily. This drug court program, led by the tough but compassionate Consuelo Walley, supervises about 70 to 90 participants in their recovery journey. In recent years, this program has grown to be known as one of the most efficient in its region, and I made it my mission to uncover why that is. It turns out staff members are themselves recovering addicts, who utilize their own experience as a way to connect and relate to their participants. The head of the program, Ms. Walley, also has first-hand experience with drug addiction as her own family has been touched by the never-ending disease. Supported by a benevolent Circuit Court Judge, participants spend 3 to 5 years working on their recovery. They learn how to change their habits, they learn life skills, and they learn how to be productive members of society. Rather than throwing these individuals away to the incarceration system, the community in Jones County took it upon itself to help these people in any way they can. Even if sometimes even an entire community’s efforts do not suffice, the Jones County Drug Court’s staff never gives up on those society left behind. In the 22-minute documentary film that accompanies this thesis, I dive into the world of recovery from addiction and try to shine a light on these Unsung Heroes, those who fight an inner battle against their own body and mind, and those who accompany them through every step of the way.
DEDICATION

I would like to dedicate this project to anyone who has been impacted by the disease of addiction. You are not fighting alone.
ACKNOWLEDGEMENTS

I would like to thank my thesis advisor, Andy Harper, for his continued support throughout this thesis and throughout the MFA program. You believed in me even when I did not. Your guidance made my film what it is today, and for that, I am very grateful. I would also like to thank the rest of my committee, John Rash and Melanie Ho, who provided invaluable help and insights not only in this project but in many others.

I would also like to thank every person who is involved with the Jones County Drug Court. To the people who are working every day to make this program better — Kenyada Smith, Melissa Barnett, Judge Williamson, Dent Williams, among others — your work is irreplaceable. To the people who are or were involved in the drug court program — Tiffany Bonifacino, Nicole McKee, Kimberly Stokes, Elecias Heard, among others — your strength and determination is remarkable. Finally, Ms. Consuelo Walley, this project could not have been made without your help and support. The work you do every day is exceptional and I am thankful I got to shine a light on it.

I would like to thank the Center for the Study of Southern Culture and the Southern Documentary Project for giving me the tools and resources to complete this project. I would like to thank the University of Mississippi for giving me a chance, even when COVID-19 made it difficult to bring international students in. I would also like to thank my former advisor, Dr. Iveta Imre, for encouraging me to apply to the MFA program.

Lastly, I would like to thank my friends and family, in the United States and in France, who have always supported me.
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INTRODUCTION

The state of Mississippi is no exception to the drug crisis that the country as a whole is suffering from. In the year 2021, the Magnolia State counted 491 drug overdose deaths, which is more than one death due to an overdose per day. The rising in overdoses deaths can be partly attributed to the rise of synthetic opioids (e.g. fentanyl) over the last couple of years: between 2019 and 2020, the number of drug overdose deaths increased by 49%, while the number of deaths involving synthetic opioids spiked by 125% (The Mississippi Drug Abuse Surveillance System).

While the opioid epidemic gets more and more critical over the years, other types of addiction still remain. In the United States, more than 23 million adults have struggled with problematic drug use (National Institutes of Health), and about 10% of US adults have had a drug use disorder at some point in their lives. Drugs are defined as medicine or other substances which have a physiological effect when ingested or otherwise introduced into the body. Here, we will consider alcohol abuse too as a form of addiction.

Not only does drug use pose a problem for individuals’ health, but it also impacts people’s lives when they come into contact with law enforcement. Indeed, most drugs currently in circulation are prohibited by law. What happens when one comes in contact with law enforcement for a drug-related felony? This is where drug courts come into the picture. When a defendant is charged with a felony, whether it is drug-related or whether the felony was
connected to drug abuse, they can be offered drug court. The District Attorney’s Office reviews each case and determines whether an individual can be referred to drug court. The individual is then interviewed and filled out questionnaires about their drug use, their history of drug abuse, and personal information. If the drug court judges they could be a good candidate, one is offered drug court. If a participant successfully graduates from drug court, their charge is expunged.

Located in Ellisville, MS, the Jones County Drug Court (later also referred to as JCDC) is a 3-to-5 years program helping participants get rid of addiction. Ms. Consuelo Walley, playfully called by the participants “The Hurricane,” dedicates her job and her life to helping get participants in active recovery.
UNDERSTANDING DRUG COURT PROGRAMS

i. Literature review

The first drug court program was born in Miami in 1989, in an effort to implement a “therapeutic jurisprudence,”\textsuperscript{1} as an alternative to an exclusively punitive justice system. Drug court programs were made possible by the Narcotic Addict Rehabilitation Act passed by the federal government in 1966, permitting all states to implement coerced treatment programs and allocating funds for said programs. In 1971 the Treatment Alternatives to Street Crime or TASC was created by the federal government and remains known as the ancestor of drug courts. TASC had a similar but slightly different approach than drug court: it would take drug offenders out of the criminal adjudication process and place them in drug treatment facilities independent from the criminal justice system. Defendants were then returned to the court system once they had finished their treatment. In such a scenario, defendants would have little to no interaction with judges during treatment.

The first modern drug court program was introduced in Dade County, Florida, in 1989. The Date County Drug Court was the first “attempt to marry the methods of drug treatment and an understanding of drug-involved behavior, with the goals of criminal processing in a

judge-supervised treatment program based on outpatient methods in the community.” The foundation of drug courts is the principle of restorative justice, through the intervention of the justice system and which “can benefit the offender, direct and indirect victims, and the community as a whole through its combination of treatment, intensive supervision, and regular court appearances.”1 Drug court programs represent a collaborative effort, in opposition to the adversarial nature of criminal courts2. They address substance abuse as a root cause for criminal behavior, and seek to tackle the problem at its core through was is referred to as “coerced treatment.”3 Programs are described as halfway between medical treatment and legal punishment, as addiction has been acknowledged as a disease and therefore calls for treatment. The idea of coerced treatment or “enlightened coercion” emerges from the fact that addiction affects the pleasure sensors of the brain, it becomes a disease that people do not always want to be cured from. The coercion brought by the justice system becomes a necessary component of treatment, helping teach drug court participants to manage their ambivalence towards recovery. Drug court programs often include sanctions in case of violation of the program’s rules, as the path to recovery frequently entails missteps. In 2020, there were more than 3000 drug courts in operation in the United States. One of the most important achievements of drug courts is their potential to reduce drastically recidivism, on the principle that individuals in recovery are less likely to engage in criminal behavior.


There has been a fairly extensive amount of research done on drug court programs. While programs differ from one court to another, the principles of drug court remain the same, and conclusions drawn by researchers can generally be understood as prevalent. I picked the following articles based on their relevance to my project and drew parallels between the drug court program(s) they focused their research on and the Jones County Drug Court Program.

*Understanding Success and Nonsuccess in the Drug Court*\(^4\) compares the perceptions of graduates from an Arkansas drug court to individuals who were terminated from the same program. Findings showed that graduates usually had a higher education level than non-graduates. Most of the participants entered the program upon advice to do so by their lawyers, some as an alternative to prison, others as a means to treat addiction. Most participants praised the drug court counseling program and found it to be one of the most helpful components of the program. Group sessions, however, were described as chaotic and not as helpful by non-graduates (29% deemed them beneficial) but rather beneficial by graduates (67%). “Although the overwhelming majority of participants expressed overall satisfaction with drug court, graduates and non-completers articulated a number of criticisms. Participants were critical of the programs’ (a) lack of confidentiality, (b) one-size-fits-all mentality to counseling, (c) judicial subjectivity, and (d) required meetings and employment conflicts.” One important factor in this study is the Greene County Drug Court counselor is a recovering alcoholic, therefore they specialized more in alcoholism than drug addiction. This was thought by the participants (mostly non-graduates) as detrimental because they did not believe their counselor could relate to their addiction. The

JCDC does not only employ one but two recovering drug addicts, which according to this study can be a big strength of the program. Overall, both graduates and non-graduates found the program beneficial, and most mentioned the program allowed them to repair damaged relationships with their families and community. The participants appreciated the accountability provided by the drug court and even wished there was more accountability demanded.

*Drug Court Recidivism in the Rural Midwest: A 3-Year Post-Separation Analysis* focuses on the effectiveness of drug courts in rural populations compared to urban centers. It observes recidivism rates among participants in a small, rural drug court over a 3-year period. The study found that individuals who had been terminated from the program were more likely to commit a misdemeanor and/or a felony than those who graduated. “Examination of observed probabilities, derived from participants who enrolled in the Mid Nebraska Drug Court between 2006 and 2010, revealed that individuals who terminated from drug court (25.2%) were more than twice as likely to commit a subsequent felony than were those who successfully completed the program (11.8%).” It is important to note that there were no differences found in offenses committed prior to drug court, suggesting that graduates and non-graduates were similar in regard to their offending behavior at the time of sentencing.

*Drug Courts and the Facilitation of Turning Points* looks drug court as a “turning point”: “Life course theory scholars have demonstrated important life events, such as marriage, gaining employment, or joining the military, have led to reduced recidivism; however, drug courts might also legitimately be considered a turning point for an offender.” Especially, drug

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court can bring participants a number of new skills and help in aspects of their life learning to a turning point: through building self-esteem, repairing broken relationships with family, or even gaining education or employment, drug court can be considered a “facilitator” of a turning point in the life of a drug court participant — eventually leading to a decrease in recidivism. Getting married or having children often leads to a decrease in criminal activity, because of a sense of familial obligation and/or the acknowledgment that there is more to lose. More time spent with family also “leaves less time to engage in antisocial or criminal behavior.” Employment can be acting as a form of social control, and also give an individual a sense of identity and increased self-esteem. Turning points can be classified into two categories: self-motivations and the influence of others. Self-motivations refers to internal turning points that change how the user views themselves. The influence of others can relate to a marriage or a parent-child relationship. Participants in the study noted self-improvement while going through drug court such as earning a GED or a driver’s license. They also mentioned the court’s positive impact on their relationships with family and children. A majority of participants also noted improved self-esteem and a new sense of self, despite drug court being less of a voluntary choice than college or marriage would be. Overall, drug court “allows many of the personal and interpersonal relationships the time to bloom and grow.” It helped facilitate turning points in the participants’ lives, especially female participants. If we apply the findings of this study to the JCDC, then we can hypothesize that the JCDC also facilitates turning points in the lives of the participants — as participants have told me through employment, tighter bonds with their families, regaining custody of children, and sometimes even through becoming a resource for new participants (volunteering to host meetings, etc.).
Drug Court Through the Eyes of Participants is "an evaluation of the operation of the drug courts themselves from the perspective of the participants of these drug courts." While this study is pretty contemporary (2019), it seems the construction of the drug court staff in this study is pretty different from the staff of the JCDC: here, teams consist of a judge, a probation officer (supervising the participants), a public defender or defense counsel, a state’s attorney, treatment specialists (in charge of the testing and treatment services) and police officer overseeing any possible illegal activity. In this case, participants can stay in the drug court program between 15 and 30 months, which is less than the 3 to 5 years of the JCDC. Through a series of 45-interviews, researchers determined several elements:

- A great understanding of the program prior to joining drug court contributes to long-term success
- Drug court status hearings have proven to be stressful for participants, yet participants tend to prefer group hearings to one-on-one interactions with the judge
- Most participants felt like they had forged a supportive relationship with the judge, though they questioned the judge’s lack of personal experience with addiction
- Nearly all participants felt the sanctions they or others received were appropriate for the situation — an image of fairness, equity, and just treatment being essential for the drug court’s success
- About half of the comments on treatment were positive, which is an alarmingly low number. This was mostly due to the rural setting of the drug courts limiting access to quality treatment
- Time and transportation were noted as some of the biggest challenges of drug court

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Along with the issue of time, employment assistance and time management are two areas the participants felt could be improved on.

Drug courts had overall a highly positive impact on the participants’ lives.

The participants also provided some recommendations to improve the drug court process, such as: (1) improving the awareness of the drug court requirements prior to signing on to drug court, since legal language can be complicated to understand for participants whose literacy level could be a challenge, (2) increasing drug court judges’ knowledge and experience dealing with addiction, (3) reshaping status hearings so that the participants do not have to wait long hours for their turn, (4) varying and personalizing incentives and sanctions, (5) working with the participants on time management.

*Employment and Work Among Drug Court Clients: 12-Month Outcomes* focuses on employment post-completion of a drug court program. In the words of the article, work can be a “‘gate-way’ into productive social and professional relationships” and it also “increases self-esteem, self-worth, and encourages independence that contributes to reduced substance dependence.” In many instances, finding employment is one of the drug court’s requirements. Researchers found that participants who attended a maximum of enhanced employment sessions reported more full-time employment, found themselves less unemployed, reported a higher number of days worked, and also self-reported less drug and alcohol use than control groups. Enhanced employment programs can be effective in providing drug court participants more employment opportunities, and contributes to keeping participants on the right part.

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is an important element at the JCDC, and the staff members keep looking for ways to connect their participants with employers in the community. As Ms. Walley mentioned on several occasions, employment grants participants (1) a source of income that helps them pay their drug court fees, (2) structure and a routine, and (3) a sense of responsibility and of contributing to society. Early on, participants at the JCDC are encouraged — then required — to find employment, before diving deeper into a later phase of the program where participants are encouraged to look at their long-term goals (getting their GED, entering vocational school, finding their passion).

*Drug Courts and the Logic of Coerced Treatment* focuses on the approach of drug courts using “coerced treatment” to treat addiction, in a system halfway between medical treatment and legal punishment. In the words of the researchers, this study: “(1) discusses how punitive, therapeutic, and medical approaches are merged to enlarge the scope of activities used to manage individuals deemed both criminal and sick and (2) examine the ways the logic of coerced treatment reflects both the rehabilitative and repressive approaches that have characterized U.S. criminal justice practice and policy.” As the discourse around drug addiction reached the acknowledgment of addiction as a disease, drug courts became the solution to an issue calling for both treatment and punishment. Coerced drug treatment therefore became a standard punishment for drug-related offenses, satisfying both ends of the spectrum (medical need and legal need). This study also highlights the drug court’s role in fostering abstinence from drugs but more importantly the long-term maintenance of sobriety and abstinence: what Ms. Walley referred to as Sobriety vs. Recovery. A state of sobriety is when an individual is not using — ie. abstinent —

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while recovery is the mindset of long-term maintenance of the sobriety. The notion of program effectiveness is also mentioned in this article, and is being measured in terms of (1) reduced recidivism rate, (2) abstinence from drugs and alcohol, (3) changes in jobs skills and employment, (4) changes in literacy and education attainment, (5) changes in physical and mental health, (6) changes in the status of family relationships, (7) increased use of healthcare and other social services, and (8) increased economic productivity. Another important aspect mentioned by the article is drug court advocates’ position on reforming the justice system. Advocates believe that the justice system punishes rather than provides solutions. Yet, the collaboration of the justice system is instrumental in the success of drug court programs, especially judges: the article mentions how a supportive judge is much appreciated by drug court participants, who love their judge and desire to get the approval of an authority figure. In the case of the JCDC, Circuit Court Judge Dal Williamson is very involved in the participants’ success, and he is a key figure in the program. Having a judge who is a strong drug court advocate himself and who takes on the role of the authority figure praising or reprimanding participants is essential to the success of a drug court.

*Justice and Treatment Collaboration: A Process Evaluation of a Drug Court*\(^{10}\) starts with an assessment of the history of drug courts. It highlights the fact that drug courts represent a “shift away from the predominantly punitive orientation of jail and prison sentences,” towards a method of treatment that rather focuses on restorative justice. It also acknowledges the stakeholders involved in this innovative method of treatment as being victims, offenders, and communities — all of which benefit from the *restorative* component of drug court programs.

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Lastly, the article notes that offenders who believe they have been treated fairly by the justice system are less likely to re-offend in the future. The article goes on to list main characteristics of successful programs. Among the characteristics mentioned, we can find programs that (among others):

- Are longer in duration
- Use the leverage of the criminal system to keep participants in treatment
- Offer multiple levels of care, including clinical assessment, behavioral contracts, drug testing, sanctions, and incentives
- Have the support of the community and local policymakers
- Have qualified and involved leaders
- Prepare participants for return to the community

Most of these elements are central in the JCDC program, such as a lengthy program (3 to 5 years), staff members not only involved but recovery addicts themselves, a very supportive community and circuit court judge, and bridges for a return to the community through employment for instance.

_The impact of drug court participation on mortality: 15-year outcomes from a randomized controlled trial_11 looks at death by opioid overdose, with a focus on Baltimore City. It highlights that “[d]eath has been directly related to complications from substance use, including septimemia, cancer, suicide, hepatitis, injury and HIV/AIDS.” People who suffer from substance use disorders (SUD) are more likely to die prematurely, making treatment vital to

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reduce high mortality rates. Types of treatment include psychosocial treatment, medication-assisted treatment (MAT), and therapeutic communities. Previous studies have shown that MAT is one of the most effective forms of treatment for SUDs. The article concludes its opening by introducing drug courts as solutions to SUDs, through reducing substance use among participants. However, it highlights that research focusing on drug courts usually has a short follow-up period, making it hard to determine their efficacy on mortality in the long term. Results showed that participation in the drug court program did not result in a reduction of total or substance use-related mortality risk, an outcome judged “surprising” given that substance use treatment has been proven to be associated with reduced mortality. However, throughout this study, less than 10% of participants in either the drug court group or the control group received MAT due to insufficient access to treatment, which may influence these results. The study highlights points of improvement for drug court programs, starting with providing MAT. It has been found that MAT is often denied to individuals in the criminal justice system, especially in jails and prisons, despite SUDs being recognized as chronic illnesses. Additionally, “providing culturally proficient treatment should be considered” given that participants in drug courts come from a variety of demographics (in the present study, mostly Black). Drug courts can also be instrumental in overdose prevention and response, and the article suggests providing participants with take-home naloxone. Finally, the study addresses the stigma around seeking help for a SUD and the need for drug court staff to use a language that is clinically appropriate.

*Drug Courts - Just the Beginning: Getting Other Areas of Public Policy in Sync*

prefaces by setting the United States as having one of the highest incarceration rates in the world.

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though drug courts symbolize a step towards “a more humane approach for dealing with certain nonviolent, drug-addicted defendants.” Yet, a substance-abusing offender can complete drug court, be drug-free, have every aspect of their life in order (gain education and/or employment, have their charges dismissed, be a law-abiding and tax-paying citizen) and still be penalized by some instances of the legal and public benefits systems, including public housing, welfare, educational benefits, and voting rights. In many cases, these are lifetime sanctions. This article highlights the inconsistency of having one side of the criminal justice system promoting a therapeutic and rehabilitative approach, with another side promoting a punitive approach. 

**Housing** — Housing is one critical issue for drug court participants, because (1) most struggle with finding housing, are homeless, or live with family members or roommates who use drugs, and (2) a stable housing situation is required to enter a drug court program. Though the HOPE Act (Housing Opportunity Program Extension, 1996) would be a great resource for drug court participants, it was designed to be an anti-crime measure that makes housing safe for law-abiding residents and therefore allows authorities to deny admission or evict individuals who have engaged in criminal activity. Several states have installed programs that allow landlords to evict individuals involved in drug use or dealing. These measures, however, do not take into account individuals’ recovery, making drug participants either ineligible for public housing or at risk of being evicted.

**Public Welfare Benefits** — Having a drug conviction on their record makes drug court participants ineligible to receive welfare benefits in many states (42 states out of the 50). This includes cash assistance and food stamps. This measure impacts especially women, who
“although representing a small minority of felons convicted of drug offenses, represent the majority of primary caregivers and welfare recipients.”

*Voting Rights* — Drug court participants often are disenfranchised regardless of the chances they have made in their life post-drug court. “The United States, however, is reportedly the only democracy in the world in which convicted offenders who have completed their sentences can be disfranchised for life, as it is currently the situation in twelve states.” This disproportionally impacts African-American males (13% of the adult population that cannot vote as a result of a conviction). Only two states (Maine and Vermont) have no voting restrictions for convicted felons.

*Educational Benefits* — Under the Higher Education Act of 1998, all convicted drug offenders lose eligibility for federal education aid (temporarily or permanently) if they have three convictions. Some colleges have started programs and policies that replace federal financial aid in order to fill in the gap. But many participants are encouraged to pursue post-secondary education during or after drug court, and this is a limitation many individuals have to face.

*Immigration Status* — If an individual is not a U.S. citizen, he or she can be deported under the Antiterrorism and Effective Death Penalty Act (AEDPA) of 1996. Even a dismissed conviction following drug rehabilitation can still be considered a conviction for immigration purposes.

Overall, this article shows that while drug courts are an innovative and comprehensive way to treat drug addiction within legal boundaries, many aspects of society have not yet adapted to this new form of treatment. Drug courts function on a “carrot on the stick” principle, promising participants they will be rewarded if they undergo a very intense program. Yet, this study has proven that there are many benefits former drug court participants and recovering addicts cannot
benefit from. At the JCDC, the accent is put on changing many aspects of the participants’ lives, not only their drug usage. Recovery does not only include sobriety, it involves many aspects of a person’s life, including employment, participation in civil life, and education. Yet society does not seem to have evolved as fast as drug courts have. Public policies have yet to adapt to this form of justice.

i. The Jones County Drug Court program

I contacted Ms. Consuelo Walley for the first time on September 14, 2021, via email. We quickly organized a phone call that occurred on September 24, 2021, where Ms. Walley explained to me how drug courts work and specifically how the Jones County Drug Court is organized. We followed up after our conversation by setting a time to film an interview at JCDC on October 15, when my TV Documentary Reporting class and I traveled to southern Mississippi. The following paragraphs encompass the information I learned about the JCDC program from my first interaction with the court to the present day.

The JCDC program was created in 2012 and falls under the umbrella of the 18th Judicial District. The Circuit Court Judge overseeing the program is Dal Williamson, elected in 2014. The JCDC is an adult felony program, which means participants have to have been arrested for a felony, either related to drugs (EX??) or happening as a result of their drug addiction (EX??). Crimes committed have to be non-violent crimes, and cannot include trafficking or selling (in order not to “allow the wolf to enter the barn”, which would be counter-productive to the drug court approach). In order for defendants to be offered drug court, they have to be vetted: there is
an interview process that includes a questionnaire about the defendant’s background, history of mental illness, work and employment history, and medical history. A background check is also done to make sure defendants do not have previous charges pending for a violent crime or are under an open investigation. Finally, an assessment is done in regards to the defendant’s living situation, since participants in the program live in their own accommodations and must have reliable transportation (personal vehicle or have a relative/friend able to drive them) to be able to fulfill the drug court requirements (attending meetings, getting drug tested on-site several times a week, …). If a defendant is deemed eligible for drug court, the drug court then files an acceptance, and the defendant can plead guilty to the felony charge. Defendants who do not have prior felony convictions are eligible to enter drug court under a non-adjudication statute, which means the judge can hold their guilty plea in abeyance, and participants can have their charges dismissed and expunged once they successfully complete drug court. This allows participants to walk out of drug court with a clean record, which for many is a great incentive for entering and completing drug court. For defendants who have been previously convicted of a felony, they can plead guilty to their charge, be adjudicated guilty, and come to drug court as a part of their probation or post-release. If a participant fails to complete drug court, they receive their initial sentence or the sentence determined by the judge then.

Once a participant has entered drug court, they have to successfully complete the four phases of the program in order to graduate, and they have up to five years to do so (the program is originally designed to be completed within three years, but a participant is allowed up to five years to complete all the steps). The first phase is the treatment phase: this can include in-patient or intensive out-patient rehabilitation depending on the need of the participant. It also requires
participants to attend 90 meetings in 90 days (recovery meetings, NA, AA, etc) and they are drug tested on-site twice a week. During this phase, participants also meet with Ms. Smith, the case manager, and go over short-term goals such as starting to look for a job, and then start to work on their 12 steps. This phase is meant to have a high level of accountability, in order to get participants used to having a routine. Getting a job and going to recovery meetings also occupies participants who have less time on their hands to be prey to their addictive thoughts. The second and third phases are meant for participants to restore the things that addiction stole from them, on short-term or long-term goals. These can include getting their own place, having steady employment (in order to help pay court fees and fines), and having reliable transportation for short-term goals. Long-term goals can include regaining custody of their children or regaining visiting rights (the drug court staff actually attends custody/visitation hearings and is able to provide documentation on the participant’s improvements and efforts, such as participation in parenting classes and anger management classes), getting back to school or earning a GED, learning how to budget. Ms. Walley emphasizes the importance of these phases, because not only do they focus on an addiction-free future, but they also separate the individual from their addiction: she asks participants who they would have been if their life had not gotten lost in addiction, to which some of them answer “I don't know that I've ever thought about that, because I didn't think that there ever would be life after addiction or any other type of life.” Addiction being a generational trauma, many participants have seen their parents live in addiction their whole lives, without any other example to follow, without even knowing another type of life was possible for them. These phases question their beliefs and take a look at what their future post-drug court could look like. The last phase is a transitional phase: studies show
that people in addiction do better when they are in a routine when things stay consistent. This phase is meant for participants to go from a high level of supervision and accountability, to slowly being responsible for themselves. Over about seven months participants are transitioning to life after drug court. Once a participant has completed all four phases of the program and fulfilled all of their requirements (community service, paying court fines, etc.), then they can be considered for graduation. Participants have to write a graduation essay that requires them to reflect on who they were before drug court, how drug cost helped them change their life, and who they are now. The judge will then read excerpts of these essays during the graduation ceremony, which occurs twice a year for the JCDC (October and March). During the ceremony, participants have the opportunity to speak in front of their family, friends, and drug court staff. They receive a diploma certifying their completion of the program, and their charges are officially expunged. Ms. Walley insists on making graduation an important event, for many participants never completed something in their lives before (whether it be a school program, winning a competition, or earning an award…). This is a time participants get to be celebrated for their hard work. At every graduation, a speaker is invited to make a speech: the October 2021 graduation welcomed Supreme Court Chief Justice Michael K. Randolph, which was a very big deal for a rural drug court like the JCDC. Justice Randolph has been instrumental in providing drug courts with more funding, for he is a strong believer in drug court programs. He provided the audience with a data sheet (in the appendix) exploring the many savings drug courts bring to the state of Mississippi. He is now hoping to pass more legislation providing even more funding to the courts (Justice Randolph’s team contacted me to access my footage of the graduation to be used to push for said legislation).
To conclude the exploration of the Jones County Drug Court program, I would like to go over the things that set the JCDC apart from other courts. After all, I have been directed to the JCDC because it was rumored in the area that this court was doing particularly well. First and foremost, contrary to many courts, the JCDC only serves one county — Jones County. In comparison, the Hinds County Drug Court and the DeSoto County Drug Court are the only courts along the JCDC in Mississippi to only serve a single county\textsuperscript{13} — most courts serve from 2 to 7 different counties. On a regular (ie. between graduations), the JCDC counts around 70 to 90 participants, while some drug courts can manage some 300+ participants. This — recognizes Ms. Walley — makes it easier for the JCDC staff to get to know each participant personally, and to allocate more time and energy to each person. Additionally, one strength of the JCDC is that two of the three main staff members are recovering addicts. Ms. Kenyada Smith (Case Manager) and Ms. Melissa Barnett (Peer Support Specialist) are themselves in recovery (respectively 17 years clean and 7 years clean). It was essential for Ms. Walley to be surrounded by the right staff, “I think it’s probably why our drug court is so different, because the people that are there on staff, including the judge down, have the heart, and are willing to sacrificially give because you pour so much of yourself into it and if it’s just a job, it’s never going to work. I think it’s probably the biggest thing that I tell people, … probably the most important thing that [one] could do is to look at [one’s] drug court staff because it’s not going to work if you don’t have the right staff in place.” Having examples of successful recovery as drug court officials can most definitely help participants, for it gives them someone that can relate to them, and it also gives them someone to

look up to. Ms. Smith once told me during an interview that she tells participants “There's nothing that you could tell me is going to surprise me,” they can be comfortable talking in confidentiality and in a judgment-free zone. Ms. Smith also said that her own experience allows her to notice when a participant is in a mental space that might set them up for relapse: having lived through addiction herself, she knows the signs and can provide a helping hand when it is most needed. Ms. Barnett added that her personal experience with addiction can help participants feel more comfortable and break the stigma around addiction, lifting the potential fear of being judged. She also mentioned being an example for participants: “I think being here to show people that you can do it no matter where you are and where you come from, what you did, that you can be successful.” Ms. Barnett and Ms. Walley actually met when Ms. Barnett was attending the rehabilitation classes that Ms. Walley was teaching. Finally, the JCDC focuses on recovery rather than sobriety: “You will hear sobriety and recovery tossed around a lot. Here, at the Jones County Drug Court, we don't focus on sobriety — we focus on recovery. Sobriety just means that the person is abstaining from using alcohol or illicit drugs. Anyone can be sober if they don't have any other choice but to be sober, meaning they're environmentally sober, and environmentally clean. Their environment is such that they cannot use. But recovery means that their mindset towards easing an addiction has changed, that they have had a heart change, that they have changed their people, their places, and their things, meaning their whole lifestyle, the way they approach their problems, the way they deal with stress, the way they deal with pain and emotional wounds has changed. … And that's people who are in real recovery, the ones who make it out, who leave a lifestyle of addiction behind and they don't go back,” Ms. Walley said
during our first camera interview. A focus on recovery rather than sobriety is a much more durable approach to tackling addiction.

ii. **Drug court numbers in Mississippi**

The speaker at the October 2022 graduation of the Jones County Drug Court was Chief Justice Michael K. Randolph from the Mississippi Supreme Court. He brought with him sheets of paper that he distributed among the room, on which could be read a series of numbers. Chief Justice Randolph believes in drug courts by the numbers: they are effective. Drug courts actually save a lot of money for the taxpayers of the state. Sending people to prison costs the state, but sending people to drug court does not because participants are financially responsible for their drug court fees. According to the data distributed by Chief Justice Randolph, drug courts saved $832,509,831 between the fiscal year of 2006 and August of the fiscal year 2023. In 2021, the estimated savings of incarceration costs amounted to $57,600,000. Additionally, babies born with drugs in their system also cost money to the state: “Savings in societal costs for babies born drug-free FY06 - August FY23 [amounted to] $687,500,000” (according to Chief Justice Randolph’s pamphlet). In the first 18 years of their lives, a drug-free infant saves an average of $750,000 compared to an infant born on drugs from their mother.

In terms of recidivism, drug courts also prove to be more effective than other programs and more effective than prison. Mississippi’s Adult Felony Drug Intervention Courts in FY2018 had a recidivism rate of 2.9%, as opposed to an average of 35.4% outside of drug courts.
Between FY12 and FY21, Mississippi intervention courts have graduated 6,990 participants, 595 of whom earned a GED, 4,460 found employment, 540 attended a vocational school, 1,380 attended a post-secondary school, and 1,315 obtained a driver’s license.

These numbers are essential to the understanding that drug courts not only save money for the state, but they also are working. They are efficient.
i. **Background**

In this section, I aim to explain how I came across this story, and how it came to be my thesis documentary. For starters, a little bit of background. This project actually started during my Master of Arts in Journalism at the University of Mississippi, before I joined the MFA program with the Center for the Study of Southern Culture. On October 14-16, 2021, my Television Documentary Reporting class and I headed to Waynesboro, MS, to report on drug use in the South of Mississippi. My professor Michael Fagans had been contacted at the beginning of the Fall semester by Russel Turner, editor of the Green County Herald, and Paul Keane, editor of the Wayne County News. Both had kept hearing that drug use — especially methamphetamine — was getting more and more important and alarming in their respective counties (Green County, MS, and Wayne County, MS). Despite being Mississippi State fans, the two men decided to contact the University of Mississippi’s Journalism School for help to report on the issue. Turner and Keane had previously worked with Fagans and UM journalism students, besides, both publications are very small and short-staffed, hence why they needed our help. Prior to this, Pr. Fagans had imagined our TV Documentary Reporting class to be split into groups of students (2-3 students per group) working on various topics of actuality. But before the first day of classes, he emailed us:
TV Doc folks:

Just had a meeting this morning and we may already be making a ‘course correction’ before we even start.

I will talk more about this on Monday afternoon.

Think ‘Breaking Bad’ in Mississippi.

Apologies for the ‘vague-booking.’ I look forward to meeting everyone on Monday.

Later,
Mike

That Monday, he explained to us the project and all of us 10 students were in. We arranged the semester in order to spend the first half of the semester doing research work and contacting people for interviews, and the second half of the semester was reserved for editing and putting together a documentary. In the middle of the semester, we were to go to Wayne County and “commit some journalism” as Fagans likes to say. Our class split into groups of 2 students, except for my group which counted 3 of us. “Team Bravo” was composed of Lillian Garner, Cameron Breland, and I. We contacted and worked with a foster family welcoming children whose parents were in addiction, a prosecuting attorney, and a sheriff. We were also told by Turner and Keane to look at the Jones County Drug Court, in a neighboring county, which seemed to be very efficient to get people out of addiction. This is when I contacted Consuelo Walley, the Court Coordinator, for the first time. Walley happens to be an Ole Miss graduate, so she was willing to help from the get-go. On September 24, 2021, Walley and I had a long phone conversation where she explained to me how the drug court program works, how one lands in a drug court, and the different steps of the program. I followed up with an email asking her for an interview when we were to come down to Wayne County, which she agreed to do on October 15. That day, Lillian Garner, Cameron Breland, Interim Dean of the Journalism School Deborah
Wenger and I went down to Ellisville, MS, and interviewed Consuelo Walley as well as Case Manager Kenyada Smith. We filmed plenty of visuals and headed back home at the end of the weekend. Cameron Breland and I ended up making the trip down one more time to attend the JCDC October 2021 graduation ceremony, which occurred on October 21st and to which Ms. Walley invited us. The rest of the Fall semester was, as planned, dedicated to editing the piece. I ended up making a 16-minute cut of “The Jones County Drug Court part,” which eventually had to be cut down in order to fit inside the bigger documentary our class was making. I am not sure, to this day, whether that documentary was ever released or not.

I loved working on this topic. I poured my heart into making that initial 16-minute cut, which I shared with the JCDC. Ms. Walley loved it and shared it with staff members, drug court advocates, and many Facebook friends. Ms. Walley and I kept in touch, and we would email from time to time, especially regarding Ole Miss-related topics. In the meantime, I was wrapping up my MA in Journalism degree working on a thesis about the Mississippi catfish industry. I made a short documentary about the importance and relevance of the industry for the state. I had a lot of fun working on that topic, for it was a perfect bridge between food and travel, and allowed me to discover more about the state I was living in. I organized this documentary in a specific way, following a sort of “pilot” format in order for me to be able to expand on it if I wanted to. The first episode would be the Mississippi catfish, the second episode could have been the Jazz, the Comeback Sauce, or any element worth digging into. At this point in time, it was an option for me to pursue a second Master’s degree, and I wanted to have the opportunity to continue my work in the state of Mississippi would I decide to.
I entered the MFA in Documentary Expression with the knowledge that I needed to choose a thesis topic, and I needed to choose fast. In the back of my mind, I had left the Jones County Drug Court with the frustration that this story never got the coverage it deserved. There was so much to tell, yet it only became a small feature in a larger project. That frustration led me to consider working on the topic again during my MFA. After thinking about it on my own, I asked my workshop class for advice on which topic would they think would be the wisest to pursue: (1) continuing my previous work into the Mississippi catfish, whether that be digging deeper on the catfish industry or switching to another pillar of Mississippi’s landscape; or (2) reaching out to the JCDC and build on what I produced the year prior. It appeared very clear to my workshop class which topic I was most excited about, so I emailed Ms. Walley very soon after. She was really excited to hear that I wanted to work with them again, and agreed to the project. She immediately started arranging interviews for me.

iv. Filming and editing process

Overall, I went back to the JCDC about 3 times during the year, sometimes just for the day, and sometimes I stayed overnight. I interviewed a total of 10 people, who have some form of connection to the JCDC. The detail of these interviews can be found below.
Before each interview, I made sure to let the interviewees (especially the drug court participants) know that they do not have to answer a question if they do not feel comfortable doing so. Questions I asked the participants included: “How did you end up in drug court?” “Where are you currently in the program (which phase, or graduated)?” “How was going through the program for you?” “What do you want to do/be after drug court?” “Any advice you would give to someone currently struggling with drug addiction or someone currently going through drug court?” Questions I asked the staff members included: “What is your role within the drug court?” “Do you believe your experience with drug addiction helps you in your day-to-day job?” “What
is the hardest part of the job according to you?” “Why do you think makes the JCDC so efficient for participants?”

Once I had all the footage I needed, I started the editing process around February, first on paper and then digitally on Adobe Premiere Pro. The first step I took was isolating themes and organizing interview sequences that fit into each theme. Themes included “Graduation,” “Ms. Walley’s dedication,” “The role of Faith/the Church,” “Failures,” “Staff members being recovering addicts,” “The efficiency of the JCDC,” and “Future.” I initially worked on big paper storyboards, each board containing one or two themes. I printed out all the transcripts from my interviews that I generated from Premiere, and I cut each interview organizing the quotes into the themes I created. Pictures of the boards can be found in the following figure.

**Figure 2: Paper boards**
Once I did that on paper, I moved to Premiere. I repeated the same process, cutting out each interview isolating the quotes I needed, and organizing them into “Sequences.” A view of the overall organization can be found in the following figure.

Figure 3: Sequences

After organizing these sequences, I distinguished major themes that would help me line up the chronology of the film: (1) themes that related to the drug court program, (2) themes that related to Ms. Walley’s personal story and involvement, and (3) themes that related the notion of future: either the future of this particular drug court, the future of drug courts in the state of Mississippi, closing advice and others. I slowly started building blocks of edits, transitioning from one idea to another until I felt like a block was complete. I then proceeded to line up all these blocks on a unique timeline, following the chronology I have previously explained. My
initial edits ran around 45 minutes. After several rounds of cutting, editing, and polishing, I had to rely on another voice to help me separate information the viewer needs to see and/or hear, from clips I was solely emotionally attached to. This is where Andy Harper (thesis supervisor) came to play, and helped me out a great deal in shrinking down the edit. This is a step that every filmmaker hates, but oftentimes “killing our baby” is the best way to make it significantly better. Basing myself off of the fact that Andy is always right, I proceeded to cut drastically my edit, to see how it plays out and potentially bring back clips I felt were missing in the new edit. This process cut down my film from 45 minutes to approximately 22 minutes.

On May 11, our teachers organized a public screening at the old Malco Theater, in order for MFA students to showcase their films before the end of the year. Since Malco works with DCPs, we all had to get our films ready about a week or two prior to that. At this point, I had about the overall structure of the film. A lot needed to be done: full sound design, color correction, transitions, effects (stabilization, etc.). I ended up turning in a temporary version of my film on April 28th. In that version, transitions needed to be worked on (replacing “fade to black” transitions), and the introduction needed to be changed. The screening at the Malco Theater went well, people liked the film. I proceeded to spend the following months of May and June editing the film into its final version, with a brand new introduction, much better transitions, and overall polishing.
Questions and obstacles

Dealing with a topic as sensitive as drug addiction did come with a series of questions, especially regarding privacy and what to share and what not to share. As mentioned during the interview process, I made sure to let the participants (who all signed a release form) know that they did not have to answer any question they did not feel comfortable answering. To my surprise, most, if not all, answered all of my questions shamelessly, without any doubt or hesitation. There is one instance in which I had to make sure the participant was comfortable with me recording and using some of her words: Nicole McKee explained to me how her drug addiction started from a very young age. She grew up with an abusive mother, who once “dared [her] uncle to rape [her] twice, and he did” while the mother watched. This is a traumatic event that undoubtedly led McKee to seek comfort in the form of drugs. Right after she told me this on camera, I asked her I believe twice if she was okay with me recording and using this in my film, to which she answered “yes” without a second thought. While I included the clip in my first edit, I ended up cutting it out on my advisor’s advice. Better clips were already making the same point, these quite gruesome and very personal details did not need to be added just for sensationalism.

Another privacy-related issue I dealt with was filming a men’s-only meeting at the drug court. I happened to be visiting on a day of the week on which men gather at the Jones County Drug Court to participate in a men’s-only meeting led by Dent Williams. My thesis committee had advised me a while ago that it would be great for me to film a meeting within the drug court or at a recovery meeting (Alcoholics Anonymous, Narcotics Anonymous). I jumped on the
occasion and asked Ms. Walley if it would be possible for me to film, obviously without filming any faces. She addressed all the men in the room prior to the meeting starting and asked if anyone objected to me filming “feet and hands” to illustrate the meeting. Nobody objected. I started about 10 to 15 minutes in that room, filming as many feet, hands, and blurry shots as possible. I made sure that nobody’s face was apparent, filming mostly from the back of the room in order to (1) only see people’s backs of the head and (2) not disrupt the meeting too much. I stayed in the room as shortly as possible, for I wanted the men to still be able to benefit from their meeting that week. I feared that some might not speak up until I was gone, so I wanted most of the meeting to remain free from my presence.

Finally, I would say the biggest struggle I had was learning from Ms. Walley that one of the participants I interviewed, Nicole McKee, had been relapsing. On March 17, Ms. Walley informed me in an email of this: “She was a former graduate and was working as a 911 dispatcher. … It appears from what I’m hearing that she is not working there anymore and that it’s related to her possibly having relapsed which absolutely breaks my heart.” McKee had apparently been seen drinking on social media. At that point, I had already started editing the piece and McKee’s interview was on it. On Andy’s advice, I decided not to make any decision then and to see how things evolve. I have not heard any news about the situation since, but I eventually decided to leave McKee’s testimony in the film, because I believe it brings a lot to the documentary. I intended to inform the public of her relapse, most likely using an end title slide, but — again — my advisor made me put things in perspective. The film is about a successful drug court program, and that includes people who do not succeed themselves. The film already
dives into this. Adding a title slide mentioning McKee’s relapse with the little information that I have about her current situation could be more harmful than it could be informative.

Overall, I have to say that most barriers and obstacles have been lifted by Ms. Walley throughout the entire process of filming this documentary. She is the one who found participants willing to testify on camera, and she is the one who ensured every graduate agreed to be on camera at graduations. She has been not only extremely helpful, but she has also been a guide throughout the process. She has been a resource and the one I turned to regarding privacy questions such as blurring the faces of a participant’s children featured in some of my B-roll.

vi. Screening

We premiered the film at Christ’s Church in Laurel, Mississippi, on Thursday, July 6th, 2023 (see invitation in appendix). Ms. Walley had arranged the entire event, which was hosted in her church (where we also filmed her interview) for two main reasons: (1) the other space she had in mind was not available that week, and (2) Christ’s Church is a part of the documentary and a big part of that community. Ms. Walley had arranged for several recovery associations to table in the back of the sanctuary. The ceremony opened with Pastor Jason Capers saying a word and a prayer, followed by the Mayor of Laurel Johnny Magee talking about the drug court program and its impact on the community. Then, Judge Dal Williamson took the stand to dive further into the drug court’s work and the dedication of Ms. Walley (as well as how she became the court coordinator) before introducing me. Ms. Walley had told me previously that the biggest question people were interested in was learning how I came across that story, so I explained how this project came to be. I also took advantage of that moment to thank anyone who participated and helped in the making of this
documentary, and finished by explaining the title “Unsung Heroes” as a reference to the JCDC staff, as well as the community, but also as a reference to the participants who are battling addiction, and who are their own heroes to themselves.

The film started after my speech. After the viewing, Ms. Walley introduced Elecias Heard to the stage so he could give the perspective of a male participant in the drug court. I had interviewed Heard but unfortunately had to cut his testimony as I made the documentary tighter, so Ms. Walley gave him a chance to express himself. After this testimony, Ms. Walley took the stage and thanked the community for attending our event; she thanked School of Law Dean Emeritus Jim Rosenblatt and his wife Lauren for coming; and she thanked me for making this documentary. I will remember tearing up as she said that when she is having a bad day, she watches it; when she has an important decision to make, she watches it. This is why we do what we do. Everyone gave me a warm round of applause (see Figure 4). After the event, many people congratulated me on the film. The church’s staff had prepared some snacks and cake for us (see Figure 5) which was really sweet of them. I headed back to Oxford that same night, very happy about how the event turned out!
Watching your own movie is always a peculiar experience. I thought back on how John Rash always tells us to think about how our movie is going to be played, in circumstances we cannot always control. The film was projected on a wide tarp in the church sanctuary, which was not free of folds, making some of the interviewee’s faces slightly misshaped as they landed on a fold. Additionally, for some reason Ms. Walley’s interview came out very red, meaning her face seemed very blush-y. There was a burgundy tarp under the white tarp which I think may have accentuated the redness of the image. Finally, the very last music seemed way too low compared to the other ones.

Having an audience, as nerve-racking as it can be, is a great way to see which moments seem to carry the most meaning or emotion. I was surprised to hear laughs at numerous different times rather than the one or two instances I expected. For instance, the very first image after the introduction is Ms. Walley explaining how participants get drug tested, holding a cup in her hand. I had not realized that a lot of my audience would be former drug court participants who themselves had to go through drug testing in that very room with Ms. Walley: while this seemed like an educating scene for me, seemed like a now-laughable memory for a lot of them.

Overall, it was a beautiful event, and it put into perspective all the hard work I put forward for this community. This was not only a thesis project, a degree requirement, or a school assignment. This film actually brought the community together, at least for one memorable night. I am very thankful to have had the chance to work on this project and to have had so many people willing to participate and help with it. As I said on stage facing the community of Laurel, I do think that this project made me a better human. And as I said off stage to the people congratulating me, it’s the drug court that did all the work — I just filmed it.
SITUATING THE WORK

i. Review of related work

The following documentaries explore from different angles the struggles with addiction and the drug crisis that touches the U.S. but also the world. With a focus on the individual, on a specific program, or even on the scale of a country, these films mirror each other, complete each other, and contrast each other. With the most ancient documentary dating back to 2006 (Thin) and the most recent dating back from 2018 (Recovery Boys), the viewer sees an evolution in the techniques used to treat addiction (latest movies featuring innovative programs to get people in recovery) and sees the evolution of society’s mindset toward tackling the “drug problem” that so many U.S. states and other countries are facing (the slow recognition that addiction must be treated as a health issue, an illness). Each of these documentaries brings something new to the table, be it a new angle (from the perspective of care-takers, the perspective of law enforcement, the perspective of recovering addicts themselves, etc.) or information necessary to the understanding of treating addiction (what drugs do to the brain of a person, which treatments are efficient or not, etc.)

The viewing of these documentaries helps me situate my own project and helps me tailor the approach I want to take with my film. Several of these documentaries deal with specific
programs built to get people in recovery (*Thin, Recovery Boys, A New High*). These are especially great examples since my focus on the Jones County Drug Court takes a similar approach. In exploring what they did right and what makes each of these documentaries special, I get a better idea as to what I want my film to look like.

*Recovery Boys* focuses on one recovery program in West Virginia called Jacob’s Ladder. The documentary focuses on 4 recovering addicts — Jeff, Rush, Adam, and Ryan — all entering the program at different times. The program is centered around farm work, and keeping the participants outside and busy during their recovery. A normal time of recovery in this rehab program is around 6 months. After 6 months, some of the participants followed during the documentary were offered the opportunity to stay on the farm property in “Sober Living,” a house associated with Jacob’s Ladder that allows the participants to progressively transition from the rehab program to the real world. Unfortunately, after a few months of exiting the rehab program, several of the participants relapsed and started drinking, even using drugs sometimes. While some were re-admitted into the full program, others were either not allowed to, or simply were not willing to.

The documentary focuses mainly on the aftermath of a drug program. It focuses on things other than getting sober such as gaining custody of one’s children, working a regular job, and sometimes relapsing. The movie also shows how hard it is on the care providers’ side: working with addicts is not an easy job, between relapses, lying and losing battles against addictions. The “staff” members of Jacob’s Ladder had to make difficult decisions, like the release from the

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program a member who was legally struggling with the custody of his children but who was not working towards his recovery (Jeff). Ryan, the last admitted to the program, actually turns out to do really well and eventually ends up becoming a recovery mentor. Adam on the other side, lost control of his sobriety and returned to live with his mom: “He had it all 3 weeks ago. His own house, his own vehicle, good job, making good money. Maybe it was too much too fast,” she says to the camera.

This documentary is relevant to my research because first off it shows how important having a support system and a set of rules is in addiction recovery. That is precisely what the JCDC is trying to provide: a support system (coming especially from the staff members) and a routine, a set of rules to help the participants get back to a normal, traditional life. This documentary also shows the need for accountability: left unsupervised, the participants soon relapsed: “You can’t get help unless you want it,” says Adam. The limitations of this movie towards my research include the fact that Jacob’s Ladder program is much different from the JCDC, in that Jacob’s Ladder is a 6-months in-patient program, while the JCDC is a 3-to-5-years out-patient program. Jacob’s Ladder is also a private program that participants enter through their own will and/or through recommendation, not through the ordinance of a judge. This documentary also only features men (white men to be precise).

There is one particular sentence that, however, resonated from this documentary: one of the participants said: “We’re not defective.” This sentence, I believe, encompasses Consuelo Walley’s determination, for she too believes that these human beings are not to be given up on — they just need a little help getting back on their feet.
Thin\textsuperscript{16} is a documentary about eating disorders, taking place within a facility that helps women overcome their disorders. The viewer follows 4 women — Shelly, Polly, Brittany, and Alisa — throughout their recovery. The women are being weighed daily, they have appointments with doctors, nurses, nutritionists, and therapists. They also created bonds with each other, for better or worse (some participants had bad influences over others).

While this documentary deals with a different type of addiction, I believe it is still relevant to my research for several reasons. Brittany, for instance, has taken habits linked to eating disorders ever since she was a child, as taught by her mother: cutting your food into small pieces, chewing slowly, and drinking water while eating in order to get the feeling of being full faster. Not only does this show the impact of the entourage on one’s addiction and perception of themselves, it also shows how addictions can be linked to generational trauma. Consuelo Walley insisted several times on the fact that many drug court participants have fallen into drugs because of their parents because they were raised around drugs. Another insightful aspect of this documentary is the parallel that can be made between “binge eating” and the use of drugs. It is a state associated with a compulsion, the compulsive need to eat (and then purge, similar to the need, the craving (a very food-related term) even for drugs.

I do consider this documentary to be farther from my research than others. First, it deals with eating disorders rather than drug abuse — even though many of the girls do abuse pills and anti-depressants. Secondly, just like Jacob’s Ladder, this recovery program offers in-patient treatment rather than out-patient as the JCDC does. Lastly, the demographics of this

\footnote{\(16\) Greenfield Lauren, Thin. Documentary film, October 2006.}
documentary are exclusively made of women (white women) and therefore do not represent the same demographics as the JCDC.

*Addiction* is a documentary made of several short documentaries, organized almost as episodes, focusing on different aspects of drug addictions. It focuses on the medical aspects of drug use and its impacts on the human brain, it also focuses on EMTs being the first responders to overdoses, on research being done to limit relapses, …

It felt harder for me to relate to this documentary than it felt to others, probably because of its organization. This is more of an informative documentary than one that focuses on personal stories. The viewer feels more detached, and less personally involved. However, it did inform me of the physiological aspect of taking drugs. The way one of the experts explains it, human beings have a “go” and “stop” system that dictates most of our decisions, weighing the consequences of an action before actually doing the action. What happens with certain drugs is that the “stop” system inside the brain of the individual is shut off, leading the individual to (1) not have a mind clear enough to make an informed decision and (2) not be able to stop a craving and having to act on it. This explains why addicts cannot “just stop taking drugs.” Additionally, the documentary features research on a new medicine that reduce the symptoms experienced during withdrawals, in order to make it easier not to relapse. Symptoms of withdrawal and sickness are a big reason pushing people in addiction to start using again, to relieve the pain, hence why such medicine can be critical in the recovery process.

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What some of these short documentaries did really well I believe, is presenting addiction as an illness. Dr. David Rosenbloom, the director of Join Together at the University of Boston says in one of the episodes: “Addicts are discriminated against in ways that people suffering from no other disease are affected.” This resonated with the first interview I did with Consuelo Walley, who talked about the stigma around addiction and its perception in society. Addiction is seen as a burden, and as something one does to themselves, rather than something that happens to someone.

*Heroin(e)*\(^\text{18}\) is a 39-minute documentary directed by the same person who directed *Thin*. It takes place in Huntington, West Virginia, a city infamously known for its struggle with drug overdose. Three women are at the center of this documentary, and it is pretty unclear how they are linked to each other until the very end of the documentary: a judge (Patricia Keller), a fire chief (Jan Rader), and a missionary (Necia Freeman). All 3 women battle the opioid crisis in Cabell County, each in their own way. The viewers watch Necia Freeman drive around town all night, looking for the “girls,” women who ended up in prostitution due to drug addiction. Freeman knows several of them, she gives away food and hygiene products to help the women. She tries her best, with her contacts, to get some of the women into recovery centers, at least for a night. Jan Rader drives around town too, but she does so in plain daylight to go deliver doses of Naloxone to the different fire units. She explains that in her earlier years, the opioid crisis was not nearly as bad as it is now, for the fire department currently sees about 5 to 7 overdoses a day. Rader is often first on the scene with her team, and the viewer watches her reanimate several

people suffering from overdoses over the course of the documentary. Her efforts and dedication eventually get her appointed the first female Chief of the Huntington Fire Department. During the ceremony of her nomination, she is asked about the use of Narcan and Naloxone as a potential trigger for addicts to keep using, to which she answers: “The only qualification for getting into long-term recovery is you have to be alive. And I don’t care if I save somebody 50 times. That’s 50 chances to get into long-term recovery.”

The third woman, Judge Patricia Keller, is the one that interests me most: she sends people to drug court. Keller is sitting in her courtroom, interviewing several potential participants: some make the cut, and some do not. One woman, who is said to have relapsed on drug court and provided drugs to other participants, is discharged from drug court and sent to prison. It is apparent that Judge Keller is tough but compassionate. She wants to give people a chance, but she also tries to protect the participants from each other. When a young woman is granted drug court for the first time, Keller says: “One thing that’s very, very important in drug court, is that you show up. … It ranks right behind being honest. Honest first, show up second. Then, third, try not to use drugs, okay?”

At the end of the documentary, the three women are reunited for a drug court graduation. While the JCDC celebrates its graduates in a separate venue, here the graduation takes place within the courtroom. The participants are encouraged to make a speech, and it is a happy time when family and friends get to celebrate. This graduation was overall very similar to the JCDC graduation.

The very end of the documentary is very well-thought. Rader is filming an interview, where she was asked about the recovery of someone. Over her response, we can hear a radio
speaking. Rader becomes less attentive in her response: as soon as she is done speaking she announces to the reporter that she has to leave. She is being called for an overdose. The film ends with her driving with the sirens on. The film reached a full circle: we are back to the beginning. The crisis is not over, and, realistically, there is no end in sight.

I really appreciated this movie. The main actors are three women, just like the three staff members of the JCDC. This film, however, focuses on a larger scale than just a drug court. It focuses on other aspects of the opioid crisis, and we never really get to learn how drug court works.

*A New High*[^19] is a documentary about the Union Gospel Mission’s special program where participants train to climb Mount Rainier, close to Seattle. The Union Gospel Mission rescues people in addiction who are homeless and offers them a place to stay: this is an in-between between an inpatient and outpatient program since the participants live together in a common dormitory (men only, women have a separate recovery shelter that participates in the mountain climbing program). However, the participants are free to come in and out of the mission and most of them even hold jobs. The program offered lasts one year, in which the willing participants are introduced to mountain climbing and then train for the Mount Rainier hike. The documentary is organized chronologically from the beginning of the training, towards the final hike at the end of the film. Throughout the movie, we follow Mike Johnson, the Special Project Director in charge of the hike who is also a former Army ranger, as well as 6 participants (4 males and 2 females). We get to know the participants, we learn how they got into addiction:

several of them were abused as children and started drug abuse very early in life, while others got into addiction later in life.

This film puts an accent on people’s personal lives: we get to meet the family of Mike Johnson, and we get a glimpse into how some of the participants ended up in a life of addiction. Wednesday got molested as a child. To financially survive, she got into escorting and met a pimp who beat her and eventually introduced her to cocaine. Dawn was also abused as a child by her father and got into drinking and smoking crack to escape the pain. At 41 years old at the time of the filming, she says “I just feel like I didn’t get a fair start.” Chris Ross went from being a white-collar businessman to a heroin junkie after he lost his wife and child to a drunk driver. Shane got into drugs with his partner, with whom he got pregnant, and lost the right to visit his child because his drug tests kept coming back positive. Rick learns during the course of the movie that he has hepatitis C and cancer has developed, due to his drug use. Brad relapses during the filming of the movie because he lacks a support system: “I wanna go home, but I don’t have a home.”

There are several things that the goal of climbing a mountain brings to the participants of the program. First, it provides them with a goal, and objective, something to work towards. Secondly, it gives them a routine: they exercise twice a week, they learn how to repel and they go through hike training. Third, they learn how to work as a team and how to rely on each other: they will physically be tied to each other during the hike. This aspect is critical because it is the reason some of the participants admit to Mike (the trainer) that Brad has been using: he becomes a liability for the whole group. Not only do the participants become accountable for themselves, but they become accountable for the entire team. Lastly, the mountain is symbolic: the
participants have to climb a spiritual mountain to overcome their addiction. As Mike Johnson says, “There are things in life and places in life that can only be gotten to through sustained hard work.” This applies to mountain climbing, but this also applies to recovery. “With extreme highs come extreme lows,” mentions one of the participants. Again, the metaphor of the mountain can be applied to drug abuse. Additionally, during a preparatory hike, the guide tells Wednesday to scream at the mountain, to beat it, and not let it win. This is the energy that can be used in mountain climbing, but also in fighting addiction.

This documentary resonated with my research because of something that Consuelo Walley mentioned to me during her interview: many people with drug addiction have never achieved something significant on their own. Some never got an education, a degree, or a diploma. Not even a driver’s license. Climbing a mountain builds confidence in the participants because it makes them achieve something. This becomes a goal they work towards, and even though not all of them make it to the top of the mountain, they all pushed their limits to extents they did not know they could go. The program shows them that they too, like anyone else, are capable of achieving something.

Though the end titles of the movie inform us that the participants we were following are doing very well (Chris Foss and Dawn get great jobs, Shane is allowed to visit his son and Rick is cancer-free), there is little information given about the efficiency of the mountain climbing program as a whole. However, Mike Johnson once mentions that people go through an average of 7 treatments before finding long-term recovery. Yet, this is a beautiful program that deserved to be documented. This is what I aspire to do with the JCDC: show what it does well, what makes it efficient, and what makes it special in my eyes.
The House I Live In\textsuperscript{20} is a documentary about several aspects of the drug problem that America was already facing in 2012. Starting with the death of the director’s housekeeper’s son, the documentary explores the history of drug abuse over the years, from marijuana to methamphetamines, through the war on drugs, and from both the side of law enforcement and from the side of the communities that live off of drug dealing.

While this expository documentary is focusing less on recovering from addiction, it is an amazing resource regarding the understanding of the drug crisis in America. The filmmaker follows a rather chronological approach, exploring the changes in policies regarding drug criminalization throughout several presidencies (mainly Nixon, Reagan, Clinton, and Obama). This documentary is very much centered around the criminalization of drugs (both drug use and drug distribution), making it relevant to understand the legal aspect of drug penalization (leading people in addiction to drug courts).

Even though it might be a bit outdated, this documentary is still a great resource for statistics. Indeed, we learn that while the U.S. hosts only 5\% of the world’s population, it also hosts 25\% of the world’s prisoners. The filmmaker dives deeper into why that is. First off, the American approach to the drug issue is biased: Dr. Gabor Mate, physician, and addiction expert mentions that “The thing with the war on drugs is it tries to deal with the health problem as if it was a left problem.” Dr. Mate goes on to explain that oftentimes, the use of drugs and consequential addiction is an effect. Human unhappiness and suffering are often the cause pushing people to use drugs to soothe the pain. “The question is now why the addiction, but why

\textsuperscript{20} Jarecki Eugene, \textit{The House I Live In}. Documentary Film, 2012.
the pain,” concludes Dr. Mate. The “war on drugs” he mentions is the country’s policy towards drug use, and the need for politicians to appear “tough on crime.” Nixon started the war on drugs, with about two-thirds of government funds being spent on treatment rather than law enforcement. While this approach was very progressive, it was not followed by Nixon’s successors, including Reagan and Clinton. Rehabilitation centers became first on the list of things that were cut off budgets. Was the war on drugs a political stunt, used to get politicians elected for appearing tough on crime? Some believe so: “You have to understand the war on drugs has never been about drugs.” New policies were implemented, including Reagan’s minimum sentences for drug offenses and Clinton’s “three strikes and then you’re out.” Drug offenses became over-penalized. A law enforcement officer says over the course of the documentary: “Sometimes we have people doing a whole lot of time for not very much crime. They’re paying for our fears instead of paying for their crime.” The filmmaker interviews several of these people as well as their families. Some of them are sentenced to life without parole for possession or distribution of quantities of drugs that could fit in the palm of a hand.

Another aspect of drug use the documentary mentions is the demographics it affects. Everyone is impacted by drugs, white or Black, man or woman. Yet, the introduction of crack cocaine changed the proportions of each population in detention centers. Crack cocaine comes from powdered cocaine, to which water, baking soda, and heat are added. The two products are therefore very similar. Yet, one is criminalized much more than the other: there is a 1 to 100 ratio between crack cocaine and powdered cocaine, that is to say, an individual carrying 5 grams of crack cocaine will get the same sentence as someone carrying 500 grams of powdered cocaine. When looking at the populations using these drugs, we quickly realize powder is mostly used by
white populations, while crack is mostly smoked by Black populations. This led to the massive incarceration of number of African-Americans. The documentary also mentions that, for those lucky enough to not get sentenced to life in prison, they lose access to a number of benefits in society: they will struggle with employment, they lose the right to live in government-funded housing, they lose eligibility to certain grants to earn a degree, they lose the right to live in certain neighborhoods, and they lose the right to vote. This shows the stigmatization around drugs and the use of drug penalization as a way to marginalize a community. In the later years, closer to the release of the documentary, a new drug surfaces: methamphetamine. This drug quickly became associated with poor whites and gay communities, once again targeting marginalized groups behind the cover of fighting the war on drugs.

While this documentary offers very little insight into recovery from drug addiction and does not mention drug courts (the first drug court was established in Florida in 1989), it is nevertheless a great resource to understand the context and evolution of drug abuse in the United States. The focus on law enforcement is also an aspect that was lacking in some other documentaries, therefore it provides a great deal of information regarding how and why drugs came to be so heavily penalized. What would be interesting is if there was to be a similar documentary produced nowadays, since the introduction of new drugs such as opioids and fentanyl, and since several U.S. states decided to decriminalize either or both medicinal and recreational drugs.

One last thing about this documentary: it is organized around a voice-over by the producer, who takes the viewer on a journey toward understanding the drug crisis in America. It is a first-person narration, where the voice serves as both a lead and a link between the several
aspects explored in the film. While the use of a VO may have been very common at the time, I will personally try to build my documentary without a VO. The voice of Consuelo Walley, and depending on the role I give her in my documentary, might end up being the lead guiding the viewer through the movie.

*The Overtaken*[^1] is a 28-minute documentary feels more like an anti-drug commercial than a documentary per se. It is organized around the stories of several people: former drug addicts, family members impacted by the addiction of a peer, and medical experts. Each person talks about their relationship with drugs and how drugs impacted their life. At the very beginning of the film, several headshots are displayed, along with names and ages: these are portraits of people who died from drugs, most of them being between 15 to 24 years old. Two of the interviewees also suffered from several medical issues following their drug use. Indeed, both ended up in a coma following an overdose, and both still suffer from the consequences of using drugs (one of them is speech impaired, the other one is only able to move his fingers, and the rest of his body is paralyzed). Several of the interviewees were high school students when they started using drugs, most of them were in sports teams (football, soccer, cheerleading squad) and were getting really good grades. They picked up drugs to “fit in” and ended up in addiction. Many of the interviewees have lost friends to drug overdoses.

This documentary feels like an advertisement aimed to be shown to teenagers. The goal is mainly to inform about the dangers of drug use, but it also seems like the documentary tries to scare its viewers. It is a format that is assumed: at one point we hear a mom who lost her son to

addiction say “One word to tell a teen…” The interviewees almost directly address the viewer and try to deter them from ever wanting to try drugs. Yet, this documentary also features people’s personal stories, including how and why they picked up drugs for the first time, making it more personal. The goal of the filmmakers was to show that drugs do not discriminate and that it can happen to anyone, contrary to the popular belief that this only happens to other people.

There is one sentence that I really liked from this movie: we hear stories about people in addiction stealing from their friends or family, physically hurting them, and more generally talking about the lengths they went to to get their fix. One of the interviewees says “[Drugs] robs them of their sense of morality and dignity,” which I believe is key to understanding how deep addiction can affect an individual.

*Russel Brand: From Addiction to Recovery* is a documentary following British comedian and actor Russel Brand as he explores different aspects of recovery from addiction. I initially hesitated to include this film because it is located in Great Britain and not in the U.S., but I actually found it to be interesting to look at how other countries are dealing with drug addictions.

The movie begins with Brand’s friendship with Amy Winehouse who died from drug and alcohol abuse at the age of 27 years old. At the time, Brand was a “junkie” too (a term he uses himself). Brand was lucky — and wealthy — enough to enter a rehab program called Focus 12 Rehab, which got him in recovery after 12 weeks. However, according to Brand there are not enough rehabilitation centers, and those in place are not accessible to enough people. This is the

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first aspect of recovery that Brand explored. A second aspect is understanding addiction as a medical condition, which led Brand to meet with an expert to look at brain chemistry and what causes someone to be addicted. It turns out that not all brains are created equal, and according to the film, 10% of people cannot use drugs recreationally because of chemical connections in their brains that make them more susceptible to developing an addiction and make it harder for them to stop using substances. The third aspect Brand explores is the use of methadone. This is the first time in my research that methadone is being mentioned: methadone is being used as an opiate substitution treatment, described as the gold standard to treat addiction in the United Kingdom. Indeed, this is a technique that treats 90% of British junkies, and that is mostly used to limit crime. However, Brand does not consider this method efficient at all in the treatment of addiction: to him, it is only replacing one addiction with another. People get addicted to methadone, they are considered “stable” but they are not truly in recovery, in control of themselves. This is not a long-term viable solution for Brand. Why is methadone not used in the U.S.? Is it a matter of cost, or a matter of efficiency and safety? Has there been more research done since the release of the documentary? These are great questions worth diving into in my research. The last aspect Brand mentions in his film is recovery programs, especially emerging from prisons. “Over 80% of the British prison population are addicts or have substance abuse issues, but only 1 in 10 gets any treatment other than methadone to break their habit,” Brand says. He goes on to visit The Mount prison in North London, where a program has been in place to break the cycle: if people who get out of prison are in recovery, there are fewer chances that they will be back to using once out of prison, hence fewer chances that they will end up in prison.
again due to a drug-related charge. The RAPt program is a rehabilitation process that aims at getting people into long-term recovery.

This documentary has one obvious strength: it is narrated and led by a former drug addict, someone who has direct experience with the issue. But this also biases Brand’s judgment, for instance about the use of methadone, on which he has a very clear opinion. Yet this documentary is relevant because it expressively deals with recovery, the key element the JCDC centers its program around. Consuelo Walley is adamant about making a distinction between sobriety and recovery: anyone can be sober when forced to (e.g. when in prison), but being in active recovery is a mindset that is fruitful in the long term. Brand is here trying to share the same message: it is useless sending people to prison without getting them in recovery; it is useless to prescribe people methadone to substitute their addiction with a legal one. Overall, Brand’s message is similar to many of these documentaries’ messages: addiction must be treated as an illness, a disease: “It’s a greedy disease. It will take everything. First, it will take your money, then it will take your friends and it’ll take your family, your car, your house. Then it will take basically your body,” Brand says. This is an issue that needs to be looked at medically rather than legally.

*Jacinta* was advised to me by Ms. Walley on one of the occasions I was visiting the Jones County Drug Court. It is named after the main character, Jacinta, who is struggling with drug addiction. While Jacinta never comes across a drug court program, she struggles with the law (going to prison several times) and struggles with recovery and relapse.

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Jacinta explores mother-daughter relationships and their impact on drug recovery. Rosemary, Jacinta’s mother, was also in active addiction and is serving time in prison throughout the biggest part of the film. Jacinta and Rosemary even share the same correctional facility at the beginning of the film, and their relationship comes up in several instances during the movie as the origin, or cause, of Jacinta’s addiction. Rosemary — Jacinta’s role model and adored mother — started doing crack cocaine with her children when Jacinta was young. We learn further in the documentary that Rosemary even prostituted Jacinta for drug money, yet Jacinta continues to worship her mother. It becomes clear that Rosemary has a bad influence on Jacinta’s recovery and sobriety. This aspect of the movie illustrates one of the Jones County Drug Court’s key elements to recovery: changing one’s (1) people, (2) places, and (3) things. This principle aims at detaching the recovering addict from the things that tie them back to their addictions and removing potential bad influences in their lives. Yet, Jacinta did not understand being separated from her mother: “I feel like this place has brainwashed me into thinking that my mom and I are unhealthy,” she says about the correctional facility they both inhabit separating them from each other.

Another aspect of the mother-daughter relationship is addressed in Jacinta, for Jacinta has a daughter named Caylynn, whom she is separated from during her multiple incarcerations. Despite trying her best to not repeat the mistakes of her mother, Jacinta does notice similar patterns between her relationship with Caylynn and the relationship she used to have with her mom at a young age. The relationship between the mother and daughter is crucial to the understanding of addiction as a disease in this documentary, for the love of a mother is widely considered in popular culture as one of the strongest sentiments a woman can feel. Yet despite
Jacinta’s love for her daughter, she still repeatedly chooses the drug over their relationship. In one particular scene, Jacinta tries to light up a cigarette in her car, but it does not work, so she asks Caylynn to get her purse in which there is a lighter. Caylynn lovingly and jokingly tries to convince her mom that she does not need it, and we can see the anxiety rising in Jacinta’s attitude: the addiction is taking over her own mind.

The last element that makes this documentary very interesting to study is the ethical issues it raises. Jacinta is followed by the filmmaker, and we see and hear them interacting. Yet, where to draw the line between what to show and what not to show? The filmmaker here argued in favor of showing the hard reality of addiction instead of protecting the privacy and dignity of Jacinta. The documentary, therefore, features scenes of Jacinta getting high, scenes of Jacinta detoxing at home, naked and curled up on the floor of the shower… These are harsh scenes to watch for a viewer, but it can be argued that seeing these images is necessary to understand the depth of addiction. However, that is not the only dilemma the filmmaker faced during the filming of the movie: at this point of the movie, Jacinta has been out of prison for a couple of weeks, she is living in a sober-house, and she has been spending quality time with her daughter. Yet, she relapses. We see Jacinta in a car, picking up the phone and agreeing to get high with somebody. The filmmaker then asks: “What are you going to do?” “I’m going to get high” answers Jacinta. “You should probably turn that off,” Jacinta says before the camera is shut off. What is the responsibility of the filmmaker in that scenario? Watching the scene unfold, and insuring that Jacinta is safe, or trying to talk her out of it? Would that be crossing a line? These are interesting questions to think about when dealing with addiction and recovery. Right after that scene, Jacinta
is no longer the one driving the car and we can assume that the filmmaker is the one who drove, leading them both to safety.

_The Anonymous People_ was probably one of my favorite documentaries I watched for this project. It focuses on several aspects of drug addiction rather than drug court programs, but it contains a plethora of information and voices. It combines talking-head interviews, footage from many places (from the legislature to treatment centers to prisons), and plenty of archival footage.

_The Anonymous People_ starts by laying the ground with some key elements to understand the addiction crisis within society: according to some of the interviewees, “addicts” are one of the largest groups of unheard people — “largest” since it is estimated that more than 2/3 of American families have been touched by addiction. Everybody knows at least one person who is struggling with addiction, says one of the protagonists of the documentary. Yet, addiction remains a disease that is misunderstood and highly stigmatized: I used quotation marks around “addicts” because many refer to themselves as a “Person in long-term recovery,” a term that dissociates from the negative connotation associated with addiction. Yet, the documentary highlights that while people acknowledge addiction as an illness, many still believe that there is a high degree of choice in landing oneself in addiction. Many actors in the documentary contradict that belief by repeating that addiction is not a _moral failing_, but rather a chronic illness, and that some people are genetically predisposed to suffer from substance abuse and addiction disorders. Society’s beliefs and misunderstandings lead to a lot of shame for people in recovery: one

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The interviewee mentioned that when asked “Why don’t you drink?” He would answer “Because I am on medication” or any excuse he could find rather than disclosing his alcoholism.

The idea of shame drives the documentary to approach the idea of ANONYMITY, one of the core values of Alcoholics Anonymous and a pillar of 12-step programs. Many interviewees understand anonymity as a principle that was installed in order to facilitate the welcoming of new members, advertising the meetings as a shame-free zone, where one does not have to identify themselves in order to seek help. Yet, the principle of anonymity has moved to a form of prohibition, a form of censorship where one would not be allowed to disclose they were in recovery. One of the principles of AA is “attraction rather than promotion,” meaning letting newcomers come on their own rather than bringing them in. Yet, as one of the interviewees notes, “Anonymity is not secrecy,” and hiding that people everywhere in society are in active recovery is not doing any potential newcomers any justice.

In order to reverse the idea of anonymity as secrecy and keeping a tradition of shame around addiction, a collective was formed and held a meeting called “Operation Understanding” which gathered politicians, movie stars, NBA players, astronauts… Their goal was to make the public realize that addiction is a disease affecting all walks of life and that it was not deemed to be ashamed of. However, around that same time that progress was undercut by the “War on Drugs” carried by Nixon, Reagan, and Bush. This reversed the positive effects on the stigmatization of addiction, to the point of criminalization. The “Just Say No” campaign, followed by Bush’s “Caught, Prosecuted, Punished” led to drug offenders making up 80% of the overall increase in the U.S. Federal prison population in 1985. Actors of the documentaries mentioned the government was trying to incarcerate its way out of the addiction problem.
Yet, the HIV/AIDS crisis in the 1980s-1990s indirectly rebirth the advocacy movement. Indeed, the LGBTQ+ community was the most affected by HIV and AIDS-related deaths, and they understood that they needed public attention in order to receive the help they deserved to fight the disease. They stepped forward through demonstrations and through the voice of public figures and demanded action. The documentary subtly makes the parallel between that movement and the “anonymity” principle, for the LGBTQ+ community at the time was very stigmatized too and most members experienced shame just as drug addicts did. Following the example of the LGBTQ+ community, the recovery advocacy movement rebirth through the Society of Americans for Recovery (SOAR) by Senator Hughes, and the Faces and Voices of Recovery campaign. The idea was to show examples of recovery and success in order to show the public that recovery is possible.

The last part of the documentary deals with more current aspects of recovery, such as the creation of sober or recovery high schools, which help recovering individuals not go back to addiction by changing their places, people, and things (allowing individuals to work towards their recovery in an environment not tainted by previous addiction, i.e. changing their places and people). It also highlights the importance of community healing and the role of helping others in one’s recovery.

This documentary was a wonderful resource to understand the history and evolution of drug addiction perception over the years. It featured actors, politicians, and former Miss, to carry along the message that addiction can affect anybody and that there is no shame in struggling with this disease. This is a message carried along by the JCDC, and many parallels can be made between this documentary and key features of the JCDC. First, the documentary highlights how
widespread addiction is in the United States, stating that two-thirds of American families have been touched by addiction: this is the case of Ms. Walley’s family, leading her to her current position as drug court coordinator. Secondly, the documentary also mentions that the cost of addiction equals 350 billion dollars a year, which includes the cost of loss of productivity in the workplace, increased healthcare costs, and criminal justice expenses. It is also said that 98% of this cost is “cleaning the mess of addiction,” with only 2% actually being spent on preventing addiction. These numbers resonate with the numbers given by Supreme Court Justice Michael Randolph during the October 2022 Graduation. Indeed, a majority of the costs entailed by drug addiction in the state of Mississippi come from costs of incarceration, and costs of treatment for babies born in addiction. Finally, several of the documentary’s protagonists mentioned helping other drug and alcohol addicts as part of their own recovery: helping others stay clean help staying clean themselves. This is a process that can be observed within the walls of the JCDC too: Melissa Barnett and Kenyada Smith, drug court staff members, being recovering addicts themselves and now working jobs where their mission is to help others reach that same level of recovery. Additionally, Dent Williams, a former JCDC drug court participant, leading a man’s group is also an example of giving back to their community, and actively working towards their own recovery as well.

Overall, this documentary was extremely relevant to this project and very complete.
v. The place of my documentary

My film aims at reaching a different audience than these documentaries, mostly because of the scale. My film is focused on a rural Mississippi drug court and therefore has more potential to reach a local audience than a national one. As the film demonstrated, the community in Ellisville and Laurel is very dedicated to helping the drug court in any way they can, as well as helping others who are not necessarily enrolled in a program but still need help. I made this documentary with them in mind. They are the ones who deserve to see their efforts pay off. I hope this documentary inspires conversation around the issue of addiction and recovery and encourages people to continue their effort to fight drug addictions in their local communities. As Ms. Walley said, “There have to be people willing to fight.” It has to be a common effort, not only coming from the justice system but coming from individuals willing to help, to sponsor, to donate money or their time.
CONCLUSION

This project has been amazing to work on. I want to believe it made me a better individual, for it made me more sensitive and compassionate to a world I knew little about. I hope people who watch my film will get a better understanding of the disease of addiction and the strength it takes to overcome it. I also hope it will encourage more people to participate in one way or another in helping individuals in recovery. From a professional standpoint, this project has made me a better interviewer, a better editor, and a better documentarian. After a year of work on this film, I am happy to finally share it with the world.


Segments Include:
“Saturday Night in a Dallas ER,” by Jon Alpert;
"A Mother's Desperation,” by Susan Froemke and Albert Maysles;
"The Science of Relapse,” by Eugene Jarecki and Susan Froemke;
“The Adolescent Addict,” by Kate Davis and David Heilbroner;
“Brain Imaging,” by Liz Garbus and Rory Kennedy;
"Opiate Addiction: A New Medication,” by D.A, Pennebaker and Chris Hegedus;
"Topiramate: A Clinical Trial for Alcoholism," by Alan and Susan Raymond;
"Steamfitters Local Union 638,” by Barbara Kopple;
"Insurance Woes,” by Susan Froemke.
MONEY MATTERS

Since FY06 the savings to the taxpayers of the State of Mississippi due to the implementation of intervention courts is staggering at:

> $1 BILLION

Savings

GROSS INCARCERATION SAVINGS FOR FY06 – AUGUST FY23:

$832,509,831

Savings

- FY2006 - $13,356,373
- FY2007 - $17,843,713
- FY2008 - $23,469,080
- FY2009 - $30,807,854
- FY2010 - $37,764,166
- FY2011 - $41,748,670
- FY2012 - $45,113,788
- FY2013 - $47,379,543
- FY2014 - $69,872,000
- FY2015 - $74,171,610
- FY2016 - $54,753,425
- FY2017 - $58,033,724
- FY2018 - $64,081,427
- FY2019 - $66,133,706
- FY2020 - $63,266,280
- FY2021 - $57,603,700
- FY2022 - $57,019,100
- FY2023 - $9,491,020 (first 2 months of FY23)

FINES AND FEES COLLECTED FY06 – AUGUST FY23:

County FINES paid by Adult Drug Court Participants from FY06 through August of FY23 = $17,100,113

Drug Court FEES paid by Adult Drug Court Participants from FY06 through August of FY23 = $21,776,208

FY23 projections will increase the Gross Incarceration Savings for FY06 – FY23 an additional

$56,946,210

Savings
HUMAN ELEMENT

Restoration of the Person + Restoration of Self Worth + Restoration of the Family + Rehabilitation = SUCCESS MATTERS

From FY06 through August FY23 – together, all Mississippi intervention courts (Adult, Misdemeanor, Juvenile and Family) have achieved the following successes:

- 9,618 graduates
- 930 babies born drug-free

From FY15 through August FY23 – together, all Mississippi intervention courts have also achieved these additional successes:

- 865 GEDs earned
- 5,584 obtained employment
- 774 attended vocational school
- 1,549 attended post-secondary school

3,447 - Total Number of Active Intervention Court Participants as of 8.31.22

Savings in societal costs for babies born drug-free FY06 – August FY23:

$697,500,000 Savings

Drug Intervention Courts have saved the State of Mississippi $697,500,000 for the 930 babies born drug-free to participants since FY06. A study-based Bureau of Justice statistic shows each drug-free infant saves an average of $750,000 for the first 18 years of life.

[Image: Family Drug Intervention Court graduation]

Publishing Date: Oct. 5, 2022

Reported data is current thru August 31, 2022

1 Savings for FY20, FY21, FY22 & FY23 are based on the annual rate of $18,499 from PEER Report 9650

2 MDOC Recidivism Report, dated Sept. 2, 2021
THE 18TH JUDICIAL DISTRICT INTERVENTION DRUG COURT
INVITES YOU TO JOIN US FOR A PUBLIC VIEWING
OF “UNSGN HEROES”
BY ELISE DENOULET
A DOCUMENTARY FILM FEATURING
THE 18TH JUD. INTERVENTION DRUG COURT

JULY 6 6:00 PM
JOIN US IN CELEBRATING THE AMAZING WORK
THAT IS BEING DONE BY THE RECOVERY
COMMUNITY IN JONES COUNTY TO FIGHT THE
BATTLE AGAINST ADDICTION

CHRIST’S CHURCH, 1301 N 2nd AVE, LAUREL, MS, 39440
VITA

ELISE-JOELLE DENOULET

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EDUCATION

Master of Fine Arts: Documentary Expression. August 2023
University of Mississippi - University, MS
◆ Focused coursework and hands-on experience in documentary filmmaking, video editing, and storytelling
◆ Developed proficiency in capturing compelling narratives, conducting interviews, and utilizing various filmmaking techniques to create impactful and thought-provoking documentaries

Master of Arts: Journalism, Professional Track. May 2022
University of Mississippi - University, MS
◆ Specialized in video editing, multimedia platform exploration, and storytelling
◆ Recipient of the 2022 Graduate Excellence in Journalism Award, recognizing outstanding achievements in the journalism field
◆ Distinguished member of Kappa Tau Alpha Honors Society, demonstrating exceptional academic performance

Study Abroad: English & Mass Communications. August 2018 to May 2019
Georgia College & State University - Milledgeville, GA
◆ Explored a diverse range of subjects, including English literature, political science, and mass communications
◆ Actively participated in the campus TV station, gaining hands-on experience in broadcasting, production, and journalism.

Bachelor of Arts: English Language Literature & Civilization, minor in Journalism, May 2019
University of Lille & Academy of The Graduate School of Journalism (ESJ) - Lille, FRANCE
◆ Participated in a unique academic collaboration between a distinguished public university and a prestigious private professional journalism school, providing a comprehensive and dynamic educational experience benefiting from the expertise of both institutions
NOTABLE PROJECTS

Director & Producer, August 2022 - August 2023
MFA Thesis, “The Jones County Drug Court” – Ellisville, MS
◆ Directed & produced a short documentary showcasing the success of a drug court program in Ellisville, MS
◆ Established and nurtured meaningful relationships, throughout the year-and-a-half-long production process
◆ Oversaw the entire project, taking charge of direction, filming, and editing, ensuring a cohesive and compelling narrative
◆ Received guidance and mentorship from a committee comprising three professors from the Southern Documentary Project

Director & Producer, January 2023 - May 2023
Mississippi Creates, “Jerry Jenkins” – Jackson, MS
◆ Directed & produced a short film showcasing the story of Jerry Jenkins, a Mississippi drummer, capturing his artistic journey and contributions to the local music scene
◆ Orchestrated a live studio-quality recording session, overseeing a team of camera operators while collaborating with a sound engineer to ensure optimal audio quality
◆ Managed a budget allocated by the Yoknapatawpha Arts Council, successfully navigating financial constraints by strategically acquiring necessary equipment and securing an artist grant to support the production
◆ Achieved recognition for the documentary with a selection at the 2023 Fort Smith International Film Festival

Director & Producer, October 2022 - December 2022
Short video, “Skater Boys” – state of Mississippi
◆ Directed & produced a 17-minute documentary which delved into the friendship between two skateboarder from Mississippi
◆ Showcased the essence of the skateboarding culture in Mississippi, advocating for increased visibility & appreciation of the sport
◆ Achieved recognition for the documentary with a selection at the 2023 Oxford Film Festival

Director & Producer, October 2021 - April 2022
◆ Directed & produced a 13-minute short documentary exploring the Mississippi catfish industry
◆ Blended elements of food and travel, creating an immersive and visually pleasing experience that showcased the unique flavors, traditions, and landscapes associated with the Mississippi catfish industry
◆ Demonstrated storytelling skills, technical proficiency, and a deep understanding of documentary filmmaking

Producing Team Member, February 2022 - April 2022
The Broadcast Education Association (BEA) Festival of Media Arts – Las Vegas, NV
◆ Produced a compelling series of videos showcasing the talented winners of the 2022 BEA Festival of Media Arts Competition, to be prominently featured during the Awards Ceremony, highlighting their exceptional achievements in media arts
◆ Collaborated effectively with three fellow journalism students, demonstrating strong teamwork and project management
◆ Received guidance from an Assistant Professor in Journalism, ensuring the videos aligned with the vision of the BEA Festival
RELEVANT EXPERIENCE

**Teaching Assistant, January 2023 - May 2023**

*Center for the Study of Southern Culture - The University of Mississippi* – University, MS

- Assisted the professor in teaching the course "SST 105: The South and Food," providing valuable support
- Demonstrated strong organizational and evaluative skills by grading assignments and providing constructive feedback to students
- Displayed a high level of responsibility by supervising students during tests, maintaining an atmosphere of integrity

**Video & Marketing Assistant, August 2022 - December 2022**

*Study Abroad Office - The University of Mississippi* – University, MS

- Produced engaging short video portraits of International students, effectively showcasing their experiences and promoting Study Abroad opportunities at the University of Mississippi
- Demonstrated creativity and proficiency in creating social media content for platforms such as Instagram, Facebook, YouTube
- Contributed to expanding the reach and visibility of Study Abroad initiatives through appealing & informative multimedia content

**Contributing Writer, August 2020 - May 2022**

*Newslab - The University of Mississippi* – University, MS

- Produced engaging and informative feature articles and research summaries on a weekly basis, showcasing excellent writing skills
- Participated in webinars and conducted interviews to gather valuable material for future feature articles, demonstrating strong research and investigative skills
- Assisted the coordinator in academic research by employing data coding techniques in the software SPSS

**Assistant to a Comedian, September 2019 – January 2020**

*Les Jolies Productions* – Lille, FRANCE

- Demonstrated strong social media management skills by effectively managing multiple accounts across social media platforms
- Utilized stellar writing skills to craft press releases, effectively communicating with the public, and promoting upcoming shows
- Showcased creativity and a keen eye for design by creating engaging posts, stories, and infographics

**Reporter, August 2018 - December 2018**

*GC 360 - Georgia College & State University* – Milledgeville, GA

- Conducted on-site reviews and gathered visuals from local restaurants, contributing to a feature segment in the weekly news show
- Collaborated effectively with other students on the entertainment team, fostering a collaborative environment
- Assisted with camera operation and provided support during live filming and airing of the show

SKILLS

Adobe Premiere Pro — WordPress — Social Media

LANGUAGES

English — fluent  French — native  Spanish — intermediate  Arabic — beginner