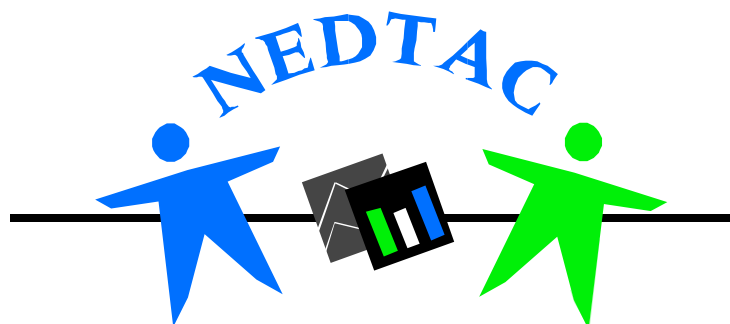


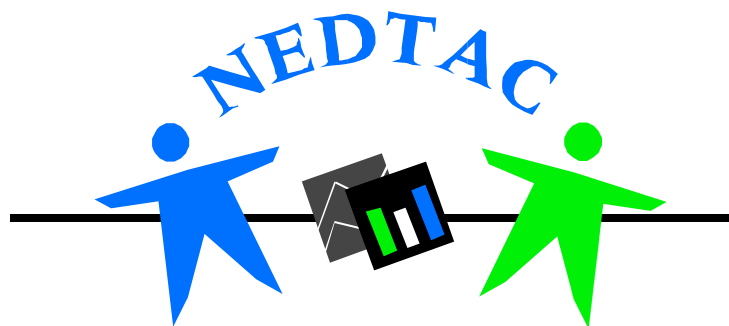
**NATIONAL EVALUATION DATA AND  
TECHNICAL ASSISTANCE CENTER**



**CRIMINAL JUSTICE AND SUBSTANCE ABUSE TREATMENT:  
SELECTED BIBLIOGRAPHIES, 1990-1998**

**April 1999**

# NATIONAL EVALUATION DATA AND TECHNICAL ASSISTANCE CENTER



## CRIMINAL JUSTICE AND SUBSTANCE ABUSE TREATMENT: SELECTED BIBLIOGRAPHIES, 1990-1998

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This document was supported by the Center for Substance Abuse Treatment, Department of Health and Human Services, Caliber/NEDTAC Contract No. 270-94-0001.

**CSAT**  
Center for Substance  
Abuse Treatment  
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## FOREWORD

One of the missions of the Center for Substance Abuse Treatment (CSAT) is to enhance the nation's substance abuse treatment system by identifying, developing, and supporting appropriate policies, approaches, and programs. In short, for the field of substance abuse treatment, CSAT seeks to determine what works, for whom, how well, and at what cost.

Building knowledge through evaluation is the key to answering these questions. From CSAT's perspective, evaluation—including cost analysis and performance measurement—is an integral component of program management and part of an ongoing process of knowledge development, assessment, and improvement. Toward this end, CSAT's Program Evaluation Branch established the National Evaluation Data and Technical Assistance Center (NEDTAC) to advance state-of-the-art evaluation in the field of substance abuse.

As part of its mission to further the development and dissemination of knowledge in the treatment field, NEDTAC produced a series of bibliographies in key topic areas related to substance abuse treatment. This document is part of that series. These annotated and selected bibliographies list research studies, articles, and books on the relationship between criminal behavior and substance abuse and the effectiveness of substance abuse treatment in the criminal justice system. We hope this document will assist professionals within the substance abuse community to think about effective and appropriate ways to serve clients within the criminal justice system by examining the challenges faced by incarcerated individuals.

This bibliography, along with others in this series, was developed under the guidance and direction of Ron Smith, Ph.D., NEDTAC Government Project Officer, Program Evaluation Branch, Office of Evaluation, Scientific Analysis, and Synthesis. We also wish to thank Beth Archibald Tang for compiling and reviewing this document.

Sharon Bishop  
Director  
National Data Evaluation and  
Technical Assistance Center (NEDTAC)

**I. CRIMINAL JUSTICE AND SUBSTANCE ABUSE TREATMENT:  
ANNOTATED BIBLIOGRAPHY**

## I. CRIMINAL JUSTICE AND SUBSTANCE ABUSE TREATMENT: ANNOTATED BIBLIOGRAPHY

Arcidiacono, A., & Saum, C.A. (1995). Substance abuse treatment options: A federal initiative. *Journal of Psychoactive Drugs*, 27, 105-107.

Pervasive drug enforcement efforts and new Federal sentencing guidelines have led to an increase in substance abusers entering the Federal prisons. Although the Federal Bureau of Prisons (BOP) has been committed to providing substance abuse treatment since the 1960s, a comprehensive expansion of its programs was necessary so that quality services could be provided for the growing drug-offender population. This article describes the BOP's six-part drug treatment strategy, which includes screening, education, residential treatment, nonresidential treatment, transitional treatment, and evaluation. The programs entail a biopsychosocial model and multiphasic approach to comply with the BOP's goal of preparing inmates for a successful reentry into the community, free from criminal and substance-abusing behaviors.

Barthwell, A.G., Bokos, P., Bailey, J., Neisenbaum, M., Devereux, J., & Senay, E.C. (1995). Interventions/Wilmer: A continuum of care for substance abusers in the criminal justice system. *Journal of Psychoactive Drugs*, 27, 39-47.

This article describes a 300-bed substance abuse treatment program that is part of a continuum of care focused on preventing drug and criminal recidivism in substance abusing criminals incarcerated in Dallas County, Texas. The program is rooted in over 25 years of treatment experience and incorporates therapeutic community technology combined with 12-Step programming, behavior modification, job training, and educational and medical/psychiatric elements. Treatment is conceived as part of a continuum of care to provide substantial and sustained support for the inmate in the process of adapting to the community post-incarceration. Treatment plans are individualized and are based on an extended workup in which the individual's status in a number of domains is assessed. Specialized services such as transportation and childcare facilitate recovery. Once in the community, urine monitoring, groups, and counseling continue. The program is beginning its fourth year of operation and approximately 600 inmates have started the program. A formal evaluation is in process. (Author abstract modified)

Belenko, S. (1998). Research on drug courts: A critical review. *National Drug Court Institute Review*, 1(1), 1-42.

This report is a comprehensive review of the research, evaluations and literature in the drug court field. The purpose of this review is to determine whether the existing research on drug courts provides a consensus of their efficacy, and to update and expand the General Accounting Office report to Congress on the characteristics of drug courts and their effectiveness. Thirty evaluation reports covering 24 drug courts were reviewed and comparisons made. Despite the different drug court structures, jurisdictional compositions, methods used by drug court evaluators and the

limitations of some of the data, a number of consistent findings emerge from the available drug court evaluations. Drug courts have been more successful than other forms of community supervision in closely supervising drug offenders in the community through frequent monitoring and close supervision including mandatory frequent drug testing, placing and retaining drug offenders in treatment programs, providing treatment and related services to offenders who have not received such services in the past, generating actual and potential cost savings and substantially reducing drug use and recidivism while offenders are in the program. The drug courts have demonstrated the feasibility of employing a team-based problem-solving approach to adjudicating offenders with drug problems in a way that appears to reduce system costs and improve public safety. Retention rates for drug courts are much greater than the retention rates typically observed for criminal justice offenders and treatment clients. Drug courts have been successful in bridging the gap between the court and the treatment/public health systems.

Byqvist, S., & Olsson, B. (1998). Male drug abuse, criminality and subcultural affiliation in a career perspective. *Journal of Psychoactive Drugs*, 30, 53-68.

Degree of connection to the criminal underworld was the basis for typologic research on 698 male drug abusers; interviews as well as official records were used. Four types were distinguished: The addicted criminals seemed to resemble the groups dominant in Sweden from the 1950s to the 1970s. An early crime debut and criminal offenses in youthful years characterized their deviant careers. Drugs and criminal activities coexisted with an often very high intake of alcohol and the most difficult childhood and adolescent conditions compared to the other types. The criminal addicts had fewer recorded acts of juvenile delinquency. Their drug abuse was severe and occurred later in life, as criminality did, but tended to accelerate very rapidly. Their subcultural affiliation was probably as strong as that of the addicted criminals. A large group called 'low-crime addicts' had a weak subgroup affiliation. The "normal" abuse pattern, with cannabis as the first substance used and a gradual shift to more severe opioid and CNS stimulant abuse, was most true of this type. Probably the drug abuse played a role in the development of the criminal pattern. Emotionally unstable addicts with little or no criminality had the best education, job situation, and social relations. Multiple drug abuse and abuse of legal drugs were common. Mental ill-health was characteristic for this group. The results show that drug abusers in Sweden cannot be seen as a homogenous group of individuals, that they do not commit crimes only to finance their habit, and that the history of narcotics use in Sweden, with its strong connection to a criminal subculture, is highly relevant to this sample. (Author abstract)

Chenet, L., & McKee, M. (1998). Down the road to deregulation. *Alcohol and Alcoholism*, 33, 337-340.

The authors comment on trends in alcohol control policy since a recent preliminary ruling by the European Court of Justice on traditional alcohol control policies in Scandinavian countries, which involve state retail alcohol monopolies and are aimed at lowering total alcohol consumption to reduce alcohol-related harm. Other European countries have a different model, in which

governments consider alcohol more as consumer goods to be dealt with as part of agricultural, trade, and industrial policies. Alcohol policy in those countries, which include those of southern Europe, Germany, and Austria, is often limited to education and information campaigns with little restriction of availability and low excise taxes. The Court originally held that Sweden's state retail alcohol monopoly contravenes European law on the free movement of goods, but later it overturned that ruling. The authors argue that the alcoholic beverage industry has been targeting the least informed, most easily influenced, and most vulnerable segments of the population, and also note that the World Trade Organization has accused the European Union of implementing trade barriers under the guise of public health measures.

Cornish, J.W., Metzger, D., Woody, G.E., Wilson, D., McLellan, A.T., Vandergrift, B., & O'Brien, C.P. (1997). Naltrexone pharmacotherapy for opioid dependent federal probationers. Journal of Substance Abuse Treatment, 14, 529-534.

Federal probationers or parolees with a history of opioid addiction were referred by themselves or their probation/parole officer for a naltrexone treatment study. Participation was voluntary and subjects could drop out of the study at any time without adverse consequences. Following orientation and informed consent, 51 volunteers were randomly assigned in a 2:1 ratio to a 6-month program of probation plus naltrexone and brief drug counseling, or probation plus counseling alone. Naltrexone subjects received medication and counseling twice a week; controls received counseling at similar intervals. All therapy and medication were administered in an office located adjacent to the Federal probation department. Fifty-two percent of subjects in the naltrexone group continued for 6 months and 33 percent remained in the control group. Opioid use was significantly lower in the naltrexone group. The overall mean percent of opioid-positive urine tests among the naltrexone subjects was 8 percent, versus 30 percent for control subjects ( $p < .05$ ). Fifty-six percent of the controls and 26 percent of the naltrexone group ( $p < .05$ ) had their probation status revoked within the 6-month study period and returned to prison. Treatment with naltrexone and brief drug counseling can be integrated into the Federal Probation/Parole system with favorable results on both opioid use and re-arrest rates.

Craddock, S.G., Rounds-Bryant, J.L., Flynn, P.M., & Hubbard, R.L. (1997). Characteristics and pretreatment behaviors of clients entering drug abuse treatment, 1969-1993. American Journal of Drug and Alcohol Abuse, 23, 43-59.

This study summarizes historical changes among clients entering drug treatment in their sociodemographic characteristics and important pretreatment behaviors, such as work activity, criminal behavior, drug use, prior drug treatment, and health insurance. Data are drawn from three major studies of drug abuse treatment clients: The Drug Abuse Reporting Program (DARP), 1969-1972; the Treatment Outcome Prospective Study (TOPS), 1979-1981; and the Drug Abuse Treatment Outcome Study (DATOS), 1991-1993. The mix of drug treatment clients and their interaction with the drug treatment system changed substantially over the past 3 decades. Because data items are most directly comparable between TOPS and DATOS, the focus of this

paper is on changes within the past decade. The most conspicuous change is in types and numbers of drugs used by clients entering treatment. Multiple drug use declined since the late 1970s, while reports of cocaine use since TOPS more than doubled among clients in the long-term residential and outpatient treatment modalities, and increased 1½ times among methadone clients. Other differences in treatment populations include decreases in clients' working full-time and in reports of suicidal ideation and attempts and predatory crime. Data from such studies as DARP, TOPS, and DATOS are valuable in historical, contextual, policy, and evaluative frameworks. The changing nature of the drug treatment client population—from sociodemographics to drug use and multiple treatment problem severities—highlights the complexity of issues and difficulties encountered by those attempting to treat clients or plan treatment strategies. (Author abstract)

Dunnegan, S.W. (1997). Violence, trauma and substance abuse. Journal of Psychoactive Drugs, 29, 345-351.

A review of the relevant literature concerning post-traumatic stress disorder, violence, and domestic violence suggests that violent behavior, trauma, and substance abuse have a substantial connection; it also suggests that shame is a powerful agent for rage. Shame permeates many levels of society: the individual, the family, institutions, and the community. The policies of the criminal justice system are directed toward promoting more shame in a population that has already been saturated on many levels. Attention is focused on the role of alcohol and other drug use in the cycle of violence. Violent behavior, violent individuals, and victims of violence are deeply affected—emotionally, physically, politically, and spiritually—by drug use. This suggests that any program designed to promote healing violent behavior for victims and/or perpetrators should include attention to each of these spheres. This article describes a program developed in the San Francisco City and County Jails. The program includes three groups: a Stress Reduction Group, a Personal Writing Group, a Partner Abuse Group, and an Anger and Conflict Manager Group. The milieu is described, as well as the components, methods, and rationale for each group. (Author abstract modified)

Falkin, G.P., Prendergast, M., & Anglin, M.D. (1994). Drug treatment in the criminal justice system. Federal Probation, 58(3), 31-36.

Research has shown that drug-involved offenders at all stages of the criminal justice process need more treatment. The authors discuss the scope of the problem and the state of the art in treating drug-abusing offenders, focusing on needs assessment, treatment program effectiveness, and developments in delivery of services.

Fiander, M., & Bartlett, A.E.A. (1997). Missed 'psychiatric' cases? The effectiveness of a court diversion scheme. *Alcohol and Alcoholism*, 32, 715-723.

The purpose of the Court Diversion Scheme at the Magistrates Court in London is to facilitate the assessment and appropriate placement of mentally disordered offenders. This paper examines the whole court in-custody population over a 22-day period for psychiatric status to identify possible missed cases. A random sample of 100 individuals was interviewed. Thirty-five individuals were identified as being alcoholic by their Brief Michigan Alcoholism Screening Test (MAST) score, and cannabis use was reported by over half of the sample. There was considerable overlap between drug and alcohol abuse. One-third of the Brief MAST alcoholics, one-third of the current drug users, and one-third of the past poly-drug users reported a history of deliberate self-harm. In total, 8 of the 100 interviewees were referred to the duty psychiatrist scheme, and none of these were the Brief MAST alcoholics, despite the reported high levels of alcohol abuse and illicit drug use. The results indicated that one-third of the sample was identified as Brief MAST alcoholics, and that there was significant "missed caseness," where those who required diversion from the criminal justice system or treatment within it were not referred for psychiatric assessment. The difficulties of screening for alcohol abuse, illicit drug use, and history of deliberate self-harm in an in-custody population are discussed in relation to the context in which screening takes place, the lay referral process, and the efficient use of current resources.

Greenfield, T.K., & Weisner, C. (1995). Drinking behaviors and self-reported criminal behavior, arrests, and convictions: 1990 U.S. alcohol and 1989 county surveys. *Addiction*, 90, 361-373.

Use of general population surveys in addition to institutional samples is critical to exploration of the relationship between criminal behavior and alcohol problems or use of illicit drugs. Local area studies can be useful but generalizability of their results is seldom studied. Data from recent U.S. national (n=2,058) and county (n=3,069) general population surveys are used to examine the role of alcohol problem and drug use history in predicting self-reported criminal behavior, arrest, and conviction within a logistic regression framework. In the national and county surveys controlling for age, gender, income, marital status, employment, education, race, and drug use, lifetime drinking problems significantly predicted current criminal behavior (odds ratios 1.3 and 1.5, respectively) with slightly stronger relationships noted in equivalent models predicting arrest (odds ratios 1.7 and 1.8) and conviction (odds ratios 1.7 and 1.6). Relationships between alcohol, drugs, and criminal behavior/justice variables are discussed. Parallels between U.S. and county results suggest that findings from intensive, articulated analyses of community-level population and institutional surveys may be cautiously generalized beyond their geographic focus.

Grossman, L.S., Haywood, T.W., Cavanaugh, J.L., Davis, J.M., & Lewis, D.A. (1995). State psychiatric hospital patients with past arrests for violent crimes. Psychiatric Services, *46*, 790-795.

This study examined associations between four types of major psychopathology (schizophrenia, schizo-affective disorder, and bipolar and unipolar affective disorders) and history of violent crime. The effects of demographic variables, substance abuse, psychosis, and paranoia on history of violent crime were also determined. Patients with schizo-affective disorder were significantly more likely than those in the other diagnostic groups to have been arrested for a violent crime. Similar results were found for psychotic patients who had paranoid schizophrenia compared with patients who had schizophrenia without paranoid features, and patients who had coexisting substance abuse compared with those who had no history of substance abuse. Patients from racial minority groups and male patients were also more likely than white patients and female patients to have been arrested for a violent crime. Demographic features, a diagnosis of schizo-affective disorder, psychosis, paranoid symptoms, and substance abuse may all be associated with violent behavior. (Author abstract modified)

Harrison, L.D. (1995). The validity of self-reported data on drug use. Journal of Drug Issues, *25*, 91-111.

Surveys of drug use are continually criticized on the premise that respondents under-report the extent of their drug use. Validation studies conducted prior to the mid-1980s involving known samples of drug users or urinalysis techniques showed that drug use was fairly accurately reported in self-report surveys. However, more recent validation studies conducted with criminal justice clients using improved urinalysis techniques suggest less concordance between urinalysis and self-report. This paper reviews these studies and their implications for the validity of self-report in epidemiological drug surveys. Some general conclusions can be drawn from various validation studies. Valid self-reporting of drug use is a function of: the recency of the event, the social desirability of the drug, and the nuances of data collection methodology. The paper discusses methods used to improve the validity and quality of self-report data on drug use. (Author abstract)

Inciardi, J.A. (Ed.). (1993). Drug treatment and criminal justice. Criminal Justice Systems Annuals: Vol. 27. Thousand Oaks, CA: Sage Publications.

This volume documents the more innovative projects, programs, and advances that have become available in the United States for drug offenders. The contributors, who are outstanding experts in the field, examine the issues that arise in the effort to establish a more effective and humane system of dealing with the alarming rise of drug-related crimes.

Inciardi, J.A., Martin, S.S., Butzin, C.A., Hooper, R.M., & Harrison, L. (1997). An effective model of prison-based treatment for drug-involved offenders. Journal of Drug Issues, 27, 261-278.

A multistage therapeutic community treatment system has captured the attention of Federal agencies. Treatment occurs in a three-stage system, with each phase corresponding to the client's changing correctional status (incarceration, work release, and parole). In this article, 18-month follow-up data are analyzed for those who received treatment in a prison-based therapeutic community only, a work release therapeutic community followed by aftercare, and the prison-based therapeutic community followed by the work release therapeutic community and aftercare. These groups are compared with a no-treatment group. Those receiving treatment in the two-stage (work release and aftercare) and three-stage (prison, work release, and aftercare) models had significantly lower rates of drug relapse and criminal recidivism, even when adjusted for other risk factors. The results support the effectiveness of a multistage therapeutic community model for drug-involved offenders, and the importance of a work release transitional therapeutic community as a component of this model. (Author abstract modified)

Jordan, B.K., Schlenger, W.E., Fairvank, J.A., & Caddell, J.M. (1996). Prevalence of psychiatric disorders among incarcerated women. Archives of General Psychiatry, 53, 513-519.

No unbiased estimates of rates of psychiatric disorder among women prison inmates are available. Nonetheless, available data suggest that some psychiatric disorders are prevalent in this population. The objective of the study was to determine the rates, risk factors, and outcomes of specific psychiatric disorders among female prison inmates. Inmates were found to have high rates of substance abuse and dependence and antisocial and borderline personality disorders compared with women in community epidemiologic studies. Rates among inmates were also somewhat elevated for mood disorders but not for anxiety disorders. The rate of reports of lifetime exposure to traumatic events was also high. Rates of disorder tended to be higher among white women than among African-American women. High rates of substance abuse, psychiatric disorders, and psychological distress associated with exposure to traumatic events suggest that women in prison have a need for treatment for substance abuse and other mental health problems. (Author abstract modified)

Justice Research and Statistics Association. (1995). Treatment and rehabilitation: Highlighted programs from the state annual reports. Washington, DC: Bureau of Justice Assistance.

This is a directory of innovative programs funded by the Bureau of Justice Assistance through the Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program. These programs are to be used as a model for others. Many of the programs on treatment for the hard-core drug user, including those of all ages and both genders that are incarcerated.

Kermani, E.J., & Castaneda, R. (1996). Psychoactive substance abuse in forensic psychiatry. American Journal of Drug and Alcohol Abuse, *22*, 1-27.

This article discusses the relationship between judicial discipline and behavioral science in the context of substance-related disorders. The authors review the epidemiology of psychoactive drug use and crime and discuss the courts' decisions on relevant landmark cases, particularly as they influence the practice of psychiatry. The article continues with a discussion of the authors' results, such as the notion that the use of alcohol or other substances involves an element of choice and thus would not suffice for a legal insanity defense if the substance abuser commits a crime while intoxicated. (Author abstract modified)

Kline, A. (1997). Profiles of criminal-justice clients in drug treatment: Implications for intervention. Addictive Behaviors, *22*, 263-268.

Psychosocial differences between criminal-justice-referred and voluntary clients, using a sample of 996 men and women in residential drug treatment in northern New Jersey, were explored. Results suggest differences in demographic characteristics between the two groups as well as differences in attitudes and behaviors likely to impact on treatment outcome. Demographically, criminal-justice clients are younger, more likely to be male, and less likely to be black than other clients. They also report better health status and better social and psychological adjustment, describing less homelessness, fewer health problems, lower levels of psychological distress, better family adjustment, and fewer medical, social, and drug problems requiring intervention. Implications for treatment are discussed. (Author abstract)

Kouri, E.M., Pope, H.G., Powell, K.F., Oliva, P.S., et al. (1997). Drug Use History and Criminal Behavior among 133 Incarcerated Men. American Journal of Drug and Alcohol Abuse, *23*, 413-419.

The present study investigated the relationship between crime and substance abuse in a sample of 133 consecutively evaluated male prisoners. Using the Structured Clinical Interview for DSM- II-R, we assessed the prevalence of various forms of substance abuse in this population and attempted to judge whether substance abuse played a role in the index crime that has led to the present incarceration. In addition, we assessed whether there was a relationship between the nature of substance dependence and the type of crime committed, whether sexual, violent, or non-violent. Among the 133 prisoners, 95 percent obtained a diagnosis of dependence on one or more substances. Fifty-eight percent of the inmates reported that they were acutely intoxicated with one or more substances at the time they committed the index crime, and an additional 6 percent were withdrawing from a substance at the time of the crime. There was no significant correlation between the type of substance abuse diagnosis and the type of crime committed. Similarly, there was no significant correlation between the number of individuals who reported they were intoxicated at the time of the offense and the type of crime committed. (Author abstract)

Leukefeld, C.G., Gallego, M.A., & Farabee, D. (1997). Drugs, crime, and HIV. Substance Use and Misuse, 32, 749-756.

The use of criminal justice authority is discussed as a possibility for keeping drug users in treatment to decrease drug use, decrease injection, and to reduce the spread of HIV. The authors hypothesize that the perception of treatment and control is a central factor in the limited use of criminal justice authority by community drug-treatment providers.

Lipton, D.S. (1996, February). Prison-based therapeutic communities: Their success with drug-abusing offenders. National Institute of Justice Journal, 12-20.

The link between drugs and crime has been well established by research, but even if reducing crime is a goal everyone agrees with, not everyone agrees that providing drug treatment to offenders is a worthwhile way to achieve that goal. This article focuses on the therapeutic community model in the criminal justice system setting. This approach is meant to address problems caused by an addiction lifestyle as well as those caused by actual use/abuse of the drug.

Martin, S.S., Butzin, C.A., & Inciardi, J.A. (1995). Assessment of a multistage therapeutic community for drug-involved offenders. Journal of Psychoactive Drugs, 27, 109-116.

A multistage therapeutic community (TC) treatment program has been instituted in the Delaware correctional system. Components in place long enough to provide follow-up data consist of a TC in prison and a transitional TC outside the prison for parolees. Baseline data at release from prison, and outcome data 6 months after release were analyzed for 457 respondents. A group who had participated in neither of the TCs was compared to groups who had participated in the TC in prison only, the transitional TC only, or both TCs. The latter two groups had significantly lower rates of drug relapse and criminal recidivism, even when adjusted for other risk factors. There was also a reduction for the prison TC group, although more modest and statistically significant only when adjusted for baseline differences. Outcome benefits of the TC participation were also found for behaviors affecting the risk of HIV infection. The results support the efficacy of a multistage TC program and the importance of the transitional TC as a component.

Mauser, E., Van Stelle, K.R., & Moberg, D.P. (1994). The economic impact of diverting substance-abusing offenders into treatment. Crime and Delinquency, 40, 568-588.

This article evaluates the economic impact of the Treatment Alternative Programs (TAP), modeled after the national Treatment Alternatives to Street Crime program, by examining the benefits and costs and cost-effectiveness of diverting offenders from the criminal justice system into substance abuse treatment. Data were drawn from an evaluation of TAP in which 259 offenders were admitted for over 1 year and an outcome study in which 76 clients completed the baseline interview and 25 the follow-up interview. The results suggest that the benefits of TAP

outweigh its costs in the short run and that TAP costs less than incarcerating offenders. (Author abstract)

National Association of Drug Court Professionals, Drug Court Standards Committee. (1997). Defining drug courts: The key components. Washington, DC: U.S. Department of Justice.

This document is organized around ten key components, which describe the basic elements that define drug courts. Concepts range from the integration of alcohol and other drug treatment services with justice system case processing to promoting public safety while protecting participants' due process rights to forging partnerships among drug courts, public agencies, and community-based organizations in order to generate local support and enhance drug court effectiveness. The purpose of each key component is explained, followed by several performance benchmarks that give guidance for implementing each key component.

Nielsen, A.L., & Scarpitti, F.R. (1997). Changing the Behavior of Substance Abusers: Factors Influencing the Effectiveness of Therapeutic Communities. Journal of Drug Issues, 27, 279-298.

In this article, the authors describe the treatment process leading to the success of therapeutic communities (TCs) in rehabilitating clients through a case study of a combined TC and work release program for substance abusers with criminal histories. The authors developed a comprehensive framework for understanding how and why TCs provide effective treatment to substance-abusing clients. Using data derived from a process analysis of the program, and substantiated by the literature on TCs, the model considers both structural and programmatic elements and individual level factors. The framework is unique in that it attempts to show the dynamic processes ongoing among various elements in the setting to produce global changes in clients that are important for living drug free. (Author abstract modified)

Nurco, D.N., Hanlon, T.E., Bateman, R.W., & Kinlock, T.W. (1995). Drug abuse treatment in the context of correctional surveillance. Journal of Substance Abuse Treatment, 12, 19-27.

Evaluating drug abuse treatment within a correctional framework presents unique issues and challenges. Given their respective emphases on rehabilitation and incapacitation, treatment-and-correction approaches to incarcerated drug abusers often differ in methods aimed at reducing deviant behavior. Although this results in problems for planning integrative drug abuse intervention strategies, the two approaches are not always incompatible. Corrections can help identify those individuals in need of treatment, and for some of those, treatment can lessen the need for incapacitation. Understandably, gaining a drug-abusing offender's cooperation in monitoring routines and engendering trust in the confidentiality of treatment conducted in criminal justice systems settings, while still ensuring public safety, are not easy tasks. Nevertheless, there

are decided advantages, in terms of compliance and retention, to the increased surveillance exercised by the criminal justice system in community-based treatment efforts. In these efforts, therapy coupled with urine monitoring appears particularly promising. Along with the presentation of descriptive and preliminary outcome information, this report provides a discussion of treatment/corrections issues within the framework of an ongoing treatment evaluation study involving drug-abusing parolees in Baltimore City.

O'Brien, W.B., & Devlin, C.J. (1997). Therapeutic community. In J.H. Lowinson, P. Ruiz, R.B. Millman, & J.G. Langrod, (Eds.), Substance abuse: A comprehensive textbook (3<sup>rd</sup> ed., pp. 400-405). Baltimore, MD: Williams and Wilkins.

The authors describe the therapeutic community (TC) treatment model, which has grown from its beginnings as a response to the drug addiction problem into an institution concerned with many issues, including credentialing, managed care, the needs of special populations, and the demands of multiple contractors and the criminal justice system. The first author is the president and founder of TC's national professional association, Therapeutic Communities of America, Inc., representing over 400 sites in the United States with a total treatment capacity of 100,000. Chapter sections include an overview of TC; TC initiatives and special populations (mothers in recovery program, dual diagnosis clients, adolescent services, and TC alternatives to incarceration); special challenges of the Alternative to Incarceration population (control of treatment plan, conflicts of interest, complex client history, gang rivalry issues, and reimbursement issues); and the future of the TC.

Peters, R.H. (1992). Referral and screening for substance abuse treatment in jails. Journal of Mental Health Administration, 19, 53-75.

As jails and prisons have become filled to capacity with inmates arrested and convicted for drug-related offenses, efforts have intensified to reduce subsequent drug use, drug-related crime, and recidivism among this population. Faced with the drug abuse epidemic, treatment resources in the community have expanded more quickly than in detention and corrections facilities. Many large jails and prisons do not presently have a substance abuse treatment program despite clear evidence of widespread drug and alcohol dependence problems among inmate populations. Where substance abuse treatment resources are available, administrators face difficult choices in determining which inmates will receive services. This paper provides a discussion of issues related to referral and screening procedures for in-jail substance abuse treatment programs. Referral and screening systems implemented in several jails across the country are reviewed.

Petronis, K.R., Johnson, C.C., & Wish, E.E. (1995). Location of drug-using arrestees and treatment centers in Washington, DC: A geocoding demonstration project. College Park, MD: Center for Substance Abuse Research.

The Geographic Information System has proven especially useful in determining the necessity of drug treatment centers in specific areas. The system plots the points of arrest for drug offenses on a map. Users are able to pinpoint where concentrated drug activities occur and where treatment centers are located. The system informs analyses in patterns of (multiple) drug use, as well as sociodemographic information of the arrestees. This system is helpful in determining which areas need more intervention as well as tracking trends over time.

Peyrot, M., Yen, S., & Baldassano, C.A. (1994). Short-term substance abuse prevention in jail: A cognitive behavioral approach. Journal of Drug Education, 24, 33-47.

This article describes a cognitive-behavioral program for substance abusers that was first implemented in the Baltimore City Jail in 1987. Similar but separate programs are provided for male and female inmates, consisting of 12 to 16 contact hours over 3 to 4 weeks. In addition to conventional drug and alcohol information (physiologic and psychological effects, treatment options), the program emphasizes cognitive and behavioral skills that can prevent substance abuse, including training in consequential thinking, and stress and anger management. Over a 2-year period, 607 males and 131 females were served; of those, 429 (59%) completed the entire program. Both males and females showed statistically significant improvement from pre-test to post-test in all knowledge areas. Inmates gave high ratings to the program and group leaders reported substantial change in client attitudes toward drug and alcohol use. Knowledge scores at the end of the program were highest for those who scored higher at pre-test, rated their group leader higher, and were rated as more active participants by their group leader. Client participation was the strongest predictor for program outcome.

Pitre, U., Dees, S.M., Dansereau, D.F., & Simpson, D.D. (1997). Mapping techniques to improve substance abuse treatment in criminal justice settings. Journal of Drug Issues, 27, 431-444.

Node-link mapping, a graphic representation tool, was used to improve mandated substance-abuse treatment in a 4-month residential criminal justice program. Three hundred eighty probationers (residents) were randomly assigned to either mapping-enhanced or standard counseling. Compared to those in standard counseling, residents receiving mapping gave more favorable evaluations to their group meetings, counselors, co-residents, and security staff. They also rated themselves higher on treatment effort and self-efficacy measures than did their counterparts. These findings suggest that mapping-enhanced counseling fosters more effective communication during meetings, promotes stronger therapeutic alliances, and thus enhances the perceptions of the effectiveness of the program and of the people associated with it. (Author abstract)

Rossman, S., & Sridharan, S. (1998, March 23-25). Using survey data to study linkages among crime, drug use, circumstance: Findings from the opportunity to succeed program. Presented at the Consensus Meeting on Drug Treatment in the Criminal Justice System, Washington, DC.

This report utilizes survey data to examine trajectories of criminal behavior, with a focus on the impact of full-time employment, and recent and lifetime drug use on predatory and drug-dealing crimes. Using structural equation modeling and CHAID, the authors found evidence of strong relationships between drug use and full-time employment on predatory criminal behavior, as well as a relationship between full-time employment and drug-dealing behavior. Street calendar data were used in a hierarchical linear model to examine both within-individual differences (changes in individual life circumstances in the year prior to incarceration) and between-individual differences (age of respondents). The results from the analysis confirm other studies that changes in life circumstances are strongly related to short-term criminal behaviors. The authors' findings underscore the importance of the linkage between full-time employment and predatory and drug-dealing crimes. (Author abstract modified)

Shapiro, C., & Stayton, C. (1998, March 23-25). Family-focused drug treatment: Natural resource for the criminal justice system. Consensus Meeting on Drug Treatment in the Criminal Justice System, Washington, DC.

This is the transcript of a paper presented at a drug control policy conference. The paper addresses family-focused AOD treatment strategies for the criminal justice system and suggests that family-focused treatment is an innovative strategy to reduce treatment failure and prevent future generations from entering into the cycle of drug use and crime. The paper considers the barriers to effective treatment in the criminal justice arena, including the provision of conventional individual drug treatment, a focus on punishment, separation from family, and the often unmet needs of the families of substance abusers. La Bodega de la Familia, a family-focused demonstration project conducted in New York City, is described. The paper concludes by calling for a shift in focus from traditional to innovative treatment strategies for criminal offenders, and using the family as a means of expanding the natural support system for substance-abusing offenders. (NCADI abstract)

Spunt, B., Brownstein, H., Goldstein, P., Fendrich, M., & Liberty, H.J. (1995). Drug use by homicide offenders. Journal of Psychoactive Drugs, 27, 125-134.

This article uses data derived from interviews with 268 homicide offenders incarcerated in New York State correctional facilities to examine their drug use prior to and at the time of the homicide, and their perceptions as to whether and how the homicides were related to their drug use. Most respondents who used a drug were not hard-core users of that drug. About one in five of the respondents could be considered polydrug abusers. Thirty percent of the sample believed

that the homicide was related to their drug use. Alcohol was the drug most likely to be implicated in these homicides. The implications of this research are discussed.

Turnet, S., Petersilia, J., & Deschenes, E.P. (1994). The implementation and effectiveness of drug testing in community supervision: Results of an experimental evaluation. In D.L. MacKenzie & C.D. Uchida (Eds.), Drugs and crime: Evaluating public policy initiatives (pp. 231-252). Thousand Oaks, CA: Sage Publications.

Intensive supervision coupled with drug testing has become a popular mechanism for monitoring and controlling drug offenders in the community. Results are presented on the implementation and effectiveness of five randomized intensive supervision programs (ISPs) that incorporated drug testing. Background and 1-year follow-up data were gathered for offenders, using official record data, and telephone interviews were conducted with probation/parole staff in each site. Results reveal that during the 1-year follow-up, more than half of ISP offenders in all sites tested positive for drugs, primarily cocaine and marijuana; however, system responses to positive drug tests varied across the sites, with some placing more emphasis on referrals to treatment and others on increased punitive sanctions. Drug testing in the context of intensive supervision did not reduce official recorded recidivism, as measured by technical violations and arrests. In three of the sites, ISPs increased the percent of offenders who received technical violations. Although drug testing appears a popular tool in the supervision of drug offenders in the community, the technology appears to have moved faster than some agencies' ability to utilize the information effectively in the treatment and surveillance of offenders. (NCADI abstract)

Walters, G.D. (1995). Predictive validity of the drug lifestyle screening interview: A 2-year follow-up. American Journal of Drug and Alcohol Abuse, 21, 187-194.

One hundred and eighteen inmates who were enrolled in a comprehensive residential drug treatment program were administered the Drug Lifestyle Screening Interview (DLSI) and followed for 2 years. A marginally significant predictive effect was observed in which subjects achieving elevated DLSI scores (greater than or equal to 12) displayed more subsequent alcohol and drug misuse than lower-scoring subjects, 21.7 percent versus 9.7 percent. The Lifestyle Criminality Screening Form (LCSF) enjoyed a somewhat stronger predictive relationship with future outcome in that 27.3 percent of the high-scoring subjects (LCSF score greater than or equal to 10) subsequently misused alcohol or other drugs as opposed to only 4.4 percent of the low-scoring subjects. Regression analysis also revealed the superiority of the LCSF in predicting future outcome. These findings suggest that criminal background should be taken into account when evaluating the relapse potential of drug-involved offenders once they leave treatment. (Author abstract)

Wexler, H.K. (1995). The success of therapeutic communities for substance abusers in American prisons. Journal of Psychoactive Drugs, 27, 57-66.

Residential treatment provides opportunities for intensive interventions and support that may not be present in outpatient settings. In the area of substance abuse treatment, the therapeutic community (TC) has become synonymous with residential treatment. A growing body of prison TC outcome research has led to recent acceptance of prison TCs as a major innovation in American correctional institutions. An overview of prison TC outcome research is provided and the emergence of the TC as the primary substance abuse treatment modality in prison is described. The self-help orientation that provides the basis for both residential and 12-step substance abuse treatment programs is described and contrasted with the relapse recovery model. The theoretical principles of the TC model are discussed and two main variants of the prison TC model are described and contrasted. Finally, recommendations are offered for expanding the TC approach and increasing its effectiveness by treating comorbid problems that are prevalent among prison inmates with substance abuse problems.

Whiteford, L.M., & Vitucci, J. (1997). Pregnancy and addiction: Translating research into practice. Social Science and Medicine, 44, 1371-1380.

In some areas of the United States, pregnant women are incarcerated if they are addicted to illegal substances, particularly crack cocaine. However, incarceration does not happen to all pregnant addicts, but instead reflects racial/ethnic and socioeconomic categories of prejudice. In the following article, the authors suggest that analysis of this pattern of incarceration is clarified by the use of critical medical anthropology perspective with its explicit historical, political, and economic foci. In addition, the authors introduce a program for addicted women that incorporates into practice the findings of the initial research and demonstrates how research can be translated into practice.

Wild, T.C., Newton-Taylor, B., & Alletto, R. (1998). Perceived coercion among clients entering substance abuse treatment: Structural and psychological determinants. Addictive Behaviors, 23(1), 81-95.

Because coercion is typically inferred from referral source rather than measured, little is known about the extent to which admission to drug treatment programs is perceived as a coercive imposition. In this study, 300 clients entering substance abuse treatment were assessed on structural variables (sociodemographic background, criminal history, current legal status, referral source), psychological variables (personal beliefs about substance abuse, perceived interpersonal pressures), alcohol/drug use, and perceived coercion. Mandated treatment status predicted perceived coercion; however, many mandated clients did not, and many self-referrals did, report being coerced into treatment. Psychological factors accounted for additional variance in perceived coercion, controlling for referral source. Substance dependence did not add to the predictability of perceived coercion beyond structural and psychological variables. These findings are inconsistent

with the notion that coercion can be inferred from referral source. Instead, results support a self-determination theory that proposes that multiple social and psychological events promote perceived coercion by undermining personal autonomy. (Author abstract modified)

Yacoubian, G.S., & Kane, R.J. (1998). Identifying a drug use typology of Philadelphia arrestees: Cluster analysis. *Journal of Drug Issues*, 28, 559-574.

The Drug Use Forecasting (DUF) program is a measurement system established by the National Institute of Justice to test booked arrestees for illegal drug use. DUF has consistently shown high levels of illicit drug use among arrestees, including those charged with crimes unrelated to drug use. Measuring the extent and nature of this illicit drug use is essential to, first, determining how severe the drug problem is, and second, developing ideal methods for combating it. Part I of this analysis presents an overview of the drug/crime connection. Part II describes the methodology of the DUF project. Part III, first, describes the utility of clustering as a statistical tool, and second, identifies homogeneous clusters of drug users from a Philadelphia population of 1,329 arrestees. Part IV assesses the policy implications of these classifications. (NCADI abstract)

**II. CRIMINAL JUSTICE AND SUBSTANCE ABUSE TREATMENT:  
SELECTED BIBLIOGRAPHY**

## II. CRIMINAL JUSTICE AND SUBSTANCE ABUSE TREATMENT: SELECTED BIBLIOGRAPHY

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