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FACTORS ASSOCIATED WITH COMPLETION OF A DRUG TREATMENT COURT DIVERSION PROGRAM

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ABSTRACT

Factors related to successful completion of a first offender diversion program were examined from initial data of a longitudinal study of drug treatment court outcomes in Delaware. The strongest predictors of success were factors associated with social stakeholder values, especially those involving employment. Other factors associated with program completion included race, education, and frequency of drug use. While the overall success of drug treatment courts continues to be documented, these data suggest success varies with individual characteristics. The continuing study will explore whether these characteristics are also related to subsequent outcomes, especially drug use relapse and criminal recidivism, over a 24-month post-treatment period.

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Key Words: Drug treatment court; Diversion programs; Stakeholder values; Compulsory treatment; Case management

INTRODUCTION

The drug treatment court movement is proliferating across the United States and has recently been expanded to other countries (see the articles by Bean, Makkai, and LaPrairie et al in this issue). Much of the tremendous growth of drug treatment courts is based on the promising notion that drug treatment courts can facilitate the processing of drug-use-related cases and enhance offender outcomes by tying treatment directly to the court.^[1] Numerous findings from evaluation research programs, which assess outcome in terms of relapse and recidivism, suggest that drug treatment court programs are succeeding in these goals.^[2,3]

Outcome studies of drug treatment courts, as well as other corrections-based programs, document the beneficial effects of legal coercion upon the treatment process.^[4] Drug treatment courts have been found to increase retention rates and reduce substance use compared with other treatment programs.^[5] In addition, there is evidence that drug treatment courts reduce offender recidivism, both while in the program and after program completion.^[2]

Relatively less research has examined what individual factors within the drug treatment court process may be important predictors of program completion and post drug treatment court outcomes. Knowing what factors influence drug treatment court success can help us improve treatment programs and subsequent client outcomes. With this knowledge, we can assist programming efforts and aid in targeting offenders who could benefit most from treatment-oriented drug treatment courts.

Drug treatment court offenders often vary considerably in racial/ethnic composition, gender, drug use history, and other characteristics. An evaluation may determine whether certain types of clients can be therapeutically engaged, are more likely to “drop out” of a treatment program, or are unlikely to benefit from all of the program services. It is likely that not all substance-involved individuals can be treated with the same model, given their heterogeneity. It is just as likely that client attributes other than having a current drug-use-related charge are significant factors in treatment retention and outcome.

Despite the fact that drug treatment courts have proven to be favorable alternatives to the traditional adversarial methods of the criminal justice system, there are too few of them to meet the needs of the many

drug-using offenders who require treatment. Indeed, despite the necessity, relatively few drug-dependent offenders are ever given the opportunity to attend treatment, whether in the context of a drug treatment court or in other types of corrections-based programs.^[6,7] Therefore, it appears essential that all drug user treatment programs refine, among other treatment considerations, both their therapeutic techniques and selection criteria in order to maximize the effectiveness of the scarce resources which they offer.^[8,9] In the present study, we take a step in that direction by exploring what factors predict completion of a drug treatment court diversion program.

THE DELAWARE DRUG USER TREATMENT COURT EXPERIENCE

In Delaware, a study examining the levels of illegal drug dependency among offenders revealed that over 70% of nearly 4000 prison inmates were in need of treatment for their substance use.^[10] These findings are consistent with national estimates indicating that 60% to 85% or more of individuals under supervision of the criminal justice system require treatment for addiction.^[11,12]

A major objective of the state's Sentencing Accountability Commission (SENTAC) has been to reduce unnecessary incarceration and to provide rehabilitation for offenders. Moreover, SENTAC's policy is to sentence offenders to the least restrictive and least costly sanction possible and still ensure public safety. Consistent with this mission, in 1994 SENTAC's Treatment Access Center (TASC) developed the first court in Delaware to deal exclusively with drug cases.^[10] It was designed to both expedite drug offender cases through the system and provide treatment for eligible offenders.

The drug treatment court was originally established in the New Castle County Superior Court and has since been expanded to Delaware's other counties. Individuals who are accused or convicted of one or more felony-level drug-related offenses may be processed through the drug treatment court. The structure of the court is designed to support the notion of compulsory treatment—utilizing the criminal justice system to increase offender retention and successful outcomes in treatment. The drug treatment court judge is established as the central figure to facilitate the drug treatment court process. The judge maintains involvement with the offender, ensuring that treatment and supervision are delivered effectively.

Cases are processed through the drug treatment court in one of two tracks. Primary responsibility for placement in each track is given to the

Attorney General. The tracks focus on a range of treatment and case management services for drug-using offenders.

- Track I serves defendants currently on Superior Court probation who are arrested for a new offense. An offender who is assessed as requiring treatment generally enters a plea of guilty to the new charge and is sentenced to participate in the drug treatment court program. As such, the Track I program is a postadjudicatory program for clients already involved in the criminal justice system.
- Track II, from which the data for this paper are derived, is a diversion program which targets first-time offenders. This program is described in more detail below.

DELAWARE'S DRUG OFFENDER DIVERSION PROGRAM

The Diversion Program serves defendants arrested for drug-related offenses not carrying a mandatory sentence, and who have no or minimal prior felony convictions. Because some drug-related crimes make the accused liable for a predetermined prison sentence upon conviction, the decision by the Attorney General's office as to the specific charge to be entered becomes crucial for drug treatment court eligibility. Once deemed eligible by prosecutorial officials, offenders are offered the option of participating in the program. They are informed of the positive consequences (expunging the criminal charges) of successful participation, as well as the negative consequences (invoking a plea of guilt and the resultant criminal record) of failure to successfully participate. If they agree, state-contracted treatment providers conduct substance use assessments using standard instruments and submit preliminary treatment recommendations to the court prior to the hearing.

Program participants attend one of two community treatment programs where they receive urine monitoring as well as psycho-educational and outpatient counseling services, again administered by licensed drug and alcohol counselors. Treatment services focus on the individual and do not include family or peer group members. Counseling is generally group-focused, but individual sessions are available to those who require more intensive treatment. Although the number of treatment sessions may vary, they are usually twice weekly, and participants are required to maintain active participation in the drug treatment court program for at least 6 months.

Diversion clients appear before the drug treatment court judge at monthly status hearings, where the judge assesses the clients' progress.

At each drug treatment court appearance the judge is given a progress report from the treatment providers regarding drug use test results, attendance and participation. If program violations are committed (i.e., positive drug tests or failure to attend treatment sessions) the court will impose intermediate sanctions such as an increase in drug testing, counseling, and/or court appearances.

The drug treatment court judge has the ultimate authority to terminate a participant from the program. The judge's decision to terminate is based largely on recommendations from the treatment providers. Failure to appear in court for a scheduled appearance usually results in the issuance of a warrant for an arrest. This could result in termination from the program and could lead to conviction on the charges pending.

Criteria for successful completion of the program include attendance and participation in all required psycho-educational and group counseling sessions, completion of goals outlined in the case management plan (i.e., employment, school enrollment, etc.), and maintenance of a drug- and crime-free lifestyle. Since its inception through April of 2001, the Delaware Superior Court Drug Court Diversion Program has entered 1660 clients. Of these entries, 758, or 46%, have graduated, 29% have been terminated, 12% are currently in treatment, 11% have outstanding warrants, and about 2% have been neutrally discharged. Thus, 58% of these clients are considered by the court to be in compliance with the program.

CORRELATES OF DRUG TREATMENT COURT OUTCOME

Previous research has examined which factors may predict successful completion of court-ordered and other correctional treatment programs. This research has primarily assessed individual behavioral and selected sociodemographic variables, including gender, race/ethnicity, age, education level, and drug-of-choice. Thus far, research in these areas specific to drug treatment courts has been limited, as we shall see. With the proliferation of drug treatment court programs, it is essential to advance research examining the impact of client characteristics on drug treatment court processes and outcomes.

In general, it is not known why treatment is effective for some people and not others. In recent years, research focus has shifted somewhat from analyzing only what works to discovering which treatment or aspects of treatment work best and for whom.^[9,13] Individual characteristics and appropriate client-treatment matching are considered important factors in

the success of drug treatment programs. Yet, there is relatively little scientific information available on the influence of a person's socio-demographic characteristics on treatment outcomes, and what research does exist is often inconclusive.^[2,14,15] Below we present some of the previous findings on correlates of drug treatment court outcome, sometimes drawing on similar research which has examined other types of corrections-based treatment programs.

Gender

Investigations have not been conclusive as to gender outcomes in drug treatment court programs. Some national descriptions of drug treatment court clients have depicted men to be more successful in completing a drug treatment court process, while others have reported women to be more successful.^[16,17] Compared to men, women who participate in drug treatment courts appear to be much more involved with drugs and more enmeshed in a drug-crime lifestyle by the time they become participants in the criminal court process.^[17,18]

Researchers have determined that drug-using women offenders manifest multiple problems and face multiple barriers to treatment retention and success.^[9] For example, Peters and his colleagues^[19] examined gender differences among substance-involved jail inmates. Women inmates had more employment problems, lower incomes, more frequently reported cocaine as the primary drug of choice, and were more likely than men to report depression, anxiety, suicidal behavior, and a history of physical and sexual abuse. Yet, several studies employing multivariate statistical techniques have found no significant gender differences in terms of drug treatment court completion.^[5,15,20]

Regardless of gender, we know that most offenders face a variety of difficulties in achieving treatment completion, including financial, transportation, and child care issues. Thus, it may be that other client characteristics, such as education level, race, and employment status, have a greater impact on drug treatment court outcomes than does one's gender.

Age

Participants' age appears to be related to drug treatment court outcomes. Older drug-involved offenders have been found to be more successful in correctional treatment programs, including drug treatment

court programs.^[18,21,22] These findings are supported by years of drugs-crime research which has documented that as offenders age, they are less likely to continue using drugs and less likely to recidivate than are younger offenders.^[23] The fact that younger offenders are more likely to “drop out” of drug treatment court programs is also consistent with the treatment retention literature.^[2]

According to the 1997 Drug Court Survey Report, the average age of drug treatment court participants is generally over 30, while the average age for program graduates is often older than the average age for all participants.^[18] Similarly, Saum, Scarpitti, and Robbins^[20] found that younger drug treatment court clients were significantly more likely to fail the drug treatment court program. Moreover, in their multivariate model predicting graduation, older age was one of the strongest predictors of success.

Race/Ethnicity

Studies of racial or ethnic differences among crime-involved substance users indicate that there is great heterogeneity among racial/ethnic groups in terms of treatment needs.^[24] Research specific to race and drug treatment court outcome has been contradictory. In his review of 30 drug treatment courts, Belenko^[2] found conflicting results relating to drug treatment court graduation rates and client race/ethnicity.

Schiff and Terry,^[15] in their examination of drug treatment court program outcomes, found that nonwhite participants were less successful than white participants. The researchers surmised that nonwhite offenders may face both cultural barriers and structural problems as drug treatment court clients. Sechrest and Shichor^[25] found a major difference in terms of race/ethnicity and drug treatment court outcome: 69% of the white clients graduated versus 32% of the African-American clients. Brewster^[26] conducted a survival analysis which revealed that African-Americans were the least successful racial group in their drug treatment court sample. Finally, studies which have compared drug treatment court completers and noncompleters have found no significant differences between African-American and white clients.^[20,22]

It is important to remember that sociodemographic factors can be highly intercorrelated. For example, racial/ethnic minority status is highly correlated with urban residence, poverty, unemployment, low occupational status, and low educational levels.^[14] Thus, it is possible that racial differences in treatment outcomes may actually be a function of socioeconomic differences or other factors.

Education

Currently, there are somewhat inconsistent findings regarding drug treatment court clients' level of education and program outcome. Schiff and Terry^[15] found that high school graduates were more likely to be successful in drug treatment court than were clients who did not graduate from high school. Similarly, another study determined that a significantly higher proportion of drug treatment court graduates completed high school or received a GED compared with nongraduates.^[5]

Differences were not found to be very substantial, however, in one drug treatment court study 53.4% of the graduates versus 45.5% of the dropouts had a high school education or a GED certificate.^[25] In addition, Logan and her colleagues^[22] found no differences in terms of drug treatment court completion when comparing years of education for terminated versus graduated clients.

Employment

Drug treatment court clients' employment history and current work status may be an important predictor of program outcome. Indeed, research by Logan and colleagues^[22] indicates that income and employment issues are associated with drug treatment court success. For example, respondents who reported trouble with employment, as well as those who were paid fewer days in the month preceding the interview, were more likely to be terminated than clients having more positive employment experiences.

Other studies indicate that employment is associated with drug treatment court completion. Peters, Haas, and Murrin^[5] found that 77% of drug user treatment court graduates were employed either full- or part-time, compared with 54% of nongraduates. Moreover, Sechrest and Shichor^[25] explored the monetary resources of drug treatment court participants. Two-thirds of the participants were not employed; 60% of the graduates and 80% of the drop outs were receiving some kind of governmental financial support.

Marital Status

Marital status has been examined as a predictor of drug treatment court outcome as one's marital situation can be viewed as a measure of social stability. Miller and Schut^[27] report that marital status appeared to be positively correlated with drug treatment court success. Clients who

were married were 25% more likely than nonmarried clients to complete 3 months of treatment, although the findings were not statistically significant. According to two drug treatment court studies, program graduates did not differ significantly from nongraduates in terms of their marital status.^[15,28]

Drug Use

Type, quantity, frequency, and recency of drug use are all important factors related to treatment seeking, retention, and outcome. Information provided by national drug treatment court evaluations indicates that most participants, even first offenders, have significant histories of substance use, often spanning 10 years or more.^[17,22] In addition, crack has been found to be the primary drug used by drug treatment court participants nationwide.

A Florida drug treatment court study limited eligibility to first-time offenders arrested for drug-related offenses involving cocaine.^[15] Crack use was found to be significantly and negatively related to completion of the drug treatment court program. The researchers suggested that because crack use is highly addictive, the use of this particular drug was an important factor in preventing offenders from graduating. A drug treatment court study in Delaware that examined crack versus non crack-using participants found crack use to be a predictor of treatment failure.^[20] Finally, research by Peters, Haas, and Murrin^[5] revealed that clients who reported cocaine to be their primary drug of choice graduated at a significantly lower rate than those who reported alcohol or marijuana as their primary drug.

It is plausible that frequent drug users, regardless of drug type, are more likely to do poorly in treatment. In an evaluation of the Miami drug treatment court, defendants who self-reported the most frequent drug use at admission later were found to have the poorest records of performance.^[29] Moreover, another study indicated that clients who were terminated from their drug treatment court programs were more likely to have reported using multiple substances in their lifetimes.^[22] It appears that intensity of drug use, indicated by frequency and variety of substance used, is associated with drug treatment court success or failure.

METHODOLOGY

Drug treatment court participants analyzed here are part of a more comprehensive study of both drug treatment court tracks in the New Castle

County, Delaware Superior Court Drug Court. The overall goal of the larger project is increased understanding of the influence that drug treatment courts have in motivating treatment retention and post-treatment success when they divert or sentence offenders to outpatient substance user treatment. The methodology entails a 5-year study to be conducted with 720 adult offenders in substance user treatment: 540 offenders ordered to treatment by the Delaware Superior Court Drug Court and 180 forming a control group of clients who were not court ordered to substance user treatment by the drug treatment court. A drug treatment court and treatment program satisfaction survey is conducted with participants shortly after discharge from drug treatment court. In addition, multiple postprogram outcomes (including relapse, recidivism, employment, relationships, and health) are assessed at 12- and 24-month follow-up periods.

In the present study only those clients entering the Drug Court Diversion Program since November 1999 are part of our examination of the relationship between selected social characteristics and program completion. The data utilized were drawn from 116 participants who have been discharged from their drug treatment court program through May of 2001. Clients are discharged from the drug treatment court program due to either successful completion of the program or due to program failure.

Once a drug treatment court client is discharged, our study team accesses the participants' files from the treatment centers. Data are collected from the clients' discharge report and includes age, gender, race/ethnicity, marital status, education level, employment status, primary drug-of-choice, and frequency of drug use. Relationships between these variables and the clients' drug treatment court program completion status were examined to determine commonalities among successful and unsuccessful participants.

FINDINGS

The 116 diversion drug treatment court participants described here spent an average of 164 days in the treatment programs, ranging from 28 to 335. The mean age of the sample was 28.5, ranging from 18 to 53. Age was not significantly related to completion of the treatment program, $p = .86$. The categorical variables representing the subjects at program intake are presented in two segments in Tables 1 and 2. The tables present the sample percentages and the treatment program completion rates for each value, as well as the statistical p value (from chi-square tests) for the differences in completion rates for each variable.

Table 1. Selected Demographic Characteristics of the Sample, Program Completion Rates, and Significance Levels ($N = 116$)

	Sample %	Completion %	<i>p</i> Value
Gender			
Male	75	67	.65
Female	25	61	
Race			
White	52	85	.01
African-American	45	43	
Marital status			
Single	74	61	.08
Married/divorced	26	80	

Table 2. Education, Employment, and Drug Use History Characteristics of the Sample, Completion Rates, and Significance Levels ($N = 116$)

	Sample %	Completion %	<i>p</i> Value
Education			
Drop-out	25	43	.01
HS/GED	68	71	
Some college	8	89	
Employment			
Unemployed	24	31	.01
Employed/student	76	79	
Primary drug			
Alcohol	20	74	.51
Cocaine/crack	20	65	
Opiates	6	43	
Marijuana	54	66	
Frequency of drug use			
Monthly or less	59	79	.01
Weekly or more	41	47	

Table 1 presents the demographic variables of gender, ethnic group, and marital status. The majority of the sample was male, with little difference between the genders in completion rates.

The sample was evenly divided between whites and African-Americans, with a dramatic and significant difference in completion rates. Not shown

are four Hispanic respondents, three of whom completed the treatment program. The majority of respondents were never married, with that group showing a lower, marginally significant, completion rate.

As shown in Table 2, 25% of the sample were without a high school diploma, with that group having a significantly lower completion rate. The educational differences were also mirrored in both the employment rate and its relationship to treatment completion.

Unlike the situation in many other drug treatment courts, the primary drug used by a majority of the clients in this diversion program is not crack, but marijuana and alcohol. This may be a result from the initial screening process and the mandatory sentencing associated with some crack-related offenses in Delaware. Not surprising, then, treatment completion rates were quite similar regardless of primary drug of choice, though the rates did differ with increased frequency of use. It should be reiterated here that the data derive from self-reports on intake instruments. Neither the court nor the treatment providers elicit any objective measures of drug use that would allow an estimate of the reliability of the self-reports. The rather low frequencies of use probably represent a degree of reporting bias, though there would be little reason to believe any particular group would have a differential bias.

The above univariate analyses found several variables significantly related to successful completion of the treatment programs when each variable was examined independently. However, the questions remain as to whether those effects are redundant and whether the separate variables interact in their effect upon completion. The first question is whether some of the individual effects are subsumed by other effects; for example, are ethnic differences subsumed by larger, confounding educational differences. The second is whether combinations of the individual effects have stronger of different effects than those of the individual variables. Table 3 shows the

Table 3. Multivariate Logistic Regression Results Predicting Completion of a Treatment Program ($N = 103$)

	Regression Coefficient	Standard Error	<i>p</i> Value
Race	.64	.87	.46
Education	4.46	1.79	.01
Employment	1.58	.58	.01
Marital status	.88	.64	.17
Frequency of drug use	.90	.52	.08
Education by race	2.35	.99	.02
Constant	3.14	2.01	.12

Table 4. Treatment Completion Rates by Race and Education, and Significance Levels by Race ($N = 103$)

	School Dropouts	HS/GED	<i>p</i> Value
White	44%	91%	.01
African-American	39%	41%	.40

results of multivariate analyses that address those questions. Each of the individual variables with a statistical value of .10 or lower was included in a multiple logistic regression analysis, and each of their two-way interactions evaluated, with the final model including those interactions that reached statistical significance. The relaxed *p* value for inclusion of the individual variables was selected because variables may have had significant interactive effects, even if they did not reach traditional significance levels individually.

In Table 3 the variables that were individually significant predictors of treatment completion remain so, with the exception of race. Part of its individual effect was possibly subsumed in the education effect, with school dropouts representing 35% of the African-American sample, but only 15% of the white sample. However, race still had an effect, but dependent upon level of education. Race was no longer significant as an independent predictor, but it remained a predictor of completion in conjunction with education. This interaction is shown in Table 4, with program completion rates as a function of both education and race. Because of small group sizes, the Hispanic respondents and those with some college are omitted in this table. The racial groups significantly differ in completion rates only for those with at least a high school diploma.

Some explanation for this remaining effect can be surmised from additional data on type of occupation. Only minimal occupational information was available from treatment provider intake forms, and the sample size is not adequate for a true test of a possible third-order interaction among race, education, and type of employment. However, the data available do suggest that the differences for those who had advanced educationally may be related to their type of employment. For those in the high school graduate group, 24% of the white group had laborer jobs or were unemployed, compared to 47% of the equivalent African-American group.

Generally, the results indicate that those who are most likely to successfully complete the treatment program are at least high school educated and employed, particularly at a higher level job, and to a lesser extent are a less frequent drug user.

DISCUSSION AND CONCLUSIONS

Data presented in this study indicate that many of those assigned to Delaware drug treatment court diversion program appear to be primarily users of alcohol and marijuana rather than crack cocaine or heroin, as is the case nationally. It is plausible that this is a reflection of the sizeable suburban makeup of the jurisdiction of this particular court, as well as mandatory sentencing policies for a number of drug charges in this state. In addition, it is conceivable that public officials responsible for the court's mandate believe that alcohol and marijuana are "gateway drugs" that may well lead to more serious drug use. For them, providing a diversion program not only keeps many of the court's clients off probation and out of the criminal justice system, but also serves to prevent further and more consequential drug use. In any case, it is apparent that Delaware diversion program clients differ in their patterns of drug use, although the demographic characteristics of those in our sample are consistent with those of offenders studied in drug treatment courts elsewhere.

From a treatment perspective, some may question whether enrolling individuals with relatively mild histories of drug use would be an efficient use of treatment resources. However, it would appear that much of the support from the judiciary for the drug treatment court movement in this country has been driven by the perceived need to staunch the overwhelming volume of the criminal justice system. Furthermore, entry into the program is determined by the criminal charges against the defendant, as determined by prosecutorial officials, and not by their actual drug use history. From that perspective, invoking traditional criminal justice sanctions against individuals with relatively mild criminal drug-related charges represents an inefficient use of criminal justice resources.

Findings from this study indicate that those drug treatment court diversion program clients most likely to complete their court-assigned treatment regimen share several personal characteristics. They are most often white, married or once married, better educated, employed, and less frequent users of drugs. Regression analysis reveals the interrelated nature of these variables, however, with race and marital status losing their independent predictive power and being subsumed by the other factors. Generally, the results indicate a composite of those most likely to successfully complete the drug treatment court diversion program to be at least high school educated and employed, particularly at a higher level job, and to a slighter extent to be a less frequent drug user. Contrary to some of the other studies, reported earlier, gender, age, and drug of choice do not seem to differentiate drug treatment court completers from noncompleters.

What appears obvious is that those first offenders most successful in this drug treatment court diversion program are characterized by what may be called “stakeholder values.” That is, they are characterized by two of our society’s most stabilizing attributes and values, education and work. Those with more education and working at better jobs are more likely to be successful in drug treatment court. It may well be that because of their education and commitment to work, they use drugs less frequently. To a lesser extent, there was some evidence that married clients did better than did single clients.

These findings are consistent with those of other recent studies of drug user treatment effectiveness. In a study of the relationship between social capital and post-treatment drug using behavior among heroin users, Cheung and Cheung^[30] found that being involved in work and education generates positive “social capital,” or the resources to attain one’s goals. As they put it, “...*the possession of positive social capital greatly increases a treated addict’s likelihood to reduce drug use or even remain drug-free after treatment....*” Another study of offenders in drug user treatment court concluded that graduation from court-imposed treatment programs appears to hinge on the stability and support provided at work and at home.^[5] As in our findings, these studies indicate that the probability of one’s completing a treatment program appears to be associated with commitment to and participation in certain traditional social values and relationships.

Researchers question whether one type of treatment regime should fit all types of drug-involved defendants or whether resources should be differentially deployed to manage drug treatment court participants according to treatment need. If the characteristics of defendants most likely to have difficulty in treatment and most likely to reoffend could be known in advance, then program resources could be organized from the outset to meet the extra challenges of defendants most likely to fail. At the same time, if we can better understand who benefits from the drug treatment court experience, then resources could be prioritized to be targeted more effectively toward those likely to benefit.^[29]

Knowledge of the correlates of program outcomes could assist in efforts to determine candidacy for drug user treatment court programs and to gauge the relative safety risks and/or treatment challenges. For example, defendants determined to have a high probability of program difficulty or re-arrest could be given more intensive treatment or supervisory approaches in comparison to those believed to pose lower risks. The ability to classify defendants could also be used to determine whether other types of offenders, beyond those identified by their drug-related charges, could benefit from treatment-oriented drug treatment courts.

The study presented here aims to improve our limited knowledge of how individual characteristics impact the completion of drug treatment

court. What types of offenders are successful in drug user treatment court needs to be more sufficiently addressed in future evaluation studies. As we move forward with our study, we will continue to monitor how success varies with individual characteristics and we will begin to examine whether factors associated with program success are also related to postprogram outcomes.

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