

Regular article

Drug court treatment for methamphetamine dependence: Treatment response and posttreatment outcomes

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Abstract

Relatively little is known about the impact of drug court treatment programs for methamphetamine (MA) dependence. This article examines treatment performance among a subsample of 287 MA-dependent adults who participated in the Methamphetamine Treatment Project from 1999 to 2001. To gain a preliminary indication of MA users' response to drug court intervention, we compared a group of 57 MA-dependent participants treated in outpatient treatment within the context of a drug court to a group of comparable MA-dependent individuals treated in outpatient treatment but not supervised by a drug court ($n = 230$). Analyses reveal that drug court participation was associated with better rates of engagement, retention, completion, and abstinence, compared to outpatient treatment without drug court supervision. Six- and 12-month outcome analyses indicated that participants who were enrolled in drug court intervention used MA significantly less frequently. These findings suggest that drug court supervision coupled with treatment may improve the outcomes of MA-dependent offenders beyond that seen from treatment alone. © 2008 Published by Elsevier Inc.

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1. Introduction

Methamphetamine (MA) dependence is a growing problem in many parts of the United States, overwhelming the resources and infrastructures of substance abuse treatment and criminal justice systems. According to national treatment trend data, more than three fourths of western

states have higher rates of MA/amphetamine-related treatment admissions than cocaine- or heroin-related admissions (Rawson et al., 1995; Substance Abuse and Mental Health Data Archive, 1992). There have also been increased numbers of incarcerations and other problems within the criminal justice system among MA-dependent individuals, which corresponds to the linkage between MA dependence and illegal behaviors (Farabee, Prendergast, & Cartier, 2002). In fact, since 2002, the criminal justice system has been the number one referral source for MA treatment (Center for Substance Abuse Research, 2006). Current challenges associated with MA have stimulated much attention about understanding treatment effectiveness for MA dependence.

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There has been a growing body of treatment outcome studies specific to assessing the effectiveness of treatment for MA. Together, findings from a diverse group of studies provide considerable evidence that treatment works for MA users, as these treatment participants consistently respond positively to treatment (e.g., Brecht, Greenwell, & Anglin, 2005; Cretzmeyer, Sarrazin, Huber, Block, & Hall, 2003; Gunter, Black, Zwick, & Arndt, 2004; Hser, Evans, & Yu-Chuang, 2005; Hser, Yu-Chuang, Chou, & Anglin, 2003; Maglione, Chao, & Anglin, 2000a, 2000b; Rawson et al., 2002; Roll et al., 2006).

Roll et al. (2006), for example, have recently demonstrated that the addition of a contingency management (CM) protocol significantly reduces MA use during the application of CM procedures, with participants concurrently receiving outpatient drug counseling. Rawson et al. (2006) have similarly found that the application of a CM protocol, as compared to cognitive-behavioral therapy treatment, can substantially reduce psychostimulant use (cocaine and MA) during treatment.

In the largest randomized clinical trial conducted to date examining treatment for MA at eight outpatient sites, the Methamphetamine Treatment Project (MTP) funded by the Center for Substance Abuse Treatment found that the multielement Matrix Model produced superior retention and MA use reductions during the treatment period (as measured by urinalysis) when compared to treatment as usual (TAU) (Rawson et al., 2004). In this study, participant performance among those treated with the Matrix Model was statistically superior to the TAU condition in six of the eight sites. In one of the two sites in which there was no difference in treatment response between the two conditions, all participants were enrolled in a drug court program. This was the only site where participants were in treatment as a result of a drug court mandate, as all other sites recruited individuals who voluntarily enrolled in treatment or were referred to treatment as a condition of probation.

It has been suggested that drug courts may be an effective tool for promoting successful treatment outcomes with MA-dependent adults (Huddleston, 2005). Drug courts are governed by a number of principles known as key components (National Association of Drug Court Professionals, 1997; Turner et al., 2002). Among these components are: integration of treatment with criminal case processing; early identification and prompt placement of eligible individuals into the program; provision of a continuum of services; alcohol and other drug testings; and ongoing judicial interaction. Each court has its own admission criteria and graduation regime.

Currently, there are no data available on the treatment response of MA-dependent individuals within a drug court setting. To address this gap, we felt that because the Center for Substance Abuse Treatment MTP study provided one site in which MA-dependent individuals were treated with a drug court intervention, it would be possible to gain preliminary information on the treatment performance of MA users

within a drug court treatment program. The purpose of this article is to examine the treatment response of MA-dependent individuals who were enrolled in an MTP drug court intervention in California ($n = 57$). To provide a frame of reference, we compare participants from the drug court treatment site with a subsample of other MA-dependent MTP participants from four California treatment sites ($n = 230$), all of whom received Matrix Model treatment.

Examined are differences in baseline sociodemographic factors, drug use severity, treatment response (i.e., immediate treatment dropout, retention, in-treatment drug use, and completion), and psychosocial and drug use outcomes at follow-up points. This article was not designed as a controlled evaluation of drug court intervention for MA dependence; rather, it is a detailed examination of the treatment response of MA-dependent adults within the conditions of one drug court program. We hope that this article provides a preliminary perspective on the treatment outcomes of MA-dependent adults who are treated within the context of a drug court intervention.

2. Methods

2.1. Participants and sites

The present study, conducted between 1999 and 2001, uses a nonrandomized comparison group design that utilizes a subset of data from the MTP. To reduce heterogeneity in treatment content across participants, the subsample selected consists of those participants who received the Matrix Model of treatment only and excludes those who were assigned to the TAU condition. In addition, because we are particularly interested in examining treatment response among drug court participants, we created two groups: (1) MA-dependent participants receiving Matrix Model treatment ($n = 57$) at the sole MTP drug court site in California, and (2) a comparison group of MA-dependent participants who received treatment with the Matrix Model ($n = 230$) under nondrug court conditions at four other California sites. The comparison group (nondrug court) was created from four treatment sites and included participants with patient characteristics and drug use patterns similar to those of the drug court group. All four of these sites were located in California. The three sites that were excluded from the analysis had a predominately female population, had a higher percentage of intravenous drug users, and were located in other states. The decision to use a subsample of MTP sites allows an appropriate comparison between similar sample groups to illuminate potential differences between drug court participants and nondrug court participants.

2.2. Procedures

As part of the multisite MTP trial, individuals were eligible for study participation if they met *Diagnostic and*

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