

SANTA BARBARA COUNTY
SUBSTANCE ABUSE TREATMENT COURTS:
1997-2002

OVERVIEW

This report provides an analysis of treatment outcomes for clients entering the Santa Barbara County Substance Abuse Treatment Courts (SATC) from its inception in 1997 through June 30, 2001, with follow-up data obtained up to a year after clients graduated or were discharged from the program through June 30, 2002. Data were available on 790 clients, 325 graduates and 385 of who had been discharged.

The SATC was implemented in two Courts representing the North and South parts of the County. Clients received non-adversarial court proceedings, with treatment decisions based on ongoing review of their cases by the drug court team. Clients were required to participate in an intensive psychosocial treatment program approximately 18 months in length. The program had 5 phases, graded in intensity, which included attendance at relapse prevention groups, 12-step meetings, mandatory drug and alcohol testing, case management, and vocational preparation.

Clients were administered the Addiction Severity Index (ASI) at intake and 12 months into treatment. Criminal records were assessed for three periods of time: 12 months prior to entry, 12 months into treatment, and 12 months after treatment. In addition, follow-up interviews were conducted with all available graduates 3, 6 and 12 months after leaving the program.

The evaluation focused on the following questions:

- ◆ What were the characteristics of clients who graduated from the program?
- ◆ What were client outcomes, with regard to criminal activity, and drug and alcohol and related activities, after 12 months in treatment?
- ◆ What were client outcomes, with regard to criminal activity, and drug and alcohol and related activities 12 months after leaving the program?

Outcomes include the following:

With regard to the characteristics of clients who graduated:

- ◆ Approximately 46% of all clients graduated;
 - ◆ Latino clients were less likely than European American clients to graduate (39% compared to 51%).
 - ◆ Clients whose primary drug was amphetamine were the most likely to graduate (69%) while clients addicted to heroin were the least likely to graduate (39%).
 - ◆ Compared to non-graduates, graduates had fewer prior arrests and days in jail, and fewer psychological and employment problems at intake.

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- ◆ Compared to non-graduates, graduates had fewer days in jail for sanctions during their first year in the program.

With regard changes while in the program:

- ◆ Graduates had fewer jail days during the program than they had the year prior to program entry, with 83% indicating no new jail time.
- ◆ Non-graduates also had fewer arrests and jail days during their time in the program than they had prior to entering the program, with 49% indicating no new jail time

With regard to changes 12 months after leaving the program:

- ◆ Graduates spent fewer days in jail 12 months after leaving the program than they had the year prior to program entry, with 86% indicating no new jail time.
- ◆ Non-graduates spent more days in jail the year after leaving the program than they had the year before program entry, with 34% indicating no new jail time.
- ◆ Approximately one-third of graduates could be reached by phone for follow-up interviews. Those who were interviewed had maintained gains made in treatment with regard to drug, alcohol, family, social and psychological problems. However, many continued to have some medical, psychological and family problems on a monthly basis.

In sum, almost half of the clients entering the SATC were functioning more effectively after treatment than they had prior to coming to the program. Future directions include early identification of clients at-risk for failure, consideration of alternative treatments for clients who are not successful in the current program, and comparison of treatment outcomes for clients in the SATC with those receiving treatment through other diversion programs such as Proposition 36.

<p>This report was prepared by Merith Cosden, Micah Orless, & Janice Basch at the University of California, Santa Barbara, October 1, 2002.</p>

INTRODUCTION

The high rate of recidivism among offenders with substance abuse problems indicates that incarceration alone does little to break the cycle of drug use and criminal activity. Thus, the criminal justice system has become more involved in the treatment, as well as punishment, of offenders (Office of National Drug Control Policy, 2000). Drug Courts have emerged as a major form of this ‘therapeutic jurisprudence,’ (Fulton-Hora, Schma & Rosenthal, 1999). Over 400 Drug Courts exist throughout the United States (Office of National Drug Control Policy, 2000). Drug Courts are defined by a non-adversarial form of criminal processing. While the features of Drug Courts vary, ‘best’ practices, include the integration of alcohol and drug treatment and justice system, the use of a non-adversarial approach in working with offenders, early identification and placement of eligible participants, frequent drug and alcohol testing, ongoing judicial involvement with participants, and evaluation of client achievement and program effectiveness (Cooper, Bartlett, Shaw & Yang, 1997; Drug Court Standards Committee, 1997).

Drug Court treatment programs differ from traditional community based treatment in several ways. Drug courts provide 12-18 months of treatment, considerably longer than the 3-4 months typically found in other community programs. Drug courts also require frequent drug and alcohol testing, both as a method of accountability and as a therapeutic factor. Further, the collaboration between treatment providers and the courts changes the manner in which client decisions are made. The treatment provider and the courts work together to determine who enters or exits treatment. Further, clients who relapse or commit minor criminal offenses are allowed to remain in the program with ‘sanctions’ (more intense treatment or jail days) provided by the courts, rather than becoming lost to treatment while serving longer periods of incarceration (Cooper et al, 1997).

There are also differences in the populations served by Drug Courts and other treatment programs. While clients in drug courts have long histories of substance abuse, many report not receiving prior community based treatment (Belenko, 2001). Although this finding is based on self-report, clients who are frequent criminal offenders may not seek assistance on their own because of denial of their abuse, lack of funds, or distrust (e.g., Gorski, Kelley, Havens & Peters, 1993). In addition, offenders may have fewer family ties and skills for living in society than other clients with drug and alcohol problems.

Finally, motivation for treatment is different for clients entering a Drug Court than for individuals seeking treatment in the community. Clients enter a Drug Court with strong external motivation to avoid criminal processing. While many clients enter other types of treatment under some level of perceived coercion (Polcin & Weisner, 1999), drug court clients are at one end of this continuum, often having to choose between treatment and jail. Still, studies find that clients who enter treatment through the criminal justice system are retained longer than are clients who enter treatment through other means (e.g., Office of National Drug Control Policy, 2000; Sowers & Daley, 1993; Stark, 1992), while time in treatment remains a strong predictor of treatment outcomes.

Research on the factors related to drug court retention and outcomes have been limited. Reviews find one-year retention rates at about 60% and graduation rates 48% (Belenko, 2001). Specific client factors related to treatment outcomes will be examined in this study.

PROGRAM DESCRIPTION: SATC

The Santa Barbara County, Substance Abuse Treatment Court (SATC) was one of the first 200 Drug Courts implemented across the nation. The SATC shares key components with other drug courts, including the use of a non-adversarial approach in working with offenders; integration of substance abuse treatment and court supervision; monitoring of abstinence through frequent drug and alcohol testing; use of graded incentives and sanctions in response to compliance with treatment protocols; and ongoing judicial involvement with participants.

The SATC is a pre-conviction program, available to men and women charged with a nonviolent misdemeanor or felony and who have a substance abuse problem for which they want to receive treatment. Services are offered through two courts in different parts of the County: Santa Maria (North) and Santa Barbara (South).

All clients receive intensive court supervision, including frequent (e.g., weekly in Phase 1) meetings with the SATC Judge. To address ongoing client needs, case conferences are held prior to each judicial review. Program compliance, drug testing, and client progress are discussed. During the review, the Judge listens to the client and provides feedback from the team. The client may receive sanctions or rewards for their behavior, including movement to the next level of treatment.

Outside of court, a community-based service provider, Cottage Care, implements a drug and alcohol treatment program for the clients. This intensive outpatient treatment program is approximately 18 months in length, and includes mandatory drug testing, case management, attendance at 12-step meetings and relapse prevention groups, and vocational training. Clients are required to pass through five phases of treatment that are graded in terms of their structure and intensity. Graduation to a new phase is predicated on meeting behavioral treatment goals, including a pre-established number of consecutive clean drug tests and attendance at 12 step and group meetings, over specified periods of time. Thus, clients could graduate in 18 months or longer depending on their ability to meet their goals in a timely manner.

Policies for the SATC are developed and reviewed by a Core Committee. This Committee is comprised of members of the criminal justice system and county substance abuse and mental health care providers, including the Drug Court Judges, District Attorney, Public Defender, Probation Officer, Sheriff, and the Program Directors from County Alcohol, Drug and Mental Health Services.

EVALUATION PLAN

This evaluation report addresses three major questions:

- ◆ Who are the graduates of the SATC?
- ◆ What are client outcomes after 12 months in treatment?
- ◆ What are client outcomes 12 months after leaving the program?

Four sources of data were used:

Criminal Records. Number of arrests, convictions and jail days were calculated for the 12 month period prior to clients entering the SATC, their first 12 months in the SATC, and their first 12 months after leaving the SATC.

Addiction Severity Index (ASI). The severity of clients' drug and alcohol and related problems was assessed using the ASI (McLellan et al., 1992). The ASI is a structured interview which examines past and present medical, employment, drug, alcohol, legal, psychological, and social/family functioning. *Composite Scores* are derived by weighting clients' responses to key items in each domain, *Severity Ratings* are based on the case managers' perceptions of the clients' needs for additional treatment. The ASI was administered at intake and after 12 months in treatment, with a small number of questions asked during the 3, 6 and 12-month follow-up phone interviews.

Discharge Summaries. Time in treatment, reasons for the leaving the program, and educational and employment status were noted.

Follow-up Interviews. Graduates were asked for consent to conduct follow-up interviews. Phone interviews were conducted 12 months after leaving the program. Information about drug use, the clients' current living arrangements, supports for sobriety, and employment status was obtained.

CLIENT CHARACTERISTICS

Demographics. Intake data were available on the first 790 clients to enter the program, 477 in North County and 313 in South County. The average age of clients was 30, with a range from 18 to 59 overall. Although both parts of the County adhered to the same admission criteria, some differences in the populations served were noted. For example, a higher proportion of men than women were served in South County (see Figures 1 and 2). Ethnic composition of the sample was similar for both parts of the county (over 50% European American, approximately 30% Latino, and other ethnicities in smaller numbers). 73% of the clients in South County and 58% in North County had a high school education, while 79% overall reported being employed at least part time over the past three years.

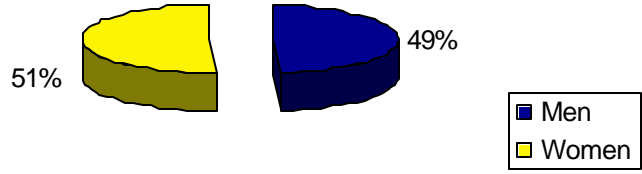
Criminal Records. Clients could enter the program after being charged on a misdemeanor or felony. In the North, 72% of clients in North County entered on a misdemeanor and 28% on a felony, while 43% entered on a misdemeanor and 57% on a felony in the South. Age of first arrest was similar for both groups (see Table 1). Average number of jail days the year prior to the program was higher for clients in the North than for clients in the South (see below).

TABLE 1
PRIOR CRIMINAL ACTIVITIES OF PARTICIPANTS

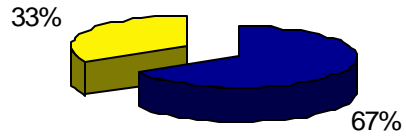
	<i>North County</i>		<i>South County</i>	
	<u>Mean</u>	<u>Range</u>	<u>Mean</u>	<u>Range</u>
Average age at first arrest	20.0	(7-48)	22.0	(11-53)
Average # arrests past year	2.5	(0-10)	2.2	(0-9)
Average # convictions past year	0.5	(0-5)	0.7	(0-5)
Average # jail days past year	43.0	(0-365)	27.0	(0-284)

Drug & Alcohol Abuse. On average, clients began using drugs and alcohol as adolescents and had over 14 years of use prior to entering the program (Table 2). Drug of choice varied across the county, with a higher proportion of polydrug and heroin users in the South and a higher proportion of amphetamine users in the North (Figure 3). Over 68% clients reported prior participation in one or more drug or alcohol treatment programs prior to the SATC.

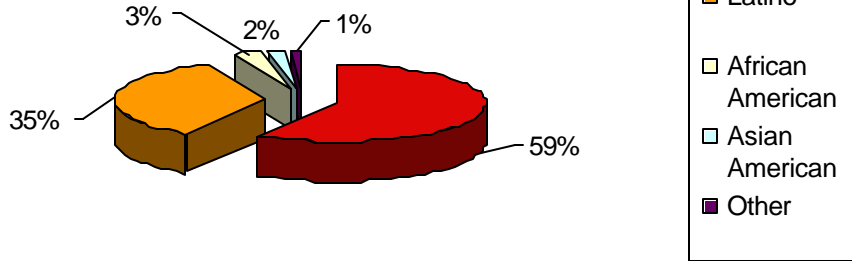
**Figure 1: Gender of Clients
North County**



South County



**Figure 2: Ethnicity
North County**



South County

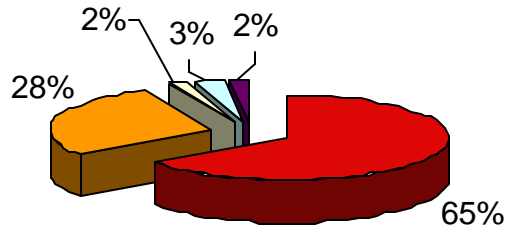
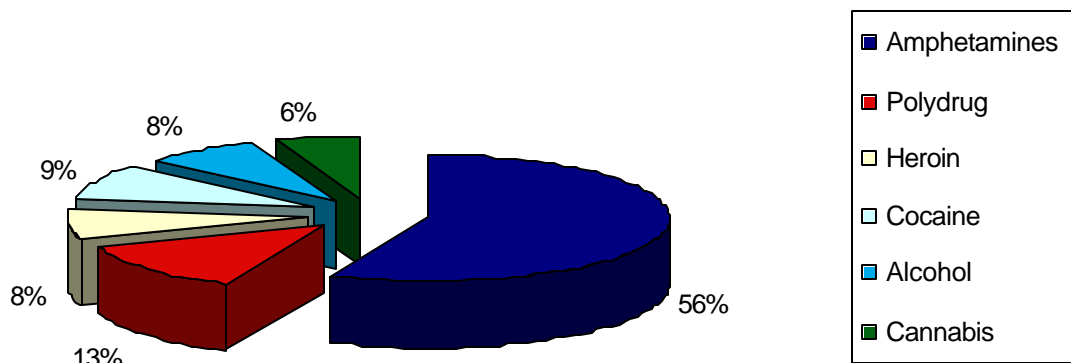


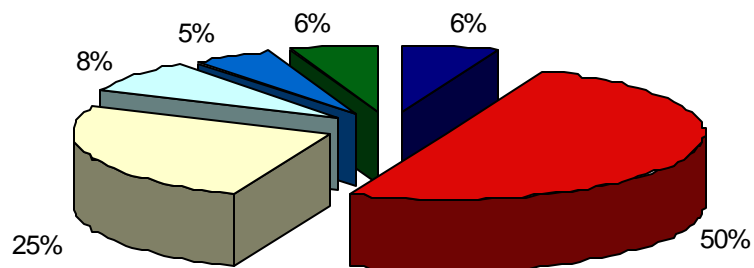
TABLE 2
HISTORY OF SUBSTANCE ABUSE

	<i>North County</i>		<i>South County</i>	
	<u>Mean</u>	<u>Range</u>	<u>Mean</u>	<u>Range</u>
Average age for first drink	15	(1-38)	15	(1-38)
Average age for first drug	16	(1-47)	16	(1-48)
Average years of use	13	(1-35)	15	(1-34)

Figure 3: Drug of Choice
North County

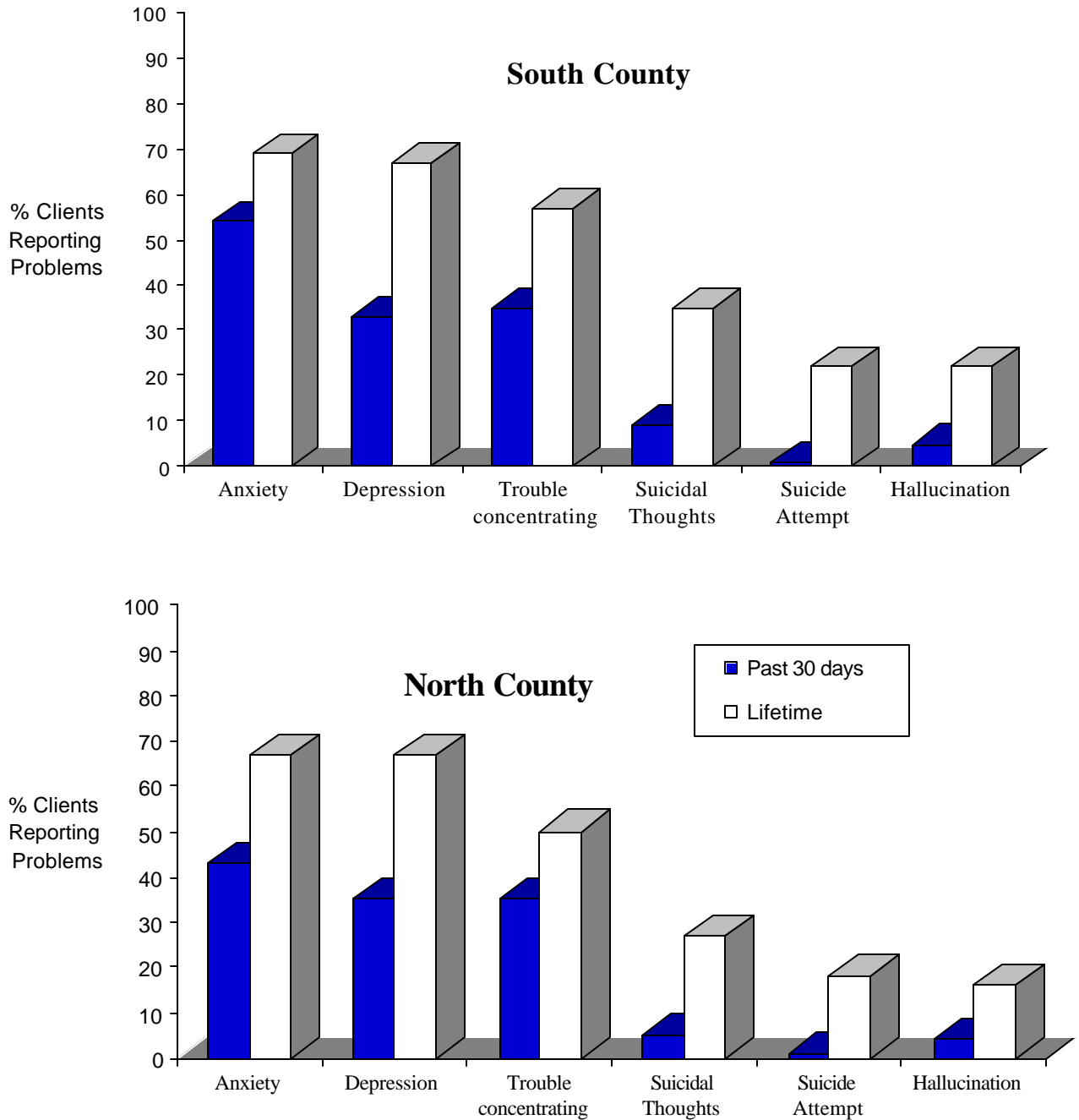


South County



Psychological Problems. Almost 13% of clients reported that they had been hospitalized for psychiatric problems at some point in their lives, while 26% reported one or more episodes of outpatient treatment. A majority of clients experienced psychological distress (see Table 5), particularly anxiety and depression. Many clients also reported prior physical abuse (38% North, 43% South) and sexual abuse (20% North, 18% South).

FIGURE 5
CLIENTS' EXPERIENCE OF PSYCHOLOGICAL PROBLEMS



Social Stability. Only 10% of clients in South County and 12% of clients in North County were married, with a majority single (61% South, 51% North) or divorced (20% South, 18% North). In South County 21% had children living with them while in North County 44% lived with one or more children.

In sum, clients who entered the program varied in the nature of their substance abuse problems, independent living skills, and psychological distress. On average, clients reported over 10 year of abuse and criminal activity associated with that abuse. A majority of clients also reported psychological problems and low social support.

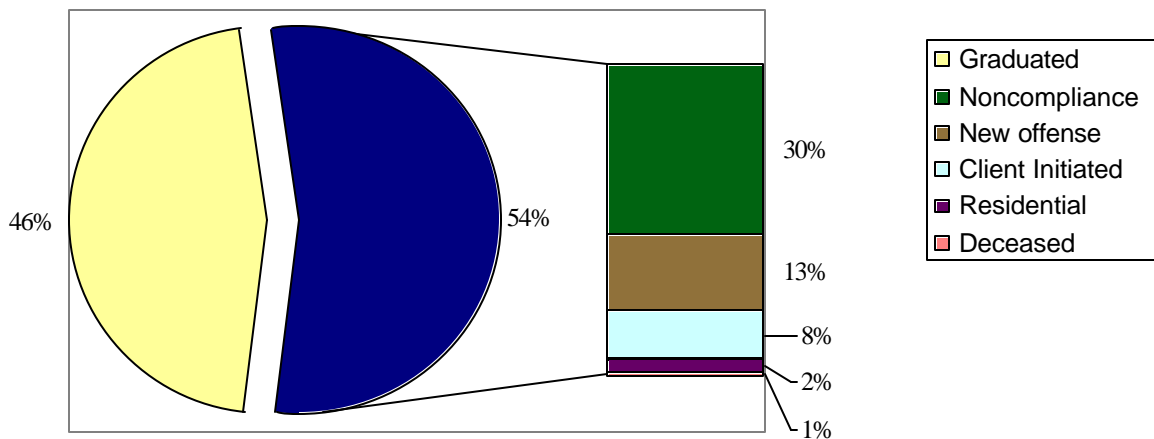
GRADUATION AND ATTRITION

At the time of this analysis 325 clients had graduated (North and South), and 385 clients had been discharged, with the rest remaining in treatment. Given the overlap in client characteristics across the county, and adherence to the same treatment protocols, clients in both parts of the county were combined for analyses on graduation and outcomes.

Reasons for leaving the program are depicted in Figure 6. As noted, most clients were discharged for either noncompliance with the program (e.g., not attending meetings) or for committing a new crime that disqualified them from the program. Graduates averaged 619 days in treatment (262 to 1264 days) while non-graduates averaged 262 days in treatment (14 to 998 days). Thus, many non-graduates participated in the program for several months or, in some cases, several years.

A series of analyses were conducted to determine how clients who graduated differed from those

Figure 6: Reasons for Leaving the Program

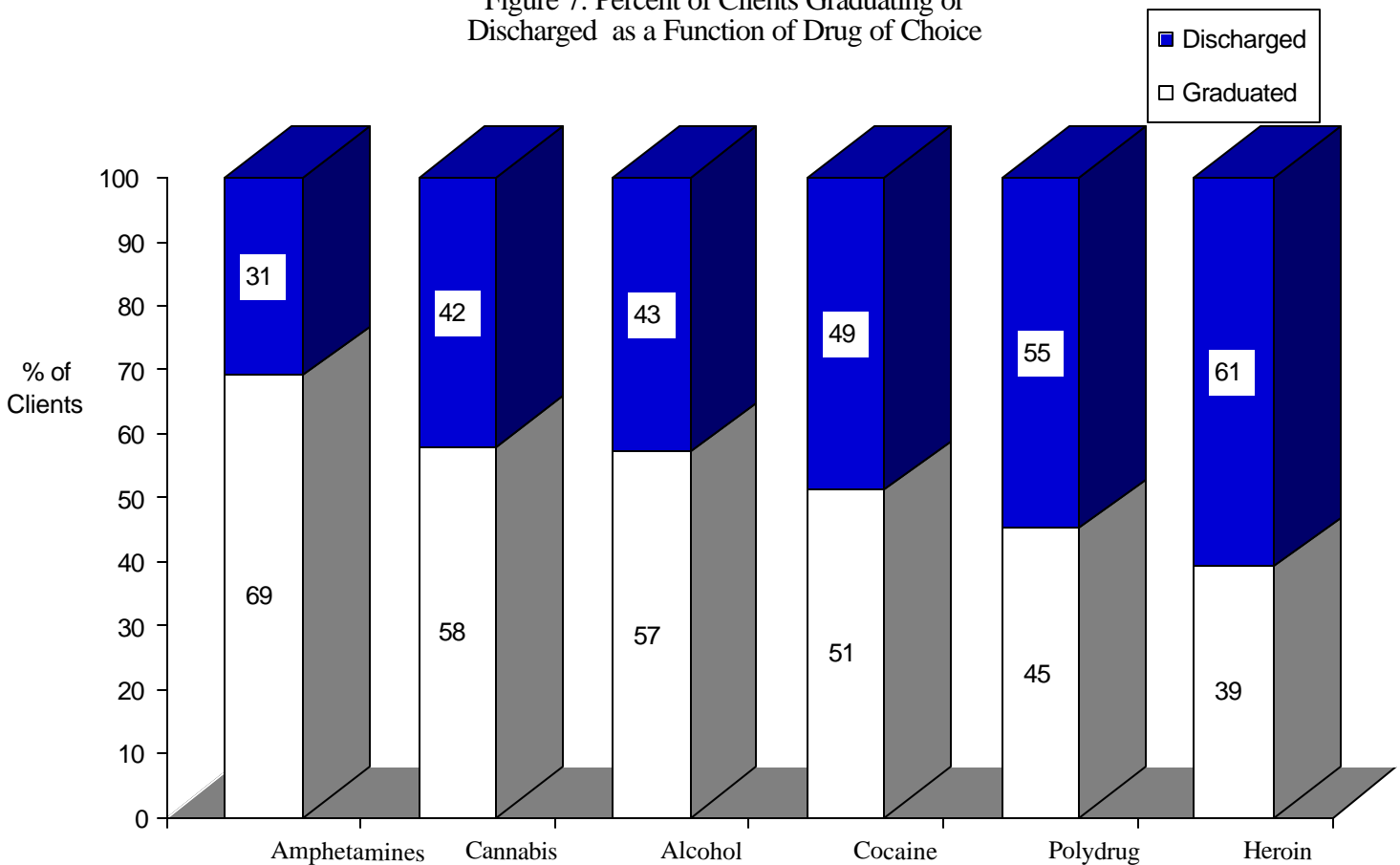


who did not graduate. The significant factors are presented below.

Graduation rates differed as a function of ethnicity. Overall, a smaller proportion of ethnic minority, primarily Latino, clients graduated than did European Americans. Of the 308 ethnic minority clients in this sample, 101 (39%) graduated, while of the 484 European American clients, 172 (51%) graduated. This difference was statistically significant, $X^2(N=695)= 9.43, p<.01$.

Drug of choice was also significantly associated with graduation status. As shown in Figure 7, clients who used heroin were the least successful in the program, while clients who indicated amphetamine as their drug of choice were the most successful. These differences were statistically significant, $x^2(N= 518) = 29.5, p <.01$.

Figure 7: Percent of Clients Graduating or Discharged as a Function of Drug of Choice



Differences between graduates' and non-graduates' prior criminal records were also assessed. Compared to non-graduates, graduates averaged fewer arrests, $F(1, 696) = 6.76, p < .01$, and fewer days in jail, $F(1, 691) = 13.04, p < .01$, the year prior to the SATC.

Sanctions, in the form of jail days, were imposed on clients when they failed to comply with program requirements. Over their first 12 months in the program, graduates and non-graduates differed in the number of days in jail given to them as a sanction. Graduates averaged 6 days in jail for sanctions, while non-graduates averaged 18 days in jail. This difference was significant, $F(1, 582) = 40.01, p < .001$.

Graduates and non-graduates also differed on two areas of the ASI. Graduates had fewer psychological problems at intake, as measured by ASI composite scores, $F(1, 517) = 5.28, p < .05$. In addition, graduates had fewer employment problems at intake, also as measured by ASI composite scores, $F(1, 515) = 12.11, p < .01$.

In sum,

- ◆ Approximately 46% of all clients graduated.
 - ◆ Latino clients were less likely than European American clients to graduate (39% compared to 51%).
 - ◆ Clients whose primary drug was amphetamine were the most likely to graduate (69%) while clients addicted to heroin were the least likely to graduate (39%).
- ◆ Compared to non-graduates
 - ◆ graduates had fewer prior arrests and days in jail.
 - ◆ graduates had fewer psychological and employment problems at intake.
 - ◆ graduates had fewer days in jail for sanctions during their first year in the program.

OUTCOMES: NEW CRIMINAL ACTIVITY

New criminal activity was assessed for clients during their first 12 months in treatment, and their first 12 months after leaving the program. Outcomes for graduates and non-graduates were analyzed separately. Graduates and non-graduates could not be directly compared because they differed on the severity of their problems at intake.

At the time of this report, criminal record data were available on 299 graduates and 300 non-graduates during their first 12 months in the program, and 278 graduates and 257 non-graduates for the period of 12 months after they left the program.

Changes in arrests, convictions and jail days are depicted in Figures 8a and 8b, 9a and 9b, and 10a and 10b respectively. Relative to the 12-month period prior to entering the program, both graduates and non-graduates had fewer arrests during their time in the program. Graduates also had fewer convictions and jail days while in the program. Graduates maintained these gains 12 months after graduation, averaging fewer arrests, convictions and jail days. Non-graduates spent fewer days in jail the year they were in the program than they had the year before; however, they averaged even more jail days the year after leaving the program than they did before program entry.

Another way to assess progress was to determine how many clients had no new jail days during or after treatment. During treatment, 83% of graduates and 49% of non-graduates had no new jail days. Twelve months after leaving the program, 86% of graduates and 34% of non-graduates had no new jail days.

Finally, Figures 11a and 11b show the percentage of clients who had fewer, the same, or more jail days the year after leaving the program than they had the year before program entry. A majority of graduates had fewer jail days, while a majority of non-graduates spent more time in jail the year after the program than they had the year before.

In sum:

- ◆ Graduates
 - ◆ had fewer jail days during the program than they had the year prior to program entry, with 83% indicating no new jail time.
 - ◆ had fewer jail days 12 months after leaving the program than they had the year prior to program entry with 86% indicating no new jail time
- ◆ Non-graduates
 - ◆ had fewer arrests and jail days during their time in the program than they had prior to entering the program, with 49% indicating no new jail days.
 - ◆ had more jail days the year after leaving the program than they had the year before program entry, although 34% had no new jail days.

Figure 8a: Change in Arrests for Graduates

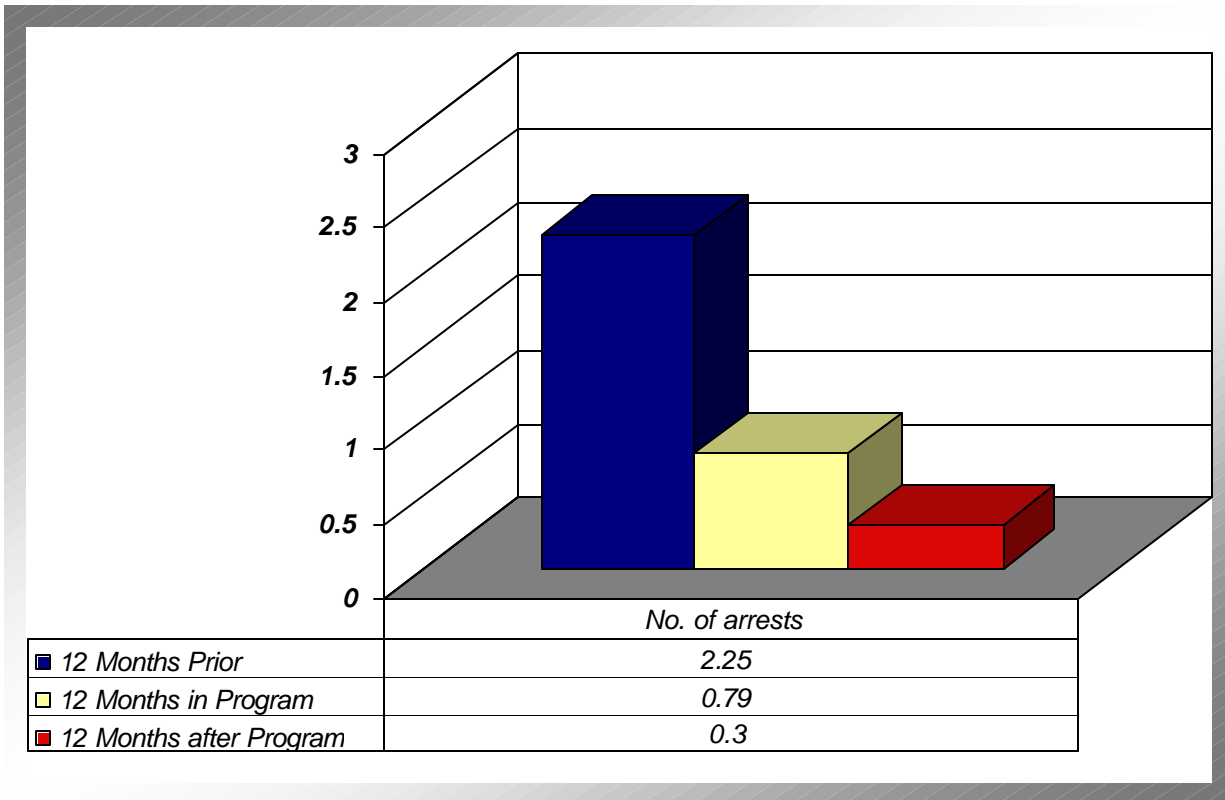


Figure 8b: Change in Arrests for Non-Graduates

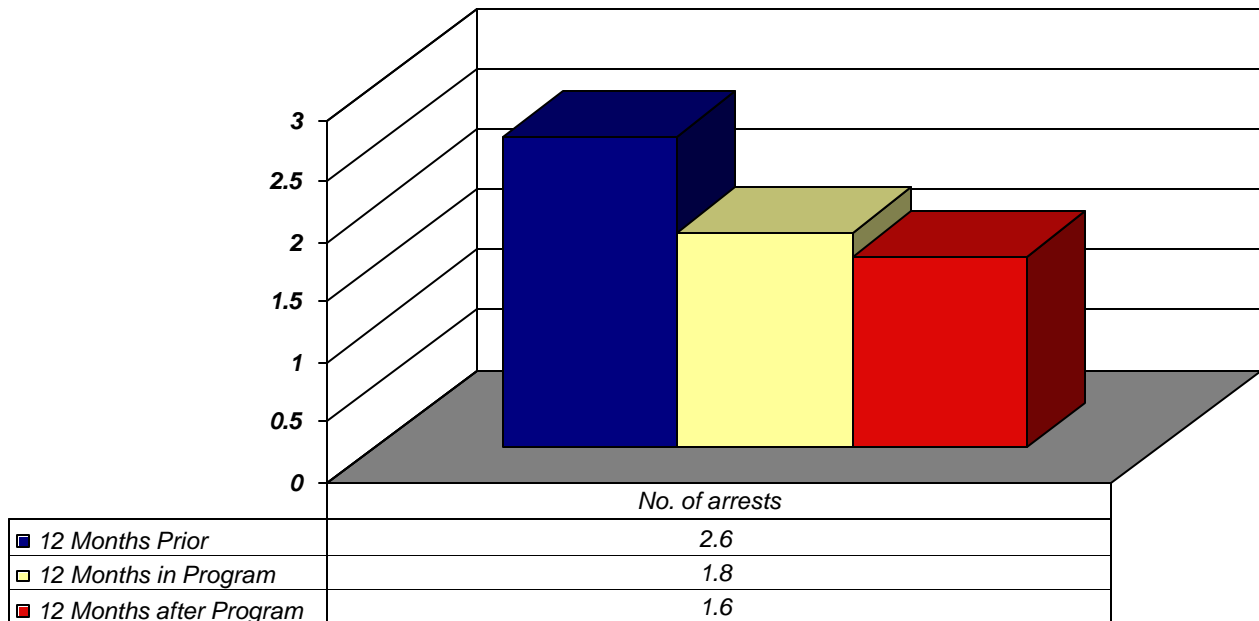


Figure 9a: Change in Convictions for Graduates

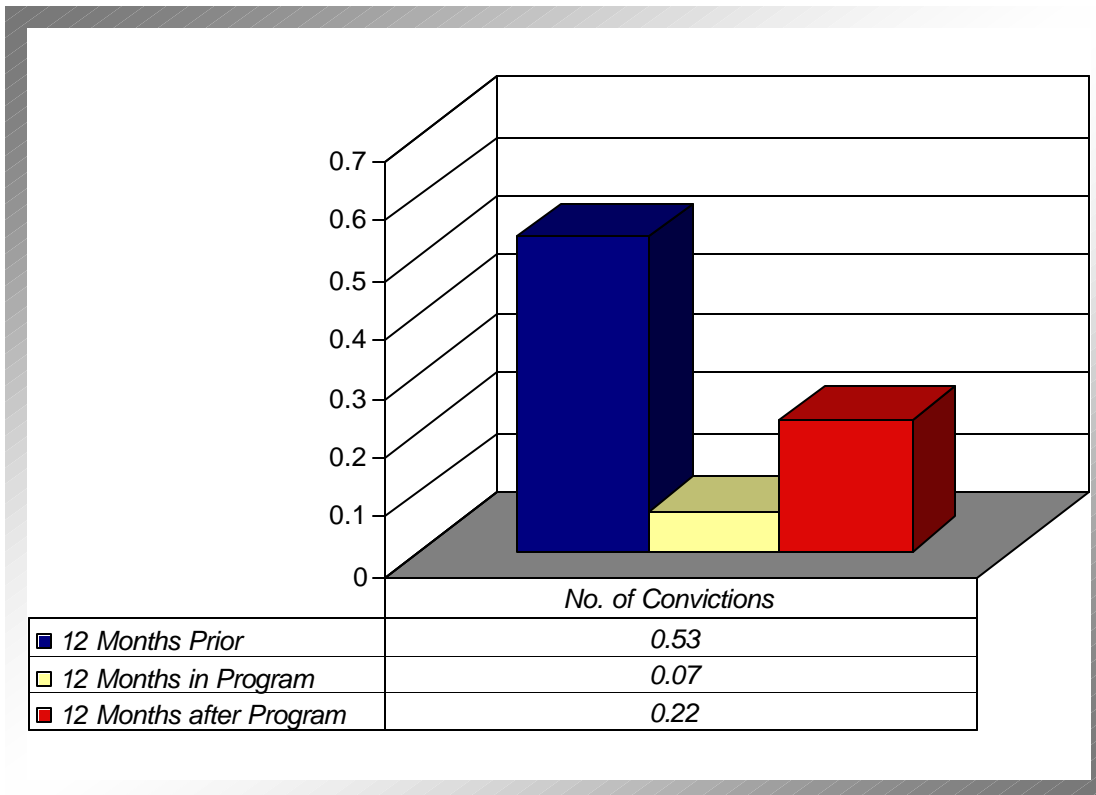


Figure 9b: Change in Convictions for Non-Graduates

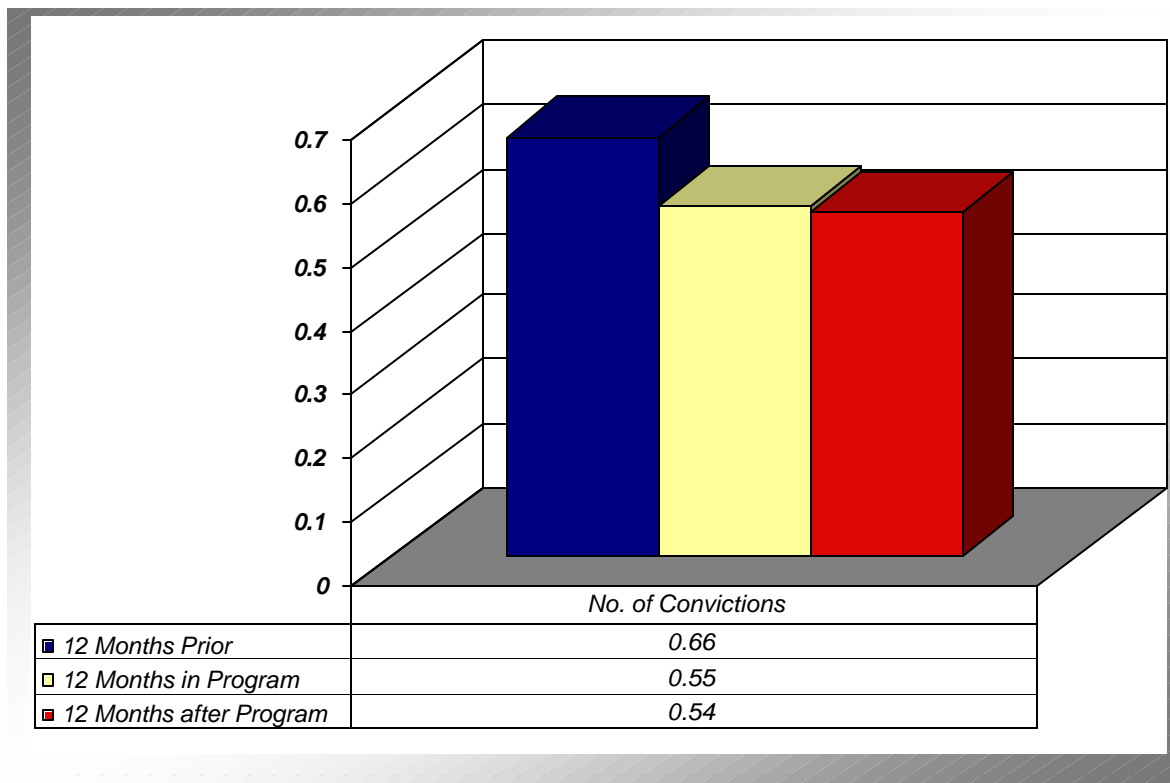


Figure 10a: Change in Jail Days for Graduates

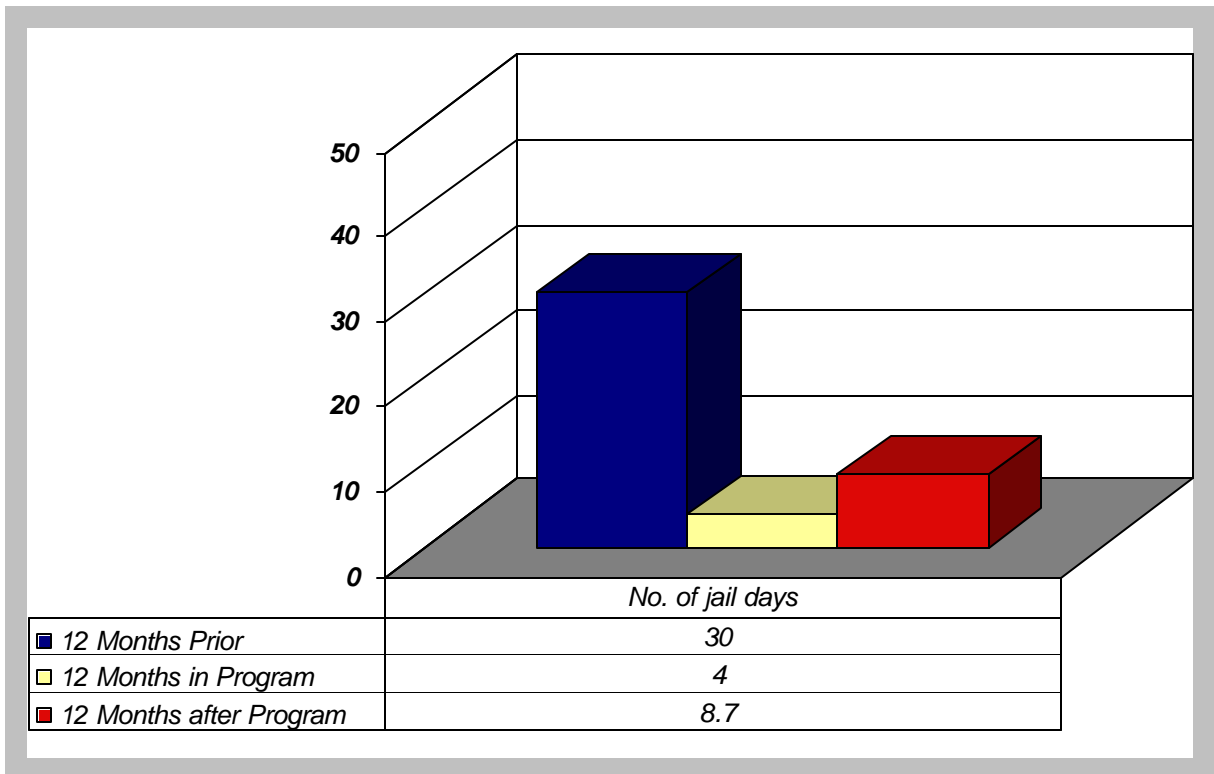


Figure 10b: Change in Jail Days for Non-Graduates

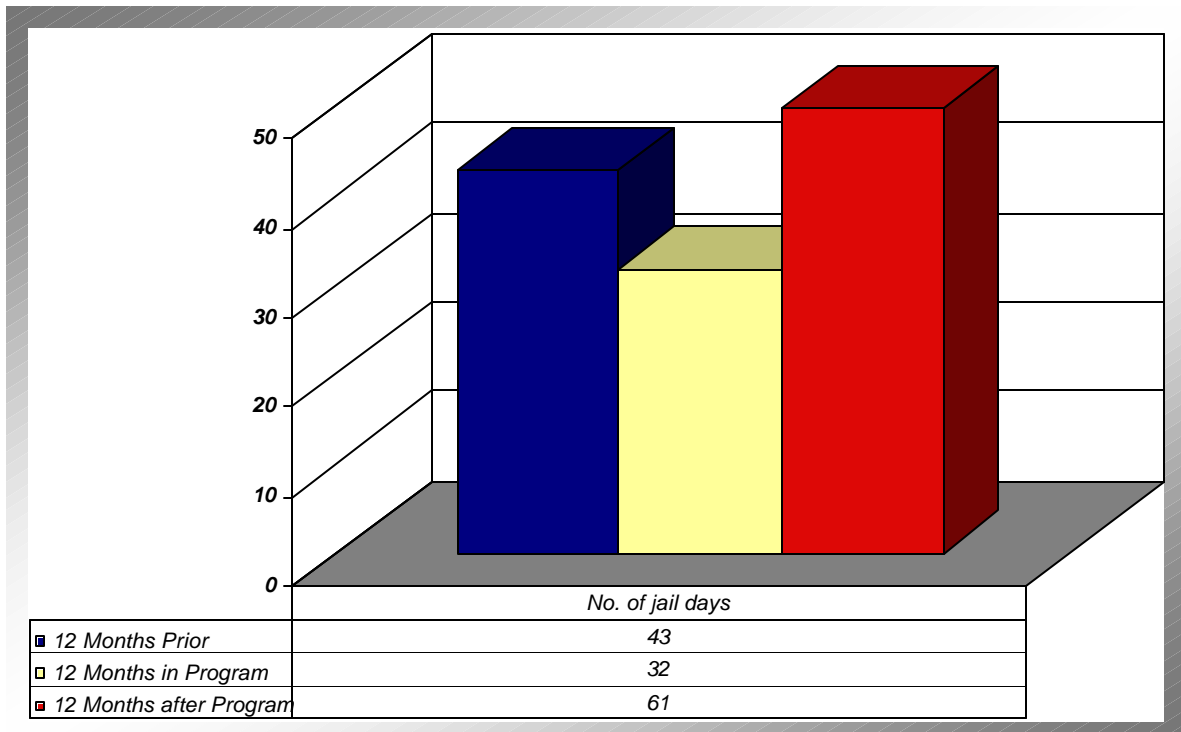


FIGURE 11A
CHANGE IN NUMBER OF JAIL DAYS FOR GRADUATES
BEFORE AND AFTER SATC

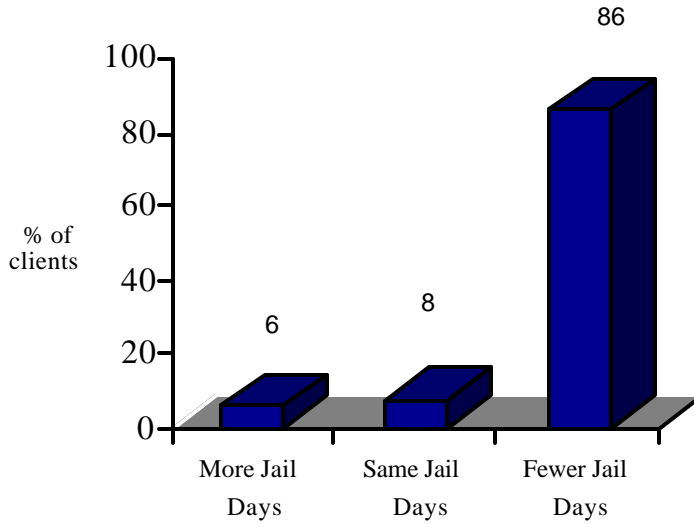
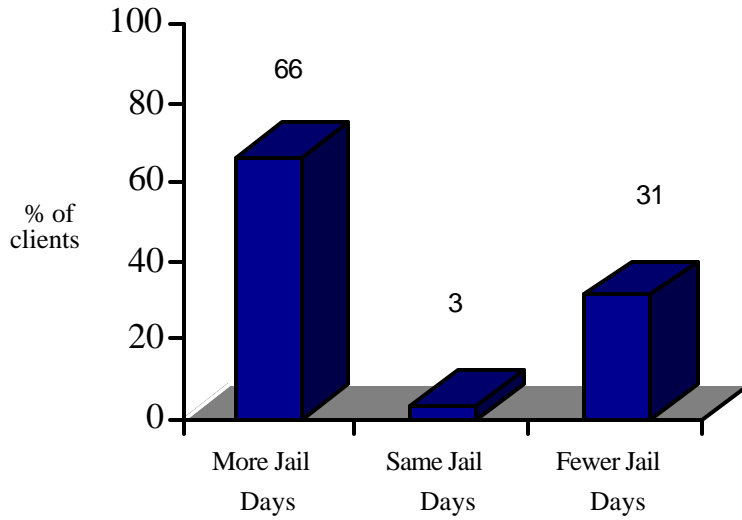


FIGURE 11B
CHANGE IN NUMBER OF JAIL DAYS FOR NON-GRADUATES
BEFORE AND AFTER SATC



**OUTCOMES:
SUBSTANCE ABUSE AND RELATED ACTIVITY**

Data were obtained on substance abuse, family, social, psychological, and medical functioning from the ASI after twelve months in treatment. In addition, phone interviews were conducted, with graduates, three, six and twelve months after they left the program. Only data for graduates were available and analyzed in these domains over time.

Data from the ASI were obtained on 250 graduates before they left the program (after approximately 12 months in treatment). Follow-up interviews were conducted with 111 graduates (39% of possible graduates) three months after graduation, 94 (33% of possible graduates) six months after leaving, and 75 (27% of possible graduates) after twelve months in the community. Reasons for not receiving an interview are listed below.

*TABLE 3
CLIENTS INTERVIEWED AT FOLLOW-UP*

	<i>3 Month</i>	<i>6 Month</i>	<i>12 Month</i>
	<i>N (%)</i>	<i>N (%)</i>	<i>N (%)</i>
Interviewed	111(39)	94 (33)	75 (27)
Not Interviewed			
Attempted/No response	84 (30)	85 (30)	82 (29)
Phone disconnected	35 (12)	44 (16)	61 (22)
Moved	20 (8)	27 (10)	32 (11)
No consent to follow	32 (11)	32 (11)	32 (11)

During the interviews, problems with substance abuse were assessed in two ways. Clients were asked about drug and alcohol use (relapse episodes) in the past month. Clients were also asked questions from the ASI regarding the number of days that month they had experienced problems with alcohol or drugs. This could include cravings as well as use episodes. Clients were also asked to report the number of days in the past month they had experienced family, social, medical, and psychological problems.

The number of days with problems related to alcohol or drug use is presented in Figure 12. There were significant changes, particularly in drug problems, as a result of treatment, and these changes were maintained over time. In terms of relapse episodes, at three months, 13% reported a relapse on alcohol and 8% a relapse on drugs; at six months, 15% reported using alcohol and 8% drugs, while at twelve months, 18% reported using alcohol and 10% drugs.

FIGURE 12
GRADUATES' REPORTS OF DRUG AND ALCOHOL PROBLEMS

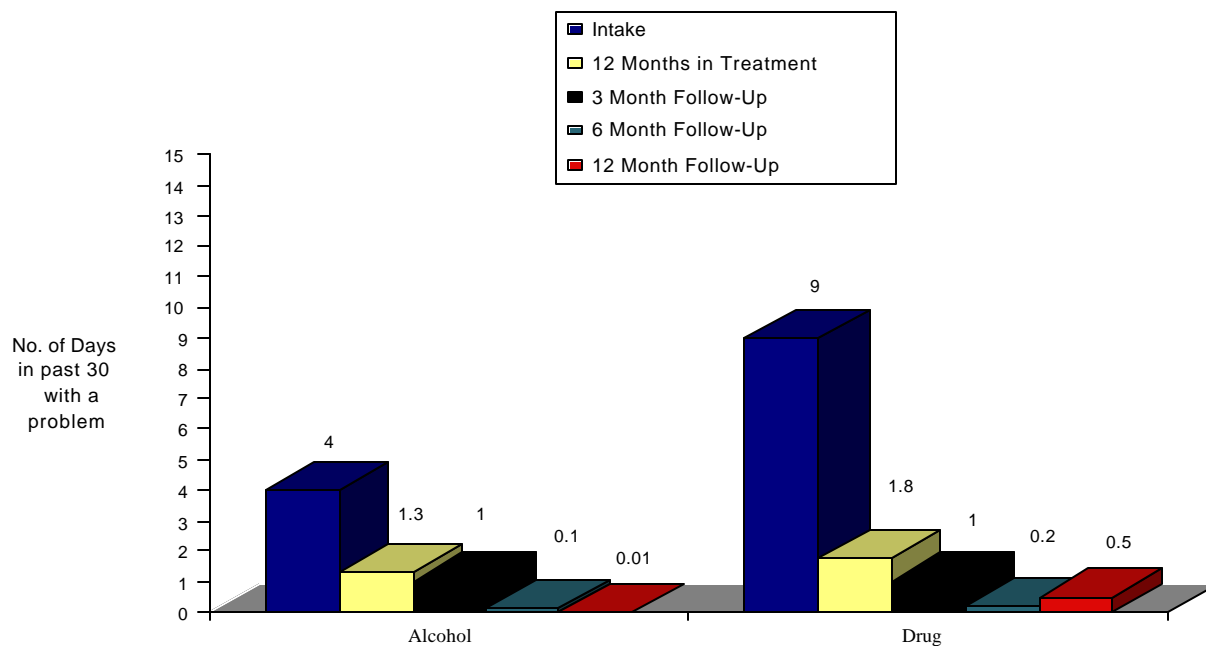


FIGURE 13
GRADUATES' REPORTS OF FAMILY AND SOCIAL PROBLEMS

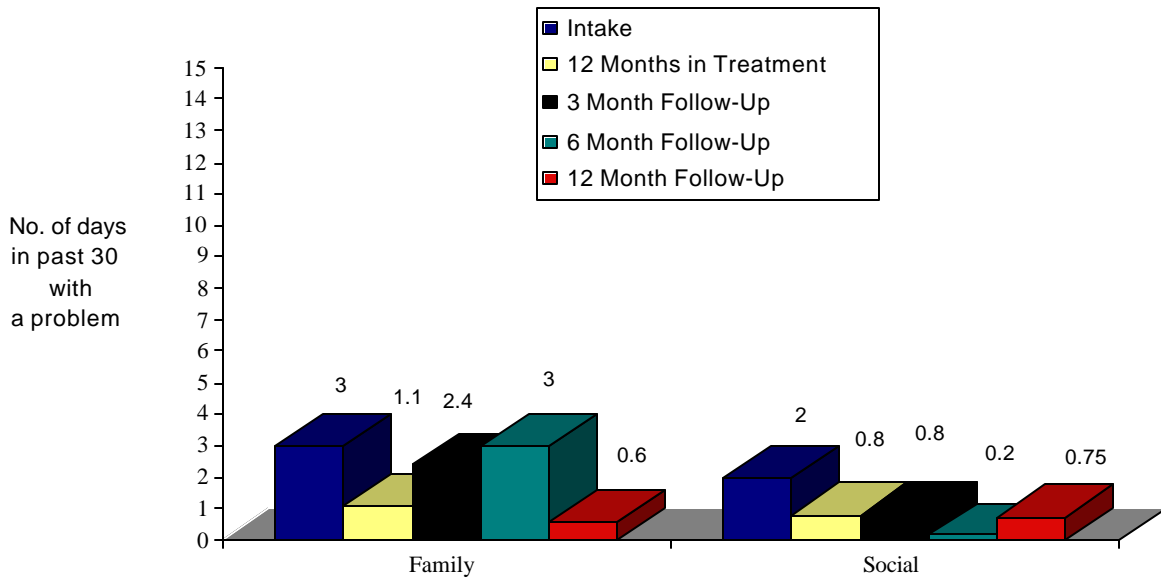


FIGURE 14
GRADUATES' MEDICAL AND PSYCHOLOGICAL PROBLEMS AT INTAKE, DURING TREATMENT AND AFTER GRADUATION

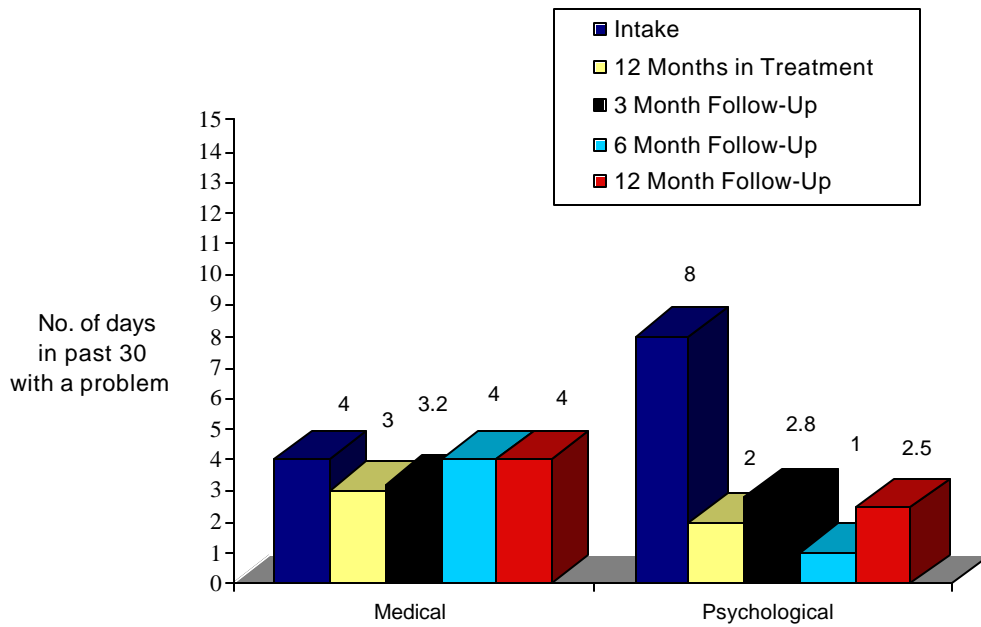


Figure 13 shows changes in family and social problems over time. Family problems decreased during treatment, and went back up after treatment. Social problems decreased and stayed lower after treatment.

Figure 14 looks at changes in days with medical and psychological problems. There was little change in medical problems over time. Psychological problems went up and down, but still affected clients, on average, several days every month.

In sum:

- ◆ Graduates made gains in substance abuse, family, social and psychological functioning during treatment.
- ◆ Graduates maintained gains made in treatment with regard to drug, alcohol, social and psychological problems.
- ◆ Many clients continued to have medical, psychological and family problems on a regular basis.

CONCLUSIONS

Approximately half of all the clients who entered the SATC graduated. This compares well with graduation rates from other drug courts and from other types of substance abuse treatment programs. Clients were more likely to graduate if they were European American, used amphetamine, cannabis or alcohol over other drugs, had fewer prior criminal activities, and had fewer psychological and employment problems at entry. However, while clients who graduated were more likely to be higher functioning than non-graduates when they entered the program, they still had serious problems. For example, graduates averaged fourteen years of substance abuse, two arrests and thirty days in jail the year prior to program entry. Thus, while the SATC did not reach all clients, its success rate was high relative to other treatment programs and it was successful in helping clients with serious substance abuse problems.

Graduates not only demonstrated significant improvements in their substance abuse, criminal behavior, and social-emotional problems while they were in the program, they were also able to maintain these gains after leaving the program. Some non-graduates also demonstrated gains during and after the program, suggesting that they, too, benefited from the treatment they received.

The findings raise several issues for future consideration. Each of the risk factors identified by the study (i.e., psychological functioning, prior employment, prior criminal activity, drug of choice, ethnicity) could be addressed through alternative treatment strategies for clients who present with these particular needs. For example, the co-treatment of psychological disorders and substance abuse is an area of growing interest. While no one method of treatment has yet emerged as most effective, some of the special problems in treating this population are known. When clients who have a dual diagnosis are treated solely for substance abuse, for example, their psychological distress may increase, increasing the likelihood of relapse. Conversely, client treated solely for their psychological disorders may increase their substance use in order to mask the distress and discomfort they feel from their clinical treatment. Thus, treatments for both disorders are probably best conducted together with consideration given to how treatment of one will affect the other. Clients with fewer employment skills and clients with higher levels of prior criminal behavior are likely to have the greatest need for the development of independent living skills. While skills development is part of the current treatment program, these clients may require more attention. With regard to drug of choice, it is not surprising that clients using opiates have the greatest difficulty obtaining sobriety. New treatments for this population address the biological aspect of the addiction as well as the psycho-social consequences of the life style that is required to support it. Finally, the issue of service to ethnically diverse populations is complex. Mexican Americans often do not access or utilize health care services as needed for a variety of reasons, including financial, cultural and language barriers. Thus, by the time they receive treatment through a program such as the SATC, their problems may be more complex than that of other clients. Further analysis of the needs of this population is warranted.

Finally, a new state initiative, Proposition 36, the Substance Abuse Crime Prevention Act (SACPA) took effect in 2001. SACPA changes the eligibility criteria for diversion programs to include a

broader range of individuals convicted of a drug-related crime. The treatment programs utilized by SACPA are similar, in many ways, to those used by Drug Courts, yet also differ as a function of constraints outlined in the legislation, including the length of time clients can be required to receive treatment (12 months). Comparison of clients in both sets of programs, and differences in outcomes for these clients, will help increase our understanding of the utility of different facets of treatment.

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