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[Intervention Review]

Interventions for female drug-using offenders

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ABSTRACT

Background

This is an updated version of a Cochrane review first published in Issue 3, 2006 (Perry 2006). The review represents one in a family of four reviews focusing on the effectiveness of interventions in reducing drug use and criminal activity for offenders. This specific review considers interventions for female drug-using offenders.

Objectives

To assess the effectiveness of interventions for female drug-using offenders in reducing criminal activity, or drug use, or both.

Search methods

We searched 14 electronic bibliographic databases up to May 2014 and five additional Website resources (between 2004 and November 2011). We contacted experts in the field for further information.

Selection criteria

We included randomised controlled trials (RCTs) designed to reduce, eliminate or prevent relapse of drug use or criminal activity in female drug-using offenders. We also reported data on the cost and cost-effectiveness of interventions.

Data collection and analysis

We used standard methodological procedures expected by The Cochrane Collaboration.

Main results

Nine trials with 1792 participants met the inclusion criteria. Trial quality and risks of bias varied across each study. We rated the majority of studies as being at 'unclear' risk of bias due to a lack of descriptive information. We divided the studies into different categories for the purpose of meta-analyses: for any psychosocial treatments in comparison to treatment as usual we found low quality evidence that there were no significant differences in arrest rates, (two studies; 489 participants; risk ratio (RR) 0.82, 95% confidence interval (CI) 0.45 to 1.52) or drug use (one study; 77 participants; RR 0.65, 95% CI 0.20 to 2.12), but we found moderate quality evidence that there was a significant reduction in reincarceration, (three studies; 630 participants; RR 0.46, 95% CI 0.34 to 0.64). Pharmacological intervention using buprenorphine in comparison to a placebo did not significantly reduce self reported drug use (one study; 36 participants; RR 0.58, 95% CI 0.25 to 1.35). No cost or cost-effectiveness evidence was reported in the studies.

Authors' conclusions

Three of the nine trials show a positive trend towards the use of any psychosocial treatment in comparison to treatment as usual showing an overall significant reduction in subsequent reincarceration, but not arrest rates or drug use. Pharmacological interventions in comparison to a placebo did not significantly reduce drug use and did not measure criminal activity. Four different treatment comparisons showed varying results and were not combined due to differences in the intervention and comparison groups. The studies overall showed a high degree of heterogeneity for types of comparisons and outcome measures assessed, which limited the possibility to pool the data. Descriptions of treatment modalities are required to identify the important elements for treatment success in drug-using female offenders. More trials are required to increase the precision of confidence with which we can draw conclusions about the effectiveness of treatments for female drug-using offenders.

PLAIN LANGUAGE SUMMARY

Interventions for female drug-using offenders

Background

Drug-using offenders naturally represent a socially excluded group where drug use is more prevalent than in the rest of the population. A growing number of female offenders are being incarcerated for drug-related crimes. For this reason, it is important to investigate what we know about what works for female offenders.

Study characteristics

The review authors searched scientific databases and Internet resources to identify randomised controlled trials (where participants are allocated at random to one of two or more treatment groups) of interventions to reduce, eliminate, or prevent relapse of drug use or criminal activity of female drug-using offenders. We included females of any age or ethnicity.

Key results

We identified nine trials of female drug-using offenders. Three studies included evaluations of therapeutic communities in comparison to: i) an alternative sentencing option; ii) a substance misuse educational cognitive skills programme; and iii) gender-responsive substance abuse treatment for women in prison in comparison to standard therapeutic communities. Two studies evaluated community-based management; one compared to standard probation and the other compared to standard parole supervision. Two studies evaluated a cognitive behavioural programme versus treatment as usual and combined cognitive behavioural treatment and acceptance and commitment therapy versus waiting list control. One study of a pharmacological intervention in comparison to a placebo or treatment as usual. One study compared interpersonal psychotherapy to an attention matched control psychoeducational control.

Overall, the findings suggest that any psychosocial treatment in comparison to treatment as usual had an impact on reducing subsequent reincarceration, but not rearrest or drug misuse. We found individual treatment interventions had differing effects. We identified too few studies to evaluate whether the treatment setting (for example, court or community) had an impact on the success of such programmes. Promising results highlight the use of psychosocial treatments in the reduction of reincarceration. No information is provided on the cost and cost-effectiveness of these studies. In conclusion, high quality research is required to evaluate the effectiveness of different treatment options for female drug-using offenders. Further information on the processes involved in the engagement of women mandated to substance abuse programmes, together with evaluations of cost-effectiveness research, will enable policy makers to make informed choices about commissioning the use of adapted programmes specifically targeted at female offenders.

Quality of the evidence

This review was limited by the lack of information reported in this group of trials and the quality of evidence was moderate to low. The evidence is current to May 2014.