

Effect of criminal justice mandate on drug treatment completion in women

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Background: Drug and alcohol abuse among women is a growing problem in the United States. Drug treatment is an effective way to manage the psychological, biological, financial, and social cost of drug abuse. Prior research has identified criminal justice referrals or coercion as a predictor of treatment completion among men but questions remain about the same effect in women.

Objectives: This study uses the Treatment Episodes Datasets Discharge 2006–2008 (TEDS-D) to explore the association between coercion and treatment completion among women.

Methods: Analysis compared primary treatment episodes of coerced women to those who entered treatment voluntarily. A logistic model of the odds of treatment success was performed controlling for race/ethnicity, age, education, employment, primary substance of abuse, number of substances reported at admission, referral source, treatment setting, and treatment duration.

Results: 582 671 primary treatment episodes were analyzed comparing women with coercion referrals ($n = 196\ 660$) to those who entered treatment voluntarily ($n = 390\ 054$). Results of multivariable logistic modeling showed that coerced women had better odds of completion or transfer than women who entered voluntarily. However, this association was modified by treatment setting with better odds in ambulatory (OR = 1.49 [1.47, 1.51]) than in inpatient (OR = 1.06 [1.03, 1.10]) and worst outcomes in detoxification (OR = 0.89 [0.84, 0.96]).

Conclusion: These results dispute the broad effectiveness of legal mandates across all drug treatment settings among women. They show the need for further recognition of female-specific characteristics that can affect motivation and treatment success to better inform healthcare and judicial policies on drug treatment services for women.