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Prompted to treatment by the criminal justice system: Relationships with treatment retention and outcome among cocaine users

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Abstract

Background and Objectives—A substantial portion of individuals entering treatment for substance use have been referred by the criminal justice system, yet there are conflicting reports regarding treatment engagement and outcome differences compared to those not referred. This study examined baseline characteristic and treatment outcome differences among cocaine-dependent individuals participating in cocaine treatment randomized trials.

Methods—This secondary analysis pooled samples across five completed randomized controlled trials, resulting in 434 participants. Of these, 67 (15%) were prompted to treatment by the criminal justice system.

Results—This subsample of criminal justice prompted (CJP) individuals did not differ from those not prompted by the criminal justice system in terms of gender, race/ethnicity, marital status, or age. However, the CJP group reported more years of regular cocaine use, more severe employment and legal problems, as well as less readiness to change prior to treatment. Treatment outcomes did not differ significantly from those without a criminal justice prompt, and on some measures the outcomes for CJP group were better (e.g., percentage of days cocaine abstinent, number of therapy sessions attended).

Discussion and Conclusions—These findings suggest that being prompted to treatment by the criminal justice system may not lead to poorer treatment engagement or substance use outcomes for individuals participating in randomized controlled treatment trials.

Scientific Significance—Despite some baseline indicators of poorer treatment prognosis, individuals who have been prompted to treatment by the criminal justice system have similar treatment outcomes as those presenting to treatment voluntarily.

INTRODUCTION

The Substance Abuse and Mental Health Services Administration (SAMHSA) reported that referrals from the criminal justice system are the largest source of referrals to substance use treatment in the U.S., comprising 37 percent of all referrals¹. Individuals referred by the

criminal justice system are often viewed as coerced into treatment and deemed less likely to have successful treatment outcomes compared to those who present to treatment of their own volition. There are some findings to support this view: individuals on probation were found to be more likely to drop out of substance use treatment prematurely²; criminal justice-referred clients were less likely to be retained in treatment³; clients with active criminal justice involvement had less abstinence at the end of treatment than those without criminal justice involvement⁴; and individuals mandated to substance use treatment were more likely to have lower problem recognition, lower treatment readiness, and less desire for outside help⁵. However, a growing body of literature has indicated that individuals referred to substance use treatment by the criminal justice system may have similar outcomes as those not referred⁶⁻⁹.

The mixed evidence may reflect the variability in study methodology, as most findings were derived from program evaluation studies^{2,5}, national treatment surveys or databases⁹⁻¹¹, or randomized studies without well-controlled treatment conditions^{3,4}, making it difficult to draw solid conclusions regarding the outcomes for individuals involved with the criminal justice system. Furthermore, there is no standard operational definition of criminal justice involvement, as some define it according to current legal status (e.g., on probation or parole), referral to treatment by probation or parole officer (not mandated but typically includes legal consequences if not compliant), court mandate to treatment (as part of sentence in criminal or drug court), current legal charges related to alcohol/drug use, or some combination of these to characterize 'legal pressure.' Also, many studies have examined substance use broadly, with very few studies having evaluated treatment outcomes for a specific type of drug, which would allow for more valid comparisons across studies. Given the variability in research methods, findings from large, randomized controlled treatment trials may be useful toward clarifying the treatment outcome differences between those referred and not referred by the criminal justice system. The benefits of such trials include well-defined treatment length and content, specified samples, comprehensive assessment batteries, and greater protection of confidentiality regarding key outcomes such as self-reported substance use and urine toxicology results.

Findings from a prior study by our research group¹² indicated participants in randomized controlled trials for cocaine dependence with active criminal justice involvement (defined as having been referred to treatment by the court, probation, or parole officers, or currently on probation or parole) did not have poorer retention or substance use outcomes than individuals who were referred through other means. However, this study was limited by inclusion of only medication-based trials (disulfiram), as well as a relatively small sample of criminal justice involved individuals with post-treatment data ($n = 38$)¹². Since the time of publication, our research group has completed three additional randomized controlled trials evaluating a range of behavioral and pharmacologic interventions for cocaine dependence. Also, we have the opportunity to evaluate several outcomes that have demonstrated validity as meaningful cocaine treatment outcome indicators^{13,14}, which were not yet identified at the time of the initial report. This report thus expands on our earlier work by including a larger and more diverse sample, well-validated outcome measures, and one-year follow-up

data in order to strengthen the evidence regarding criminal justice involved individuals within treatment for cocaine dependence.

METHODS

Overview

Data for this study were gathered from five completed independent randomized controlled trials that evaluated various behavioral and pharmacologic treatments for cocaine dependence in different outpatient settings^{13,14}. All studies were approved by the Yale University School of Medicine Institutional Review Board. A brief description of the five studies is as follows:

Study 1¹⁵—This 12-week trial evaluated two behavioral treatments (cognitive behavioral therapy – CBT; twelve-step facilitation – TSF) with or without a pharmacologic treatment (disulfiram) among cocaine-dependent individuals with comorbid alcohol abuse or dependence at an outpatient treatment facility ($N = 117$).

Study 2¹⁶—This 12-week trial evaluated two behavioral treatments (CBT; interpersonal therapy – IPT) in combination with disulfiram or placebo among cocaine-dependent individuals in a general outpatient treatment facility ($N = 121$).

Study 3¹⁷—This 12-week trial evaluated TSF and standard counseling with or without disulfiram among cocaine-dependent individuals enrolled in a methadone maintenance program for opiate dependence ($N = 112$).

Study 4¹⁸—This 12-week trial evaluated contingency management (CM) with disulfiram or placebo among cocaine-dependent individuals at a general outpatient treatment facility, with all participants also receiving weekly CBT ($N = 99$).

Study 5¹⁹—This 8-week trial evaluated a computerized version of CBT (computer-based training for cognitive behavioral therapy – ‘CBT4CBT’) as an add-on to standard treatment among a mixed population of alcohol and drug users at a general outpatient treatment facility ($N = 73$). Only the subgroup of participants who reported cocaine as their primary substance of abuse ($n = 43$) were included in the current study.

Participants

Participants in all 5 trials met the following inclusion criteria: (1) 18 years of age or older, (2) current cocaine dependence according to Diagnostic and Statistical Manual – fourth edition, DSM-IV²⁰ (DSM-III-R for Study 1); and (3) appropriate for outpatient level of care. Individuals were excluded from participation if they: (1) met DSM criteria for a lifetime psychotic or bipolar disorder, (2) were physically dependent on alcohol or benzodiazepines, such that detoxification was necessary, or (3) had a current legal case pending such that incarceration was anticipated during the 12-week study period (i.e., the participant reported incarceration was expected). All participants provided written informed consent, which clarified that participation in the treatment study was voluntary, that their participation, refusal to participate, or withdrawal from participation would not reflect either positively or

negatively on their relationship with the criminal justice system. Study outcomes, including urine toxicology screens, were not shared with any criminal justice department. Each study obtained a federal Certificate of Confidentiality and participants were informed of the purpose and protections offered by the certificates as part of the informed consent process. Clinic and research-collected urines, as well as clinic and research records, were independent, stored separately, and research-related information was not shared with the criminal justice system or clinical staff, without the participant's written consent.

Assessments

The five trials used a common battery of assessments, and participants were interviewed prior to treatment initiation, weekly and monthly during the treatment period, at the end-of-treatment, and at several follow-up time points. Follow-up interviews occurred at 1-, 3-, 6-, and 12-months after the end-of-treatment point, with the exception of Study 5, which included only a 1-, 3-, and 6-month follow-up. The assessments included:

Substance Use Calendar¹⁶—This calendar-based interview, similar to the reliable and valid Time Line Follow Back²¹, assessed self-reported cocaine and other drug use for each day of the study period. In addition, urine toxicology screens were conducted at each study visit, which provided a qualitative yes/no result indicating recent drug use or abstinence.

Addiction Severity Index²²—A brief version of the ASI was used for measuring the severity of problems in several domains, including drug and alcohol use, as well as non-drug using domains such as medical, legal, employment, family/social, and psychiatric.

University of Rhode Island Change Assessment²³—This 28-item self-report instrument measured an individuals' motivational readiness to change their drug use behavior. Individuals respond to a series of statements with respect to how much they agree or disagree (along a 5-point scale), with the overall "readiness" score most commonly reported²⁴.

Data Analysis

For the purposes of this study, the samples from each trial were pooled into one large dataset and participants were categorized according to whether or not they were prompted to treatment by the criminal justice system (Yes/No), as assessed by an item within the legal section of the ASI administered prior to treatment initiation (e.g., "was this admission prompted or suggested by the criminal justice system – judge, probation/parole officer?"). Demographics and baseline characteristics regarding substance use and legal variables were compared across groups (criminal justice prompted – 'CJP' vs. not criminal justice prompted – 'non-CJP') using analysis of variance (ANOVA) and chi-square tests. Next, we compared several cocaine use treatment outcome measures during the treatment and follow-up period across groups using ANOVA and chi-square tests. This included both continuous and dichotomous valid outcome indicators reported in cocaine treatment research^{13,14,25}, such as self-reported percentage of days abstinent, the maximum consecutive days of abstinence, and whether the participant achieved at least 21 consecutive days of abstinence. Also, we compared the percentage of submitted urine specimens that were positive for

cocaine (out of all specimens submitted), as well as the rates of discrepancy between self-report and urine result. For the latter analysis, we used chi-square tests to compare across groups the percentage of individuals who submitted a urine sample positive for cocaine, yet denied cocaine use during a 3-day window prior to urine result. Additional treatment outcome measures included the number of days retained in treatment, the number of therapy sessions attended, the percentage of individuals who completed treatment, as well as measures of legal problems (e.g., number of arrests, days detained or incarcerated). Lastly, using chi-square tests, we explored group differences on a proxy dichotomous measure of 'good functioning' at the end of treatment and at each follow-up point, which was indicated by cocaine abstinence in the past 28 days as well as 0 days of self-reported problems during that period in the psychological and employment domains on the ASI (legal problems were removed from a prior indicator of 'good functioning')¹³. In order for the measure of 'good functioning' to be computed, we required data on the cocaine use indicator and at least one other indicator.

RESULTS

Participants

The pooled sample included 434 participants with data from at least one of the follow-up assessment time points, of which, 67 (15%) reported their current treatment admission was prompted by the criminal justice system (CJP sample size according to study: Study #1, $n=22$; Study #2, $n=23$; Study #3, $n=2$; Study #4, $n=4$; Study #5, $n=16$). This subsample was mostly male (64%), never married (66%), with an average age of 35 ($SD = 8.6$), and a majority were from minority racial/ethnic groups (45% Caucasian). Table 1 displays demographic and other baseline characteristics between those prompted by the criminal justice system (CJP) and those not prompted (non-CJP). In terms of demographic characteristics, the groups were relatively similar. However, the CJP subsample were less likely to have completed high school than the non-CJP (64% vs. 81%), yet were also less likely to be unemployed (25% vs. 58%). The CJP sample reported more years of regular cocaine use than non-CJP ($M=11.0$, $SD=7.1$ vs. $M=8.8$, $SD=7.0$), a greater number of lifetime arrests ($M=9.1$, $SD=9.8$ vs. $M=5.0$, $SD=7.9$), and were more likely to meet DSM criteria for Antisocial Personality Disorder (41% vs. 23%). In terms of composite scores from the ASI, those classified as CJP had a higher legal and employment composite score than non-CJP indicating a greater severity of problems in these domains. However, the non-CJP group had a higher cocaine composite score. Lastly, the CJP group had lower overall readiness scores from the URICA at pre-treatment compared to non-CJP, suggesting less motivation for changing their substance use behavior prior to initiating treatment.

Within Treatment Outcomes

Table 2 presents a comparison of several treatment outcome indices¹³ across groups during the treatment period. Overall, there were few significant differences. In terms of self-reported cocaine use measures, those in the CJP group reported a greater percentage of days abstinent from cocaine than the non-CJP group (83% vs. 74%, respectively). However, the groups did not differ on the percentage of urine samples submitted that were positive for cocaine. Evaluation of the rates of discordance between the urine results and self-report

indicated that 49% ($n = 167$) of the pooled sample had at least one instance where their urine toxicology result was positive for cocaine yet they denied cocaine use during the 3-day period prior to urine submission. The percentage of individuals with this type of discordance between urine result and self-report did not significantly differ between the groups (53% vs. 48%).

In terms of treatment, there was not a significant difference between groups in the number of days retained in treatment, or in the percentage of participants who completed the defined treatment period. However, participants in the CJP group attended more therapy sessions during treatment than those in the non-CJP group.

There were no group differences in terms of the number of participants who met our criteria for 'good functioning' at the end of treatment. Approximately 8% of those in the CJP group were able to achieve cocaine abstinence and reported zero days of psychological and employment problems on the ASI during the last 28 days of the treatment period (compared to 15% in non-CJP).

Outcomes During Follow-Up Period

The frequency of self-reported cocaine use during the 28-day period prior to each follow-up assessment point (1-, 3-, 6-, and 12-months) are reported in Table 3. Results indicated no differences across groups, although a non-significant trend was present at the 12-month follow-up point indicating those in the CJP group reported a greater number of days of cocaine use than those in the non-CJP group. Also reported in Table 3, the percentage of participants meeting criteria for our measure of 'good functioning' did not differ at any of the follow-up assessment points, although those in the CJP group reported significantly more arrests at the 3-month follow-up, and a trend toward more days incarcerated/detained at the 12-month follow-up.

DISCUSSION

This study evaluated differences among cocaine dependent individuals participating in one of five randomized controlled trials for cocaine use treatment based on whether they were prompted to treatment by the criminal justice system. Within this pooled sample of 434 participants, 67 (15%) reported being prompted to treatment by the court, or a probation or parole officer. The major findings were that those prompted by the criminal justice system were not significantly different from those not prompted on most cocaine use measures during treatment, including no differences in rates of cocaine use during a 12-month period following treatment termination. On some self-reported measures of cocaine use (e.g., percentage of days abstinent) those prompted by the criminal justice system had better outcomes than those not prompted, but did not significantly differ on biological measures. This might suggest those prompted by the criminal justice system were less accurate in their reported days of cocaine use, yet additional analyses indicated rates of discordance between self-report and urine results did not differ across groups. Thus, this study provides further evidence that individuals prompted to treatment by the criminal justice system do not have worse outcomes than those who may be presenting to treatment on their own accord.

The research evidence has been somewhat mixed regarding the baseline and treatment outcome differences among substance users who present to treatment with or without active criminal justice involvement. Within this large sample of treatment-seeking, cocaine dependent individuals there were relatively few baseline characteristic differences between those prompted by the criminal justice system or not, other than expected differences based on past criminal involvement (e.g., ASI legal composite, lifetime number of arrests, Antisocial Personality Disorder), which was consistent with our earlier report¹². The CJP group had lower rates of unemployment than the non-CJP group, which is interesting given that those with criminal justice involvement often face greater challenges securing employment²⁶. However, the CJP group had a higher employment composite score on the ASI, indicating greater severity of problems with employment. Although employed, those prompted to treatment by the criminal justice system might experience more problems at their job due to the factors related to their legal issues. Also, although the CJP group reported a greater number of years of regular cocaine use than the non-CJP group, their scores on the cocaine composite from the ASI at baseline were lower, suggesting they reported less severe problems with cocaine at the time of treatment entry. This is relatively consistent with the lower readiness score from the URICA for those in the CJP group, as the ASI composite scores imply some self-acknowledgement of problems. Thus, cocaine dependent individuals prompted to treatment by the criminal justice system may be less motivated to change their substance use behavior and endorse fewer problems with substance use than individuals presenting to treatment without external influence, which is consistent with prior research⁵.

Despite these baseline indicators which usually indicate poorer prognosis, individuals prompted by the criminal justice system did not have significantly different rates of treatment retention or cocaine use outcomes as those not prompted, although there were expected differences on measures of legal problems following treatment completion (e.g., number of arrests). For some measures the CJP group had better outcomes (e.g., self-reported abstinence, and number of therapy sessions attended), which may be attributed to the monitoring of treatment attendance/compliance by criminal justice authorities. It may be that individuals who have some external legal pressure may reduce their cocaine use and other problem behaviors while in treatment to avoid further legal problems, but may not maintain these changes after treatment is complete. Alternatively, such differences may be due to the greater perceived pressure to self-report abstinence while in treatment for those prompted by the criminal justice system compared to those without the perceived legal pressure. This explanation is supported by the lack of group differences in urine toxicology results. However, due to variability in detection times of cocaine in urine depending on dose and route of administration^{27,28}, as well as the potential for overestimation when detecting cocaine use through qualitative urinalysis (i.e., 'carryover')²⁹, evaluation of cocaine use by urine result alone is limited. Therefore, the lack of differences between groups on rates of cocaine positive urines does not invalidate the difference in self-reported cocaine use. Moreover, the rates of discrepancy between self-report and urine result were not significantly different across groups, lending some credence to the difference in self-reported days of abstinence.

These findings are novel, as there has been relatively little examination of differences between criminal justice prompted and non-prompted individuals participating in randomized controlled trials of outpatient treatment for cocaine use, and hence, the opportunity to evaluate outcomes when participants are offered parallel assurances of confidentiality for their research data. Much of the available evidence has originated from program evaluation studies^{2,5} or national surveys/databases⁹⁻¹¹, and included samples with general substance abuse^{2,30}, or within residential^{9,31} or methadone maintenance programs³²⁻³⁴. The strengths of the current study include: (1) a large, generalizable sample of cocaine dependent individuals participating in randomized trials, (2) parallel assessments across trials, and (3) high rates of available data through a 12-month follow-up period. Additionally, this study extends prior work conducted on a portion of this sample¹² by nearly doubling the sample size, including a more comprehensive view of cocaine use and non-cocaine use treatment outcome measures, and exploring additional analyses such as rates of discrepancy between self-report and urine toxicology results.

There are several limitations to this study that impact the strength of the interpretations. First, despite the large overall sample, the subsample of individuals prompted by the criminal justice system was rather small (15%), and lower than the percentage of criminal justice referrals reported in national treatment databases³⁵. Second, although combining data across these five clinical trials increased statistical power, the variability of each trial's design and sample created a complex data set that limited some potential analyses. For instance, evaluating outcomes across the CJP and non-CJP groups according to the type of treatment received was complicated by the different types and combinations of treatment provided in each study (of note, we found CJP participants were equally distributed across treatment conditions). Third, the 'criminal justice prompted' definition was derived from a self-report rather than by official documentation or collateral information, hence some individuals may have been misclassified if they chose not to disclose their legal status. Fourth, the exclusion criterion regarding anticipated incarceration may have excluded a subgroup of CJP participants likely to withdraw from treatment, potentially inflating the CJP group's outcomes. Lastly, the generalizability to the population of individuals referred to community substance use treatment by the criminal justice system is somewhat limited in that this study consisted of individuals participating in a randomized controlled trial with the protections described earlier, potentially introducing sampling bias.

In conclusion, despite the limitations, this study's findings suggest that cocaine dependent individuals prompted to treatment by the criminal justice system may benefit as much (or possibly more in some cases) than individuals not prompted (and ostensibly seeking treatment voluntarily). This adds to the growing literature base that suggests involvement with the criminal justice system (i.e., legal pressure to seek treatment) may have some benefits for those with lower motivation to change their substance use behaviors. Furthermore, these results suggest that various empirically supported treatments for cocaine use disorders may have similar effectiveness regardless of whether individuals are prompted to treatment by the criminal justice system or voluntarily present to treatment.

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Table 1

Demographic and Baseline Characteristics According to Criminal Justice Prompt

	Prompted by Criminal Justice System (CJP) N = 67	Not Prompted by Criminal Justice System (non-CJP) N = 367	Total N = 434	χ^2 or <i>F</i>
	n (%)	n (%)	n (%)	
Female	24 (35.8)	119 (32.6)	143 (33.1)	0.26
Race				
Caucasian	30 (44.8)	193 (52.9)	223 (51.6)	1.74
African-American	30 (44.8)	138 (37.8)	168 (38.9)	
Hispanic	6 (9)	28 (7.7)	34 (7.9)	
Multi racial/other	1 (1.5)	6 (1.7)	7 (1.6)	
Completed high school	43 (64.2)	295 (80.8)	338 (78.2)	9.21**
Never married	44 (65.7)	261 (71.5)	305 (70.6)	0.93
Unemployed	17 (25.4)	212 (58.1)	229 (53)	24.31***
On public assistance	20 (29.9)	123 (33.7)	143 (33.1)	0.38
Lifetime major depression	11 (17.2)	68 (19.1)	79 (18.8)	0.13
Lifetime anxiety disorder	6 (9.2)	36 (10)	42 (9.9)	0.04
Antisocial Personality Disorder	24 (40.7)	70 (22.7)	94 (25.6)	8.37**
Route of cocaine administration				
smoke, freebase	52 (77.6)	275 (75.3)	327 (75.7)	1.99
intranasal	14 (20.9)	70 (19.2)	84 (19.4)	
intravenous	1 (1.5)	19 (5.2)	20 (4.6)	
	Mean (SD)	Mean (SD)	Mean (SD)	
Age	35 (8.6)	36.7 (7.8)	36.5 (8)	2.62
Days of marijuana use, past 28	2.7 (6.6)	2.8 (6.7)	2.8 (6.7)	0.01
Days of cocaine use, past 28	12.6 (9.4)	13.5 (8.4)	13.4 (8.5)	0.70
Days alcohol use, past 28	8.7 (10)	9.1 (9.6)	9 (9.6)	0.07
Age of first cocaine use	21 (7.3)	21.4 (6.3)	21.3 (6.5)	0.247
Years of regular cocaine use	11 (7.1)	8.8 (7)	9.2 (7.1)	5.23*
ASI Medical Composite	.11 (.21)	.15 (.27)	.14 (.26)	0.99
ASI Employment Composite	.69 (.27)	.60 (.30)	.61 (.30)	4.63*
ASI Alcohol Composite	.18 (.20)	.19 (.21)	.19 (.21)	0.11
ASI Cocaine Composite	.60 (.22)	.66 (.20)	.65 (.2)	5.24*
ASI Other Drug Composite	.05 (.08)	.06 (.07)	.06 (.07)	0.09
ASI Legal Composite	.17 (.22)	.08 (.16)	.09 (.17)	14.51***
ASI Family Composite	.20 (.18)	.19 (.19)	.19 (.19)	0.03
ASI Psychological Composite	.19 (.20)	.18 (.20)	.19 (.20)	0.04
Lifetime number of arrests	9.1 (9.8)	5.0 (7.9)	5.6 (8.3)	14.39***

	Prompted by Criminal Justice System (CJP) N = 67	Not Prompted by Criminal Justice System (non-CJP) N = 367	Total N = 434	χ^2 or <i>F</i>
	n (%)	n (%)	n (%)	
URICA Readiness	6.5 (4.4)	9.0 (3.3)	8.7 (3.5)	15.86***

*
p <.05

**
p<.01

p<.001

Table 2

Within treatment outcomes according to criminal justice prompt

	Prompted by Criminal Justice System (CJP) N = 67	Not Prompted by Criminal Justice System (non-CJP) N = 367	Total N = 434	
	Mean (SD)	Mean (SD)	Mean (SD)	X ² or F
Days retained in treatment protocol	55.4 (29.3)	53.4 (33.1)	53.7 (32.5)	0.22
Completed treatment period, n (%)	36 (53.7)	186 (51.0)	222 (51.4)	0.68
Percentage of cocaine positive urine specimens	55 (37)	62 (37)	61 (37)	1.43
Percentage of days abstinent from cocaine	83 (19)	74 (26)	76 (25)	6.27*
Maximum consecutive days abstinent	24 (20.6)	22.3 (24.9)	22.6 (24.2)	0.25
Maximum days of continuous abstinence during last two weeks of treatment	10 (4.0)	8.3 (4.7)	8.6 (4.6)	4.65*
3+ weeks of continuous abstinence, n (%)	31 (46.3)	149 (40.8)	180 (41.7)	0.69
'Good Functioning' = zero cocaine use, employment, or psychological problems last 28 days of treatment, n (%) ^a	4 (7.5)	48 (14.5)	52 (13.5)	1.89

** $p < .01$ *** $p < .001$ * $p < .05$ ^a sample size reduced due to missing data

Table 3

Cocaine and legal outcomes during follow-period according to criminal justice prompt

	Prompted by Criminal Justice System (CJP)		Not Prompted by Criminal Justice System (non-CJP)		Total		
Days of Cocaine Use	Mean (SD)	n	Mean (SD)	n	Mean (SD)	n	F
1-month follow-up	5.6 (7.5)	67	5.4 (7.6)	360	5.4 (7.5)	427	0.05
3-month follow-up	4.9 (6.8)	66	5.1 (7.9)	358	5.1 (7.7)	424	0.02
6-month follow-up	5.9 (9.6)	61	5.0 (7.5)	348	5.1 (7.7)	409	0.77
12-month follow-up	6.2 (8.8)	44	4.2 (6.8)	309	4.4 (7.1)	353	3.19 [‡]
Complete abstinence during entire FU period, n (%)	46 (12.8)		8 (11.9)		54 (12.6)		0.04
Number of times arrested and charged							
1-month follow-up	.04 (.21)	45	.03 (.19)	290	.03 (.19)	335	0.19
3-month follow-up	.15 (.36)	41	.01 (.10)	286	.03 (.16)	327	26.58 ^{***}
6-month follow-up	.10 (.30)	41	.04 (.21)	281	.05 (.23)	322	2.41
12-month follow-up	.07 (.27)	27	.03 (.16)	251	.03 (.18)	278	1.66
Number of days detained or incarcerated							
1-month follow-up	1.2 (5.8)	45	0.5 (3.5)	290	0.6 (3.9)	335	1.24
3-month follow-up	2.0 (6.6)	41	0.7 (4.4)	286	0.9 (4.7)	327	2.41
6-month follow-up	1.3 (5.8)	41	1.1 (5.1)	281	1.1 (5.2)	322	0.06
12-month follow-up	3.2 (9.2)	27	1.1 (5.2)	251	1.3 (5.7)	278	3.34 [‡]
'Good functioning'	n (%)		n (%)		n (%)		χ^2
1-month follow-up	13 (22)	59	68 (19.9)	341	81 (20.3)	400	0.14
3-month follow-up	13 (22)	59	74 (22.1)	335	87 (22.1)	394	0.99
6-month follow-up	11 (21.2)	52	86 (26.8)	321	97 (26)	373	0.74
12-month follow-up	10 (26.3)	38	79 (26.3)	300	89 (26.3)	338	< 0.01

'Good functioning' = zero days of cocaine use, employment, or psychological problems during past 28 days

* $p < .05$ ** $p < .01$ [‡] $p < .10$ ***
 $p < .001$