

## COCHRANE CORNER

### Interventions for female drug-using offenders<sup>†</sup>

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<sup>†</sup>This review is an abridged version of a Cochrane review previously published in the Cochrane Database of Systematic Reviews, 2015, Jun 2, Issue 6: CD010910 (see [www.cochranelibrary.com](http://www.cochranelibrary.com) for information). Cochrane reviews are regularly updated as new evidence emerges and in response to feedback, and the Cochrane Database of Systematic Reviews should be consulted for the most recent version of the review.

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See commentary on pp. 359–362, this issue.

#### 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) 0.45–1.52) of drug use (one study; 77 participants; RR=0.65, 95% CI 0.20–2.12), but we found moderate-quality evidence that there was a significant reduction in reincarceration (three studies; 630 participants; RR=0.46, 95% CI 0.34–0.64). Pharmacological intervention using buprenorphine in comparison with a placebo did not significantly reduce self-reported drug use (one study; 36 participants; RR=0.58, 95% CI 0.25–1.35). 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 with treatment as usual showing an overall significant reduction in subsequent reincarceration, but not arrest rates or drug use. Pharmacological interventions in comparison with 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 owing 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 of pooling 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.

Perry A, Coulton S, Glanville J, et al (2006) Interventions for drug-using offenders in the courts, secure establishments and the community. *Cochrane Database of Systematic Reviews*, 3: CD005193 [doi: 10.1002/14651858.CD005193.pub2].

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