

Effects of Drug Substitution Programs on Re-offending

Campbell Collaboration Systematic Review Protocol

April 2008

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1. Cover Sheet

Title of the review

Effects of drug substitution programs on re-offending

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2. Background

For the last decades, drug addiction has become an increasingly worrying problem throughout the Western World. Drug-addicts have been disproportionately involved in criminal activities, making drug-addiction, beyond public health concerns, a formidable challenge to public order.

In Switzerland, for example, burglaries and robberies increased by several hundred percent during that period (Killias, 2001). International comparisons (Killias & Ribeaud, 1999) suggest that the extent of involvement in property crime among addicts of any kind of hard drugs is about 10 times higher than among non-users. Thus, the increasing crime trends between 1970 and 1995 may reasonably be seen as a side-effect of increasing drug use.

In response to this phenomenon, numerous programs have been set up to provide drug addicts with narcotics (e.g., heroin prescription programs) and substitution drugs.

The intended goals of such treatments have been:

- (1) to improve drug users' quality of life, reducing the risks of overdose or contagious diseases, controlling the quality of drugs available on local markets, preventing marginalization and improving social integration,
- (2) to diminish social costs of drug addiction,
- (3) to reduce drug-related offences and protect public order. It is assumed that drug addicts commit many predatory offences mainly to finance the purchase of drugs, and that criminality will decrease once drugs are supplied to addicts through official channels. The same effect should be observed if drug addicts are supplied with products (such as methadone) that suppress physical effects of withdrawal and, indirectly, the immediate need to consume drugs,
- (4) to reduce public order problems of all sorts. If addicts obtain drugs through official channels, they should spend less time in the search for drugs, which means that they have more time available for legitimate earnings and will less concentrate in places where addicts and dealers regularly gather (e.g., "needle" parks in Switzerland).

Many researches have studied the effects of drugs prescription programs on criminal behavior among participants. We shall review these programs and try to find out whether they have been effective in reducing criminality.

3. Objectives of the review

The review will aim at evaluating the effects of drug prescription and substitution programs on criminal behaviour among participants. To be included in this review, studies have to assess the effects of drug substitution on re-offending. If this review reveals significant effects of such programs on criminality, the results could have implications for crime and justice as well as for drug policies. For example, if the results of our meta-analysis support the conclusion that treatment using heroin reduces criminality, medical prescription of heroin should be recognized as an option in the treatment of severely addicted drug users with high criminal involvement.

4. Methods

4.1- Criteria for inclusion and exclusion of studies in the review

Randomized studies, quasi-experimental studies and before-after comparisons on the effects on re-offending of drug substitution programs will be included. Interventions can be court-ordered or unrelated to any involvement of the criminal justice system. Only interventions based on substitution programs (using e.g. methadone and/or opiates as substitution drugs) will be considered. Possible effects beyond re-offending will not be considered, in particular eventual medical outcomes. Studies published in any language after 1960 will be considered. A coding protocol has been prepared along the guidelines of the Campbell Collaboration (see attachment). Moreover, our review will comply with the current standards of meta-analysis (e.g. as specified in Practical Meta-Analysis by Lipsey & Wilson). Details relating to the techniques used will be determined once the exact number of studies meeting the eligibility criteria is known.

Types of studies

Studies meeting level 2 or higher on the scale developed by Sherman et al. (1997) will be considered.

This includes:

1. One-group, pre/post studies: studies comparing individual delinquency rates before, during and following treatment. To be eligible to our analyses, studies must include the prescription of a drug (e.g., methadone, heroin).
2. Multi-group comparison group studies, including both true experimental studies (randomized designs) and quasi-experimental designs: studies comparing delinquency

rates among subjects of an experimental group before, during and following treatment to those of a control group (with or without random assignment). As in the previous paragraph, studies are eligible only if the treatment group undergoes substitution therapy. As a control group, we will consider any group undergoing an alternative treatment or no treatment at all (including placebo control). For example, if the treatment group is being treated with heroin as a substitution drug, the control group may remain untreated or receive any other substance as a substitution drug (e.g., methadone), or undergo abstinence therapy with or without psychotherapy, detoxification, etc.

3. Macro level studies: studies assessing the impact of drug substitution at the macro (*i.e.* city, regional) level. In order to be eligible, such studies would need to measure the impact of the program on delinquency at the city/regional level, using police, court or survey data.

The three different types of studies will be analyzed separately.

All of the studies taken into account must assess the effects of drug substitution programs on re-offending.

The criteria of inclusion are deliberately broad because we are concerned about the number of studies that may be available in this field. If a reasonable number of studies (more than twenty) can be identified and located we shall consider restricting the review to studies meeting higher methodological standards. At the documentary stage, however, it seems safer to include as many studies as possible.

Types of programs

Type of interventions:

To be included in this review, studies must report effects of drug prescription and drug substitution programs on criminality among drug users. By drug substitution program we understand a program that includes the prescription of substances rather than a program based on drug abstinence. The prescription must imply substances considered as substitutes for illegal drugs, for example, methadone or buprenorphine as a substitute of heroin. This excludes the prescription of drugs such as tranquilizers or antibiotics, frequently prescribed to drug users. On the other hand, we have also considered the medical assisted prescription of heroin. This does not mean that heroin is a substitute of heroin, but that the uncontrolled consumption of heroin in the streets is replaced by the prescription of a controlled dosage of heroin, adapted to the user's needs.

Programs that do not include prescription of any substance will not be considered, such as programs based exclusively on, for example, psychotherapy, detoxification, etc. Only interventions based on substitution therapy (using e.g. methadone and/or opiates as substitution drugs) will be considered.

Kinds of drugs to be substituted by programs: All drugs that are illegal according to international agreements and local (national) laws, such as heroin, morphine, opium, cocaine, crack, ecstasy, amphetamine, LSD, ketamine, cannabis, fentanyl, inhalants etc.

Context of programs: Any program, no matter whether treatment is court-ordered or unrelated to any involvement of the criminal justice system. Programs involving incarcerated drug-addicts will not be considered since re-offending cannot be adequately tested as long as offenders remain in prison.

Types of outcome measures

The key variable will be re-offending as measured by reconviction data, police records and studies on self-reported delinquency. Drug possession and consumption, although an offence in most countries will not be considered as a measure of re-offending. To the extent studies address the effects at the macro level, any conventional outcome measures (statistics, crime victims surveys etc.) will be considered.

To assess improvement at the individual level, we shall look at prevalence rates (or percentage of people who re-offend) as well as incidence rates (or number of offences committed per person) during standardized pre- and post-intervention periods. Prevalence rates inform on *how many persons* are diverted from criminal activity by prescription of substitution products, whereas incidence rates allow assessing whether *less offences* are committed as a result of the program. It is important to make this distinction since a given program may reduce the number of offences without affecting the number of offenders.

Possible treatment effects beyond re-offending, such as medical outcomes or effects of such programs on drug markets, will not be considered.

Types of participants

Population: Drug-addicts (e.g. heroin addicts, cocaine addicts), adults and adolescents, males and females.

4.2- Search Strategy for identification of relevant studies

Relevant studies will be identified through abstracts, bibliographies and databases such as Campbell Crime and Justice Group (C2-SPECTR), National Criminal Justice Reference Service (NCJRS), Harms Reduction Journal, Journal of Substance Abuse Treatment, National Treatment Agency for Substance Misuse (NHS), National Treatment Outcome Research Study (NTORS), Drug and Alcohol Dependence, Drug and Alcohol Review, Drug and Therapeutics Bulletin from the BMJ group (DTB), International Journal of Drug Policy, Central Committee on the Treatment of Heroin Addicts (CCBA), Journal of Clinical Psychopharmacology, Criminal Justice Abstracts (CJA), *Déviante et Société*, JSTOR, Criminal Justice and Behavior (CJB), Criminologie, the Germany literature (www.heroinstudie.de/H-Report P2 engl.pdf) and the www.drugscope.org.uk.

The keywords that will guide the search for reference databases and bibliographies are the following: drug addiction; drug prescription; substitution programs; controlled trial; re-offending; heroin; methadone; opiates, treatment programs; drug abuse; drug addict, heroin prescription, property crime, cocaine abuse; dexamphetamine; cocaine substitution. In addition, the following combinations of keywords will be used: substitution program + re-offending; heroin + treatment programs; heroin + substitution program; heroin + methadone; opiates + treatment; opiates + substitution; heroin + property crime; substitution programs + property crime, cocaine abuse + dexamphetamine.

Further studies will be located through contacts with experts in countries where relevant studies might be located. A few years ago, the reviewers have been involved in the evaluation of the Swiss heroin trials and have, through that experience, become familiar with several international centres in charge of evaluations in this field.

Since the review will be restricted to studies on the effects of drug prescription and substitution on re-offending (excluding use of illegal drugs as a measure of re-offending), studies using urine or blood testing will not be considered.

The staff of the Institute for Criminology and Criminal Law being multi-lingual, studies published in any of the following languages can be included: English, French, German, Dutch, Italian, Spanish, Portuguese, Romanian, Polish, Ukrainian and Russian. Through international channels, such as the European Sourcebook Group (with its network of correspondents in more than 40 countries), the European Society of Criminology and the International Society of Criminology, contacts will be established with countries not routinely covered in international reviews of research.

Studies conducted or published after 1960 will be considered.

4.3- Description of methods used in the component studies

The methods used by the studies covered by this review can be the following ones: Randomized studies, quasi-experimental studies and before-after comparisons.

All studies included in this review will have a measure of the effects of drug substitution treatments on re-offending such as arrest, conviction, incarceration or self-reports.

The characteristics of a few already located studies (see par. 10, pp. 11-13) may serve to illustrate the criteria of eligibility.

4.4- Criteria for determination of independent findings.

There are three potential sources of non-independence of findings. We shall use the same criteria as in similar Campbell Review Protocols (*e.g.* Lipsey & Landenberger (2006); Wilson, Mitchel & Mackenzie (2007)).

The first potential source of nonindependence of findings is multiple indicators of re-offending reported from a single study (*e.g.* arrest, conviction). When more than one such outcome is reported, only one will be selected for the analysis. To maintain as much comparability as possible across studies, coders will select the outcome measure that is most frequently represented in other studies in the collection (Lipsey & Landenberger, 2006).

The second occurs when the same outcome is measured at multiple points in time, *e.g.*, 6-months, 12-months, 18-months and two years post-treatment. In those cases, the measure with the timing closest to that most commonly used across all the studies will be chosen to maximize comparability between studies (Lipsey & Landenberger, 2006).

Finally, the third source of nonindependent findings is the same data being reported across multiple documents. We will use author's names, court location and study time frames to identify multiple publications of the same evaluation. When such multiple publications are identified, the most complete and detailed manuscript will be designated as the primary coding source. Additional manuscript will be consulted to flush-out coding if necessary (Wilson, Mitchel & Mackenzie, 2007).

4.5- Details of study coding categories.

A coding protocol has been developed for this synthesis that provides for a systematic method of extracting information regarding each study's research design, program, nature of the outcome measure, and outcome data (see appendix- Coding Protocol).

4.6- Statistical procedures and conventions.

Our review will comply with the current standards of meta-analysis (*e.g.* as specified in *Practical Meta-Analysis* by Lipsey & Wilson).

The three types of studies mentioned above (pre/post studies, randomized controlled trials and quasiexperimental designs, and macro-level studies) will be synthesized and meta-analyzed separately.

The effects of drug prescription or substitution programs on the criminal behavior will be encoded using the odds-ratio. The odds-ratio is well suited to dichotomous outcomes, such as those commonly used in drug treatment. When the measure of re-offending is measured continuously, we will compute a standardized mean difference type effect size and transform it into an odds-ratio (see Lipsey & Wilson, 2001).

Effect size outliers ($>\pm 3.0$ standard deviations) will be winsorized to less extreme values (next highest not judged an outlier). Small proportions of missing data on variables other than effect sizes will be imputed based on the mean for the most similar studies. When larger amounts are missing, the variable will not be used in the analysis. In all cases, attempts will first be made to contact the original researchers to determine if they can supply the missing information.

4.7- Treatment of qualitative research.

At this time we have no plans to include qualitative research in this systematic review.

5. Timeframe

The review will be completed within one year after approval of this protocol, in line with the guidelines of the funding agency (Federal Office of Public Health).

6. Plans for Updating the Review

This review will be updated every five years to include new treatment studies published in any language. The primary authors will take the lead in this update.

7. Acknowledgments

We would like to thank the Swiss Federal Office of Public Health (SFOP) for the support given to this project.

8. Statement Concerning Conflicts of Interest

The reviewers have no personal, material, or academic interest whatsoever in the outcome of the review. Financial support by the Swiss Federal Office of Public Health does not affect the independence of the reviewers.

9. References

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Sanchez-Meca, J., Chacon-Moscoso, S., & Marin-Martinez, F. (2003). Effect size indices for dichotomized outcomes in meta-analysis. *Psychological Methods*, 8, 448-467.

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Wilson, D. B., Mitchel, O., & Mackenzie, D. L. (2007). Effects of drug courts on criminal offending and drug use: A Campbell Collaboration Systematic Review Protocol.
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10. Tables

Examples of included studies

Author	Killias & Rabasa (1996)
Title	Less crime in the cities through heroin prescription? Preliminary results from the evaluation of the Swiss heroin prescription projects.
Methods	Before-after comparison. Comparison of the delinquency rates before and after admission to the program of heroin prescription with attention to changes in prevalence but also in incidence offending. Several clear-cut reference periods have been used in order to assess as precisely as possible changes in delinquency rates. Participants- N=305 drug-addicts with a long career as a drug user (10 years on average); mean age =30 years;
Interventions	heroin prescription
Outcomes	Criminality activity (prevalence and incidence); Victimisations (prevalence and incidence)
Measures of criminality	Self-reported delinquency and self-reported victimization (every 6 months); police records on arrests; criminal records on convictions.
Author	David, B., Sidwell, C., Gossop, M., Harris, J., & Strang, J. (2001)
Title	Crime and expenditure amongst polydrug misusers seeking treatment: The connection between prescribed methadone and crack use, and criminal involvement
Methods	Before-after comparison. N=100 heroin addicts (68 males , 32 females)
Interventions	Methadone prescriptions
Outcomes	Patterns of Criminality activity and drug use
Measures of criminality	Structured interviews; criminal activity was assessed by self-report of activity in previous 30 days.

Author	Perneger TV., Giner F., Del Rio M. & Mino A. (1998)
Title	Randomised trial of heroin maintenance programme for addicts who fail in conventional drug treatments.
Methods	Randomised controlled trial (randomization of heroin prescription versus convention treatment). N=51 heroin addicts Control: N=24, mean age= 33 Experimental: N=27, mean age= 32
Interventions	Control group: methadone treatment/Experimental group: heroin treatment (injected by the participants themselves - mean daily dosages of intravenous heroin was 509mg/day in one to three injections) Duration: 6 months
Outcomes	Criminality activity; Consumption of street heroin; frequency of overdoses: risk behaviour for HIV; use of health services, health status, work status, living arrangements; quality of social relationships; monthly living and drug expenditures and sources of income.
Measures of criminality	offences recorded by the police force, comparison between before and after the beginning of the program

Examples of excluded studies

Author	Dobler-Mikola, A.; Hättenschwiler, J.; Meili, D.; Beck, T. & Modestin, J. (2005).
Title	Patterns of heroin, cocaine, and alcohol abuse during long-term methadone maintenance treatment.
Methods	Before-after comparison. Comparison of the frequency of heroin, cocaine, and alcohol abuse during the course of 2 years methadone treatment (on admission, after 6 months, after 12 months, after 18 months and after 24 months). Participants- N=103 heroin-addicts
Interventions	methadone maintenance treatment
Outcomes	Consumption of nonprescribed drugs (<i>e.g.</i> heroin, cocaine and alcohol) during the MMT (Methadone Maintenance Treatment).
Measures of criminality	Questionnaire used in the frame of the Swiss National Cohort Study on the prescription of narcotics for heroin-addicted individuals (data obtained on admission and at 6, 12, 18, and 24 months of treatment).
Excluded as the outcomes were not in the scope of the review and the effects of drug substitution on criminality activity weren't measured.	
Author	Mattick RP.; Breen, C.; Kimber, J. & Davoli, M. (2006).
Title	Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence (Cochrane Review).
Methods	Excluded for not being a study but a review of studies
Author	Ferri, M.; Davoli, M. & Perucci, CA.
Title	Heroin maintenance for chronic heroin dependents (Cochrane Review)

APPENDIX-CODING PROTOCOL

1. STUDY IDENTIFICATION

Identification number:	[StudyID] ____
Author:	[author] ____
Name of funding agent:	[fund] ____
Title:	[title] ____
¹Other publication about this study	[crosref1] ____
Other publication about this study	[crosref2] ____
Other publication about this study	[crosref3] ____
Publication year:	[pubyear] ____
Geographic location of study:	[location] ____
Publication type:	[pubtype] ____
1- Book	
2- Book chapter	
3- Federal report	
4- State or local report	
5- Journal	
Number of different groups compared in this report	[mods] ____
Is the same group used at different moments (before/after the program)? (yes=1; no=0)	[same] ____
Is a control group being compared with an experimental group? (yes=1; no=0)	[comp] ____
Is the assessment of the effects of treatment in criminality the main purpose of this study: (yes=1; no=0)	[purpose] ____

¹ If a single study is reported in multiple documents, the study identification number is the primary publication. Any further document will be listed under “*Other publication about this study*”.

Is the study limited to a certain type of drug addicts (yes=1; no=0) [typooff0] ____

The participants are:

- 1- Heroin addicts [drugadd]____
- 2- Others opiates addicts
- 3- Cocaine addicts
- 4- Crack addicts
- 5- Mixed group (both cocaine and heroin addicts)
- 6- Other addiction: (specify)

The participants are: [adult] ____

- 1- Exclusively adults
- 2- Exclusively juveniles
- 3- Mainly adults
- 4- Mainly juveniles
- 5- Mixed group

The participants are: [gen] ____

- 1- Exclusively males
- 2- Exclusively females
- 3- Mainly males
- 4- Mainly females
- 5- Mixed group

2. ELIGIBILITY CRITERIA

A- Content

To be eligible a study must meet the following criteria. Answer each question with a “yes” or “no”.

	YES	NO
The study evaluates a treatment that included prescription of any substance (for instance heroin, methadone, morphine, buprenorphine, etc.) as a substitute to illegal drugs.		
The study evaluates the effects of a program of drug prescription or drug substitution on criminality among drug users. - comparing individual delinquency rates before, during and following treatment, - comparing delinquency rates among subjects of an experimental group before, during and following treatment to those of a control group (with or without random assignment). - assessing the impact of drug substitution at the macro (<i>i.e.</i> city, regional) level.		
The study reports a measure of re-offending, such as arrest or conviction. The measure may be based on official records or self-report and may be reported on a dichotomous or continuous scale.		

Notes:

B- Assignment to groups:

Inclusion: only studies meeting criteria a, b, c, or d will be included

	YES
a. Randomised (SHERMAN 5)	
b. Quasi-randomised (SHERMAN 4)	
c. Matched groups (SHERMAN 4)	
d. Use of control variables to account for initial group differences which go beyond sexe, age, previous convictions/offenses and/or offense type (SHERMAN 4)	
e. Use of control variables limited to sex, age, previous convictions/offenses and/or offense type (SHERMAN 3)	

f. No use of control variables (SHERMAN 2)	
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3- PROGRAM DESCRIPTION:**A- What happens to the control group?****[contrgrp] ____**

- 1- No treatment
- 2- Waiting list control
- 3- Placebo-control
- 4- Non participants in program
- 5- Mental health treatment
- 6- Psychotherapy
- 7- Therapeutic community
- 8- Detoxification
- 9- Methadone treatment
- 10- Other _____
- 11- Cannot tell

B- What happens to the treatment group?**[treatgrp] ____**

- 1- Methadone maintenance
- 2- Heroin prescription
- 3- Morphine prescription
- 4- Buprenorphine prescription
- 5- Other _____

C- Kinds of drugs substituted by the program**[kdrugsub] ____**

- 1- Heroin
- 2- Morphine
- 3- Opium
- 4- Cocaine
- 5- Crack
- 6- Ecstasy
- 7- Amphetamine
- 8- LSD
- 9- Ketamine

10- Cannabis

11- Fentanyl

12- Inhalants

13- Other _____

4- METHODOLOGICAL RIGOR ASSESSMENT

A- Used control variables in statistical analysis to account for initial group differences (yes=1; no=0). [ctrvar] ____

B- Used subject level matching (yes=1; no=0) [matching] ____

C- Variables used to control/match on pre-test differences

YES

a. age at the beginning of the program	
b. gender	
c. marital status	
d. education, employment and/or economic status	
e. ethnic background or national origin	
f. criminal story:	
Age at first detention	
Prior records	
Type of offenses	
Number of drug related charges	
g. Addiction story:	
Age at first consumption	
Type of drugs	
Previous treatments	
h. other:	

D- Variables used for statistical control**YES**

a. age at the beginning of the program	
b. gender	
c. marital status	
d. education, employment and/or economic status	
e. ethnic background or national origin	
f. criminal story:	
Age at first detention	
Prior records	
Type of offenses	
Number of drug related charges	
g. Addiction story:	
Age at first consumption	
Type of drugs	
Previous treatments	
h. other:	

E- Rating of initial group similarity:**[simRate] ____****(7 highly similar; 1= highly dissimilar)**

7- Randomized design, large N or small N with matching;

5- Nonrandomized design with strong evidence of initial equivalence;

1- Nonrandomized design, comparison group highly likely to be different from the treatment group or known differences that are related to future re-offending

F- Attrition problems have been a problem: (yes=1; no=0)**[attrit] ____****G- Use of statistical significance test: (yes=1; no=0)****[SigTest] ____****5- SIZE AND COMPOSITION OF THE SAMPLE****A- Size**

Total N in treatment group

[size1] ____

Total *N* in control group [size2] ____
Ev. Additional treatment group [size1b] ____
Ev. Additional control group [size2b] ____

B- Composition

Information available (yes=1; no=0; partially=2) [Comp1] ____

Treatment Group:

- Age at the beginning of the program: (mean) [age] ____
- Gender: male (%) [gender] ____
- Marital status: married (%) [civil] ____
- Educational [educ] ____
- Employment status: unemployment (%) [empl] ____
- Economic status [econo] ____
- Race differentiated: (yes=1; no=0) [race0] ____
 - White: (%) [race1] ____
 - Black: (%) [race2] ____
 - Asian: (%) [race3] ____
 - Hispano: (%) [race4] ____
 - Others (specify): (%) [race5] ____
- National origin differentiated: (yes=1; no=0) [origin0] ____
 - Non immigrant [origin1] ____
 - Immigrant [origin2] ____
- Criminal history
 - Age at first detention/conviction: (mean) [age first] ____
 - Prior records: (%) [record1] ____
 - Number of prior records: (mean) [record2] ____
 - Type of offense: differentiated: (yes=1; no=0) [offense0] ____
 - Drug offenses: (%) [offense1] ____
 - Personnel offenses (sexual): (%) [offense2] ____
 - Personnel offenses (non sexual): (%) [offense3] ____
 - Personnel offenses (unspecified): (%) [offense4] ____
 - Property offenses : (%) [offense5] ____
 - Traffic offenses : (%) [offense6] ____

- Other (specify): (%)	[offense7] ____
- Non specified: (%)	[offense8] ____
Number of drug related charges: (mean)	[drugsen] ____
- Type of substance abuse: (yes=1; no=0)	
Cannabis	[drugab1] ____
Cocaine	[drugab2] ____
Crack	[drugab3] ____
Heroin	[drugab4] ____
Opium	[drugab5] ____
Morphine	[drugab6] ____
Methadone	[drugab7] ____
Amphetamines	[drugab8] ____
Other (specify):	[drugab9] ____
Mental Health: problem: (%)	[health] ____

Control Group:

- Age at the beginning of the program: (mean)	[age] ____
- Gender: male (%)	[gender] ____
- Marital status: married (%)	[civil] ____
- Educational	[educ] ____
- Employment status: unemployment (%)	[empl] ____
- Economic status	[econo] ____
- Race differentiated: (yes=1; no=0)	[race0] ____
White: (%)	[race1] ____
Black: (%)	[race2] ____
Asian: (%)	[race3] ____
Hispano: (%)	[race4] ____
Others (specify): (%)	[race5] ____
- National origin differentiated: (yes=1; no=0)	[origin0] ____
Non immigrant	[origin1] ____
Immigrant	[origin2] ____
- Criminal history	
Age at first detention/conviction: (mean)	[age first] ____
Prior records: (%)	[record1] ____

Number of prior records: (mean)	[record2] ____
Type of offense: differentiated: (yes=1; no=0)	[offense0] ____
- Drug offenses: (%)	[offense1] ____
- Personnel offenses (sexual): (%)	[offense2] ____
- Personnel offenses (non sexual): (%)	[offense3] ____
- Personnel offenses (unspecified): (%)	[offense4] ____
- Property offenses : (%)	[offense5] ____
- Traffic offenses: (%)	[offense6] ____
- Other (specify): (%)	[offense7] ____
- Non specified: (%)	[offense8] ____
Number of drug related charges: (mean)	[drugsen] ____
- Type of substance abuse: (yes=1; no=0)	
Cannabis	[drugab1] ____
Cocaine	[drugab2] ____
Crack	[drugab3] ____
Heroin	[drugab4] ____
Opium	[drugab5] ____
Morphine	[drugab6] ____
Methadone	[drugab7] ____
Amphetamines	[drugab8] ____
Other (specify):	[drugab9] ____
Mental Health: problem: (%)	[health] ____

Eventual additional treatment or comparison groups (2 and following). Add additional pages.

- Age at the beginning of the program: (mean)	[age] ____
- Gender: male (%)	[gender] ____
- Marital status: married (%)	[civil] ____
- Educational	[educ] ____
- Employment status: unemployment (%)	[empl] ____
- Economic status	[econo] ____
- Race differentiated: (yes=1; no=0)	[race0] ____
White: (%)	[race1] ____

Black: (%)	[race2] ____
Asian: (%)	[race3] ____
Hispano: (%)	[race4] ____
Others (specify): (%)	[race5] ____
- National origin differentiated: (yes=1; no=0)	[origin0] ____
Non immigrant	[origin1] ____
Immigrant	[origin2] ____
- Criminal history	
Age at first detention/conviction: (mean)	[age first] ____
Prior records: (%)	[record1] ____
Number of prior records: (mean)	[record2] ____
Type of offense: differentiated: (yes=1; no=0)	[offense0] ____
- Drug offenses: (%)	[offense1] ____
- Personnel offenses (sexual): (%)	[offense2] ____
- Personnel offenses (non sexual): (%)	[offense3] ____
- Personnel offenses (unspecified): (%)	[offense4] ____
- Property offenses : (%)	[offense5] ____
- Traffic offenses : (%)	[offense6] ____
- Other (specify): (%)	[offense7] ____
- Non specified: (%)	[offense8] ____
Number of drug related charges: (mean)	[drugsen] ____
- Type of substance abuse: (yes=1; no=0)	
Cannabis	[drugab1] ____
Cocaine	[drugab2] ____
Crack	[drugab3] ____
Heroin	[drugab4] ____
Opium	[drugab5] ____
Morphine	[drugab6] ____
Methadone	[drugab7] ____
Amphetamines	[drugab8] ____
Other (specify):	[drugab9] ____
Mental Health: problem: (%)	[health] ____

6- OUTCOME INFORMATION

A- Re-offending construct represented by this measure: (yes=1; no=0)

1. Arrest/charged by police [mea1] ____
2. Conviction [mea2] ____
3. Re-institutionalization/re-incarceration [mea3] ____
4. Self-reported delinquency [mea4] ____
5. Other indicator of criminal involvement [mea5] ____

B- Specify types of offenses included in re-offending measure: (yes=1; no=0)

1. all offenses [meaoff1] ____
2. drug offenses [meaoff2] ____
3. person offenses, sexual [meaoff3] ____
4. person offenses, non sexual [meaoff4] ____
5. person offenses, unspecified [meaoff5] ____
6. property offenses [meaoff6] ____
7. traffic offenses [meaoff7] ____
8. other (specify): [meaoff8] ____

C- Type of measurement scale: (yes=1; no=0)

1. dichotomy [scale1] ____
2. trichotomy [scale2] ____
3. 4 or more discrete ordinal categories [scale3] ____
- 4 . Continuous [scale4] ____
5. Survival measure [scale5] ____

D- Source of data: (yes=1; no=0)

1. Self report [source1] ____
2. Police official records [source2] ____
3. Courts official records [source3] ____
4. Convictions official records [source4] ____
5. Other (specify) [source5] ____
6. Cannot tell [source6] ____

E- Length of follow up period: (month):

- | | |
|--------------------------------------|----------------|
| 1. minimum | [length1] ____ |
| 2. maximum | [length2] ____ |
| 3. mean | [length3] ____ |
| 4. fixed (the same for all subjects) | [length4] ____ |

F- Is the measure of re-offending valid? [valid] ____
 (1=questionable; 2= acceptable)

7- EFFECT SIZE INFORMATION

A- Treatment group identifier [ES_gro1] ____

B- Control group identifier [ES_gro2] ____

C- Effect size identifier (number each effect size within a study sequentially) [Es_ident] ____

D- Effect size type: [ES_type] ____

- 1- Baseline (pre-test; prior to start of intervention)
- 2- Post-test (first measurement point, post intervention)
- 3- Follow-up (all subsequent measurement points, post intervention)

E- Criminal behaviour type:

- | | |
|---------------------------------|-----------------|
| 1. all offenses | [ES_offe1] ____ |
| 2. drug offenses | [ES_offe2] ____ |
| 3. person offenses, sexual | [ES_offe3] ____ |
| 4. person offenses, non sexual | [ES_offe4] ____ |
| 5. person offenses, unspecified | [ES_offe5] ____ |
| 6. property offenses | [ES_offe6] ____ |
| 7. traffic offenses | [ES_offe7] ____ |
| 8. other (specify): | |

F- Criminal behaviour indicator:

-
1. charge [ES_ind] ____
 2. arrest
 3. conviction
 4. incarceration
 5. all types of indicators together
 6. other: (specify):

G- Measurement type:

1. failure proportion [ES_meast1] ____
2. mean frequency [ES_meast2] ____
3. Survival frequencies [ES_meast3] ____

H- Time frame in months captured by measure

1. minimum [ES_len1] ____
2. maximum [ES_len2] ____
3. mean [ES_len3] ____
4. fixed (the same for all subjects) [ES_len4] ____

8- EFFECT SIZE DATA

A- Sample size

1. Treatment group [ES_sam1] ____
2. Control group [ES_sam2] ____

B- Means and standard deviation

1. Treatment group mean [ES_mean1] ____
2. Control group mean [ES_mean2] ____
3. Treatment group standard deviation [ES_stdev1] ____
4. Control group standard deviation [ES_stdev2] ____

C- Proportion

1. Proportion of treatment group that re-offended [ES_prop1] ____
2. Proportion of control group that re-offended [ES_prop2] ____

D- Survival

-
1. Mean survival time of the treatment group [ES_surv1] ____
 2. Mean survival time of the control group [ES_surv2] ____

E- Odds ratio (logistic regression) not being arrested/being arrested

1. Calculated for the treatment group [ES_odds1] ____
2. Calculated for the control group [ES_odds2] ____

F. Which group does the raw effect favour (ignoring statistical significance)?

1. Treatment group [ES_eff] ____
2. Control group
3. Neither (ES equals zero)
4. Cannot tell (ES cannot be used if this option is selected)

G- Is this difference reported as statistically significant?

0. no [ES_sig] ____
1. yes
8. not tested
9. Cannot tell

H- Type of statistical test

1. t-test [ES_test] ____
2. F-test
3. Chi square
4. Regression analysis, including logistic regression
5. Other
8. no-analysis NA
9. Cannot tell