



Research in the Works



Vol 14 Iss 13
Dec 2017

A Publication of the Systems and Psychosocial Advances Research Center
A Massachusetts Department of Mental Health Research Center of Excellence



The Impact of Health-Related Quality of Life on Retention in Drug Treatment Courts

The Opioid Crisis

With over 52,000 deaths a year, drug-related overdoses are the leading cause of accidental death in adults in the United States.¹ In 2016 there were 1,990 confirmed deaths from opioid overdoses in Massachusetts, which is a 19% increase from 2015.² The opioid epidemic has resulted in national efforts to develop and implement scientifically-based and practical solutions to help individuals at highest risk for substance use and overdose, specifically those involved with the criminal justice system.

Drug Treatment Courts & Dropouts

Research indicates that 50 to 70 percent of individuals involved with the criminal justice system meet criteria for substance use disorders and are at increased risk for overdose.³ In Massachusetts, former inmates who were recently released from prison were 56 times more likely to die of drug overdoses than community members who had not been recently incarcerated.⁴ Drug Treatment Courts (DTCs), specialty courts that mandate probationers to participate in substance use treatment, seek to aid this high risk population. DTCs are effective in reducing drug and alcohol use,⁵⁻⁸ but have early dropout (or failure to complete the program) rates as high as 75%.⁶ Predictably, individuals who do not complete the Drug Treatment Program are more likely to continue using substances, have more frequent relapses, and continue to engage in high risk behaviors.⁶ Accordingly, identifying individuals most likely to dropout and helping them to remain in treatment programs is critical to decreasing substance use in this population.

Role of Quality of Life in DTC Dropout

Past research has focused on DTC dropouts as a function of participant characteristics (e.g., age, criminal history) or treatment program features (e.g., frequency of DTC hearings).⁸ Our study, *The Impact of Health-Related Quality of Life on Retention in Drug Treatment Courts*, proposes to shift the focus to health-related Quality of Life (QOL)



and its impact on dropout. QOL examines self-perceived physical and mental health and its effect on daily functioning⁹ and has been shown to predict retention in various treatment models.¹⁰⁻¹² Federal agencies¹³ and researchers identify QOL as an important outcome of substance use treatment. Yet, QOL has never been examined in DTC participants.

We hypothesize that individuals who have worse QOL also have greater daily physical and emotional health difficulties, and thereby are less able to participate in DTCs, resulting in high rates of dropout. If we can use QOL to better identify individuals who are most likely to dropout of treatment, we can then develop interventions to improve individuals' overall functioning and QOL.

Aims

1. To evaluate the applicability and feasibility of QOL measures in Drug Treatment Courts populations.
2. To assess whether Drug Treatment Courts produce improvements in QOL and other psychosocial factors such as social support and self-efficacy about drug and alcohol abstinence.
3. To examine whether QOL can predict attrition from Drug Treatment Courts.

To this end, seven DTC participants will be asked to participate in a brief interview and complete self-report questionnaires at 3

time points: 1) within one month of enrollment into a DTC, 2) at 6 months, and 3) at 12 months. Data will be collected to learn about what impacts the participant's QOL scores and other psychosocial variables, as well as retention in DTCs.

Our ultimate goal is to improve retention in DTCs and substance use treatment. Findings from this study will produce pilot data to aid in the development of an intervention to improve QOL and presumably retention in DTCs.

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Funding & Time Frame:

National Institutes of Health, 2017–2020;

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