

Crime, Drugs and Alcohol

This section of the report summarises the findings of systematic reviews of the effects of interventions relevant to the prevention, treatment and control of crime, drug or alcohol abuse. It also includes summaries of systematic reviews of programmes relevant to improving the operations and management of the criminal justice system including services for victims of crime.

CRIME: Services for crime victims

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Holmes WC, Slap GB. Sexual abuse of boys: definition, prevalence, correlates, sequelae, and management. JAMA 1998;280(21):1855-62.	Publications were included in the review if they appeared in peer-reviewed journals 1985-1997; had clear research designs; reported results for at least 20 male subjects; and were not reviews, perspectives, theoretical treatises, editorials, or letters.	Evaluation of management strategies was limited. Sexual abuse of boys appears to be undertreated.
Comer EW, Fraser MW. Evaluation of six family-support programs: are they effective? Families in Society 1998;79(2):134-48.	Rigorous program evaluations for six family support programs	Program families demonstrated enhanced child, parent, and family functioning, as well as gains in both immediate and long-term effects on housing and income
Sherman JJ. Effects of psychotherapeutic treatments for PTSD: a meta-analysis of controlled clinical trials. Journal of Traumatic Stress 1998;11(3):413-35.	Sample included controlled, clinical trials of psychotherapeutic treatments for posttraumatic stress disorder (PTSD).	The impact of psychotherapy on PTSD and psychiatric symptomatology was significant when measured immediately after treatments were administered. Similarly, there was no delay in the effect of treatment at follow-up. Moreover, for target symptoms of PTSD and general psychological symptoms (intrusion, avoidance, hyperarousal, anxiety, and depression), effect sizes were non-trivial and statistically significant.
Reeker J, Ensing D, Elliott R. A meta-analytic investigation of group treatment outcomes for sexually abused children. Child Abuse and Neglect 1997;21(7):669-80.	Data were gathered from 15 studies that investigated the effectiveness of group treatment for sexually abused youths, based results on empirical measures, and provided sufficient statistical information to calculate effect sizes.	The mean effect size across studies was 0.79. Effect-size comparisons based on response perspective and outcome variable groupings yielded no significant differences. Results support the conclusion that effective group treatments for sexually abused children and adolescents do exist.
Reddy LA, Pfeiffer SI. Effectiveness of treatment foster care with children and adolescents: a review of outcome studies. Journal of the American Academy of Child and Adolescent Psychiatry.	40 outcome studies published between 1974 and 1996	The analysis indicated that treatment foster care produced large positive effects on increasing placement permanency and children's social skills. Medium positive effects were found in reducing behaviour problems, improving psychological adjustment, and reducing the "restrictiveness" of post-discharge placement.

CRIME: Services for crime victims

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
1997;36(5):581-8. Finkelhor D, Berliner L. Research on the treatment of sexually abused children: a review and recommendations. <i>Child and Adolescent Psychiatry</i> 1995;34(11): 1408-23.	29 studies that used quantitative outcome measures to evaluate the effectiveness of various therapeutic alternatives for sexually abused children.	The studies document improvements in sexually abused children consistent with the belief that therapy facilitates recovery; however, only five of the studies provide evidence that the recovery is not simply due to the passage of time or some factor outside therapy. The studies suggest that certain problems, such as aggressiveness and sexualized behavior, are particularly resistant to change and that some children do not improve.
Weaver TL, Clum GA. Psychological distress associated with interpersonal violence: a meta-analysis. <i>Clinical Psychology Review</i> 1995;15(2):115-40.	The present meta-analytic review examined the relationship between interpersonal violence and psychological distress, utilizing 50 published or prepublication empirical studies. Studies were included in the review if they quantified psychological distress following childhood sexual or physical abuse, rape, criminal assault, or partner (domestic) physical abuse or rape.	The overall effect size, though heterogeneous, was clinically and practically significant, demonstrating empirically that interpersonal violence has deleterious effects on psychological functioning. Within victimized groups, specific objective and subjective stressor-related factors were examined for the magnitude of their effect on resulting psychological distress. Subjective factors, such as general appraisal, self-blame, and perceived life threat, contributed twice as much to the magnitude of psychological distress as did objective factors, such as physical injury, force, and use of a weapon. Generally, psychological distress in the domains of intra- and interpersonal functioning emerged as theoretically and clinically important avenues for further research.
Chard KM. A meta-analysis of posttraumatic stress disorder treatment outcome studies of sexually victimized women [dissertation]. Indiana University . <i>Dissertation Abstracts International</i> 1995;55/10-B:4589.	The purpose of this study was to examine the available treatment outcome studies on female rape, abuse, and/or battery survivors diagnosed with PTSD using systematic review procedures outlined by Rosenthal. Only studies on group and individual treatment interventions with comparison/control groups or pre-posttest measures were selected for the analysis.	The systematic review of effects (N = 467) from 14 studies showed an average effect size of just under one and a half standard deviations (Cohen $d = 1.457$) on multiple measures. Cognitive and psychodynamic interventions were found to have greater impact than supportive or cognitive-behavioral interventions. While all included treatments were effective, cognitive therapy offered in sequential individual sessions was the statistically superior intervention model. These objective and replicable conclusions should provide direction to psychological practitioners as to the most empirically effective intervention for the treatment of PTSD in sexually victimized women.
Oates RK, Bross DC. What we have learned about treating child physical abuse? A literature review of the last decade. <i>Child Abuse and Neglect</i> 1995;19(4):463-73.	Articles were included in the review if they had more than five subjects in the sample; had at least 15 percent of the children in the sample having been physically abused; and used a pretest and posttest measure, a comparison group, or randomization between different treatment in the design. Results show that 12 papers meeting these criteria for abusive parents and 13 for treatment of abused children were found, 1983-1992.	Although most programs showed some improvement with treatment, many had no, or very short, follow-up to determine if improvement was sustained.
Beaulieu KM. Meta-analysis of	The purpose of this study was to conduct a	Results of the study show that group psychotherapy is an effective treatment

CRIME: Services for crime victims

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
psychotherapeutic treatments with adult survivors of incest [dissertation]. University of Northern Colorado, Psy.D. dissertation; Dissertation Abstracts International 1994;55/05-B: 2001.	systematic review of articles pertaining to the psychotherapeutic treatment results of working with adult incest survivors. Over 400 articles pertaining to incest were initially identified through extensive electronic literature searches. Of those articles, only ten met the criteria of listing quantified information pertaining to the results of psychotherapeutic treatment of adult incest survivors. Of those ten, only three contained statistical data that specifically pertained to documented changes in incest survivors as a result of psychotherapeutic treatment, and only two contained sufficient data to compute effect size.	condition for adult survivors of incest. Also, based upon the data in the selected studies, the women who sought treatment after being incested as children: were in their early thirties; had sought some type of previous psychotherapeutic treatment; had been incested by their biological fathers to a greater percent and had been incested at a younger age and for a longer period of time than previous indicated. Recommendations for future research are: (1) More data needs to be collected pertaining to the results of working with incest survivors. This data needs to be collected for both individual and group psychotherapy. Data needs to be collected regarding working with male incest survivors. The data needs to differentiate between types of abuse, i.e., incest and rape. For groups, it needs to be determined what are the optimum number of sessions. (2) It should be examined whether or not it is beneficial to the incest survivors to attend individual psychotherapy simultaneously with group psychotherapy. (3) It needs to be determined which psychotherapies are most effective for treating incest survivors. (4) The diagnosis of Post Traumatic Stress Disorder may be inappropriate for some incest survivors. Because of the importance of a diagnosis in treatment planning, this area also needs investigation. (5) An investigation needs to be conducted concerning the effectiveness of including family members in the treatment procedure.
Wolfe DA, Wekerle C. Treatment strategies for child physical abuse and neglect: a critical progress report. <i>Clinical Psychology Review</i> 1993;13:473-500.	Twenty-one studies reporting on treatment outcomes with abusive and-or neglectful parents and their children.	Findings support the significance of parent-focused interventions that include well-specified training components aimed at improving child-rearing competence and stress management. In addition, therapeutic programs for child victims show value in regaining some of the developmental milestones and peer competencies often lagging in maltreated children.
O'Donohue WT, Elliott AN. Treatment of the sexually abused child: a review. <i>Journal of Clinical Child Psychology</i> 1992;21(3):218-28.	Eleven treatment outcome studies of sexually abused children were located through various methods.	No study has demonstrated definitively the efficacy of any treatment method.
Coln, Harris A, Daro D. Is treatment too late: what ten years of evaluative research tell us. <i>Child Abuse and Neglect: The International Journal</i> 1987;11(3):433-42.	Evaluations of 89 federally funded demonstration programs for child abuse and neglect treatment (involving 3,253 families) in the United States were studied.	Treatment programs for abusers and their victims do not seem to be effective.

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
<p>Dinh-Zarr T, DiGuiseppi C, Heitman E, Roberts I. Interventions for preventing injuries in problem drinkers [Cochrane Review]. In: The Cochrane Library, Issue 1, 2000.Oxford: Update Software.</p>	<p>Twelve computerized databases: MEDLINE (1966-8/96), EMBASE (1982-1/97), Cochrane Controlled Trials Register (1997, issue #1), PSYCHINFO (1967-1/97), CINAHL (1982-10/96), ERIC (1966-12/96), Dissertation Abstracts International (1861-11/96), IBSS (1961-1/97), ISTP (1982-1/97) and three specialized transportation databases, using terms for problem drinking combined with terms for controlled trials; bibliographies of relevant trials; and contact with authors and government agencies. Selection criteria: Data Selection.- Randomized controlled trials of interventions among participants with problem drinking, which are intended to reduce alcohol consumption or to prevent injuries or their antecedents, and which measured injury-related outcomes. Of 7014 studies identified, 19 (0.3%) met the inclusion criteria. Data collection and analysis: Data Extraction.- Two authors extracted data on participants, interventions, follow-up, allocation concealment, and outcomes, and independently rated allocation concealment quality.</p>	<p>In completed trials, interventions for problem drinking were associated with reduced suicide attempts, domestic violence, falls, drinking-related injuries, and injury hospitalizations and deaths, with reductions ranging from 27-65%. Several interventions among convicted drunk drivers reduced motor vehicle crashes and injuries. Because few trials were sufficiently large to assess effects on injuries, individual effect estimates were imprecise. We did not combine the results quantitatively because the interventions, patient populations, and outcomes were so diverse. Reviewers' conclusions: Conclusion.- Interventions for problem drinking may reduce injuries and their antecedents. Because injuries account for much of the morbidity and mortality from problem drinking, further studies are warranted to evaluate the effect of treating problem drinking on injuries.</p>
<p>Mentore JL. The Effectiveness of Early Intervention with Young Children 'At Risk': A Decade in Review. Ph.D. Dissertation, Fordham University, DAI-B 60/07, p. 3573, Jan 2000.</p>	<p>The goal of this systematic review was to synthesize research on the effectiveness of early intervention programs with children at-risk and to examine the contributions of specific mediating variables to these programs. Overall, 86 studies from 1986 through 1998 were examined. A total of 319 effect sizes were yielded from the total sample, and 185 effect sizes were yielded from the sample of high quality studies.</p>	<p>The primary analysis assessed the overall efficacy of early intervention for at-risk children. This analysis indicated that early intervention programs are efficacious for at-risk children and did not reveal any significant differences between specific types of early intervention programs (i.e., educational, psychological, medical, and mixed). The secondary analysis explored specific program variables that have contributed to efficacy. This analysis indicated that efficacious programs were those that were structured and utilized trained intervenors. This analysis also showed that early intervention programs were more effective for low birthweight/premature children than economically/socially disadvantaged children. There were several variables that did not contribute to early intervention efficacy. Less intense programs were found to be as effective as more intense programs. Similarly, there was no evidence to suggest that early intervention programs with a longer duration were more effective. The location of the early intervention</p>

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
<p>Lart R, Payne S, Beaumont B, MacDonald G, Mistry T. Women and secure psychiatric services: a literature review. CRD Report 1999;14:1-102</p>	<p>To examine the evidence for effectiveness and efficiency of different service delivery models. Type of intervention. Management. Specific interventions included in the review interventions/regimes in services for women assessed as needing psychiatric care in conditions of security. Participants included in the review. Women admitted for secure psychiatric care. Outcomes assessed in the review. A "subjective rating" (as defined by the authors of the study concerned) of progress, based on subsequent psychiatric condition, behaviour in and out of hospital or prison, work record, further court appearances and hospital re-admissions. Study designs of evaluations included in the review. Initially, all studies which provided information on short, medium or long-term outcomes of interventions regimes in services for women assessed as needing psychiatric care in conditions of security were included. The authors then intended to apply stricter criteria, but no papers met this second set of criteria. Length of follow up was not reported, even though data extraction forms suggest this information was collected. What sources were searched to identify primary</p>	<p>program, degree of parental involvement, and time period of study also did not impact efficacy. There was inconclusive evidence regarding whether there was a specific age when early intervention programs were most effective. The third level of analysis was conducted separately from the systematic review. This analysis assessed whether early intervention studies utilized non-traditional (e.g., adaptive behavior, attachment) outcome measures over time. This analysis revealed that within the past decade, non-traditional measures have been used as frequently as traditional measures. In sum, these findings provide more definitive conclusions on the positive impact of early intervention programs for this newer at-risk population, and there are several mediating variables impacting efficacy. This study also revealed that early intervention studies have kept abreast of the research demands of this field by the utilization of non-traditional outcome measures.</p> <p>Results of the review. Of the 33 women included, 32 women were followed up (one escaped). Of these, 18 were given a rating of "poor" outcome, and 14 one of "good" outcome. The group of woman admitted from other psychiatric hospitals, particularly those admitted following violence in hospital, tended to have poorer outcomes than those admitted from the courts. Outcome was not related to length of stay. Was any cost information reported? No. Author's conclusions. Only one study was identified examining the effectiveness of psychiatric care. This study found a poorer outcome amongst women admitted from psychiatric hospital compared with women admitted from courts. CRD commentary. This abstract focuses only on the "effectiveness of psychiatric care" section of a larger review entitled "Women and secure psychiatric services: a literature review". This section addresses a well defined research question. The literature search was very thorough, but only one study was found. Appropriate inclusion and exclusion criteria are reported. The study was summarised appropriately. Some details of the individual study were included, although it would have been useful to include information about the age of participants and the length of follow up. The validity of the included study was not assessed. The authors present a thorough review, but the conclusions that can be drawn from it are limited, due to the fact that only one relevant study was found. The design of the included study was not clearly described. The characteristics of women admitted from psychiatric hospitals were likely to be different from those from courts. Thus the study result should not be used to evaluate the relative effect of different service delivery models. What are the implications of the review? The authors stress that there is a key gap in the knowledge about the effects of different service models. They suggest</p>

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
	<p>studies? The following databases were searched: MEDLINE (1972 to June 1997), EMBASE (1980 to 1997), PsycLIT (1972 to June 1997), Sociofile (1974 to June 1997), Cochrane Library(1997 issue 3), SIGLE (Blaiseline On-line), Mental Health Abstracts (DIALOG On-line). The search terms were provided. Calls for information were sent to government departments, professional organisations, relevant agencies and key researchers and authors. Criteria on which the validity (or quality) of studies was assessed. Not stated. How were decisions on the relevance of primary studies made? Judgements about inclusion were made by two independent reviewers. Disagreements were to be resolved by discussion between assessors, and reference where necessary to a third member of the team -however, this did not prove necessary. How were judgements of validity (or quality) made? Not stated. How was the data extracted from primary studies? The number of authors who extracted data from the primary studies was not stated. Data were retrieved from case records of hospitals and prisons and then extracted onto previously designed data extraction forms. Number of studies included in the review One cohort study, comprising 33 participants. How were the studies combined? Not applicable, as only one relevant study was found. How were differences between studies investigated? Not applicable, as only one relevant study was found.</p>	<p>the opportunity for developing and monitoring different service models should be taken and comparative evaluation studies carried out. The authors note that Dolan and Coid (1993; see Other Publications of Related Interest) found no outcome studies of treatment regimes provided in secure conditions which provided separate data on woman. Dolan and Coid (1993) suggest "there is a need for new research strategies which take a naturalistic approach by following large cohorts of patients through a number of statutory and voluntary treatment, with differing levels of security, within health, social and penal services". The authors state that although they are referring to specific diagnostic groups, this suggestion is a reasonable one to apply more generally to women who experience the secure psychiatric services.</p>
<p>Elvik R. The effects on accidents of studded tires and laws banning their use: a meta-analysis of evaluation studies. Accident Analysis and Prevention 1999;31(1-2):125-134.</p>	<p>Two types of studies are reviewed: (1) studies of the effect on accidents of studded tires; (2) studies of the effect on accidents of laws banning the use of studded tires.</p>	<p>Varies considerably, but recent studies employing multivariate statistical techniques have found 2-5% reductions in accidents.</p>

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Von Hirsch A, Bottoms AE, Burney E et al. Criminal deterrence and sentence severity: an analysis of recent research Oxford, UK: Hart. 1999.	A review examines recent research addressing the potential impact on general deterrence of increasing sentence severity, particularly the use and length of custodial sentences. The review also considers the marginal deterrent impact of altering the certainty of punishment (apprehension and/or conviction) for a particular crime.	The research clearly suggests that punishment has deterrent effects: when potential offenders recognize the substantial risks of punishment, many desist from offending. Research on marginal deterrence - how much extra deterrence is achieved by get-tough policies of increased severity or certainty – is less clear, with a notable distinction between certainty and severity impacts. While increasing punishment certainty influences deterrence, evidence on enhancing sentence severity is not as convincing, and fails to distinguish how much additional punishment would be necessary. Deterrence policy should be gauged in relation to: its costs; the likelihood of substantial deterrence effects and counterproductive impacts; tensions with concerns for proportionality; and possible alternative crime prevention strategies.
Grossman DC, Garcia CC. Effectiveness of health promotion programs to increase motor vehicle occupant restraint use among young children. American Journal of Preventive Medicine 1999;16(1): 12-22.	To review the effectiveness of nonlegislative community and clinical programs to increase the rate of child motor vehicle occupant restraint use among children under the age of 5 years. METHOD: This was a systematic review of the world's published literature. The Cochrane Collaboration protocol was used to conduct the literature search. The following databases were searched for literature on this topic: MEDLINE, EMBASE, NTIS, PsychINFO, ERIC, Nursing and Allied Health, Transportation Research and Information Service, and EI Compendex. The bibliographies of relevant publications were used to search for additional references. SELECTION CRITERIA: Studies were included if they evaluated a clinical or community-based intervention designed to increase the use child restraint devices among motor vehicle passengers under the age of 5 years. Studies of the effects of legislation or law enforcement programs were excluded. All study design types, including randomized controlled trials, controlled trials, and controlled or uncontrolled pre/post evaluations were included. Studies were excluded if there was either no control group or no baseline data	A total of 18 studies met inclusion criteria for in-depth review. Pooling of results was not possible because of the large differences between studies with regard to study design, settings, target groups, intervention methods, and units of analysis. There were a total of three randomized controlled trials, four controlled trials without random individual or group assignment, three controlled pre-post evaluations, and eight uncontrolled pre/post studies. Among preschool programs, short-term absolute percentage point gains in seat belt use rates ranged from 12% to 52% but only from 8% to 14% one month or more after the intervention. Among community-based media campaigns, long-term child restraint use increased by an absolute margin of 5% to 14%. Of the eleven peripartum counseling programs, long-term follow-up revealed gains of 6% to 27% with most between 10% to 15%. Many studies had serious design flaws that could overestimate the magnitude of the effect. CONCLUSIONS: Programs to increase the rate of child restraint use among child occupants of motor vehicles appear to have overall moderate short-term effectiveness. The magnitude of the positive program effects one or more months after the intervention appear to diminish substantially. There is a strong need for high quality randomized controlled trials to determine the long-term effectiveness of child restraint promotion programs.

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
	with which to compare outcome data. Studies were also excluded if they did not use observed restraint use as at least one of the outcome measures. DATA COLLECTION: Each study was reviewed in depth with special attention to the strength of study design. Outcomes were assessed in terms of the absolute difference in observed restraint use within and/or between groups across study intervals.	
Phillips C. A review of CCTV evaluations: crime reduction effects and attitudes towards its use. In Kate Painter and Nick Tilley (eds.) <i>Surveillance of Public Space: CCTV, Street Lighting and Crime Prevention</i> . Monsey, NY: Criminal Justice Press 1999:123-56.	A review analyzes studies that have evaluated the effectiveness of closed-circuit television (CCTV) in reducing crime, disorder and fear of crime in a variety of sites	CCTV can be effective in deterring property crime, but the findings are more mixed in relation to personal crime, public order offenses, and fear of crime.
Segui-Gomez M. Evaluating interventions that promote the use of rear seats for children. <i>American Journal of Preventive Medicine</i> 1999;16(1):23-9.	Cochrane review, examined 4 studies that tested effects of law banning front seat use for children (along with two studies that looked at mass media campaign).	Laws prohibiting children to sit in front seats produces a non-significant increase in children riding in back seats.
Murphy-Brennan MG, Oei TP. Is there evidence to show that fetal alcohol syndrome can be prevented? <i>Journal of Drug Education</i> 1999;29(1):5-24.	Review effectiveness of prevention programs in lowering incidence of FAS.	Programs are successful in raising awareness, but no in behavioral change in "high risk" groups.
Wekerle C, Wolfe DA. Dating violence in mid-adolescence: Theory, significance, and emerging prevention initiatives. <i>Clinical Psychology Review</i> 1999;19:435-56.	Review of 6 relationship violence prevention programs designed for and delivered to youth.	Programs addressed specific skills and knowledge that oppose the use of violent and abusive behavior toward intimate partners; 1 program addressed interpersonal violence more generally, and was also included in this review because of its implications for dating violence initiatives. Positive changes were found across studies in violence-related attitudes and knowledge; also, positive gains were noted in self-reported perpetration of dating violence, with less consistent evidence in self-reported victimization. However, these findings should be considered preliminary due to limited follow-up and generalizability.

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Pease K. A review of street lighting evaluations: crime reduction effects. In Kate Painter and Nick Tilley (eds.) Surveillance of Public Space: CCTV, Street Lighting and Crime Prevention. Crime Prevention Studies, Monsey, NY: Criminal Justice Press. 1999;10:47-76.	A review analyzes the literature on the effectiveness of street lighting improvements in preventing crime.	The following conclusions are supported: (1) Precisely targeted increases in street lighting generally have crime reduction effects. (2) More general increases in street lighting seem to have crime prevention effects, but this outcome is not universal. Older and U.S. research yield fewer positive results than more recent U.K. research. (3) Even untargeted increases in crime prevention generally make residents less fearful of crime or more confident of their own safety at night. (4) In the most recent and sophisticated studies, street lighting improvements have been associated with crime reductions in the daytime as well as during the hours of darkness. (5)The debate about lighting effects has served to preclude a more refined analysis of the means by and circumstances in which lighting might reduce crime.
Poikolainen K. Effectiveness of brief interventions to reduce alcohol intake in primary health care populations: a meta-analysis. Preventive Medicine 1999;28(5):503-9.	Earlier meta-analyses have not made a distinction between very brief (5- to 20-min) interventions and extended (several visits) brief interventions. METHODS: Literature searches identified seven publications, comprising 14 data sets, meeting the inclusion criteria: sampling from primary care populations, random allocation to intervention and to control groups, and follow-up time 6-12 months.	For very brief interventions, the change in alcohol consumption was not significant among men nor among women. For extended brief interventions, the pooled effect estimate of change in alcohol intake was -51 g of alcohol per week (95% confidence interval -74, -29) among women. Among men the estimate was of similar magnitude, but significant lack of statistical homogeneity implied that the summary estimate was not meaningful. Significant statistical heterogeneity was observed when data on very brief interventions among men and women were pooled. That was the case also for gamma-glutamyltransferase activity. CONCLUSIONS: Extended brief interventions were effective among women. Other brief interventions seem to be effective sometimes, but not always, and the average effect cannot be reliably estimated. The reasons for the lack of uniform effectiveness should be explored.
Tobler NS, Lessard T, Marshall D, Ochshorn P, Roona M. Effectiveness of school-based drug prevention programs for marijuana use. School Psychology International 1999;20:105-137.	37 evaluations of universal drug use prevention programs (e.g., D. Ary et al, 1989) implemented in American schools between grades 6-12 were quantitatively synthesized by coding program characteristics and calculating weighted effect sizes (WES) for marijuana use. Programs, a subset of those reported in the systematic review by N. Tobler and H. Stratton (1997), were divided into 2 types, Interactive and Non-Interactive, based on a combination of content and delivery method. To determine the characteristics of programs that most effectively reduce, delay or prevent marijuana use, a weighted least squares multiple	Program type and sample size were found to be significant predictors of program effectiveness. Non-Interactive lecture-oriented prevention programs that stressed knowledge about drugs or affective development of students showed minimal reductions in marijuana use. Interactive programs that fostered the development of social competencies showed greater reductions in marijuana use. The primary finding for prevention program planners is that interactive cultivation of social skills reduces marijuana use.

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
	regression analysis was performed using the WES of marijuana use as the dependent variable, type of program as the predictor and sample size as an additional covariate.	
Posavac EJ, Kattapong KR, Dew DE. Peer-based interventions to influence health-related behaviors and attitudes: a meta-analysis. <i>Psychological Reports</i> 1999;85: 1179-94.	The effects of 47 peer-based health education programs described in 36 published studies were examined.	The overall effect size was small: the mean <i>d</i> was .190 when controls received no program and .020 when controls received an alternative program. Programs were divided into those focusing on preventing or reducing smoking and programs on other health issues; the latter were further divided into primary prevention and secondary prevention programs. Differences among studies suggested several biases likely to have influenced the effect sizes. Preventive interventions that produce only small effects can be valuable because many participants would not have developed the problem even without the program. This review suggested that, when health education programs are studied, (a) detailed statistical information should be provided to facilitate using the research findings in meta-analyses and (b) the costs of innovative programs should be presented to judge whether the results are worth the cost.
Cohen JH, Larkin GL. Effectiveness of ignition interlock devices in reducing drunk driving recidivism. <i>American Journal of Preventive Medicine</i> 1999;16:81-7.	Cochrane review was conducted. Ten studies met selection criteria; six studies left in final analysis.	Five of the six studies found that ignition interlock devices were effective in reducing drunk driving – while the interlock was installed in the car. Reductions on the order of 15-69%.
Cross JE, Saunders CM, Bartelli D. The effectiveness of educational and needle exchange programs: a meta-analysis of HIV prevention strategies for injecting drug users. <i>Quality and Quantity</i> 1998;32:165-180.	A systematic review of educational interventions and needle exchange programs (total N = 26 studies, published 1984-1995) was performed to estimate the effectiveness of reducing human immunodeficiency virus (HIV) risk behaviors in the injecting drug user population. Information on intervention, outcome, design and demographics was coded and analyzed.	The weighted mean effect size for the 6,251 study subjects of the 16 educational interventions was 0.749 (95% CI, 0.708 to 0.790), and the weighted mean effect size for the 1,675 study subjects of the 10 needle exchange programs was 0.279 (95% CI, 0.207 to 0.352), suggesting that both interventions had a positive impact on reducing HIV risk behaviors associated with injecting drug use. However, results were dependent on research design, outcome type, and follow-up time.
Durlak JA, Wells AM. Evaluation of indicated preventive intervention (secondary prevention) mental health programs for children and adolescents. <i>American Journal of Community Psychology</i> 1998;26 (5):775-802.	Evaluated the outcomes of 130 indicated preventive interventions (secondary prevention) mental health programs for children and adolescents that seek to identify early signs of maladjustment and to intervene before full-blown disorders develop.	Results indicate such programs significantly reduce problems and significantly increase competencies. In particular behavioral and cognitive-behavior programs for children with subclinical disorders (mean ESs in the 0.50s) appear as effective as psychotherapy for children with established problems and more effective than attempts to prevent adolescent smoking, alcohol use, and delinquency. In practical terms the average participant receiving behavioral or cognitive-behavior intervention surpasses the

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
		performance of approximately 70% of those in a control group. Of particular interest was the high mean effect (0.72) achieved by programs targeting incipient externalizing problems which are customarily the least amenable to change via traditional psychotherapeutic efforts when they reach clinical levels. priorities for future research include greater specification of intervention procedures, assessment of treatment implementation, more follow-up studies, and identifying how different participants respond to early intervention.
Zoritch B, Roberts I, Oakley A. The health and welfare effects of day-care: a systematic review of randomised controlled trials. <i>Social Science and Medicine</i> 1998;47(3): 317-27.	Randomized controlled trials of day care for preschool children were identified using electronic databases, hand searches of relevant literature, and contacts with authors, yielding eight usable trials, all from the US.	Results generally showed that day care promotes children's intelligence, development, and school achievement. Long-term follow-up demonstrates increased employment, lower teenage pregnancy rates, higher socioeconomic status, and decreased criminal behavior. There are positive effects on mothers' education, employment, and interaction with children; effects on fathers have not been examined. However, the trials had significant methodological weaknesses, pointing to the importance of improving on study design in this field. There is a need for well-designed research on day care to provide an evidence base for social policy in GB and elsewhere.
Coben JH, Larkin GL. Effectiveness of ignition interlock devices in reducing drunk driving recidivism. <i>American Journal of Preventive Medicine</i> 1998;16(1S):81-7.	A review analyzes 6 methodologically-screened studies of the impact of ignition interlock devices on driving while intoxicated (DWI) recidivism.	Five of the 6 studies found interlocks to be effective in reducing DWI recidivism while the interlock was installed in the car. In these 5 studies, participants in the interlock programs were 15%-69% less likely than controls to be re-arrested for DWI. The only randomized, controlled trial demonstrated a 65% reduction in rearrests for DWI in the interlock group. Future studies should attempt to control for exposure (i.e., number of miles driven) and determine if certain subgroups are most benefited by interlock programs.
Roth J, Brooks-Gunn J, Murray L, Foster W. Promoting healthy adolescents: Synthesis of youth development program evaluations. <i>Journal of Research on Adolescence</i> 1998;8:423-59.	Evaluates the usefulness of the youth development framework based on 15 program evaluations.	First, programs incorporating more elements of the youth development framework seem to show more positive outcomes. Second, the evaluations support the importance of a caring adult-adolescent relationship, although these relationships need not be limited to 1-on-1 mentoring. Third, longer term programs that engage youth throughout adolescence appear to be the most effective.
White D, Pitts M. Educating young people about drugs: a systematic review. <i>Addiction</i> 1998;(10):1475-87.	To assess the effectiveness of interventions directed at the prevention or reduction of use of illicit substances by young people, ages 8-25, a systematic review was conducted of methodologically well-designed studies that reported evaluations of such interventions.	Findings indicate that effort needs to be directed toward development of improved evaluative solutions to the problems posed by these target groups. There is still insufficient evidence to assess the effectiveness of the range of approaches to drug education; more methodologically sound evaluations are required. There is also a need to target interventions to reflect the specific needs and experiences of recipients.

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Kellermann A, Fuqua-Whitley DS, Rivara FP, Mercy J. Preventing youth violence: what works. Annual Review of Public Health 1998;19:271-92.	A wide variety of programs have been implemented in an attempt to prevent youth violence or reduce its severity. Few have been adequately evaluated.	In general, interventions applied between the prenatal period and age 6 appear to be more effective than interventions initiated in later childhood or adolescence. Community-based programs that target certain high-risk behaviors may be beneficial as well.
Farrell G. A global empirical review of drug crop eradication and United Nations' crop substitution and alternative development strategies. Journal of Drug Issues 1998;28(2):395-436.	A review evaluates 2 decades of United Nations programs in 11 countries to reduce illicit cultivation of coca bush, opium poppy and cannabis.	Programs encouraging farmers to cultivate alternative crops have had little if any significant impact on illicit cultivation at the national and regional levels, and less at the global level. There is some evidence that, within targeted areas, alternative development work can facilitate a transition from illicit to licit cultivation if: (1) There is effective control of an area by a central government, and an absence or weakening of insurgent groups; (2) Market forces make illicit cultivation less attractive, primarily because of increased competition from expanding illicit cultivation elsewhere; and (3) Disincentives are consistently applied through law enforcement and eradication. When these 3 prerequisites converge, incentives in the form of reasonable alternative sources of income may make a negotiated reduction in illicit cultivation attractive within a specific area.
Cornah DK, Stein K, Stevens A. The therapeutic community method of treatment for borderline personality disorder. Southampton: Wessex Institute for Health Research and Development. 1997.	The electronic databases Medline, Embase, HealthPlan, GEARS, BIDS, PsycLit, NRR, DARE and the Cochrane Database were searched.	Results of the review. Treatment effects are difficult to summarise given the heterogeneity of the client group and methodological problems. Clinically significant improvements have been reported in up to 40% of clients, including changes in psychometric test performance, reduction in deliberate self-harm, fewer hospital admissions (but increased outpatient service use) and reduced criminal behaviour. Was any cost information reported? To put a patient in a therapeutic community costs 1115 GBP per week. In a survey of 29 patients, the mean cost of their use of the mental health and prison services in the year before their admission to a therapeutic community was 14,590 GBP per patient. A 7-month stay in a therapeutic community costs 23,310 GBP per patient. Another study found that the average annual cost of psychiatric and prison services was 13,966 GBP pre-treatment compared with 1,308 GBP post-treatment representing a saving of 12,658 GBP per patient. The average cost of the specialist admission was 25,641 GBP. The costs concerned could therefore be re-couped within two years and represent a saving thereafter if treatment effects are sustained. However, costs pre- and post-treatment were not discounted to allow valid comparison, and other important costs (eg. primary care, probation service, social services) were not considered. Author's conclusions There have been no randomised controlled trials of the approach. Observational studies show potentially important clinical effects which may be associated with some savings to secondary care and prison services, although the validity of these findings

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Mullen PD, Simons-Morton D, Ramirez G, Frankowski RF, Green LW, Mains DA. A meta-analysis of trials evaluating patient education and counseling for three groups of preventive health behaviors. <i>Patient Education and Counseling</i> 1997;32(3):157-73.	Conducted a meta analysis to examine the overall effectiveness of patient education and counseling on preventive health behaviors and to examine the effects of various approaches for modifying specific types of behaviors. Computerized databases and bibliographies from 1971 to 1994 served as data sources. Randomized and non-randomized controlled trials measuring behavior in clinical settings with patients without diagnosed disease were included in the analysis. Behaviors were grouped based on whether the behavior is addictive and whether the desired change required subtraction of existing behaviors or adding new behaviors.	remains open to some doubt. Importantly, it remains impossible to conclude which people would be expected to benefit. The authors conclude that the treatment's validity is not proven The weighted average effect size from a random effects model for smoking/alcohol studies was 0.61, for nutrition/weight, 0.51, and for other behaviors, 0.56, indicating that the behavioral outcomes for these subgroups were significantly different from zero. Multiple regression models for the 3 groups indicated that using behavioral techniques, particularly self-monitoring, and using several communication channels (e.g., media plus personal communication), produces larger effects for the smoking/alcohol and nutrition/weight groups.
Minozzi S, Grilli R. [The systematic review of studies on the efficacy of interventions for the primary prevention of alcohol abuse among adolescents]. [Review] [Italian]. <i>Revisione sistematica degli studi sulla efficacia degli interventi di prevenzione primaria dell'abuso di alcool fra gli adolescenti. Epidemiologia e Prevenzione</i> 1997;21(3):180-8.	PURPOSE OF THE STUDY: To evaluate the effect of educational preventive interventions addressed to youths from 10 to 18 years old on alcohol use. MATERIALS AND METHODS: We have done a systematic review of articles indexed on Medline between 1983 and July 1995. We also consulted the bibliography of the articles retrieved for further references. Randomized controlled trials using alcohol consumption as outcome measure have been included.	Of the 100 articles found only 21 were included, in which 27 preventive programs, using 5 different types of intervention, were evaluated. Only 3 resulted effective on all the outcome measures utilized and 6 were partially effective. Overall the methodological quality was low. CONCLUSIONS: The low methodological quality and the great variability of outcome measures utilized made it difficult to compare the results of different studies and impossible to reach definitive conclusions. All the studies were done in the United States and therefore their results cannot be presently generalized to Italy. Consequently, prior to implementing expensive prevention programs in the Italian schools, it would be opportune to perform further well-designed effectiveness trials.
Tobler NS, Stratton HH. Effectiveness of school-based drug prevention programs: a meta-analysis of the research. <i>Journal of Primary Prevention</i> 1997;18(1):71-128	Examines the effectiveness of different types of drug prevention programs through systematic review of 120 school-based programs (grades 5-12) that evaluated success on self-reported drug use measures.	Findings indicated that interactive programs were statistically and clinically superior to the noninteractive programs for self-reported reduction of use of tobacco, alcohol, marijuana, and illicit drugs, and for all adolescents including minority populations. The larger interactive programs were less effective, although still significantly superior to the noninteractive programs, suggesting implementation failures.

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
<p>Foxcroft DR, Lister-Sharp D, Lowe G. Alcohol misuse prevention for young people: a systematic review reveals methodological concerns and lack of reliable evidence of effectiveness. <i>Addiction</i> 1997;92(5):531-537.</p>	<p>Author's objective. To assess the effectiveness of alcohol misuse prevention programmes with young people and the methodological quality of the evaluations. Type of intervention. Prevention. Specific interventions included in the review. Prevention programmes for alcohol misuse, whether primary prevention measures to arrest onset of alcohol use or secondary prevention measures to minimise alcohol misuse. Participants included in the review. Young people aged 8 to 25 years. No other subject characteristics are provided. Outcomes assessed in the review. Outcomes reported included changes in actual or self-reported drinking behaviour and changes in alcohol related incidents such as accidents or crime. Study designs of evaluations included in the review. Experimental or quasi-experimental designs were included, where pre- and post-intervention measures and a control group were incorporated. What sources were searched to identify primary studies? Online search using electronic databases, including Project CORK, BIDS ISI, Psyclit, Eric, Assia, MEDLINE, Family Resources Database, Health Periodicals Database, Drug Info, Somed, Social Work Abstracts, National Clearing House on Alcohol and Drug Information, Mental Health Abstracts, and ETOH. Obtained papers and selected journals (specifically Preventive Medicine, Journal of alcohol and Drug Education Research and Health Education Quarterly) were hand searched. Key individuals and organisations were contacted for information. There were no language restrictions. Search strategy available from the authors. Criteria on which the validity (or quality) of studies was assessed. Validity criteria included adequacy of control, method</p>	<p>Results of the review. Assessment of the quality of the studies showed that only 10 of the 33 studies included met four core methodological criteria, indicating the poor quality of the studies. Overall, no prevention programme was convincingly effective. Of the 29 studies of prevention programmes with short-term follow-up, 16 were partially effective (ie. some self-reported measures were positively influenced), 11 were ineffective (ie. having no influence on self-reported drinking behaviour) and five had negative effects (increased alcohol consumption). The prevention programmes with negative effects did not appear to differ in content from the effective and partially effective programmes. There were 12 prevention programmes with medium-term follow-up. Of these five were partially effective, five ineffective and two had negative effects on self-reported drinking behaviour. Quality assessment of the five partially effective programmes revealed poor quality. Only two prevention programmes had long-term follow-up, one was effective and one ineffective. Was any cost information reported? None stated. Author's conclusions. The prevention programmes reviewed provided limited evidence to recommend any of the programmes. There were limited differences between the programmes that claimed partial success, no effect or negative effects. In fact, some programmes varied in effectiveness depending on length of follow-up. Good quality research, in terms of methodology, was rare. Studies considered for review lacked suitable control groups (non-random allocation or non-equivalent design), lack of pre-test information, high levels of attrition and poor quality presentation of results. CRD commentary. The review adheres to most of the criteria of a good quality systematic review. The objective, outcomes assessed, inclusion and quality criteria, sources searched, synthesis of data and assessment of heterogeneity, as well as methods of applying inclusion criteria, judging validity and extracting data are discussed. Results are clearly presented. The review lacks detailed information about the programmes, setting and subjects within the included studies. Unfortunately, discrepancies exist between the text and tables in the results section.</p>

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
	<p>of randomisation or allocation, comparability of group's baseline characteristics, validity of self-reported behaviour, adjustments for confounding, attrition rate and how dealt with, and whether unit of analysis corresponded to unit of randomisation. In addition, effects of chance, confounding and bias were considered. How were decisions on the relevance of primary studies made? Obtained papers were pre-screened by two reviewers, and studies not meeting the inclusion criteria were rejected. How were judgements of validity (or quality) made? Independently by at least two reviewers, with discussion on disagreement and recourse to other reviewers. How was the data extracted from primary studies? By at least two independent reviewers using standard data extraction forms.</p> <p>Number of studies included in the review. 33 studies, of which 24 were randomised controlled trials (RCTs) or had well matched controls. How were the studies combined? Studies were combined through narrative synthesis by effectiveness (behavioural outcomes) and by follow-up period. Follow-up periods were classified as short term (up to 1 year), medium term (1 to 3 years) and long term (over 3 years). How were differences between studies investigated? Although no statistical test for heterogeneity was presented, the studies included in the review are assessed using several quality criteria, including: clearly stated aims; RCT or baseline equivalence; replicable intervention; numbers recruited provided; pre-intervention data provided; attrition discussed; all outcomes discussed; and, post-intervention data provided.</p>	

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Rispens J, Aleman A, Goudena PP. Prevention of child sexual abuse victimization: a meta-analysis of school programs. <i>Child Abuse and Neglect</i> 1997;21(10):975-87.	The evaluation studies were identified through searches of the PsycLit, ERIC, and Medline databases from January 1993 to March 1993, using the key words child sexual abuse prevention.	Results revealed that these programs succeed in teaching children sexual abuse concepts and skills in self-protection. Intervention characteristics such as the duration and content of the program, as well as child characteristics such as age and socioeconomic status were important moderators of the size of the effect. Findings corroborate and refine the positive conclusions of traditional narrative reviews. Findings indicated that the most beneficial programs focus on skill training and allow sufficient time for children to integrate self-protection skills into their cognitive repertoires.
Durlak JA, Wells AM. Primary prevention mental health programs for children and adolescents: a meta-analytic review. <i>American Journal of Community Psychology</i> 1997;25(2):115-152.	Systematic review was used to review literature on 177 primary prevention mental health programs designed to prevent behavioral and social problems in children and adolescents.	Most programs produced outcomes similar to or better than those obtained by many other established preventive and treatment interventions in the social sciences and medicine. Programs modifying the school environment, individually focused mental health promotion efforts, and attempts to help children negotiate stressful transitions yield significant mean effects. In practical terms, the average participant in a primary prevention program surpasses the performance of 59%-82% of those in a control group, and outcomes reflect an 8%-46% difference in success rates favoring prevention groups. Most programs had the dual benefit of significantly reducing problems and increasing competencies.
Hagenzieker MP, Bijleveld FD, Davidse RJ. Effects of incentive programs to stimulate safety belt use: a meta-analysis. <i>Accident Analysis and Prevention</i> 1997;29(6):759-77.	The effects of campaigns using tangible incentives (rewards) to promote safety belt usage have been evaluated by means of a meta-analytic approach. Two coders extracted a total number of 136 short-term and 114 long-term effect sizes and coded many other variables from 34 journal articles and research reports	The results show a mean short-term increase in use rates of 20.6 percentage points; the mean long-term effect was 13.7 percentage points. Large scale studies report smaller effect sizes than small scale studies; when studies were weighted by the (estimated) number of observations, the weighted mean effect sizes were 12.0 and 9.6 percentage points for the short and long term, respectively. The main factors that influence the magnitude of the reported short-term effect of the programs were the initial baseline rate (which was highly correlated with the presence or absence of a safety belt usage law), the type of population involved, whether incentives were delivered immediately or delayed, and whether incentives were based on group or individual behaviour. Together these four variables accounted for 64% of the variance. Other variables, such as the duration of the intervention, the probability of receiving a reward, and the value of the reward were not related to the short-term effect sizes. The relationship between moderating variables and long-term effects was less clear.
Dusenbury L, Matthea F, Lake A. A review of the evaluation of 47 drug abuse prevention curricula available nationally. <i>Journal of School Health</i> 1997;67(4):127-32.	Review determined how many of the available drug prevention curricula for schools had been tested in rigorous evaluation. 47 curricula were included.	Only 10 had been subjected to rigorous evaluation. Eight of the ten had shown some positive effect at least some of the time.

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Tucker S, Gross D. Behavioral parent training: an intervention strategy for guiding parents of young children. <i>Journal of Perinatal Education</i> 1997;6(2):35-44.	Review effectiveness of Behavioral Parent Training (BPT) as an early intervention strategy for parents of young children.	Findings indicate BPT to be effective strategy.
Kellermann AL, Fuqua-Whitley D, Rivara FP. Preventing Youth Violence. A Summary of Program Evaluations. Urban Health Initiative Monograph Series, Monograph 1. Washington, DC: Publisher unknown. 1997.	This summary explaining the results of evaluations of programs to prevent youth violence is an attempt to fill the gap in information about what works and what does not.	In the first category are programs for the prevention of unintended pregnancy and infancy and early childhood interventions that include a variety of approaches, such as home visits, various types of family therapy, programs for children, and innovative policing. The category for less effective programs includes a number of individual-level interventions, including some mentoring programs, peer counseling, drug education, and vocational and employment programs. Also grouped with the less effective programs are some community-level interventions, including neighborhood cleanups and gun buybacks. Strategies that appear promising, but have not been tested include: (1) family literacy programs; (2) firearm safety training; (3) disrupting gun trafficking to youth; and (4) support groups for victims. This review is extensive, but not exhaustive. New programs are being developed every day, and these new approaches deserve careful evaluation.
Garrido V, Esteban C, Molero C. The effectiveness in the treatment of psychopathy: a meta-analysis. <i>Issues in Criminological and Legal Psychology</i> 1996;24:57-9.	Reviews the effectiveness of the treatments applied to psychopaths in a systematic review of research published during 1983-1993. The selection criteria includes: program focus on adult males and females; a diagnosis of psychopathy/sociopathy or antisocial personality disorder; a connection of intervention and treatment method with the data; and a quantitative transformation of program results (effects).	It is concluded that psychopaths improve when: (1) treatment does not apply to drug abuse; (2) treatment is applied to inpatients; (3) Ss are less than 30-yrs old; (4) there is an intervention increase; (5) psychopaths are the offenders; (6) there is a low level of psychopathy; and (7) treatment is applied in prison
Serketich WJ, Dumas JE. The effectiveness of behavioral parent training to modify antisocial behavior in children: A meta-analysis. <i>Behavior Therapy</i> 1996;27(2):171-86.	Conducted a systematic review of 26 controlled studies on the outcome of behavioral parent training (BPT) for the modification of antisocial behavior in preschool and/or elementary school age children.	Results support the short-term effectiveness of BPT to modify child antisocial behavior at home and school, and to improve parental personal adjustment. However, research still needs to examine if positive changes as a function of BPT are maintained over time, are comparable to changes resulting from other interventions for child antisocial behavior, and are related to important methodological and contextual variables.
Elvik R. A meta-analysis of studies concerning the safety effects of daytime running lights on cars. <i>Accident Analysis and Prevention</i> 1996;28(6):685-94.	A systematic review of 17 studies. Distinguishes between studies examining relationship between DRL and traffic safety, and studies examining effect of mandatory DRL on safety.	Use of DRL reduces accidents by 3-12% and multi-party accidents 10-15%.

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Edwards ME, Steinglass P. Family therapy treatment outcomes for alcoholism. <i>Journal of Marital and Family Therapy</i> 1995;21(4):475-509.	A systematic review of 21 studies of family-involved therapy for alcoholism, evaluating them for design adequacy, clinical significance, and effect size.	It is concluded that family therapy is effective in motivating alcoholics to enter treatment. Once the drinker enters treatment, family-involved treatment is marginally more effective than individual alcoholism treatment. The data suggest that 3 factors may mediate the effect of treatment: gender, investment in the relationship, and perceived support from the spouse for abstinence. Modest benefits have been obtained in family-involved relapse prevention programs.
Wagenaar AC, Zobeck TS, Williams DG, Hingson R. Methods used in studies of drink-drive control efforts: a meta-analysis of the literature from 1960 to 1991. <i>Accident Analysis and Prevention</i> . 1995;27(3):307-16.	We searched the drink-drive control literature over the past three decades, finding over six thousand documents. After detailed review of the abstracts and papers, 125 studies contained separate empirical evaluations of the effects of 12 DWI control policies and enforcement efforts (administrative license suspension, illegal per se, implied consent, preliminary breath test, mandatory jail sentence, mandatory community service, mandatory license suspension, limits on plea bargaining, mandatory fines, selective enforcement patrols, regular police patrols, and sobriety checkpoints). The 125 studies contained 664 distinct analyses that formed the basis for systematic review.	All of the DWI control efforts were associated with reductions in drink-driving and traffic crashes. The DWI control literature is limited by the preponderance of weak study designs and reports that often fail to include basic data required for systematic review.
Cox SM, Davidson WS, Bynum TS. A meta-analytic assessment of delinquency-related outcomes of alternative education programs. <i>Crime and Delinquency</i> 1995;41(2):219-34.	A systematic review quantitatively summarizes empirical research on delinquency-related outcomes for alternative school programs. Data are based on 57 evaluations obtained from computerized database searches.	Alternative education programs had a small overall effect on school performance, attitudes toward school and self-esteem, but no effect on delinquency. Programs that targeted a specific population of at-risk delinquents or low school achievers produced larger effects than programs with open admissions.
Kraus JF, Blander B, McArthur DL. Incidence, risk factors and prevention strategies for work-related assault injuries: a review of what is known, what needs to be known, and countermeasures for intervention. <i>Annual Review of Public Health</i> 1995;16:355-79.	An assessment of available information on risk factors and countermeasures considered important in reducing injury occurrence.	Unfortunately, the potency of specific countermeasures for prevention of violence-related injury in work settings continues to be largely unknown. Numerous fundamental questions remain to be answered: Critical is a full assessment of risk, identification of situations and circumstances amenable to intervention, and evaluations to demonstrate effectiveness.

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Elmquist DL. A systematic review of parent-oriented programs to prevent children's use of alcohol and other drugs. <i>Journal of Drug Education</i> 1995;25(3):251-79.	The purpose of this review was to analyze systematically the characteristics of twenty-two instructor-led parent-oriented programs. An objective of each of these programs was to prepare parents to prevent their children's alcohol and other drug use. To conduct this program review, the author developed 120 criteria for analyzing and reviewing the characteristics of the programs. The criteria were grouped under five main topics or components: 1) general characteristics, 2) instructional characteristics, 3) skills addressed, 4) generalization methods, and 5) evaluation. The author then trained two uninformed reviewers to review with reliability each program.	The results of the reviews are summarized according to program characteristics. Recommendations are based upon the review results. These results and recommendations can help prospective users make an informed decision before they adopt or invest in a program.
Roy R. Frankel H. <i>How Good Is Family Therapy? A Reassessment.</i> Toronto (Canada): University of Toronto Press. 1995.	Summarizes and assesses outcome studies based on life stages and on specific problems.	Overall, the research studies indicated that family therapy was an effective method of treatment. However, the field of family therapy research is relatively new and methodology is still in development. Many of the studies are limited by methodological flaws such as lack of control groups, small samples, unclear outcome measures, lack of attention to certain variables, and inappropriate data analysis. For example, evaluations of placement prevention programs in child welfare practice have yielded disappointing results because they are conducted too early in the development of the program or overemphasized placement rates as an outcome measure. Other problems with family preservation research are attributed to demands on staff and lack of standards for selection criteria and case documentation.
Zobeck TS, Williams GD. Evaluation synthesis of the impacts of DWI laws and enforcement methods. Final report. Washington, DC: U.S. National Institute on Alcohol Abuse and Alcoholism. 1994	A study evaluates the effectiveness of driving-while-intoxicated (DWI) laws and enforcement methods in reducing deaths, injuries, and the prevalence of drinking and driving. This is accomplished through a quantitative synthesis of 125 empirical research studies, 78 from the U.S. and 47 from other countries. Each of the DWI laws and enforcement methods evaluated was supported by at least some evidence of effectiveness in reducing DWI-related outcomes, though in most cases this evidence was mixed.	Administrative license suspension, illegal "per se" laws and sobriety checkpoints exhibited the strongest evidence of effectiveness in reducing adverse outcomes in U.S. studies. Illegal per se laws, mandatory jail sentences and sobriety checkpoints showed the strongest evidence of effectiveness in studies conducted in other countries.

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
MacMillan HL, MacMillan JH, Offord DR, Griffith L, MacMillan A. Primary prevention of child physical abuse and neglect a critical review. Part I. Journal of Child Psychology and Psychiatry 1994;35(5):835-56.	Prospective controlled trials published between January 1979 and May 1993 were systematically identified. The quality of each study was determined using criteria which assessed methodological rigor. Interventions aimed at the prevention of physical abuse and neglect were classified into six main categories within the broad group of perinatal and early childhood programs.	While many of these programs did not show a reduction in physical abuse or neglect, there is evidence that extended home visitation can prevent physical abuse and neglect among disadvantaged families.
MacMillan HL, MacMillan JH, Offord DR, Griffith L, MacMillan A. Primary prevention of child sexual abuse: a critical review. Part II. Journal of Child Psychology and Psychiatry 1994;35(5):857-76.	The results of 19 prospective controlled trials assessing eight interventions are included. The studies used a wide range of assessment devices and outcomes, so conclusions reached were based on the quality of each study as assessed by validity criteria. Outcomes were divided into four principal categories: 1) basic knowledge of prevention concepts, 2) assessment of prevention skills of children, 3) behavioral responses of children under simulated conditions, and 4) child disclosure of abuse.	There is evidence that educational programs can improve safety skills and knowledge of children about sexual abuse, but these specific studies do not address whether or not those educational programs actually reduce the number of occurrences of sexual abuse.
Ennett ST, Tobler NS, Ringwalt CL et al. How effective is drug abuse resistance education? A meta-analysis of Project DARE outcome evaluations. American Journal of Public Health 1994;84(9):1394-1401.	A study reviews 8 methodologically rigorous Project DARE (Drug Abuse Resistance Education) program evaluations.	Weighted effect-size means for several short-term outcomes were compared with means reported for other drug use prevention programs. The DARE effect size for drug use behavior ranged from .00 to .11 across the 8 studies; the weighted mean for drug use across studies was .06. For all outcomes considered, the DARE effect-size means were substantially smaller than those of programs emphasizing social and general competencies and using interactive teaching strategies. Thus, DARE's short-term effectiveness for reducing or preventing drug use behavior is small, and is less than for interactive prevention programs.
Barker M, Bridgeman C. Preventing vandalism: what works? Crime Detection and Prevention Series Paper 56 London, UK: Home Office Police Research Group. 1994.	A review examines what works in vandalism prevention in the U.K.	Subtle approaches aimed at building up social responsibility by showing children the consequences of their vandalism may be helpful in reducing damage caused inadvertently. Much damage goes unreported, and it is often difficult to identify the offenders in those incidents that are reported. Making targets less vulnerable, particularly through increased surveillance, appears to have measurable effects. However, this approach may displace vandalism to softer targets elsewhere. Other successful efforts include: deploying uniformed staff on public transport; instituting packages of measures rather than individual attempts; and creating single- rather than

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
		multi-agency initiatives.
Erwin PG. Effectiveness of social skills training with children: a meta-analytic study. <i>Counseling Psychology Quarterly</i> 1994;7(3): 305-10.	An exhaustive search of the published literature yielded 43 studies that met stringent criteria for inclusion in a meta-analytic study designed to evaluate the relative effectiveness of three methods of social skills training with socially isolated children: coaching, interpersonal cognitive problem solving, and modeling.	Social skills training produced significant improvements in children's levels of social interaction, sociometric status, and cognitive problem-solving abilities. No one training technique produced a significantly greater improvement than the others. Isolated children showed larger increases in their levels of social interaction and sociometric status than nonisolated children. Multimodal training programs are recommended to capitalize on the independent therapeutic effects that derive from different social skills training techniques.
Lester D. Controlling crime facilitators: evidence from research on homicide and suicide. Ronald V. Clarke (ed). <i>Crime Prevention Studies</i> . Monsey, NY: Criminal Justice Press 1993;1:35-54.	A review analyzes a body of research conducted by D Lester and his colleagues in the last 10 years on the effects of limiting access to lethal methods for suicide and for homicide.	Results provide evidence that limiting access to a preferred method of committing suicide and homicide has a preventive effect, more clearly so for suicide than for homicide. However, there was also evidence that some switching of method may take place after limiting access to one method, again more clearly for suicide than for homicide. However, the body of research as a whole indicates that this line of investigation may prove fruitful in the future for documenting the impact of restricting access to lethal implements in the prevention of crime, and of other social and public health problems.
Poyner B. What works in crime prevention: an overview of evaluation. Ronald V Clarke (ed) <i>Crime Prevention Studies</i> . Monsey, NY: Criminal Justice Press 1993;1:7-34	A review of 122 evaluations of crime prevention projects groups prevention measures into six general categories: campaigns and publicity; policing and other surveillance; environmental design or improvements; social and community services; security devices; and target removal or modification.	Using objective indices of crime, about half of the measures evaluated were found to be effective. Successes were documented in all six categories of measures, but target removal or modification enjoyed the largest number of successes, and social and community services the least.
Weiss H.B. Home visits: necessary but not sufficient. <i>Future of Children</i> 1993;3(3):113-128.	Several experimental and quasi-experimental studies are reviewed that have examined the critical role of home visiting in successful programs for children and young families.	The review suggests that the most effective programs will be comprehensive, continuous, and family focused. Program effectiveness rests, in part, on the availability and quality within the community of other services for families as well as on the capacity of the families to connect with such services. The article concludes with a call for national commitment to a universal home visiting program, to be phased in through a series of demonstration projects.

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Hansen WD. School-based substance abuse prevention: a review of the state of the art in curriculum, 1980-1990. Health Education Research 1992;7:403-30.	Reviews substance use prevention studies (published 1980-1990) for content, methodology, and behavioral outcomes. Studies were classified based on the inclusion of 12 content areas: information, decision making, pledges, values clarification, goal setting, stress managements, self-esteem, resistance skills training, life skills training, norm setting, assistance and alternatives.	Six groups of programs (information/values clarification, affective education, social influence, comprehensive, alternatives and incomplete programs) are identified. Reports are analyzed for 2 major threats to validity, selection bias and statistical power. Program groups generally have similar selection biases but have important differences in statistical power. Comprehensive and social influence programs were found to be most successful in preventing the onset of substance use.
Berrick JD, Barth RP. Child sexual abuse prevention: research review and recommendations. Social Work Research and Abstracts 1992;28(4): 6-15.	This article reviews the methodology and results of more than 30 studies that evaluated child sexual abuse prevention programs. Outcomes for programs designed for preschool children, elementary school-age children, and high school students are presented. A systematic review offers an overall assessment of the study results.	The systematic review demonstrates that children at all ages can improve their scores on child abuse knowledge measures but does not indicate whether the type or amount of knowledge they can learn sufficiently protects them from abuse. The systematic review also confirms that most evaluations have demonstrated both immediate and long-term gains after exposure to a prevention presentation.
Corrigan PW. Social skills training in adult psychiatric populations: a meta-analysis. Journal of Behavior Therapy and Experimental Psychiatry 1991;22(3):203-10.	A systematic review was conducted on 73 studies of social skills training in four adult psychiatric populations: developmentally disabled, psychotic, nonpsychotic, and legal offenders.	Findings from this analysis showed that patients participating in social skills training programs broadened their repertoire of skills, continued to demonstrate these skills several months after treatment, and showed diminished psychiatric symptoms related to social dysfunctions. Although results from an ANCOVA comparing effect sizes across the four populations (with design quality as a covariate) were nonsignificant, consistent trends suggested that social skills training had the greatest effect on developmentally disabled groups and the least effect on offender groups. In addition, social skills training was found to be relatively more effective in outpatient than inpatient settings.
Evans WN, Neville D, Graham JD. General deterrence of drunk driving: evaluation of recent American policies. Risk Analysis 1991;11(2): 279-89.	A review of research and of national and state-level data, 1975:1986.	No evidence that any specific form of punitive legislation is having a measurable effect on motor vehicle fatalities. However, there is suggestive evidence that multiple laws designed to increase the certainty of punishment (e.g., sobriety checkpoints, and breath test) has a synergistic deterrent effect. A striking finding is that mandatory seat belt laws and alcohol taxes are reducing drunk driving fatalities.
Bruvold WH. Meta-Analysis of the California School-Based Risk Reduction Program Journal. Journal of Drug Education 1990;20:139-52	Eight project evaluations comprising of the California school-based risk-reduction programs met the following methodological requirements for evaluation research: comparison groups; pretesting; participant tracking; control of attrition; dependent	The rational model programs impact more on knowledge and less on attitudes and behavior, whereas developmental programs impact more on attitudes and behavior and less on knowledge. At present, the results indicate that the developmental approach, because of its effects on behavior, has more potential for deterring drug use.

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
	variable validity; and effect size computation. Of these eight studies, six were based upon a rational model and two upon a developmental model of intervention.	
Linden R. Crime prevention and urban safety in residential environments. Winnipeg, CAN: Prairie Research Associates. 1990.	A review assesses the results of crime prevention activities directed at housing and residential environments in Canada and Western nations.	Analysis of programs that have experienced some success indicates that crime prevention efforts must be comprehensive and situation-specific, using some or all of 7 responses: improving management of public safety through the public housing authority; making changes in environmental design; using tenant organizations; creating social development programs; designing services to deal with crime and to assist tenants; enhancing police services; and building stronger links with other agencies that can assist programs.
Cedar B, Levant RF. A meta-analysis of the effects of parent effectiveness training. American Journal of Family Therapy 1990;18 (4):375-84.	20 studies from the outcome research literature on PET (Parent Effectiveness Training).	Results indicate that the overall effect of PET is significantly greater than that of alternative treatments. PET has effects on parents' knowledge, attitudes, and behavior, and on children's self-esteem, and these effects endured (up to 26 weeks) after the programs were completed. There was also a trend suggesting that the effect on child behavior may have a latency period. Better designed studies were found to have significantly greater effect sizes than those less well-designed.
Sherman LW. Police crackdowns: initial and residual deterrence. Michael Tonry and Norval Morris (eds.) Crime and Justice: A Review of Research. Chicago and London: University of Chicago Press. 1988;12:1-48.	A review examines the effectiveness of police crackdowns: i.e., sudden increases in officer presence, sanctions, and threats of apprehension for specific offenses or all offenses in specific places. The analysis covers 18 case studies of various target problems that illustrate the extent and limits of knowledge about crackdowns.	Fifteen of the case studies appeared to demonstrate initial deterrent effects, including 2 examples of long-term effects. In most long-term crackdowns with apparent initial deterrence, however, the effects began to decay after a short period, sometimes despite continued dosage of both police presence and sanctions. Post-crackdown data in 5 studies indicated a "free bonus" of continued deterrence well after the crackdown ended. Crackdowns might be more effective if limited in duration and rotated across targets.
Rundall TG, Bruvold WH. A meta-analysis of school-based smoking and alcohol use prevention programs. Health Education Quarterly 1988;15(3):317-34.	Systematic review of 29 school based alcohol prevention programs.	Evidence of moderate effect on immediate behavioral outcomes. Smoking interventions more successful in altering long-term outcomes.
Fryer GE. Efficacy of hospitalization of nonorganic failure to thrive children: a meta-analysis. Child Abuse and Neglect 1988;12 (3):375-81		It was found that hospitalization enhanced the probability that nonorganic failure to thrive children would experience compensatory physical growth, yet hospitalization was not found to be effective in stimulating their psychological development.

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Rosenbaum DP. Community crime prevention: a review and synthesis of the literature. <i>Justice Quarterly</i> 1988;5(3):323-95.	Primary attention is given to the results of evaluation research.	There is a paucity of strong demonstrations and evaluations showing that such interventions can alter the behavior and local environments of individuals who are not already predisposed to crime prevention.
Breunlin DC. A review of the literature on family therapy with adolescents 1979-1987. <i>Journal of Adolescence</i> 1988;11(4):309-34.	A review updates a 1979 analysis of the literature on the use of family therapy with adolescents. The models described in the 1979 review including psychoanalytic, behavioral and systems-oriented (the latter incorporating structural and strategic family therapy) have continued to receive attention.	Results of outcome studies clearly suggest that family therapy with adolescents is a viable treatment approach that is often superior to more traditional treatments.
US General Accounting Office. <i>Drinking-Age Laws: An Evaluation Synthesis of Their Impact on Highway Safety</i> Washington, DC: US GAO 1987.	Analysis of 49 evaluations of laws raising the legal drinking age	Raising the drinking age has a direct effect on reducing alcohol-related traffic accidents among youths affected by the laws. A higher legal drinking age also reduces the number of traffic accidents in a State. Raising the legal drinking age also results in less alcohol consumption and less driving after drinking by the age group affected by the law. There is only limited evidence for assessing if a higher drinking age protects youth younger than the minimum age from traffic accidents. Insufficient evidence exists to assess the extent to which under-aged youths cross State lines to obtain alcoholic beverages. Long-term effects of the new law cannot yet be measured.
Buchanan DR, Chasnoff P. Family crisis intervention programs: what works and what doesn't. <i>Journal of Police Science and Administration</i> 1986;14(2):161-8.	A review of evaluations of family crisis intervention (FCI) programs.	Washington, DC is the only major police department to record a decrease in assaults on police officers (APOs) as a result of FCI training. There is anecdotal evidence elsewhere of increased officer skills, and some marginal empirical evidence of lower APO rates, but most studies show no effect.
Tobler NS. Meta-Analysis of 143 adolescent drug prevention programmes: quantitative outcome results of program participants compared to a control or comparison group. <i>Journal of Drug Issues</i> 1986;16(4):537-67.	A systematic review of the reported outcomes of 143 adolescent drug prevention program in the US from 1972-1984 identifies the most effective program modalities.	Peer programs, combining positive peer influence with specific skill training, produced the only reduction in drug abusing behaviors. Alternative programs emphasize remedial tutoring, one-on-one counseling, job skills and physical adventure to compensate for deficits. They were successful for special population groups (drug abusers, juvenile delinquents and problem students), showing superior results in increasing skills and changing behavior in both direct drug use and indirect correlates of drug use. However, alternative programs were very intensive and costly.

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Kaufman P. Meta-Analysis of Juvenile Delinquency Prevention Programs. Unpublished paper, Claremont Graduate School, Claremont, California. 1985.	Supplementing computerized searches of the Educational Resources Information Center (ERIC) and Juvenile Justice Clearinghouse data bases with manual searches of relevant psychological, sociological and education indexes, Kaufman located 20 studies which tested some program with preadjudicated youths available through 1983.	He found that experimental treatment subjects performed .20 SDs better than controls on subsequent measures of delinquency. ¹ Kaufman found, like some of the other meta-analyses, that increased treatment exposure and intensity was related to effect size; when treatment was increased to 2.1 contacts or more per week, the average effect size increased from $d=.15$ to $d=.63$.
Ottensbacher, Kenneth and Paul Petersen. The efficacy of early intervention programs for children with organic impairment: a quantitative review. Evaluation and Program Planning 1985;8(2):135-46.	The results of studies examining the effectiveness of early intervention for infants and children with organic impairment and developmental delay were reviewed using recently developed quantitative methods that treat the literature review process as a unique scientific inquiry. Thirty-eight studies meeting certain predetermined criteria were included in the review.	An analysis of these tests based on the calculation of effect sizes reveals that receiving early intervention performed better on a wide range of dependent measures than controls. The outcomes were related to several design and study characteristics. Larger effect sizes were associated with pre-experimental designs, and also with studies in which the internal validity was rated as poor. Several other design variables are related to study outcome. It is concluded that an accurate interpretation of the early intervention research literature cannot be made without consideration of specific design variables and study characteristics.
Larson RC, Cahn MF. Synthesizing and extending the results of police patrol studies. Washington, DC: U.S. Government Printing Office. 1985.	A meta-evaluation of research.	Studies of preventive patrol have not confirmed the presence or absence of any relationship between patrol and crime deterrence, but foot patrol (as opposed to motor patrol) is directly related to increased citizen satisfaction. Response time studies demonstrate that the difference between anticipated and actual response time is a major determinant of citizen satisfaction; the response time/apprehension rate relationship is ambiguous. Evaluations of team policing are hampered by methodological problems. Theoretical and empirical results favor 1-officer cars over 2-officer cars, but analyses of differences in officer safety are inconclusive.
Casto G, White K. The efficacy of early intervention programs with environmentally at-risk infants. Journal of Children in Contemporary Society 1984;17(1): 37-50.	A systematic review of early intervention research literature.	Early intervention has an immediate positive effect of about $\frac{1}{2}$ standard deviation. No evidence of long-term benefits.

¹ Since studies often report more than one outcome, Kaufman also averaged outcomes within each study, producing a higher effect size ($d=.25$).

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
DiChiara A, Galligher JF. Thirty years of deterrence research: characteristics, causes, and consequences. Contemporary Crises 1984;8:243-63.	DiChiara and Galliher (1984) conducted a possibly systematic review of 30 years of deterrence research (1950-1979). Their work has more a feel of a content analysis but they do include 'evidence of effectiveness' as one the issues they address. They included only empirical studies on deterrence reported in the leading journals in criminology, sociology, economics, politicalscience, two interdisciplinary journals (Law and Society Review, Social Science Quarterly), as well as those found in searches of Sociological Abstracts, Social Science Citation Index, Psychological Abstracts, Psychology and Law Review, and Law and Human Behavior. They provide detail on coding and reliability checks.	They note large increase in publication after 1968 in deterrence research. Evidence for deterrence effects is categorized by using the following responses: yes, no, mixed results, and neutral or no position. They find that a lower percentage of studies report efficacy of deterrence in the 1970s than the 1960s.
Susskind EC, Bond RN. The potency of primary prevention: a meta-analysis of effect size. 1981.	A systematic review of 47 primary prevention studies; only 13 provided enough data to calculate effect size.	Wide variability in prevention program effects; average effect was improvement of 8% in outcomes.
Rubenstein H, American Institutes for Research, et al. The link between crime and the built environment: the current state of knowledge. Washington, DC: U.S. National Institute of Justice 1980;1.	A study was undertaken to assess the state of knowledge, at the end of the 1970s, about the link between crime and the built environment (C/BE). The focus of the study is on two topics: what has been established about the C/BE link, and what the key outstanding issues are. The answers are based on an exhaustive review of all empirical studies on the topic conducted during the 1970s. This volume synthesizes the results. Every study included in the review met three criteria: The study had an empirical base, the study used the build environment as the independent variable, and the dependent variable included occurrence of stranger-to-stranger crimes or the fear of crime. Preliminary assessments were made of 52 studies, of which 15 were identified as sufficiently promising to warrant a more thorough assessment. The studies are organized on the basis of how they fit into theory (i.e.,	The available evidence suggests that changes in the physical environment (and especially combinations of changes) can reduce crime and the fear of crime. This does not happen consistently. The evidence does not illuminate the dynamics. Because of the lack of cause-effect information, the present knowledge base cannot be used to prescribe strategies likely to be effective in given situations. Changes in the physical environment are probably the fastest way of reducing fear of crime. There is probably only one type of situation in which interventions expressly designed to reduce the level of fear are useful. This is in the context of anticrime initiatives that depend on an active resident role. There are two primary ways in which changing the physical environment is expected to counter crime. One is by increasing the difficulty of access or evasion. The other is by creating a social ambience that is mutually protective.

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
	how they fit into "rationales" or "logic models" that connect the build environment and crime).	
Berleman WC. Juvenile delinquency prevention experiments: a review and analysis Washington DC: U.S. Government Printing Office. 1980.	A review was conducted of ten delinquency prevention studies using a classical experimental design. The delinquency prevention programs included in the review served children who had been found to have propensities to commit serious antisocial behavior but who partook of the service without official coercion, and adhered to a research protocol for evaluating service effectiveness. The ten projects evaluated and their years of operation are as follows: (1) Cambridge-Somerville Youth Study in Cambridge and Somerville, Massachusetts, 1937-45; (2) New York City Youth Board Validation of Prediction Scale, 1952-57; (3) Maximum Benefits Project in Washington, D.C., 1954-57; (4) Mid-City Project in Boston, 1954-57; (5) Youth Consultation Service in New York City, 1955-60; (6) Chicago Youth Development Project, 1961-66; (7) Seattle Atlantic Street Center Experiment in Seattle, Washington, 1962-68; (8) Youth Development Program in Columbus, Ohio, 1963-66; (9) opportunities for Youth Project in Seattle, Washington, 1964-65 (estimated); and (10) Wincroft Youth Project in Manchester, England, 1966-68.	Except for the Wincroft Youth Study, the delinquency prevention experiments were deemed ineffective. Treatment produced no better results than no treatment. Cultural and societal differences complicate any assessment of the applicability of the Wincroft study to the United States. The experiments reviewed in this project probably represent the best efforts to date to prevent delinquency. The dedication of the project personnel in each of the experiments was evident; the nature of the experimental design would have prompted the best efforts of those providing treatment. The rigor and honesty with which each experiment was evaluated and the convergence of the evidence in a negative direction leave little doubt that we do not yet know how to prevent delinquency.
Lundman RJ, Scarpitti F. Delinquency prevention: recommendations for future projects. Crime and Delinquency 1978;24:207-20.	They conducted a possibly systematic review of 40 delinquency prevention projects. They limited their documents to reports published in journals and preliminary reports for projects in progress. They searched the following indexes: Monthly Catalog of United States Government Publications (1958-73); Crime and	They find little evidence for effectiveness, also citing the poor quality of the evidence.

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
	<p>Delinquency Abstracts (1968-71); The Challenge of Crime in a Free Society (1967); Social Science and Humanities Index (1952-1974); and NationalCriminal Justice Reference Service/Juvenile Delinquency Prevention (an LEAA computerized bibliographic service). They also provide data on pipeline of reports: over 1,000 citations were screened down to 127potential studies. These led to 25 prior and 15 continuing prevention projects.</p>	
<p>Nagin D. General deterrence: a review of the empirical evidence. In Deterrence and incapacitation: estimating the effects of criminal sanctions on crime rates. U.S. National Academy of Sciences. Panel on Research on Deterrent and Incapacitative Effects. Washington, D.C. National Academy Press 1978.</p>	<p>In this critique over 20 published analyses are cited, and even this list is less than exhaustive.</p>	<p>The empirical evidence is still not sufficient for providing a rigorous confirmation of the existence of a deterrent effect. Perhaps more important, the evidence is woefully inadequate for providing a good estimate of the magnitude of whatever effect may exist.</p>
<p>Smart RG, Goodstadt MS. Effects of reducing the legal alcohol-purchasing age on drinking and drinking problems: a review of empirical studies. Journal of Studies on Alcohol 1977;38(7):1313-23.</p>	<p>A review of studies on the effects of reducing the legal age for drinking and purchasing alcoholic beverages.</p>	<p>Suggests that there are public health reasons for not introducing such changes in jurisdictions which have not already done so. Both self-report and sales studies indicate that substantial increases in youthful drinking occurred in Canada after the legal age for purchasing alcoholic beverages was reduced probably, but not certainly, because of the change. Relevant data for the United States do not seem to be available. The largest changes in drinking involved on premise consumption rather than sales in liquor stores or drinking with families. There are usually greater increases in alcohol-related automobile accidents in areas where the purchasing age has been reduced than in comparison areas. These increases do not occur in all states. Changes in the alcohol-purchasing age probably affect the automobile crash experience of those fifteen to seventeen as well as those eighteen to twenty. No information is available which shows conclusively that reducing the purchasing age has caused increases in educational, family, or public-order problems.</p>
<p>Chaiken JM. What's known about deterrent effects of police activities. Santa Monica, CA: Rand Corporation. 1977.</p>	<p>Several techniques have been used to estimate the effect of police activities on the incidence of crime. These include (1) cross-sectional analysis of reported crime rates in various jurisdictions as compared to resources devoted</p>	<p>This review indicates that most studies are consistent with the view that a substantial increase in police activity will reduce crime for a time, but, in the real world, increases in police manpower tend to follow increases in crime. The magnitude and duration of deterrence effects are essentially unknown</p>

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
	to all police functions or certain police functions, (2) longitudinal analysis of the incidence of crime in several jurisdictions or in a single jurisdiction where police deployment or operations changed over time, and (3) experimental manipulation of the nature or amount of police activities.	
Smart RG. Effects of legal restraint on the use of drugs: a review of empirical Studies. Bulletin on Narcotics 1976;28(1):55-65.	A review of the empirical studies.	Little can be concluded with any certainty from available. However it appears that successful attempts to reduce the supply of heroin by means of seizures and crop reductions have produced reductions, sometimes small, in illicit heroin availability, heroin addiction, and deaths from heroin. Large reductions in cannabis availability can probably reduce cannabis consumption, at least temporarily, but probably with the substitution of other drugs. In general, it appears that legal restraints work best where legal drug distribution is being controlled by bringing pressure to bear on ethically motivated and well-regulated agencies, e.g., the pharmaceutical industry and physicians.
Walker JP, Cardarelli AP, Billingsley D. The theory and practice of delinquency prevention in the United States: review, synthesis and assessment. Columbus, Ohio: Ohio State University. Center for Vocational Education. 1976.	The purpose of the Juvenile Delinquency Prevention/National Evaluation program was to provide an information base for policy-makers by assembling what is currently known of the state of the art of delinquency prevention nationally.	Few programs that focused on the individual, the community, or the school has been successful in preventing delinquency. Some efforts, such as detached worker programs, may even have increased it. The enthusiasm which greeted the introduction of opportunity-type programs in the 1960's was unwarranted; these programs also failed. This failure cannot be explained by poor planning or management and should not be attributed to the political climate. Just as psychology has been unable to account for the selective criminality of individuals with similar personality traits, so sociology has been unable to account for the selective criminality of individuals exposed to similar social conditions. This raises serious questions about the ability of policy-makers to create those conditions that will prevent delinquency from occurring.
Emrich RL et al. Evaluating the prevention or preventing the evaluation. Davis, CA: National Council on Crime and Delinquency. Research Center. 1975.	A review was made of the state of the art of evaluations of primary drug abuse prevention projects to help improve the use of such evaluations. The findings are based on an analysis of a selection of twenty-nine of the most promising evaluations of primary drug abuse prevention programs in the United States.	Special techniques are required to organize the delivery of primary drug abuse prevention services. Most programs are concerned with stimulating growth in the individual as the principal means of helping him to deal with pressures to abuse drugs. There is growing consensus that, although difficult to evaluate, this must be the heart of any primary prevention program. The survey findings continued to support the generally accepted belief that old-fashioned approaches to education about drugs probably do more harm than good, although some projects are now putting such education in richer, more balanced educational settings where the dispensing of information about drugs may prove to be an asset. One of the saddest types of programs is the

CRIME: Prevention programs relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
		"quick and dirty" program which gives the participant a few hours of exposure to the message and then assumes that his lifestyle is changed. The problems of drug abuse are too pervasive to respond to such superficial interventions. Programs are moving toward more student initiative and participation in program planning. The findings strongly suggest that the more responsibility that can be reasonably given to young people the more effective a primary prevention effort will be.
Dixon MC, Wright WE. Juvenile delinquency prevention programs: an evaluation of policy related research on the effectiveness of prevention programs. Nashville, TN: Peabody College for Teachers. 1975.	A survey was made of approximately 6,600 abstracts of studies published in the last ten years that describe delinquency prevention services that do not remove youth from their home community. 350 articles, pamphlets and reports were collected.	The overview revealed that certain types of prevention and treatment projects recreational programs, guided group interaction, social casework, and detached worker/gang worker projects have failed to show evidence of effectiveness and should be discarded. Evidence which suggests that community treatment, the use of volunteers, diversion programs, youth service bureaus, and special school projects hold some promise of success has begun to accumulate. These efforts deserve further exploration and should be thoroughly evaluated to test their promise.
Berleman WC, Steinburn TW. The value and validity of delinquency prevention experiments. <i>Crime and Delinquency</i> 1969;15:471-8.	They reviewed five experiments that tested the provision of service to juveniles not formally adjudicated by the justice system to prevent future delinquency.	Authors conclude that the experiments show that the provision of services to prevent delinquency is ineffective. But they caution that most of the studies provide no evidence that services were delivered as intended or that contact levels were sufficient.
Gray E. Early Parenting Intervention to Prevent Child Abuse: A Meta-Analysis. Final Report. Final Report. National Council of Jewish Women, New York, NY. Center for the Child. no date	Research findings from a broad variety of parenting interventions were synthesized to improve current knowledge about these programs as preventive interventions. Some insights were afforded by the attempt to use meta-analytic techniques on this data, but, in general, it appeared that the use of systematic review on these studies is premature, largely because of the great variance in theoretical base and methods of intervention. However, this review of 48 documents did result in some conclusions about intervention programs.	The greatest and most consistent mean effects were produced by programs referred to as home-visiting programs. Such programs also served more people at risk for poor parenting than other types of programs in the sample. Effects in the observed behavior domain tended to be larger than effects in other outcome domains. Lack of external evaluation in the assessment of program effects is an additional problem in the application of meta-analytic methods. If program planners spell out their models and present their research designs more clearly, additional efforts to integrate the literature on early parenting intervention should meet with more success.

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
<p>White P, Bradley C, Ferriter M, Hatzipetrou L. Managements for people with disorders of sexual preference and for convicted sexual offenders. [Cochrane Review]. In: The Cochrane Library, Issue 1, 2000.Oxford: Update Software.</p>	<p>A substantive amendment to this systematic review was last made on 24 August 1998. Cochrane reviews are regularly checked and updated if necessary. Background: The reviewers recognise that it may be thought that convicted sex offenders and those with disorders of sexual preference are quite different groups. In combining them within this review we have taken the view that legal process alone should not define the population. Illegal behaviours in one jurisdiction may not be considered so in others. Studies of those who are convicted of sexual offending describe reconviction rates for sexual offences of up to 40-60%. It would seem important to know if there are interventions that might reduce this high rate of re-offending. This review examines antilibidinal management of those who have been convicted of sexual offences or who have disorders of sexual preference. Objectives: To determine the effectiveness of a range of management techniques to assist people who have disorders of sexual preference and those who have been convicted of sexual offences. Search strategy: Biological Abstracts, the Cochrane Schizophrenia Group Register of Trials, The Cochrane Library, EMBASE, MEDLINE, and PsychLIT were searched. Further references were sought from published trials and their authors. Relevant pharmaceutical manufacturers were contacted. Selection criteria: All relevant randomised controlled trials. Data collection and analysis: Reviewers evaluated data independently and analysed on an intention-to-treat basis. Data were extracted for short and medium term outcomes.</p>	<p>Main results: A single trial (McConaghy 1988) found the effect of antilibidinal medication (medroxyprogesterone acetate) plus imaginal desensitisation was no better than imaginal desensitisation for problematic/anomalous sexual behaviour and desire. A relapse prevention programme was trialed by Marques (Marques 1994) and participants were followed up for an average of 3 years. What data there are suggest that although there is no discernible effect on the outcome of sex offending (OR 0.76 CI 0.26-2.28), those treated with response prevention do have less non-sexual violent offences (OR 0.3, CI 0.1-0.89, NNT 10 CI 5-85). In addition those committing both sexual and violent offences also declined in the response prevention group (OR 0.14 CI 0.02-0.98, NNT 20 CI 10-437). A large pragmatic trial investigated the value of group therapy for sex offenders (Romero 1983). This study finds no effect on recidivism at ten years. Reviewers' conclusions: It is disappointing to find that this area lacks a strong evidence base, particularly in light of the controversial nature of the treatment and the high levels of interest in the area. The relapse prevention programme did seem to have some effect on violent reoffending but large, well-conducted randomised trials of long duration are essential if the effectiveness or otherwise of these treatments are to be established.</p>
<p>Ley A, Jeffery DP, McLaren S, Siegfried N. Treatment</p>	<p>A substantive amendment to this systematic review was last made on 22 February 1999.</p>	<p>Main results: Six relevant studies, four of which were small, were identified. In general, the quality of design and reporting was not high. Clinically</p>

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
programmes for people with both severe mental illness and substance misuse. [Cochrane Review]. In: The Cochrane Library, Issue 1, 2000.Oxford: Update Software.	<p>Cochrane reviews are regularly checked and updated if necessary. Background: Effective treatment of people with both severe mental illness and substance misuse is frequently affected by systems, programmes or philosophies which have developed to treat only one of these conditions. Objectives: To evaluate the effectiveness of treatment programmes within psychiatric care for people with problems of both substance misuse and serious mental illness.</p> <p>Search strategy: Biological Abstracts (1985-1998), CINAHL (1982-1998), The Cochrane Library (Issue 3, 1998), The Cochrane Schizophrenia Group's Register of trials (August 1998), EMBASE (1980-1998), MEDLINE (1966-1998), PsycLIT (1974-1998) and Sociofile (1974-1998) were comprehensively searched. Citations of all trials were searched and further studies sought from published trials and their authors. Selection criteria: All randomised trials of any programme of substance misuse treatment for people with serious mental illness and current problems of substance misuse. Data collection and analysis: Citations and, where possible, abstracts were independently inspected by reviewers, papers ordered, re-inspected and quality assessed. Data were also independently extracted. For homogeneous dichotomous data the Peto odds ratio (OR), and 95% confidence intervals (CI) were calculated on an intention-to-treat basis.</p>	<p>important outcomes such as relapse of severe mental illness, violence to others, patient or career satisfaction, social functioning and employment were not reported. There is no clear evidence supporting an advantage of any type of substance misuse programme for those with serious mental illness over the value of standard care. No one programme is clearly superior to another. Reviewers' conclusions: The problems posed by substance misuse in the context of severe mental illness will not go away. The current momentum for integrated programmes is not based on good evidence. Implementation of new specialist substance misuse services for those with serious mental illnesses should be within the context of simple, well designed controlled clinical trials.</p>

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
<p>Kirchmayer U, Davoli M, Verster A. Naltrexone maintenance treatment for opioid dependence. [Cochrane Review]. In: The Cochrane Library, Issue 1, 2000.Oxford: Update Software.</p>	<p>Background: Despite widespread use of naltrexone maintenance in many countries for more than ten years now (e.g., USA since 1984, UK since 1988) a sound documentation of the research on this drug is still missing.</p> <p>Objectives: To evaluate the effects of naltrexone maintenance treatment in preventing relapse in opioid addicts after detoxification.</p> <p>Search strategy: We searched MEDLINE, EMBASE, CCTR and handsearched the "Bolletino per le farmacodipendenze el Alcolismo"; contact was sought with pharmaceutical producers of naltrexone, with authors and other CRGs; references of obtained studies. Trials were reliably identified and data extracted. Date of most recent searches: June 1998.</p> <p>Selection criteria: All studies controlled for naltrexone; treatment of heroin addicts after detoxification with naltrexone. Studies were classified into three categories (high, moderate or low risk of bias) according to their methodological quality. Data collection and analysis: Reviewers evaluated data independently and analysed outcome measures taking into consideration adherence to and success of the study intervention. Data was extracted and analysed stratifying for the three categories of study quality. Where possible, systematic review was performed.</p>	<p>Main results: Eleven studies were included in this review, and not all of them were randomised. Systematic review could be done to a low degree only, because the studies and their outcomes were very heterogeneous. The result of this quantitative analysis was statistically poor, and so was the methodological quality of the included studies. Reviewers' conclusions: The available trials do not allow a final evaluation of naltrexone maintenance treatment yet. A trend in favour of treatment with naltrexone was observed for certain target groups, as described in the literature before. A well-done clinical trial is needed in order to get better evidence as soon as possible.</p>
<p>Wilson SJ, Lipsey MW. Wilderness challenge programs for delinquency youth: a meta-analysis of outcome evaluations. Evaluation and Program Planning 2000;(23):1-12.</p>	<p>Systematic review techniques, exhaustive search methods, 1950+.</p>	<p>The overall effect size was .18, equivalent to a recidivism rate of 29% for program participants and 37% for controls. Programs with the most intensive activities or included a therapeutic component showed the greatest reductions in delinquency.</p>

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Petrosino A, Petrosino C, Finckenauer JO. In press. Our well-meaning programs can have harmful effects! Lessons from the Scared Straight experiments. <i>Crime and Delinquency</i> . 2000.	Systematic review of nine randomized experiments testing the effects of Scared Straight programs.	Scared Straight-like programs, including confrontational and interactive sessions with inmates, tours and orientations in prisons, and educational sessions in prisons, not only are ineffective but likely increase crime and delinquency.
White JB. An efficacy study of the laws of living cognitive restructuring program for the rehabilitation of criminals, using an historical-descriptive meta-analysis method. <i>Dissertation Abstracts International: Section B: the Sciences and Engineering</i> . 1999;59(7-B):3729.	Thirteen studies yielded 17 sets of data to be included in the systematic review.	It was hypothesized that LOL would not produce larger effect sizes in experimental groups than in control groups, as measured by MMPI-I scores, recidivism rates, and discrete historical-descriptive variables. Each of the five null hypotheses were rejected. Offenders who participated in the LOL cognitive restructuring program showed positive movement on MMPI-I scores and reduced recidivism.
Rawlings B. Therapeutic communities in prisons: A research review. <i>Therapeutic Communities: the International Journal for Therapeutic and Supportive Organizations</i> 1999;20(3):177-93.	This review covers the democratic therapeutic communities for personality-disordered offenders, found mainly in British and European prisons and hierarchical therapeutic communities for drug users, found mainly in the US. Evaluative research has looked either at changes in behavior and reported feelings during treatment, or at changes in behavior after treatment has finished. Post-treatment follow-up research largely takes the form of reconviction studies.	The main body of research finds that therapeutic communities have a positive effect on reconviction and reoffending, and a positive effect on behavior whilst in prison.
Holbrook AM, Crowther R, Lotter A, Cheng C, King D. Meta-analysis of benzodiazepine use in the treatment of acute alcohol withdrawal. <i>CMAJ</i> 1999;160(5): 649-55.	To analyse the evidence for the efficacy and potential harmful effects of benzodiazepines compared with other therapies in the treatment of acute alcohol withdrawal. DATA SOURCES: MEDLINE and the Cochrane Controlled Trials Registry were searched for English-language articles published from 1966 to December 1997 that described randomized controlled trials (RCTs) of benzodiazepines in the treatment of acute alcohol withdrawal. Key words included "benzodiazepines" (exploded) and "randomized controlled trial." Bibliographies of relevant	DATA SYNTHESIS: The systematic review of benefit (therapeutic success within 2 days) showed that benzodiazepines were superior to placebo (common odds ratio [OR] 3.28, 95% confidence interval [CI] 1.30-8.28). Data on comparisons between benzodiazepines and other drugs, including beta-blockers, carbamazepine and clonidine, could not be pooled, but none of the alternative drugs was found to be clearly more beneficial than the benzodiazepines. The systematic review of harm revealed no significant difference between benzodiazepines and alternative drugs in terms of adverse events (common OR 0.67, 95% CI 0.34-1.32) or dropout rates (common OR 0.68, 95% CI 0.47-0.97). INTERPRETATION: Benzodiazepines should remain the drugs of choice for the treatment of acute alcohol withdrawal.

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
	articles were reviewed for additional RCTs, and manufacturers of benzodiazepines were asked to submit additional RCT reports not in the literature. STUDY SELECTION: Articles were considered for the systematic review if they were RCTs involving patients experiencing acute alcohol withdrawal and comparing a benzodiazepine available in Canada with placebo or an active control drug. Of the original 23 trials identified, 11 met these criteria, representing a total of 1286 patients. DATA EXTRACTION: Data were extracted regarding the participants, the setting, details of the intervention, the outcomes (including adverse effects) and the methodological quality of the studies.	
Davis RC, Taylor BG. Does batterer treatment reduce violence? A synthesis of the literature. <i>Women and Criminal Justice</i> 1999;10(2): 69-93.	A review	Among the handful of quasi- and true experiments there is fairly consistent evidence that treatment works and that the effect of treatment is substantial. There is little evidence to date that 1 form of treatment is superior to another or that longer programs turn out less violent graduates than shorter ones. There are bases for hypothesizing that some batterers may fare better in treatment (or fare better in certain types of treatment) than others, but empirical verification has been highly limited to date.
Santiago R, Sanchez-Meca J, Garrido V. The influence of treatment programmes on the recidivism of juvenile and adult offenders: a European meta-analytic review. <i>Psychology, Crime and Law</i> 1999;5(3):251-78.	A systematic review of the European literature sought to identify the most effective treatments in reducing recidivism. Thirty-two studies met the inclusion criteria, for a total sample of 5,715 participants. The papers, which were both published and unpublished, covered the period 1980 to 1991.	The studies, which evaluated recidivism during an average follow-up period of 2 years, obtained a global effect size equivalent to a 12% reduction in recidivism. Behavioral and cognitive-behavioral techniques were most beneficial in reducing recidivism.
Dowden C, Andrews DA. What works for female offenders: a meta-analytic review. <i>Crime and Delinquency</i> 1999;45(4):438-52.	A systematic review addresses the principles of effective correctional treatment for female offenders.	The clinically relevant and psychologically informed principles of human service, risk, need and responsivity identified in past meta-analytic reviews were associated with enhanced reductions in reoffending. The strongest predictors of treatment success were interpersonal criminogenic need targets and, in particular, family process variables.
Polizzi DM, MacKenzie DL, Hickman LJ. What works in adult sex offender treatment? A review of prison- and non-prison-based	An evaluation of 21 sex offender prison- and non-prison-based treatment programs was undertaken using the format of the University of Maryland's 1997 report to the U.S.	Of the remaining research projects, approximately 50% showed statistically significant findings in favor of sex offender treatment programs. Of 6 studies that showed a positive treatment effect, 4 incorporated a cognitive-behavioral approach. Non-prison-based programs were considered to be

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
treatment programs. International Journal of Offender Therapy and Comparative Criminology 1999;43(3):357-74.	Congress. Eight of the studies were deemed too weak in scientific merit to be included in the assessment of treatment effectiveness.	effective in curtailing future criminal activity. Prison-based programs were judged to be promising, but the evidence was not strong enough to support a conclusion that such programs are effective.
Alexander MA. Sexual offender treatment efficacy revisited. Sexual Abuse: A Journal of Research and Treatment 1999;11(2):101-16.	A systematic review of sex offender treatment efficacy reviewed 79 outcome studies conducted from 1943 through 1996, encompassing 10,988 subjects. Recidivism rates for treated versus untreated offenders were investigated according to age of offender and victim, offender type, treatment type, location of treatment, decade of treatment and length of follow-up. Each study is used as the unit of analysis, and studies are combined according to the number of treated versus untreated subjects who reoffended in each category.	A variety of treated sexual offenders reoffended at rates below 11%. This finding suggests that some effective components of the treatment process may have been identified. Juveniles responded well to treatment. Treatment effects only became apparent after subjects were subdivided by type (e.g., rapists, child molesters, exhibitionists, other).
Wilson DB, Gallagher CA, Coggeshall MB, MacKenzie DL. Quantitative review and description of corrections-based education, vocation, and work programs. Corrections Management Quarterly 1999;3(4):8-18.	The studies were all published or written after 1975 in the English language.	Results revealed that participants in these programs recidivated at a lower rate than did nonparticipants and that the overall effects were roughly comparable across the different types of programs. However, the data did not permit the conclusion that this reduction was due to the effects of the programs. The typical study was quasi-experimental and compared naturally occurring groups of program participants with nonparticipants. Few studies made serious attempts to control for biases produced by this self-selection into programs. The higher-quality studies revealed promising findings but did not provide a sufficient foundation to support a general statement about the effectiveness of these programs. This review did not examine other potential benefits of education, vocation, and work programs, including increased employability of the offenders. However, high-quality evaluation studies are needed to resolve the issue of the effectiveness of typical corrections-based education, vocation, and work programs.
Grossman LS, Martin B, Fichtner CG. Are sex offenders treatable? A research overview. Psychiatric Services 1999;50(3):349-61.	Review of research on effectiveness of treatment for adult male sex offenders, 1970-1998.	Outcome research suggests a reduction in sex offender recidivism of 30% percent over seven years. Hormonal and cognitive-behavioral treatment seem most effective. Treatment delivered in outpatient settings seems more effective than institutional settings.
Gallagher CA, Wilson DB, Hirschfield P, Coggeshall MB, MacKenzie DL. Quantitative review of the effects of sex offender	This study used the latest meta-analytic techniques to synthesize all available data on the effectiveness of sex offender treatment programs in reducing post treatment sex	Sex offender treatment resulted in lowered sexual offending. Cognitive-behavioral approaches appeared particularly promising, whereas the data produced less support for behavioral, chemical, and generalized psychosocial treatment.

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
treatment on sexual reoffending. Corrections Management Quarterly 1999;3(4):19-29.	offense rates. The study also examined the differential effectiveness of behavioral, cognitive behavioral, medical, and other psychosocial approaches to sex offender treatment	
McArthur DL, Kraus JF. The specific deterrence of administrative per se laws in reducing drunk driving recidivism. American Journal of Preventive Medicine 1999;(16/1S):68-75.	Research was analyzed on the specific effects of these laws in reducing drunk-driving recidivism, traffic crashes and other alcohol-related driving offenses by drivers with suspended licenses. Types of studies, conducted since 1966, included randomized and non-randomized controlled trials, cohort studies and case-control research.	Administrative per se laws governing license restrictions for drivers were effective in some states but not in others, decreasing the rates at which these same drivers were subsequently involved in a motor vehicle crash or another alcohol-related offense compared with drivers sanctioned through other conventional judicial processes.
Irvin JE, Bowers CA, Dunn ME, Wang MC. Efficacy of relapse prevention: a meta-analytic review. Journal of Consulting and Clinical Psychology 1999;67(4):563-70.	A systematic review was performed to evaluate the overall effectiveness of RP and the extent to which certain variables may relate to treatment outcome. Twenty-six published and unpublished studies with 70 hypothesis tests representing a sample of 9,504 participants were included in the analysis.	Results indicated that RP was generally effective, particularly for alcohol problems. Additionally, outcome was moderated by several variables. Specifically, RP was most effective when applied to alcohol or polysubstance use disorders, combined with the adjunctive use of medication, and when evaluated immediately following treatment using uncontrolled pre-post tests.
Griffith J.D, Rowan-Szal GA, Roark RR, Simpson DD. Contingency management in outpatient methadone treatment: a meta-analysis. Drug and Alcohol Dependence. 1999.	A systematic review was conducted on contingency management interventions in outpatient methadone treatment settings. The outcome measure of interest was drug use during treatment, as detected through urinalysis.	The results confirm that contingency management is effective in reducing supplemental drug use for these patients. The analysis of behavioral interventions yielded an overall effect size (r) of 0.25 based on 30 studies. Significant moderators of outcomes included type of reinforcement provided, time to reinforcement delivery, the drug targeted for behavioral change, number of urine specimens collected per week, and type of subject assignment. These factors represent considerations for reducing drug use during treatment.
Ruether W. International experiences with the treatment of sex offenders [original title Internationale erfahrungen bei der behandlung von sexualstraftaetern]. Monatsschrift fuer Kriminologie und Strafrechtsreform 1998;81(4): 246-61.	A review analyzes research findings on the effectiveness of sex offender treatment, with particular reference to Dutch, Scandinavian and North American studies.	International research tends to support the notion that intensified treatment is worthwhile. Cognitive behavioral therapy as reported from the United States and Canada deserves particular attention. Further evaluation studies on an international level are needed.

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Lipsey MW, Wilson DB. Effective intervention for serious juvenile offenders: a synthesis of research. In Rolf Loeber and David P. Farrington (eds.) Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions. 1998:313-45	The chapter attempts to determine whether intervention programs generally are capable of reducing reoffending rates for serious delinquents and, if so, what types of programs are most effective. The review reported in this chapter used techniques of systematic review to synthesize experimental and quasi-experimental research on the effectiveness of intervention for serious juvenile offenders. The review examined programs for offenders in the community, though possibly on probation or parole, and programs for institutionalized juvenile offenders.	The average intervention effect for these studies was positive, statistically significant, and equivalent to a recidivism reduction of about 6 percentage points, for example, from 50 percent to 44 percent (mean effect size = .12). The variation around this overall mean, however, was considerable. With regard to the effectiveness of interventions, the chapter notes that it depends on a good match between program concept, host organization, and the clientele targeted.
Belenko S. Research on drug courts: a critical review. National Drug Court Institute Review 1998;1(1):1-42.	A review of 30 evaluations pertaining to 24 drug courts in the U.S. explores the effectiveness of the drug court model in overseeing offenders participating in the program.	Drug courts provided closer, more comprehensive supervision, and more frequent drug testing and monitoring during the program, than other forms of community supervision. Offender drug use and criminal behavior were substantially reduced while offenders participated in drug courts.
Febbraro G, Clum GA. Meta-analytic investigation of the effectiveness of self-regulatory components in the treatment of adult problem behaviors. Clinical Psychology Review 1998;18(2):143-61.	Author's objective. To examine the effectiveness of self-regulatory components in the treatment of adult behaviour problems. Type of intervention. Treatment. Specific interventions included in the review. Self-regulatory treatment that involves self-monitoring (SM), self-reflection or self-evaluation (SE; including goal setting and feedback) and self-reaction or self-reinforcement (SR). Control groups consisted of no treatment, minimal contact or wait-list control. Participants included in the review. Adults with habit disturbances, affective and anxiety problems, and health related problems. Eighty five percent of the studies used non-clinical populations. Outcomes assessed in the review. Changes in adults exhibiting behaviour problems. It was not clear what measurement tools were used to measure the outcomes, but all quantifiable outcomes were transformed to a common metric. Study designs of evaluations	Results of the review. Effectiveness of interventions based on self-regulation theory: There was significant heterogeneity in the magnitude of the self-regulatory intervention effect sizes (chi-squared = 23.56, df = 12, p<0.02). Thirteen studies yielded an average effect size (ES) of 0.25 (z = 2.59, p <0.005). The ES comparing interventions using self-monitoring plus any other self-regulatory component (SM plus) was 0.42 (z = 3.78, p<0.001) at post-treatment. Significant heterogeneity was found in the magnitude of SM plus effect sizes for these 10 studies (chi-squared = 17.8, df = 9, p<0.03). The possible factors accounting for significant variability within self-regulatory interventions compared to controls and within SM plus compared to SM alone were explored. Examination of variability within self-regulatory interventions compared to controls: Post-treatment effectiveness of SM alone compared to controls yielded an average ES of 0.29 (N = 10, z = 1.71, p<0.05) at post-treatment. No heterogeneity was found across these effect sizes. Post-treatment effectiveness of SM plus compared to controls yielded an average ES of 0.37 (N = 7, z = 2.70, p<0.05). Significant heterogeneity of variance was found across these ES estimates (chi-squared = 19.81, df = 6, p<0.002). Post-treatment effectiveness of studies combining SM plus interventions and SM alone yielded an average ES of 0.45 (N = 4, z = 3.22, p<0.0001). Significant heterogeneity was found across these ES estimates (chi-squared = 8.85, df = 3, p<0.03. Between-group tests comparing the

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
	<p>included in the review. Only between-subjects designs were included in the review. Controlled studies were included which compared interventions based on a self-regulatory model to no-treatment, wait-list, and minimal contact attention controls to other self-regulatory components. What sources were searched to identify primary studies? PsycLIT and Psychological Abstracts were searched and a review of references from relevant articles/books was performed. Search terms and dates were not stated. Only published studies were included in the review. Only studies which presented quantifiable data that could be transformed to a common metric were included. Criteria on which the validity (or quality) of studies was assessed. The authors perform an assessment of internal validity, including type of control group, level of psychopathology and length of treatment and external validity, including type of behavioural disturbance and treatment modality. How were decisions on the relevance of primary studies made? Not stated. How were judgements of validity (or quality) made? Not stated. How was the data extracted from primary studies? A 50 variable coding system was developed that provided information on study, subject, methodological, and intervention characteristics. Ten studies were randomly chosen for coding by an independent rater in order to establish reliability. Percent agreement and kappa estimates of agreement were computed for each of the categorical variables utilised. Sixteen of the 21 variables presented had kappa values of 1.0 and the remaining 5 variables had kappa values ranging from 0.32 to 0.87. Effect sizes were calculated for each study from the r, t and F statistics, or from the</p>	<p>above three sub-datasets (SM alone vs controls, SM plus vs controls, SM plus and SM alone versus controls) were nonsignificant. Examination of variability within SM plus compared to SM alone: post-treatment effectiveness of SM plus goalsetting (GS) yielded an average ES of 0.60 (N = 3, z = 3.61, p<0.0002). There was significant heterogeneity across these ES estimates (chi-squared = 7.87, df = 2, p = 0.01). Post-treatment effectiveness of SM plus feedback (FB) yielded an average ES of 0.80 (N = 2, z = 2.29, p<0.01). No heterogeneity was present. Post-treatment effectiveness of SM plus self reinforcement (SR) yielded a non-significant average ES of 0.15 (N = 5, z = 0.83, p = 0.20) with no heterogeneity present. Between-group tests comparing the above three sub-datasets revealed that interventions combining SM and GS are significantly more effective than interventions combining SM and SR (z = 1.68, p<0.05). Treatment of drop-out: Drop-out rates for treatment groups and controls were 16.6% and 9.5% respectively (not significant). Follow-up: No significant decrease in ES emerged between end-of-treatment and follow-up (1-8 weeks) for self-regulatory interventions and SM plus interventions. An examination of the discrepancy in overall ES estimates between self-regulatory interventions compared to controls and SM plus compared to SM alone was also performed. Factors affecting SM, effects of motivational variables, goals and feedback were also explored. Internal validity analysis: No differences emerged among studies due to control groups, instillation of hope to control groups, and treatment length. In terms of level of pathology, between-group tests revealed that studies utilising outpatient samples had a significantly larger ES than studies utilising college samples (z=1.64, p<0.05). For assessment method, studies utilising behavioural measures had a larger ES than studies utilising self-report measures (z=1.66, p<0.05). External validity analyses: No differences emerged for target behaviour. For treatment format, studies utilising individual treatment formats had a significantly larger ES than studies utilising group treatment formats (z=2.12, p<0.02). Was any cost information reported? No. Author's conclusions. Compared to no intervention at all, the effect size for self-regulatory interventions was significant but small (ES = 0.25). However, significant variability existed for self-regulatory interventions relative to controls, complicating the interpretation of this finding. The findings suggest that the more self-regulatory components are present in an intervention, the more effective the self-regulatory intervention is compared to no intervention at all. The authors noted several limitations to the present review. First, most of the studies (12 of 20) targeted habit disturbances, making it difficult to compare</p>

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
	<p>raw means, standard deviations and Ns using a computer programme by Mullen (see Other Publications of Related Interest). Drop-out rates were examined for each group using a relatively conservative non-parametric procedure that compares proportional differences. Number of studies included in the review. There were 20 studies included in the review. The total sample size was not given. Thirteen studies, comprising 385 participants were used to examine differences due to control groups. How were the studies combined? Individual effect sizes were combined to form the overall effect size. The procedure used to perform this calculation was not stated. How were differences between studies investigated? Heterogeneity was tested using chi-squared tests. The sources of heterogeneity were investigated. To examine the variability within self-regulatory interventions compared to controls, the dataset was divided into several sub-datasets: SM alone compared to controls; b. Interventions using self monitoring plus any other self-regulatory components (SM plus) compared to controls; c. SM plus and SM alone compared to controls. To examine the effects of adding specific self-regulatory components to SM alone, the following analyses were conducted: a. SM plus goal-setting (GS) compared to SM alone. b. SM plus feedback (FB) compared to SM alone. c. SM plus self-reinforcement (SR) compared to SM alone. Sub-group (internal validity) analyses were performed for type of control group (no treatment, wait list and minimum contact/attention controls), promise of treatment (control groups in which treatment was promised versus control groups in which it wasn't promised), level of psychopathology (e.</p>	<p>studies across target behaviours or generalise the results of the review. Second, most of the studies contained relatively small sample sizes, with 95% of the studies containing less than 15 subjects per group and only 55% of the studies containing at least 10 subjects per group. Third, only 85% of the studies used non-clinical populations. Finally, there were inconsistencies in how self-regulation components were utilised and defined in studies. For example, some studies purporting to use self-monitoring as the sole intervention also included explicit feedback and goal-setting. CRD commentary. The review focuses on a well defined question. Inclusion and exclusion criteria were appropriate. The primary studies were combined appropriately. The search terms and dates of the databases searched were not provided. In addition, only published studies were included, leading to a potential publication bias. An analysis of internal and external validity was performed, but quality criteria such as blinding of randomisation and concealment of randomisation were not assessed. Some details of the primary studies were provided, but only for those which examined self-regulatory interventions compared to control groups were included. Details such as age, sex, level of psychopathology, length of treatment, follow up times, type of assessment, target behaviours, and treatment modality were not provided. In addition, the authors did not state what measurement tools were used to measure changes in participants' problem behaviours. The conclusions follow from the results, but both should be interpreted with caution, due the limitations noted by the authors (see "Author's Conclusions") and those stated here. What are the implications of the review? The authors state that there is a need to conduct large-scale controlled studies of the effectiveness of self-regulatory interventions on clinical populations and to assess their impact. Such research should systematically assemble and disassemble interventions in which self-regulatory components are the primary interventions</p>

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
	G. outpatient versus college), type of assessment (self report versus behavioural) and length of treatment (1-4 weeks, 5-8 weeks, and greater than 8 weeks). Sub-group (external validity) analyses were performed separately for the target behaviours (habit disturbances, depression, anxiety, and health related behaviours) and for treatment modality (therapist assisted versus self-administered and interventions utilising individual, group and mail-contact only formats).	
Williams D, McBride AJ. The drug treatment of alcohol withdrawal symptoms: a systematic review. <i>Alcohol and Alcoholism</i> 1998;33(2):103-15.	A computer-assisted and cross-reference literature search identified trials of therapy for alcohol withdrawal symptoms. Those with a randomized, double-blind placebo-controlled design were systematically assessed for quality of methodology. Fourteen studies were identified investigating 12 different drugs.	The quality of methodological design, even among this highly selected group of published studies, was often poor. Study populations were generally under-defined, most studies excluded severely ill patients, control groups were poorly matched, and the use of additional medication may have confounded results in some studies. Twelve different rating scales were used to assess severity of symptoms. All 12 compounds investigated were reported to be superior to placebo, but this has only been replicated for benzodiazepines and chlormethiazole. Further research using better methods is required to allow comparison of different drugs in the treatment of alcohol withdrawal symptoms. On the evidence available, a long-acting benzodiazepine should be the drug of first choice.
Marsch, LA. The efficacy of methadone maintenance interventions in reducing illicit opiate use, HIV risk behavior and criminality: a meta analysis. <i>Addiction</i> 1998;93(4):515-32.	Meta-analytic statistical procedures are used to determine the effectiveness of methadone maintenance treatment (MMT) on illicit opiate use (11 studies), HIV-risk behaviors (8 studies) and criminal activities (24 studies).	There was a consistent, statistically significant relationship between MMT and the reduction of illicit opiate use, HIV-risk behaviors and drug and property-related criminal behaviors. The effectiveness of MMT was most apparent in its ability to reduce drug-related criminal behaviors. MMT had a moderate effect in reducing illicit opiate use and drug and property-related criminal behaviors, and a small to moderate effect in reducing HIV-risk behaviors. MMT's effectiveness was evident across a variety of contexts, cultural and ethnic groups, and study designs.
Tolan P, Guerra N. <i>Youth Violence: What Works</i> . Boulder, CO: University of Colorado, Boulder Center for the Study and Prevention of Violence. 1998.	Review of programs for violent youth.	The authors advise that the value of this is limited, because it indicates that most approaches for addressing juvenile violence have not been well evaluated, so that the effects shown must be qualified and enthusiasm tempered. The review shows that there are effective programs at each level of intervention, although the majority of evaluated programs target individual- level influences, because this level is the easiest to evaluate. At the individual level, there is support for the use of cognitive- behavioral multidimensional programs, particularly those that combine generic problem-solving skills (a structured method for resolving interpersonal

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Wing J, Marriott S, Palmer C, Thomas V. Management of imminent violence: clinical practice guidelines to support mental health services. Occasional Paper 1998;(OP41):1-111.	Author's objective. To develop clinical practice guidelines intended to assist health practitioners, managers, service users and 'informal' careers in making decisions about the most appropriate actions needed in mental health care settings where violence by a user is imminent or actually occurring. Type of intervention. Management, prevention. Specific interventions included in the review. All interventions aimed at preventing or dealing with imminent violence, including environmental interventions (providing calming features, a secure environment, activities, staff training, management protocols, policies etc); restraining and seclusion interventions (leather cuffs, strait jacket, seclusion rooms etc), pharmacological interventions (tranquillisers, antipsychotics etc) and short-term prediction interventions (screening scales, clinical assessment etc). Interventions including medium to long term prediction, causation, or management of violence were excluded. Participants included in the review. Adult users of mental health services. The following were excluded from the review: the elderly, people with learning disorders, people with problems due primarily to personality disorders or substance abuse,	conflicts) with other cognitive skills (e.g., perspective-taking and moral reasoning). Further, programs that provide for extensions into real-life skills and situations are apparently more effective than others, and behavior modification in real-life settings has shown promise. There is some evidence that individual analytic and supportive psychotherapy can work if it is part of a larger structured program; however, the overall evidence argues against its use. it is less effective than other approaches and may have harmful effects. Similarly, intensive casework has been evaluated numerous times and has failed to show a positive effect; at times, negative effects have been shown. Biomedical approaches have produced equivocal results, and apparently are indicated only for extremely violent youths. Results of the review Environmental interventions (n=17 studies, all descriptive studies): Although the studies were relevant, all were descriptive and none had a fully controlled design. Varied methods of data collection, measurement and analysis made it impossible to aggregate the results and so no strongly evidence-based conclusions could be drawn. However, there was weak quantitative evidence that training and experience reduces injuries to staff, although it is not clear whether overall incidents of violence (ie patient-to-patient) are reduced. Material in several papers also suggested that overcrowding is a potent cause of irritability on wards and that wards with trained and experienced staff working well together with good leadership (ie high morale wards) tend to be less violent. Restraint and seclusion (n=16 studies, 6 cohort and 10 descriptive studies): Few of the papers gave examples of how restraint or seclusion were administered. The definition and practice of restraint also differed between countries and changes over time. The majority of the papers were from the USA where the term 'restraints' can mean the use of leather cuffs and belt fastened with various degrees of security. It can also mean a 'camisole' or 'straitjacket'. Only two papers were relevant to the UK and they were not rigorous, so no strongly evidence-based conclusions can be drawn. Variations between the legal systems of different countries should be considered when interpreting the results. Medication (n=19 studies, 4 RCTs, 7 controlled, 1 review of controlled studies, 2 cohort and 5 descriptive studies): Only one trial satisfied all the design criteria specified and only one other was specifically randomised and double-blind. Many provided no evidence for claims of randomisation or that clinicians were blind. Thus it was not possible to draw strong evidence-based conclusions from these studies. Several references did however suggest that if rapid tranquilization is indicated because psychosocial methods have failed or are insufficient or inappropriate, then

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
	<p>people receiving domicilliary visits and those attending general practice surgeries. Outcomes assessed in the review. Intervention effectiveness and safety was assessed. Effectiveness was measured in a number of ways including: number of violent/aggressive incidences, rate of injury (including patient-to-patient and patient-to-staff), mean violent incident rate, mean number of incidences of seclusion/restraint been used, and patient attitudes (assessed via questionnaire). Violent incidences committed by people other than mental health service users were excluded. Measures of safety included: number of hallucinatory experiences whilst on medication, drug related adverse events, patient injury rate. Study designs of evaluations included in the review. RCTs, controlled trials, cohort studies, descriptive studies, meta-analyses and reviews were included. Economic evaluations were excluded. What sources were searched to identify primary studies? Reviewers working with a member of the Work Group conducted their own searches and a skilled librarian searched the following electronic databases: EMBASE (1986-1996), PsycLIT (1974-1997), MEDLINE (1966-1997), Cochrane Library (1997; Issue 3). The searches were combined and additional articles identified through manually searching the reference lists of retrieved articles. Experts in the field were also consulted to identify further references and to ensure the completeness of the reference list. Criteria on which the validity (or quality) of studies was assessed. Study design, clarity of hypothesis, size and adequacy of sampling methods, drop-out rates, appropriate use of measurement tools, statistical methods, and evidence of a clear and disinterested</p>	<p>benzodiazepines alone, or an antipsychotic alone can be used with a reasonable degree of safety for managing violent behaviour. There was no evidence that a combination of several medications, or that the use of doses above those recommended in the British National Formulary, produce better results. Short-term prediction (n=17 studies, 14 cohort and 3 descriptive studies): Many of the papers provided data that could be compared in terms of the sensitivity and specificity of prediction. Several of the papers however pointed to difficulties that hindered the interpretation of the results, such as wide variations in settings, patient sampling and characteristics etc. Many of the studies also used data from records of uncertain accuracy. Designs that included violence at or near admission as a predictor of violence later on ran into a constant risk of contamination. Consequently, the studies did not provide a clear consensus on items that would be clinically useful for short-term prediction across a variety of clinical settings. A review of non-research information was also presented including: assessment of national guidance documents, canvassed views and priorities of mental health service users/carers, and a review of information obtained through discussion groups with mental health service nurses. Was any cost information reported? No. Author's conclusions. The review has been thorough. We consider that the guidelines provide an up-to-date and dispassionate account of the evidence currently available and that it deserves to be read widely and acted upon, particularly in light of the Department of Health's recent guidance on reducing the incidence of violence to health service staff. CRD commentary. This is a clear and detailed review based on a thorough search of the literature, both published and unpublished. Clear inclusion/exclusion criteria are provided and the methods used to assess the relevance and quality of studies clearly stated. However, the nature of the review question dictates that the majority of the evidence comes from descriptive studies and not from more rigorous studies such as RCTs and controlled studies. Heterogeneity is also evident throughout the groups of studies and the authors highlight this. In view of these limitations the use of a narrative summary of results is appropriate and the authors conclusions would appear to be valid. What are the implications of the review? Practice implications: A series of 18 guidelines for practice are provided under the general headings of 'ward design and organisation', 'anticipating and preventing violence', and 'medication in the context of violence'. The authors state that the guidelines 'should be seen as a companion to the Department of Health's guidance, the Health and Safety Executive's guidance on managing and assessing violence to staff and the Royal College of Psychiatrists' Council</p>

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
	<p>presentation. In addition controlled studies were also assessed in terms of randomisation, clinician and patient blinding, sample size and follow-up rate. How were decisions on the relevance of primary studies made? Relevance was assessed by individual reviewers and then consensus decisions reached by discussion with the Research Team and members of the Work Group. How were judgements of validity (or quality) made? Validity was assessed by individual reviewers and then consensus decisions reached by discussion with the Research Team and members of the Work Group. Only well designed studies were included. How was the data extracted from primary studies? Not stated. Number of studies included in the review. 68 studies (4 RCTs, 11 controlled, 22 cohort, 34 descriptive and 1 other study). How were the studies combined? The studies were divided into the four intervention groups (environmental, restraint and seclusion, medication, short-term prediction) and discussed using a descriptive narrative. How were differences between studies investigated? Differences between studies were discussed but no formal assessment of heterogeneity was performed.</p>	<p>Report on the design of psychiatric facilities'. Research implications: The authors state that 'controlled studies of the use of atypical and short-acting depot neuroleptics in this context are needed'. Also 'it is strongly recommended that a review of the evidence and probably a revision of this report, should be made within five years'.</p>
Higgins ST. The influence of alternative reinforcers on cocaine use and abuse: a brief review. <i>Pharmacology, Biochemistry and Behavior</i> 1997;57(3):419-27.	Review of experimental studies conducted with human and non-human participants.	Increasing availability of alternative, non-drug reinforcers can significantly disrupt the acquisition and maintenance of cocaine use and abuse.
Wilk AI, Jensen NM. Meta-analysis of randomized control trials addressing brief interventions in heavy alcohol drinkers. <i>Journal of General Internal Medicine</i> 1997;12(5):274-83.	To assess the effectiveness of brief interventions in heavy drinkers by analyzing the outcome data and methodologic quality. DESIGN: (1) Qualitative analysis of randomized control trials (RCTs) using criteria from Chalmers' scoring system; (2) calculating and combining odds ratios (ORs) of RCTs	Twelve RCTs met all inclusion criteria, with an average quality score of 0.49 + or - 0.17. This was comparable to published average scores in other areas of research (0.42 + or - 0.16). Outcome data from RCTs were pooled, and a combined OR was close to 2 (1.91; 95% confidence interval 1.61-2.27) in favor of brief alcohol interventions over no intervention. This was consistent across gender, intensity of intervention, type of clinical setting, and higher-quality clinical trials. CONCLUSIONS: Heavy drinkers who

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Stanton MD, Shadish WR. Outcome, attrition, and family-couples treatment for drug abuse: a meta-analysis and review of the controlled, comparative studies. Psychological Bulletin 1997;122(2):170-91.	using the One-Step (Peto) and the Mantel-Haenszel methods. STUDY SELECTION AND ANALYSIS: A EDLINE and PsycLIT search identified RCTs testing brief interventions in heavy alcohol drinkers. Brief interventions were less than 1 hour and incorporated simple motivational counseling techniques much like outpatient smoking cessation programs. By a single-reviewer, non-blinded format, eligible studies were selected for adult subjects, sample sizes greater than 30, a randomized control design, and incorporation of brief alcohol interventions. Methodologic quality was assessed using an established scoring system developed by Chalmers and colleagues. Outcome data were combined by the One-Step (Peto) method; confidence limits and chi 2 test for heterogeneity were calculated.	received a brief intervention were twice as likely to moderate their drinking 6 to 12 months after an intervention when compared with heavy drinkers who received no intervention. Brief intervention is a low-cost, effective preventive measure for heavy drinkers in outpatient settings.
Glanz M, Klawansky S, McAullife W, Chalmers T. Methadone vs. L-alpha-acetylmethadol (LAAM) in the treatment of opiate addiction: a meta-analysis of the randomized, controlled trials. American Journal on Addictions 1997;6(4):339-49.	This review synthesizes drug abuse outcome studies that included a family-couples therapy treatment condition. The meta-analytic evidence includes 1,571 cases involving an estimated 3,500 patients and family members. The studies were located through a search of MEDLINE and a review of bibliographies of retrieved articles and pertinent review articles, The search spanned 1966-96. All studies were conducted in standard outpatient opiate addiction treatment clinics. Most participants were men from lower socioeconomic strata.	Evidence favors family therapy over (a) individual counseling or therapy, (b) peer group therapy, and (c) family psychoeducation. Family therapy is as effective for adults as for adolescents and appears to be a cost-effective adjunct to methadone maintenance. Because family therapy frequently had higher treatment retention rates than did non-family therapy modalities, it was modestly penalized in studies that excluded treatment dropouts from their analyses, as family therapy apparently had retained a higher proportion of poorer prognosis cases. Re-analysis, with dropouts regarded as failures, generally offset this artifact. Two statistical effect size measures to contend with attrition (dropout d and total attrition d) are offered for future researchers and policy makers. Results revealed a statistically significant risk difference that favored methadone for retention in treatment and for discontinuation of treatment because of side effects. The risk difference for illicit drug use favored LAAM, but the difference was not significant. A small treatment difference in favor of methadone was also noted. Findings indicated that LAAM is a relatively effective alternative in the treatment of opiate addiction, given its potential practical and operational benefits in comparison to methadone in certain situations

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Harris GT, Rice ME. Risk appraisal and management of violent behavior. <i>Psychiatric-Services</i> 1997;48(9):1168-76.	A review analyzes research published in the last decade on the prediction, management and treatment of violent persons.	Well-controlled studies have shown the effectiveness of behavior therapy and of behavioral staff training programs in reducing violence by patients in institutions, chronic psychiatric patients, and other populations. Otherwise, little is known about which psychotherapeutic or pharmacological treatments reduce violent recidivism under what circumstances. Recent work on the neurophysiology of aggression holds exciting promise but does not yet provide a scientific basis for prescriptive treatment. The most exciting and promising avenues for research on the management of violence lie in the joining of biology and psychology.
Bates BC, English DJ, Kouidou-Giles S. Residential treatment and its alternatives: a review of the literature. <i>Child and Youth Care Forum</i> 1997;26(1):7-52.	This review summarizes the literature for residential treatment, family preservation services, treatment foster care, and individualized services. Characteristics of each model are reviewed, as are methodological limitations of outcome studies and treatment effectiveness with children.	Although residential treatment is often viewed negatively, empirical evidence does not suggest differential levels of effectiveness compared to nonresidential alternatives. The results of some nonresidential outcome studies are promising, but efficacy claims should be viewed critically, due to the absence of methodologically rigorous evaluations for both residential and nonresidential approaches. Treatment effectiveness for both residential and nonresidential programs continues to be hampered by the use of small, nonrandom samples, failure use comparison or control groups, poorly defined subjective outcome criteria, the use of nonstandardized assessment tools, and the failure to explicate and link treatment components to outcomes.
Mayo-Smith MF. Pharmacological management of alcohol withdrawal. A meta-analysis and evidence-based practice guideline. <i>JAMA</i> 1997;278(2):144-51.	To provide an evidence-based practice guideline on the pharmacological management of alcohol withdrawal. DATA SOURCES: English-language articles published before July 1, 1995, identified through MEDLINE search on "substance withdrawal--ethyl alcohol" and review of references from identified articles. STUDY SELECTION: Articles with original data on human subjects. DATA ABSTRACTION: Structured review to determine study design, sample size, interventions used, and outcomes of withdrawal severity, delirium, seizures, completion of withdrawal, entry into rehabilitation, adverse effects, and costs. Data from prospective controlled trials with methodologically sound end points corresponding to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, were abstracted by 2 independent	Benzodiazepines reduce withdrawal severity, reduce incidence of delirium (-4.9 cases per 100 patients; 95% confidence interval, -9.0 to -0.7; P=.04), and reduce seizures (-7.7 seizures per 100 patients; 95% confidence interval, -12.0 to -3.5; P=.003). Individualizing therapy with withdrawal scales results in administration of significantly less medication and shorter treatment (P<.001). beta-Blockers, clonidine, and carbamazepine ameliorate withdrawal severity, but evidence is inadequate to determine their effect on delirium and seizures. Phenothiazines ameliorate withdrawal but are less effective than benzodiazepines in reducing delirium (P=.002) or seizures (P<.001). CONCLUSIONS: benzodiazepines are suitable agents for alcohol withdrawal, with choice among different agents guided by duration of action, rapidity of onset, and cost. Dosage should be individualized, based on withdrawal severity measured by withdrawal scales, comorbid illness, and history of withdrawal seizures. beta-Blockers, clonidine, carbamazepine, and neuroleptics may be used as adjunctive therapy but are not recommended as monotherapy.

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
	reviewers and underwent systematic review.	
Gendreau P, Paparozzi M, Little T, Goddard M. Does "punishing smarter" work? An assessment of the new generation of alternative sanctions in probation. Forum in Corrections Research 1997;5:31-4.	They provide a brief report on a systematic review of 'get tough' or harsh sanctions on criminal recidivism. They defined 'get tough' strategies as any programs that had, as its primary emphasis, the punishment of offenders. These included: intensive supervision programs, scared straight, restitution, incarceration, boot camp, electronic monitoring, drug testing, arrest, and fines.	The recidivism rates were compared for three sets of studies: (a) spent more vs. less time in prison; (b) were incarcerated vs. those who remained in the community; and (c) intermediate sanctions vs. regular probation or parole. Over 100 studies were found (N=103) were found with control groups, yielding 376 effect sizes. The results showed that get tough strategies are ineffective and largely increase crime. For example, prisoners who spent more time in prison recidivated at a slightly higher rate (4%). Get tough strategies particularly backfire with low risk offenders, increasing their rate of recidivism by 7%. Only ISP programs that added counseling and treatment reduced crime (5%). Note that the 13 effect sizes from an unknown number of Scared Straight programs typically increased recidivism by 7%.
Malec TS, Malec EA, Dongier M. Efficacy of buspirone in alcohol dependence: a review. Alcoholism: Clinical and Experimental Research 1996;20(5):853-8.	The five published controlled studies on the effects of buspirone in alcoholism treatment are reviewed. They have been conducted mostly in alcoholics with comorbid anxiety.	Significant differences in favor of the medication were observed in several psychopathological measures (anxiety, depression, hostility, interpersonal sensitivity, and global psychopathology). In only two studies were alcohol craving and consumption found influenced. Systematic review showed positive effects of buspirone on treatment retention, as well as on anxiety. It can be concluded that the main effect of buspirone in the treatment of alcoholism is not on ethanol consumption per se, but on associated psychopathological symptoms. A favorable safety profile and a lack of interaction with alcohol make buspirone a useful pharmacological adjunct in the treatment of alcoholism.
Bourke ML, Donohue B. Assessment and treatment of juvenile sex offenders: an empirical review. Journal of Child Sexual Abuse 1996;5(1):47-70.	A review evaluates empirical support for the assessment and treatment methods currently used with juvenile sex offenders.	The heterogeneous nature of juvenile sex offenders and the failure of most measures to assess reliability and validity with this population make it difficult to generalize findings. Standardized assessment and treatment methods for use with prepubescent children are conspicuously absent in the literature. Suggestions for future investigations are offered.
Pearson FS, Lipton DS, Cleland CM. Some preliminary findings from the CDATE project. Presentation at the American Society of Criminology, Chicago, Illinois, November, 1996	Systematic review of 508 published and unpublished reports.	Two-thirds of their sample reported outcomes favoring treatment over control on crime or substance abuse outcomes. This was true of both adult and juvenile studies. When examining effect size, Pearson, et al. (1996) reported small, positive effects for treatment over controls; however, the weighted effect for treatment programs with adults was considerably smaller than that reported for juveniles (d=.035 for adults; d=.125 for juveniles).

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
		They also found a design effect, i.e., that randomized designs had smaller effects than quasi-experimental ones.
Batel P. The treatment of alcoholism in France. <i>Drug and Alcohol Dependence</i> 1995;39(1):15-21.	To determine the most appropriate form of pharmacotherapy for treating alcohol dependence, a systematic review of randomized controlled studies published between 1960-2993 was performed.	Results show that several pharmacotherapeutic agents had demonstrated safety and efficacy on different periods of follow-up, including acamprostate (long term), naltrexone (intermediate term), fluoxetine and citalopram (short term). Continued research is needed to identify the most appropriate patients to receive treatment with specific forms of pharmacotherapy.
Pearson F, Lipton D, Cleland C, O’Kane J. Meta-analysis on the effectiveness of correctional treatment: another approach and extension of the time frame to 1994—A progress report. Presentation at the American Society of Criminology Annual Meeting, Boston, Massachusetts, November 15 th . 1995.	Preliminary analysis of 43 studies published between 1989-1994 (47 effect sizes included).	Pearson, et al. (1995) could not replicate the Andrews, et al. (1990) finding for appropriate correctional service with this new sample of studies. They found a substantively smaller phi (.19) than Andrews, et al. (1990) found (.69) for ‘better’ services. Pearson, et al. speculated that this conflict may be the result of coding unreliability between the two meta-analytic studies.
Agosti V. The efficacy of treatments in reducing alcohol-consumption: a meta-analysis. <i>International Journal of the Addictions</i> 1995;30(8):1067-77.	Systematic review was used to assess the relative efficacy of various treatments in reducing alcohol consumption over the short-term, 6 months, and 12 months. All the treatments were administered in well-controlled studies.	In the short-term and 1-year follow-up studies, patients in the experimental group drank much less than the control group. However, between group consumption differences were negligible in the 6-month studies. When the studies were pooled, regardless of the follow-up assessment periods, the experimental group drank significantly less than the control group. These results suggest that, in general, patients who received experimental treatments consumed much less alcohol than patients in the control groups.
Alexander CN, Robinson P, Rainforth M. Treating and preventing alcohol, nicotine, and drug abuse through transcendental meditation: A review and statistical meta-analysis: Errata. <i>Alcoholism Treatment Quarterly</i> 1995;13(4):97.	A qualitative review and statistical systematic review of 19 studies summarize the effect of TM on alcohol, cigarette, and illicit drug use and compare the outcomes of TM with relaxation and standard treatments.	Transcendental Meditation (TM) program provides a holistic, natural, and effective treatment that impacts social, environmental, physiological, psychological, and spiritual factors that can influence addictive behavior.

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Suss HM. The effectiveness of the treatment of alcoholics: results of a meta-analysis. <i>Psychologische Rundschau</i> 1995;46(4):245-66.	A systematic review of 23 experimental and 21 non-experimental prospective studies is given.	Different general success rates for total abstinence and improvement of drinking behavior are presented depending on the method of calculation (handling of treatment dropouts and follow-up dropouts). The stability over time of the success rates are evaluated. The effect sizes of the experimental studies are presented. Particular outcome issues include: comparing behavioral treatment, standard treatment package, disulfiram and minimal treatment, inpatient vs. outpatient, duration and variety of treatment. The significance of patient characteristics are analyzed, aspects of the experimental and clinical settings and in which country the study was conducted. The differing health structures in different countries may have an effect on the combined issue of generalizability of success rates and effect sizes.
Hall GC, Nagayama. Sexual offender recidivism revisited: a meta-analysis of recent treatment studies. <i>Journal of Consulting and Clinical Psychology</i> 1995;63(5): 802-9.	A systematic review examined 12 studies of sex offender treatment (N=1,313).	A small but robust overall effect size emerged for treatment versus comparison conditions. The overall recidivism rate for treated sex offenders was .19, versus .27 for untreated sex offenders. Treatment effect sizes across studies, however, were heterogeneous. Effect sizes were larger in studies that had higher base rates of recidivism, had follow-up periods longer than 5 years, included outpatients, and involved cognitive-behavioral or hormonal treatments. These treatments were significantly more effective than behavioral treatments, but were not significantly different from each other.
Wells-Parker E, Bangert-Drowns R, McMillen R et al. Final results from a meta-analysis of remedial interventions with drink/drive offenders. <i>Addiction</i> 1995;90:907-26.	A systematic review of the efficacy of remediation with drunk-driving offenders is based on 215 independent evaluations. Study characteristics were coded using scales and protocols developed by expert panels.	Better methodological quality, as indicated by group equivalence, was associated with smaller effect size and less variation in effect size. The average effect of remediation on recidivism was an 8 to 9% reduction. A similar effect size emerged for alcohol-involved crashes. Combinations of modalities incorporating education, psychotherapy/counseling, and follow-up contact/probation were more effective than other modes for reducing recidivism. Treatment effects were probably underestimated in the literature.
Agosti V. The efficacy of controlled trials of alcohol misuse treatments in maintaining abstinence: A meta-analysis. <i>International Journal of the Addictions</i> 1994;29(6):759-69.	Systematic review was used to establish the efficacy of various controlled alcohol misuse treatments in maintaining abstinence over short-term, 6 months, and 12 month follow-ups. The literature was surveyed for studies (1974-1992) that had a control group, used a significant other report and/or laboratory testing to validate the patient's report of alcohol use, measured abstinence rates, and randomized patients to treatments. 15 studies met the criteria.	Diverse treatments for alcohol misuse did not demonstrate significant differences in abstinence outcomes.

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Antonowicz DH, Ross RR. Essential components of successful rehabilitation programs for offenders. International Journal of Offender Therapy and Comparative Criminology 1994;38(2):97-104.	They conducted a systematic review of correctional treatment programs for juveniles or adults. They found 44 rigorous evaluations using randomization or a comparison group design cited in prior reviews or published in professional journals, during 1970-1991, that reported some outcome measure of crime in the community. They describe their search methods as examining previous reviews and searching criminological, sociological, psychological and substance abuse journals.	This report listed six factors that seemed to predict success (success measured as chi-square on outcomes, E v C). They state that "one of our major findings was that there is not a large number of published, rigorously controlled studies" (p.98). They note that "Twenty effective programs in 21 years indicates that effective programs are truly exceptional" (p. 98). They also note the reporting problems in the journals, including inadequate description of the programs, clients, staff and so on. The six characteristics associated with program efficacy: (1) sound conceptual model; (2) multifaceted programming; (3) targeting criminogenic needs; (4) responsivity principle; (5) role-playing and modeling; and (6) social cognitive skills training. No details on analyses or strength of associations were found in the abbreviated journal report. They also conclude discouragingly enough about the research, "given the distressingly poor quality of research and reporting of research, it is not yet possible to adequately test most of these suggestions" (p.102). But some programs obviously do work, with magnitudes of effect ranging from a 25 to 90% reduction in crime!
Lamas X, Farre M, Moreno V, Cami J. Effects of morphine in post-addict humans: a meta-analysis. Drug and Alcohol Dependence 1994;36(2):147-52.	Performed a systematic review of dose response data to determine whether there was a relationship between doses of the prototypic opioid agonist morphine and the magnitude of effects on subjective, behavioral, and physiological variables commonly used in the assessment of opioids. Data about heterogeneity between studies and variations in the dose-response functions were also analyzed. 33 studies published between 1964 and 1991 were examined.	Measurements of subjective and physiological effects increased as a function of the dose of morphine and, therefore, were useful predictors of morphine-like effects. However, the differences between variables and the degree of heterogeneity found across studies showed that the concurrent assessment of several indexes is required when evaluating the effects of morphine in nondependent humans.
Rasmussen DW, Benson BL. Intermediate sanctions: a policy analysis based on program evaluations. Report prepared for The Collins Center for Public Policy. 1994.	A review of recent evaluations of day fines, shock incarceration, intensive probation supervision, electronic monitoring and house arrest, and day reporting.	The promise of these sanctions is compromised by institutional structure, conflicting goals and lack of coordination and accountability; inadequate knowledge about targeted program participants; and insufficient cost-effectiveness analysis. Combined, these studies reveal only what such sanctions cannot do, rather than what they can accomplish.

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Tolan P, Guerra N. What works in reducing adolescent violence: an empirical review of the field. Boulder, CO: Center for the Study and Prevention of Violence, University of Colorado. 1994.	A review assesses research on the effects of programs intended to reduce adolescent violence. Programs are reviewed within each of 4 intervention categories that reflect risk factors for violence: individual factors, close interpersonal relations, proximal social contexts, and broader societal macrosystems within a biopsychological model.	Limited program evaluation is available to assess the effects of these approaches, and the most popular programs may not be those evaluated. While effective programs exist at each level of intervention, those assessed typically target individual-level influences: there is some support for cognitive-behavioral multidimensional programs, those that provide real life skills, and behavior modification. Increasingly popular mentoring and manhood development programs have not been adequately studied. Proximal interpersonal systems programs such as family-targeted interventions are effective. In this category, peer relation intervention was less effective. Interventions in proximal social settings, although not sufficiently evaluated, reported some success for increased parental involvement in schools, increasing youths' motivation to do well in school, and opportunities for prosocial roles. Community organization programs have been minimally evaluated. Milieu or token programs offered at residential institutions seem to improve youths' behavior while incarcerated, but are not promising in the long-term. Finally, there were no tests of societal-level influences. A more solid empirical base is necessary to effectively address adolescent violence.
Sowers WE, Daley DC. Compulsory treatment of substance use disorders. <i>Criminal Behaviour and Mental Health</i> 1993;3(4):403-15.	Review of current literature. Compulsory treatment refers to (1) civil commitment and (2) the provision of treatment as an alternative to incarceration	There is evidence that compulsory treatment is effective in reducing substance abuse.
Quinsey VL, Harris GT, Rice ME et al. Assessing treatment efficacy in outcome studies of sex offenders. <i>Journal of Interpersonal Violence</i> 1993;8(4):512-23.	A review critiques the literature on sex offender treatment.	Effectiveness of treatment in reducing recidivism has not yet been scientifically demonstrated. More well-controlled outcome research is needed that can be evaluated with meta-analytic techniques.
McLaren K. Reducing reoffending: what works now. Wellington, NZ: Penal Division, New Zealand Department of Justice. 1992.	A review of the international literature assesses correctional interventions aimed at reducing criminal recidivism, with an emphasis on New Zealand.	There is statistically rigorous evidence for the existence of a small but significant group of effective interventions. About 25-30% of interventions evaluated to date have done so in a statistically reliable way. No single category of intervention--such as work or education--has been found effective in all or even most cases, but some characteristics are shared across types of effective interventions. Sixteen principles from those interventions are outlined. The principles apply to many types of correctional interventions, whether in the community or in residential settings. The most important are based on a social learning model, which suggests that many criminal ways of thinking and behaving are learned, and that offenders can learn new attitudes and behaviors that result in less reoffending. Relations between staff and offenders in effective interventions are characterized by

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Lipsey MW. Juvenile delinquency treatment: a meta-analytic inquiry into the variability of effects. In Thomas A. Cook, et al. (eds.) <i>Meta-Analysis for Explanation: A Casebook</i> . New York, NY: Russell Sage Foundation: 1992;83-127.	A systematic review examines variability in delinquency treatment effects found in the research literature. The analysis included 443 studies conducted since 1950 in English-speaking countries.	empathy, trust and open communication. Offenders are trained in practical, personal and social problem-solving skills, and involved in planning interventions. When offenders are assigned to interventions that suit their predominant style of learning, they are more likely to benefit. Deterrent interventions, which seek to prevent future offending by exposing offenders to harsh or rigorous regimes, have rarely resulted in reduced reoffending. Interventions based on a "medical model" are less likely to be effective. While treatment program effects were positive overall, there was a larger than expected degree of variability in outcomes. The research methods as well as the treatment influenced the effects of treatment. Multiple regression revealed that method variables contributed a large share of the variability in treatment outcomes, but that treatment characteristics also had a large, independent impact on effect size. Pre-treatment equivalence of treatment and control groups used in the study accounted for the most variance: while use of random assignment had no relationship, specific areas of nonequivalence did matter. Other important method clusters included sample size, type of control group, and the nature of measures of delinquency outcome. The treatment modality and the nature of the treatment provider demonstrated the strongest relationship with effect size, independent of study method. The more structured and focused treatments, such as behavioral and skill-oriented approaches, as well as multimodal treatments, were most effective. Interestingly, subject characteristics were unrelated to treatment effects, and the modest relationships between amount or intensity of treatment and outcomes were confounded. In conclusion, the wide variability in treatment effects implies that whether delinquency treatment is deemed effective depends upon which areas of the research literature are examined.
Roberts AR, Camasso MJ. The effect of juvenile offender treatment programs on recidivism: a meta-analysis of 46 studies. <i>Notre Dame Journal of Law, Ethics and Public Policy</i> 1991;5(2):421- 41.	They conducted a systematic review of evaluations of juvenile offender treatment. Methods are explicit. They did a hand search of 23 major criminology, justice and psychology journals, covering the literature from 1980-1990. Only studies that included some type of control or comparison were included, i.e. randomized experiment, quasi-experiment, statistical controls, matched comparison, or pre/post.	They report that juvenile offender treatment typically has small, positive effects. The largest effects, according to the authors, are for family therapy (ES=.55) and group treatment strategies (ES=.81). Roberts and Camasso note that the evaluations comprising the group treatment category are weak and they question the findings. Interesting that the effect sizes for vocational/educational programs (ES=.40) and drug/alcohol counseling (.44) - both higher than the average effect size - are not mentioned. They also find that studies with smaller samples (<50 in each group) report larger effect sizes. Effect size also decreases dramatically with length of follow-up (ES=.22 for studies with follow-ups of more than 12 months compared to an ES of .60 for studies with follow-ups of less than six months). The long on description, short on evaluation problem is noted again when they write,

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
		"Despite the fact that hundreds of studies have been published on the effectiveness of different types of juvenile offender treatment programs during the past decade, the majority of them are descriptive and anecdotal, with small samples and weak research designs"(p. 437). They conclude that the only treatment modality that is clearly effective is family therapy, based on effect size and quality of studies in the category, concluding that ".it is important to recommend to juvenile justice administrators that they replicate family counseling programs in their respective jurisdiction" (p.438).
Ter Riet G, Kleijnen J, Knipschild P. A meta-analysis of studies into the effect of acupuncture on addiction. <i>British Journal of General Practice</i> 1990;40:379-82.	A literature search revealed 22 controlled clinical studies on the efficacy of acupuncture in three fields of addiction: cigarette smoking (15), heroin (five), and alcohol (two). These studies were reviewed using a list of 18 predefined criteria of good methodology. A maximum of 100 points for study design could be earned, divided over four categories: comparability of prognosis; adequate intervention; adequate effect measurement; and good data presentation.	The study design was generally poor. No study earned more than 75 points and 12 studies (55%) earned less than 50 points. For smoking cessation, the number of studies with negative outcomes exceeded by far the number with positive outcomes. Taking the quality of the studies into account this negative picture becomes even stronger. For heroin and alcohol addiction controlled clinical research is both scarce and of low quality. Claims that acupuncture is efficacious as a therapy for these addictions are thus not supported by results from sound clinical research.
Izzo RL, Ross RR. Meta-analysis of rehabilitation programs for juvenile delinquents: a brief report. <i>Criminal Justice and Behavior</i> 1990;17(1): 134-42.	A systematic review examines 46 studies of intervention programs for delinquents, concentrating specifically on the intervention variable of program conceptualization. Of the studies reviewed, 16 reported 2 or more appropriate comparisons, for a total of 68 effect-size measures.	Support emerged for a cognitive model of offender rehabilitation. Attending to how the offender thinks may be at least as important as concentrating on how he or she feels or behaves. It may be also be valuable to teach offenders to think logically, objectively and rationally without overgeneralizing, distorting the facts or externalizing the blame
Andrews DA et al. Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. <i>Criminology</i> 1990;28(3): 369-404.	A content and systematic review hypothesizes that the delivery of appropriate correctional service reflects 3 psychological principles: delivery of service to higher-risk cases; targeting of criminogenic needs; and use of styles and modes of treatment (e.g., cognitive and behavioral) that are matched with client need and learning styles. These principles were applied to 80 studies of juvenile and adult correctional treatment, which yielded 154 phi coefficients that summarized the magnitude and direction of the impact of treatment on	The effect of appropriate correctional service (mean phi=.30) was significantly greater than that of unspecified correctional service (.13), and both were more effective than inappropriate service (-.06) and nonservice criminal sanctioning (-.07). Service was reported effective: (a) in both juvenile and adult corrections; (b) in studies published before and after 1980; (c) in randomized and nonrandomized designs; and (d) in diversionary, community, and residential programs (albeit, attenuated in residential settings).

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
	recidivism.	
Bandoroff S. Wilderness adventure therapy for delinquent and pre-delinquent youth: a review of the literature 1989.	The review itself includes 25 empirical studies presented according to the type of research design employed.	The findings are inconsistent, but a number of areas demonstrate relatively clear results. Evidence supports the claims that wilderness-adventure therapy leads to improved self-perceptions, increase of social adjustment, and reduced recidivism. The findings are less conclusive regarding locus of control, problem solving ability, behavior change, and duration of the effects. It is concluded that WAT appears to be a viable alternative for the treatment of delinquent youth
Furby L, Weinrott MR, Blackshaw L. Sex offender recidivism: a review. Psychological Bulletin 1989;105(1):3-30.	They provide a systematic review of recidivism rates for sex offenders. They describe their search efforts as a "considerable effort to locate both published and unpublished studies" (p. 10). They examined books, articles, conference papers already familiar to them, as well as searches of Psychological and Social Abstracts, DIALOG PsychInfo, Sociological Abstracts, and the Criminal Justice Periodicals Index. They circulated their list to researchers and authorities in the field to account for studies that were overlooked. Their inclusion criteria included: (1) offenders were Convicted or committed to a treatment facility because of a sex crime, but not homosexuality; (2) data on follow-up in the community presented in the report; (3) male offenders; (4) data included official criminal justice records; (5) samples of 10 or more participants; and a (6) specified follow-up period	Furby et al. do not use meta-analytic techniques because: (1) the large number of studies in which the sample selection procedure was inadequately described; (2) enormous variability in samples across studies; (3) large number of studies for which the recidivism measures was inadequately defined; (4) the variability within many studies in length of follow-up periods for different men. All of these factors make it difficult to establish comparability of studies, which is necessary for the combining of their results to be meaningful. (p. 21). They do conclude from the qualitative analysis that "we can at least say with confidence that there is no evidence that treatment effectiveness reduces sex offender recidivism" (p.25). They state that "methodological shortcomings are present in virtually all studies, making the results from any single study both hard to interpret.." (p. 27).
Whitehead JT, Lab SP. A meta-analysis of juvenile correctional treatment. Journal of Research in Crime and Delinquency 1989;26 (3):276-295.	A systematic review of research published between 1975 and 1984	Interventions appear to have little positive impact on recidivism, and many appear to exacerbate the problem. The present analysis could even be considered overly lenient in its interpretation of the findings. It appears that the earlier evaluations that claim that nothing works are close to the conclusion to be drawn from more recent evaluations of juvenile treatments.

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Basta JM, Davidson II WS. Treatment of juvenile offenders: study outcomes since 1980. Behavioral Sciences and the Law 1988;6(3):355-84.	They conducted a systematic review of outcome studies from 1980-1987. They used the following search methods to find their studies: (1) computer Searches of ERIC and Psychological Abstracts; (2) examination of prior reviews; and (3) examination of actual study documents. They also define their search terms as "juvenile delinquents, treatment, intervention, outcome, rehabilitation, and community services." Their eligibility criteria were that the study had to treat adjudicated youths in the sample. A total of 37 studies were retrieved. They categorize their treatments into the following categories: behavioral, counseling-therapy, diversion, deterrence, and wilderness experience.	They conclude that overall, most treatments showed at least one positive outcome. Behavioral treatments were effective, as were counseling and therapy approaches. Mixed results were found for diversion, but they note that better controlled studies were more likely to find positive effects. Deterrence and wilderness approaches were not effective. Their final statement is " ..the question of whether anything works for treating juvenile offenders must be answered with a qualified "yes" (p. 375). Nonetheless, they add "the conclusions drawn, and the answers that might resolve these issues, lie in the future implementation of well-designed and well-controlled studies" (p. 375).
Lab SP, Whitehead JT. Analysis of juvenile correctional treatment. Crime and Delinquency 1988;34(1):60-83.	The impact of treatment on recidivism was the primary consideration in a simple ballot-box analysis of reports published in professional journals.	The results indicated that juvenile correctional treatment fared no better than in earlier reviews. In general, at least half of the studies reported negative or no impact on recidivism and many of the positive findings were based on dubious, subjective evaluations.
Wilson TG. Chemical aversion conditioning as a treatment for alcoholism: a re-analysis. Behaviour Research and Therapy 1987;25(6):503-16.	A systematic review of CAC studies is presented along with other analyses.	It is argued that the original justification for using drug-induced nausea in treating alcoholism has been undermined by alternative strategies (e.g., electrical aversion conditioning, covert sensitization through imagery) that are at least as effective. The intrusiveness and public acceptability of CAC and alternative therapies are discussed. It is noted that CAC is not a cost-effective treatment because of the hospitalization and direct physician involvement necessary.
Gottschalk R et al. Community-based interventions. In Herbert C. Quay (ed.) Handbook of Juvenile Delinquency. New York, NY: John Wiley and Sons. 1987:266-89.	A systematic review of the literature published after 1975 on community-based interventions with juvenile offenders reviews 90 studies involving over 11,000 subjects.	Treatment in community settings did not have a large effect on outcomes. If a strong treatment is used and care is taken during treatment to ensure that it is actually being implemented as designed, then more positive effects may emerge
Gendreau P, Ross RR. Revivification of Rehabilitation: evidence from the 1980s. Justice Quarterly 1987;4(3):349-407.	These evaluations had to employ some type of control, and must have had a six-month follow-up measure of crime in the community. research published during 1981-1987	Although no final number of studies they reviewed is provided, they similarly conclude that some treatment programs work across a variety of settings, with diverse types of offenders. They state (1987:395) that it "is downright ridiculous to say 'Nothing works'. The principles underlying effective rehabilitation generalize across far too many intervention strategies

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
		and offender samples to be dismissed as trivial." Their view that something works was offered in several other literature surveys during this time frame (e.g., Cullen and Gendreau, 1989; Basta and Davidson, 1988; van Voorhis, 1987; Palmer, 1983). However, a careful reading of both the earlier "pessimistic" reviews and these later syntheses indicates a difference on emphasis, rather than substantive content.
Losel F, Kofler P, Weber F. Meta-evaluation of social therapy. [original title Meta-evaluation der sozialtherapie]. Stuttgart, Germany: Ferdinand Enke Verlag. 1987.	A systematic review synthesizes empirical studies from several nations on the effectiveness of rehabilitation programs in correctional facilities. Effectiveness is measured in relation to recidivism, as well as personality and behavioral change.	Inmates in prisons with rehabilitation therapy had moderately lower rates of recidivism than those in prisons without such programs. There was no evidence of clear differences in effectiveness between programs with a strong psychotherapeutic orientation and others emphasizing socialization.
Goldstein AP, Pentz MA. Psychological skill training and the aggressive adolescent. School Psychology Review 1984;13(3):311-23.	An analysis of 30 evaluation-orientated studies of skills training with delinquent or aggressive adolescents.	The research review demonstrates the effectiveness of social skills training with different settings, types of Ss, and target skills.
Winterdyk MA, Griffiths C. Wilderness experiences programs: reforming delinquents or beating around the bush? Juvenile and Family Court Journal 1984;35(3):35-44.	Analysis of 10 published evaluations.	Those studies using a control group to compare program and non-program differences in psychological scales provide mixed support for the efficacy of wilderness experiences. Studies focusing on recidivism have also provided inconsistent results. The majority of studies failed to use any measure or used only a short-term follow-up period (less than six months). The available data raise serious questions about the efficacy of wilderness education.
Davidson WS, Gottschalk R, Gensheimer L, Mayer J. Interventions with juvenile delinquents: a meta-analysis of treatment efficacy. Unpublished manuscript, Psychology Department, Michigan State University 1984.	Using a computerized search of Psychological Abstracts and a mail campaign with prominent research investigators, they were able to locate 91 juvenile treatment studies published or available between 1967-1983.	While the investigators took pains to cautiously present their results, they reported that treated subjects performed an average .35 SDs better on all outcomes (e.g. recidivism, attitudinal, etc.) than control subjects in 58 comparison group designs. For recidivism outcomes only, experimental subjects performed .32 SDs better than untreated controls, a finding which translates into a 16% reduction in recidivism rates (eg. Lipsey, 1988). It is interesting to note that experimental subjects performed .75 SDs better than control group subjects in the methodologically inferior pre/post designs, causing some later systematic review to dismiss such designs from their samples (eg. Lipsey, 1992a). The most promising interventions, when all research designs were included in the analysis, were academic and vocational rehabilitation programs (eg. Lipsey, 1988).

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Gensheimer LK et al. Diverting youth from the juvenile justice system: a meta-analysis of intervention efficacy. In J. Apter and Arnold P. Goldstein (eds.) Youth Violence: Programs and Prospects. Elmsford, NY: Pergamon Press. 1986:39-57.	A review assesses the efficacy of diversion interventions with juvenile delinquents. Published and unpublished literature on diversion interventions from 1967 through 1983 are analyzed; included are only outcome studies of officially delinquent youth.	Overall, findings did not provide substantial evidence for the efficacy of diversion programs. It was impossible, however, to determine how far into the system those youths went before they were diverted. The older the subject, the less likely for intervention to have a positive effect. Interventions typically took place in community nonresidential settings, with length of intervention ranging from 4 to 52 weeks. The data substantiate the ambiguity and diversity of diversion programs. The practice of referring subjects to other community resources/programs (service brokerage) was the most common intervention used. Group therapy was also frequently employed. Other interventions used in over 1/3 of the studies were academic, vocational, and advocacy training. Behavioral techniques were used in slightly over 10% of the programs.
Mayer JP et al. Social learning treatment within juvenile justice: a meta-analysis of impact in the natural environment. In Steven J. Apter and Arnold P. Goldstein (eds.). Youth Violence: Programs and Prospects, Elmsford, NY: Pergamon Press. 1986:24-38.	A review analyzes information from 39 studies reporting behavioral interventions within the juvenile justice system. The typical study involved an adjudicated male sample in a residential setting; treatment involved token economies, modeling, contracting, or some other application of social learning theory. Both "vote count" and "effect size" methods of research accumulation were employed in assessing recidivism, behavioral, and attitudinal outcomes.	The "vote count" results agreed with past reviews suggesting that behavioral approaches were for the most part highly effective. The "effect size" method presented a more mixed picture. The literature suffered from serious methodological shortcomings and findings must therefore be strictly scrutinized.
Blumstein A et al. Research on sentencing: the search for reform. National Research Council Panel on Sentencing Research. Washington, D.C.: National Academy Press. 1983.	Research on the effects of sentencing reforms.	The extent of compliance with reforms has varied with a) the level of organizational or political support for the reform, b) the existence of statutory or administrative authority supporting the procedural requirement, and c) the existence of mechanisms for monitoring and enforcement. There have been modest changes in sentencing outcomes, particularly some increases in prison use, as a result of sentencing reforms. Increases in sentencing severity were typically found in cases that might or might not have resulted in short prison terms in the past. However, the substantial increases in prison populations in sentencing reform jurisdictions continued preexisting trends and were not substantially caused by these sentencing reforms.
Genevie L et al. Trends in the effectiveness of correctional intervention. Washington, DC: U.S. National Institute of Justice. 1983.	A statistical synthesis of the literature encompasses 555 reports and includes information on over 10,000 groups of adult and 2,100 groups of juvenile offenders, representing more than 2 million people.	Findings suggest that adult probationers and parolees return to crime at about the same rate. However, juvenile groups that were incarcerated have consistently higher rates of recidivism than groups sentenced to probation. Innovative treatment strategies showed little success; in fact, groups administered such treatment had higher rates of recidivism than those not

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
		treated. For adults who had been incarcerated, short-term resource interventions such as financial aid and job placement appeared most promising for reducing recidivism. Similar trends emerged for juveniles; both job training and work study programs were associated with lower rates of recidivism.
Henderson M, Hollin CA. A critical review of social skills training with young offenders. <i>Criminal Justice and Behavior</i> 1983;10(3):316-41.	A review of 15 studies on the use of social skills training with delinquent populations	The findings do not yet provide unequivocal support for the usefulness of such training in reducing criminal behavior among delinquents. Failure to show consistent generalization and durability of training effects must be taken into account when discussing the efficacy of such treatment.
Orsagh T, White AD. Economic status and crime: implications for offender rehabilitation. <i>Journal of Criminal Law and Criminology</i> 1981;72(3):1055-71.	Within larger review, includes studies evaluating the effectiveness of programs designed to improve economic viability.	The programmatic literature provides only glimmers of hope that this may occur, mostly among a large number of insignificant program effects
Reker GT, Cote JE, Peacock EJ. Juvenile diversion - conceptual issues and program effectiveness. <i>Canadian Journal of Criminology</i> 1980;22(1):36-50.	A summary of empirical evaluation studies of juvenile diversion since 1976.	Few negative effects for diversion projects. However, methodological problems plague studies.
Hudson J, Galaway B, Novack S. National assessment of adult restitution programs. Final report. Duluth, Minnesota: University of Minnesota, School of Social Development. 1980.	The literature review identified 336 articles, books, and reports on community service, monetary restitution, or both; 85 percent had been published since 1970. Forty-three research studies were identified, all dating from 1975.	The extent to which generalizations can be made from the results of the studies is limited. At best, some tentative judgments can be made about trends and findings from the body of evaluative work: (1) The studies dealing with community service projects show that a large number of persons can be handled at relatively low cost, with relatively few in-project failures, resulting in the performance of large amounts of work for community agencies. The indirect costs of such projects, however, are open to legitimate question. One of the most consistent findings in the body of evaluation work is that restitution projects and programs established to divert offenders from custodial confinement generally do not fulfill this mission. The apparent inability of diversion projects to divert a substantial number of offenders from more severe penalties and their tendency to increase the degree of social control exercised over offenders raise disturbing questions. Instead of helping reduce rates of incarceration as intended, such projects may increase the number of persons under custodial confinement. The evaluative studies consistently show that most property offenses result in relatively small losses, the amount of restitution that is obligated is also relatively small, the amount actually paid is smaller yet, and

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
		the largest proportion of victims are likely to be business firms. (4) Several of the evaluative studies show, somewhat surprisingly, that restitution is most frequently ordered in conjunction with a fine. (5) The non-evaluative studies dealing with attitudes toward the use of financial restitution or community service show quite clearly that such sanctions are endorsed by criminal justice officials and lay citizens.
Gendreau P, Ross RR. Effective correctional treatment: Bibliotherapy for cynics. <i>Crime and Delinquency</i> 1979;25(4):463-89.	In their first review, they accumulated 95 treatment peer-reviewed, published evaluations from the years 1973-1978 (e.g., Gendreau and Ross, 1979). These evaluations had to employ some type of control, and must have had a six month follow-up measure of crime in the community.	Although there was some overlap with Greenberg's (1977) earlier review, they concluded that several intervention programs were successful with offender populations. ² One of their observations in this early review was that multi-method approaches seem to be more successful than programs relying on one treatment modality (1979:485).
Ward DA. Use of legal coercion in the treatment of alcoholism. A methodological review. <i>Journal of Drug Issues</i> 1979;9(3):387-98.	Review of research.	The evaluation of research studies shows there is no scientific base of evidence to support the notion that legal coercion is effective in treating alcoholics. Although most studies do conclude coercion works, such conclusions are unwarranted given the problems in the research designs.
Esckridge CW, Carlson EW. The use of volunteers in probation: a national synthesis. <i>Journal of Offender Counseling, Services and Rehabilitation</i> 1979;2:175-89.	A review of 38 project evaluations.	No clear evidence that volunteer programs are any more or any less successful than other correctional programs. However, such conclusions suggest that volunteer projects should be undertaken with extreme caution, for they appear to be fraught with theoretical, operational, and administrative pitfalls. There is some concern whether long-term improvements in behavior can be brought about in involving individual probationers in a volunteer program. Such involvement may have only a short-term impact upon individuals' behavior patterns.
Romig DA. <i>Justice for Our Children</i> . Lexington, MA: Lexington Books. 1978.	Romig (1978) reviewed 179 juvenile intervention program evaluations using randomized or matched control designs. He provides annotations similar to Lipton et al. 1975 that grade evaluations on the quality of the evidence.	Romig found little evidence for a single effective treatment approach with juvenile offenders.

² Although Greenberg (1977) and Gendreau and Ross (1979) cover much similar ground, their conclusions are quite disparate, highlighting the need for a more replicable and overt method of synthesizing studies.

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Banks J, Silver TR, Rardin RL. Past and present findings in intensive adult probation. 1977.	Intensive or special projects were considered. All projects dealt with adult offenders.	The review indicates that caseload reduction alone does not significantly reduce recidivism of adult probationers.
Gottfredson DM, Finckenauer JO, Rauh C. Probation on trial. Newark, NJ: Rutgers University School of Criminal Justice 1977.	A review is made of 104 selected studies of adult probation conducted in the United States since 1950.	Participation in Alcoholics Anonymous has reportedly, although not invariably, been associated with success. Evidence on the effects of reduced caseload size is mixed: More intensive supervision may result in more technical violations but fewer new convictions. Concerning types of treatment, group counseling and therapy methods are found to be effective with sex offenders, "contract" probation is useful in completion of a probation plan, and probationer unemployment may be reduced by a program of "vocational upgrading." Other programs having had some success include a methadone maintenance project, a behavior modification program for adult drug offenders, and a specialized program for alcoholic offenders.
Greenberg DF. The correctional effects of corrections. A survey of evaluations. In David F. Greenberg (ed.) Corrections and Punishment. Beverly Hills, CA: Sage. 1977;5: 111-48.	He conducted an exhaustive and possibly systematic review of research on the effects of Juvenile and adult correctional treatment. In a footnote, he lists the inclusion criteria as (1) studies conducted in the United States; (2) through 1975; (3) studies contained a meaningful number of subjects to be meaningful; (4) program involved persons in contact with criminal justice system from police contact stage through parole or prison release; (5) included some control or comparison group; and (6) included a measure of recidivism. Search techniques involved "searching relevant journals and relevant abstracting journals, and unpublished reports either obtained by author or from secondary data cited in Lipton et al. (1975) book and other sources. Annotations of studies are presented under each of the following categories: diversion, probation intensity, imprisonment, probation with non-residential programs, programs in conventional institutions, unconventional institutions, parole, and	Greenberg concludes that "...many correctional dispositions are failing to reduce recidivism, and it thus confirms the general thrust of the Lipton, Martinson and Wilks survey, which ended in 1967..Much of what is now done in the name of "corrections" may serve other functions, but the prevention of return to crime is not one of them. Here and there a few favorable results alleviate the monotony, but most of these results are modest and are obtained through evaluations seriously lacking in rigor" (p. 140-141). Greenberg relies on statistical significance as the barometer for success.

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
	programs after release.	
Martinson R, Wilks J. Knowledge in criminal justice planning: a preliminary report. New York: The Center for Knowledge in Criminal Justice Planning, City University of New York. 1976.	The present project was designed as a Knowledge survey and was meant to build upon and improve the procedures developed in the previous work to synthesize existing research findings. The project began with the recognition that there is no standard methodology for carrying out such a survey and that there is considerable dispute among professionals as to how to proceed. This preliminary report summarizes what has been accomplished regarding the retrieval of all relevant research. The search produced 3,300 documents. The initial data analysis focused on 3005 recidivism rates derived from only 128 of these documents.	The data appear to show that the general recidivism rate in the United States in the last several decades is below the one-third rate previously estimated by Daniel Glaser. The mean recidivism rate in the 1970's (23.26) was lower than it was in the 1960's (33.17). The mean recidivism rate for imprisonment plus parole (25.35) is lower than for those discharged without parole supervision (31.55). Reduced-custody residential establishments have a high rate (41.67) when introduced before a sentence of imprisonment, but a lower rate (22.07) when introduced following incarceration (halfway houses). The mean recidivism rate for standard processing of offenders (24.22) does not differ from the rate for "standard plus special treatment" (24.73).
Lipton D, Martinson R, Wilks J. The Effectiveness of Correctional Treatment. New York: Praeger. 1975.	They provide a possibly systematic review of correctional treatment evaluations published or available between 1945-1968. Martinson (1974) published his famous review in the Public Interest based on this work. Standard search procedures were used over a six-month period, including bibliographies, abstracting services, and handsearching. Their eligibility criteria included: (1) study represents an evaluation of a treatment method applied to criminal offenders; (2) completed 1945 or later; (3) included empirical data with some control or comparison group (including pre-post or comparison with base expectancy rates); and (4) at least one of the outcomes: recidivism, institutional adjustment, educational achievement, vocational adjustment, personality and attitude change, drug and alcohol readdiction or cost benefits. Studies	Their conclusion based on the evidence is that there is little evidence that correctional efforts have impacted recidivism. Not one of the categories are considered effective. Higher standards for research efforts are urged, as is greater cooperation between researchers and practitioners.

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
	<p>were categorized into the following treatment categories: (a) probation; (b) imprisonment; (c) parole; (d) casework and individualized counseling; (e) skill development; (f) individual psychotherapy; (g) group methods; (h) milieu therapy; (i) partial physical custody; (j) medical methods; and (k) leisure time activities. Remarkably, the authors find 231 evaluations, and they annotate and rank them according to methodological rigor. A research design that used a probability sample and then randomized them received a "1A" rating. They rate randomized experiments that draw on a non-probability sample as "2A." Surprisingly, matched designs are also rated as "2A."</p>	
<p>National Center for State Courts. An evaluation of policy related research on the effectiveness of pretrial release programs. Denver CO: National Center for State Courts. 1975.</p>	<p>Approximately 300 references to bail, pretrial release, and related topics were located, and copies of more than 2000 documents were obtained and screened by the project staff. This volume discusses over forty of these documents including virtually all of the most important empirical studies in the field published by mid-1974.</p>	<p>The relative effectiveness of the traditional surety bail system and the various alternative forms of pretrial release has not yet been satisfactorily measured according to criteria such as failure-to-appear rates, re-arrest rates, and economic costs. With respect to failure-to-appear (FTA) rates, where there is some fragmentary data on the comparative performance of the traditional bail system and the various alternatives to it, there is no distinct pattern of lower FTA rates for any particular form of release.</p>
<p>Rovner RP. Pretrial intervention strategies: an evaluation of policy-related research and policymaker perceptions. Washington DC: American Bar Association, National Pretrial Intervention Service Center. 1974.</p>	<p>A review of evaluation findings of fifteen demonstration programs.</p>	<p>Evaluation research conducted by the programs focused primarily upon documenting participant change on employment and recidivism variables, system change in the adjudication process, and cost-benefits of the programs. Among the conclusions reached in the analysis of research reports are the following: Several pretrial intervention programs were responsible for positive changes in the employment status, wage, and skill levels of alleged offenders during program participation; several programs validly demonstrated a decrease in participant recidivism during program participation; and an individual's in-program and post-program success is influenced by his pre-program characteristics.</p>
<p>Martinson R. What works? Questions and answers about prison reform. Public Interest 1974;35:22-54.</p>	<p>Analysis of 231 studies that evaluated correctional treatment methods between 1945 and 1967 to determine what works in correction.</p>	<p>Supplied no evidence of success or effectiveness of educational programs for juvenile or adult inmates and of programs of individual or group counseling. Youths who participate in milieu therapy programs such as California's Marshall Program at least do no worse than their counterparts in regular institutions; special programs, moreover, may cost less. Strictly medical treatment to change behavior also had little effect on recidivism in</p>

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
		general. Length of sentence had no clear relationship to recidivism. Studies of probation with intensive supervision indicate that specially treated youthful probationers were less recidivistic; some major studies e.g., the Warren studies in California present a much bleaker picture of the possibilities of intensive supervision with special treatment. The results are ambiguous with intensive supervision of adult offenders. No sure way of reducing recidivism through rehabilitation has been found.
Slaikau KA. Evaluation studies on group treatment of juvenile and adult offenders in correctional institutions. A review of the literature. <i>Journal of Research in Crime and Delinquency</i> 1973;87-100.	He conducted a possibly systematic review of 23 evaluations of group counseling for incarcerated juveniles or adults. His criteria for inclusion were:(1) the report went beyond impressionistic findings to produce numerical tabulation of results; and (2) conducted in an institution. Searches included use of an existing bibliography of evaluations and Psychological Abstracts (1968-1970).	Rather than reporting data on effects, Slaikau finds that the research is generally so poor that claims of success can not be made, only that it can not be said that group treatment does not work. He writes: "The major conclusion drawn from the review is that even though the evaluative studies report a variety of positive results, still, as a whole they fall short of the criteria of scientific research, especially regarding replication. This makes it impossible to conclude that group treatment in correctional Institutions is an effective rehabilitation mode" (p. 88). He finds 2/3 of the studies had a control group (though he likely means control or comparison group), and less than 1/5 follow-up in the community. Only 1/3 of the studies revealed enough information about the statistical data and analyses to permit the reader to critically evaluate the results and possibly replicate them.
Logan CH. Evaluation research in crime and delinquency: a reappraisal. <i>The Journal of Criminal Law, Criminology and Police Science</i> 1972;63(3):378-87.	He reviewed 100 correctional reports to determine the effectiveness of correctional treatment in another possibly eligible systematic review. He assesses whether any of them meet all seven of his minimum criteria for an "adequate scientific test" (p.378). These criteria are: (1) adequate definition of the program or set of techniques being tested; (2) program or techniques must be capable of routinization; (3) treatment and control groups, preferably through randomization; (4) evidence that the treatment group did in fact receive the treatment; (5) some "before and after" measurement and comparison between groups on behavioral measures; (6) definition of success and failure that is valid and reliably measured and are ordinarily agreed upon as reflecting success or failure of the treatment; and (7) follow-up in the community. Logan describes his search as more a matter of	Logan finds that none of the 100 reports met all seven minimum requirements for adequacy. Twenty-three (23%) of the studies included randomization. Logan writes (p.380) that: ".there is not yet one single study of correctional or preventive effectiveness that will satisfy the most minimal standards of scientific design." Seventy percent of the studies reported fair to good results; only 16% were failures and the rest were unclassifiable. Logan reports a small correlation: the strength of claimed success decreased as the number of criteria for scientific adequacy were met. Logan does not recommend more experiments, but statistically controlled studies as experimental designs seem so difficult to carry out in correctional settings.

CRIME: Treatment and control relevant to crime, drugs and alcohol

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
	"acquisition than selection," relying on books, articles, reports, or studies available or borrowed through Indiana University Library" (p.379). Inclusion criteria were broad and included any evaluation of any program designed to prevent or respond to crime or delinquency.	
Shireman CH, Mann KB, Larsen C, Young T. Findings from experiments in treatment in the correctional institution. Social Service Review 1972;46(1):38-59.	They present a possibly systematic review in analysis of institutional treatment programs for juveniles or adults. They describe their inclusion criteria as: (1) completed 1959-1969; (2) produced reports available to researchers; (3) carried out in the United States; and (4) tested treatment for institutionalized adults or juveniles. They select high-quality research, particularly experiments.	They note that "...research to date has not finally demonstrated the superior effectiveness of any of the forms of institutional treatment subjected to examination" (p. 54). They tentatively suggest that milieu therapy, group counseling, short-term psychiatric care and provision of plastic surgery showed some success in a particularly well-done evaluation. Successful programs, according to Shireman et al., seemed to change the nature of relationships between clients and staff and others. They also note there were more failures than successes (using the criterion of statistical significance) for each of these programs. They write that "While there is thus encouraging indication that achieving treatment goals is not forever impossible, knowledge of precisely how and for whom that may best be achieved remains rudimentary" (p.55). Shireman et al. caution about simple reliance upon aggregate experimental results as treatment will work for some and not for others.
Adams S. Caseload research. Federal Probation 1967;31(4):48-57.	Studies are reviewed from the California Department of Corrections, Los Angeles County Probation Department, California Youth Authority and Federal Probation and Parole.	Most of these studies have determine that, despite preliminary indications of superior performance by experiment participants during the early phases of the reduced caseloads programs, these indications eventually vanished. When additional emphasis is placed on treatment and rehabilitation and the additional time experienced by correctional personnel is put to good use, small caseloads do seem to have a significant effect on correctional program success.
Bailey WC. Correctional outcome: An evaluation of 100 reports. The Journal of Criminal Law, Criminology and Police Science 1966;57(2):153-60.	He conducted a possible systematic review of 100 evaluation reports generally published between 1940-1960 of correctional programs, including either juveniles or adults. Bailey's inclusion criteria: (1) report based on empirical data; (2) treatment dependent upon the manipulation of some interpersonal relations as the independent variable; and (3) outcome of behavior subject to legal sanction.	Bailey found that only 10% of reports found harmful or null effects, 38% found some improvement, 37% reported a statistically significant improvement for treatment, and 5% of studies reported outcomes irrelevant to treatment (this does not add up to 100%, what happened to other 10%?). The number of evaluations reporting some positive findings decreases with rigor of design (88%, 84%, 60%); harmful or null findings increased with rigor (4%, 12%, 23%). Bailey concluded, curiously, despite 60% of positive findings for more rigorous evaluation: "But, when one recalls that these results, in terms of success or failure of the treatment used, are based upon the conclusions of the authors themselves, then the implications of correctional treatment become discouraging. On the basis of this sample of

CRIME: Treatment and control relevant to crime, drugs and alcohol

CITATION

REVIEW DETAILS

FINDINGS

outcome reports with all of its limitations, evidence supporting the efficacy of treatment is slight, inconsistent and of questionable reliability" (1966, p.157). No attempt was made to examine specific types of interventions and claims of efficacy.

CRIME: The efficiency of the criminal justice system

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Godkin MD, Onyskiw JE. A systematic overview of interventions to reduce physical restraint use in long-term care settings. <i>Online Journal of Knowledge Synthesis for Nursing</i> 1999;6(6).	Review empirical evidence regarding effectiveness of interventions.	Most effective programs included an educational component, restraint removal, and interventions individualized to residents' specific needs were successful in decreasing restraint use.
Pratt-Travis C and Maahs J. Are private prisons more cost-effective than public prisons? A meta-analysis of evaluation research studies. <i>Crime and Delinquency</i> 1999;45(3):358-71.	A systematic review was conducted of 33 cost-effectiveness evaluations of private and public prisons as reported in 24 independent studies.	The private institutions were no more cost-effective than public facilities.
West MM. Meta-analysis of studies assessing the efficacy of projective techniques in discriminating child sexual abuse. <i>Child Abuse and Neglect</i> . 1998;22(11):1151-66.	12 studies assessing the efficacy of projective techniques to discriminate between sexually abused children and nonsexually abused children	Projective techniques have the ability to discriminate between children who have been sexually abused and those who were not abused sexually.
Schmidt FL, Viswesvaran V, Ones DS. Validity of integrity tests for predicting drug and alcohol abuse: a meta-analysis. In William J. Bukoski (ed.). <i>Meta-Analysis of Drug Abuse Prevention Programs</i> . Rockville, MD: US Dept of Health and Human Services, National Institute on Drug Abuse. 1997:69-95.	Systematic review of studies.	For both drugs and alcohol, the findings show that integrity tests correlated substantially (0.34 to 0.51) with admissions of abuse in student and employee samples. In samples of job applicants, however, the mean validity was lower (0.21) for drug abuse; validity for applicants was high for alcohol abuse, but only one study was found. All meta-analyses showed that validity was generalizable. Based on these analyses, the authors conclude that the operational validity of integrity tests for predicting drug and alcohol abuse in the workplace is probably about 0.30.
Salekin RT, Rogers R, Sewell KW. A review and meta-analysis of the Psychopathy Checklist and Psychopathy Checklist--Revised: Predictive validity of dangerousness. <i>Clinical Psychology Science and Practice</i> . 1996;3(3):203-15.	Reports a systematic review of 18 studies that investigate the relationship between the PCL/PCL-R and violent and nonviolent recidivism.	Results show that both the PCL and the PCL-R had moderate to strong effect sizes and appear to be good predictors of violence and general recidivism.

CRIME: The efficiency of the criminal justice system

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Lyons P, Doueck HJ, Wodarski JS. Risk assessment for child protective services: a review of the empirical literature instrument performance. Social Work Research 1996;20(3):143-55.	Reviews the empirical literature on 10 risk-assessment models in an effort to examine the psychometric properties of existing risk assessment models, including their reliability and validity, as well as to examine the outcomes of implementing these models.	It is concluded that although each model contains generally sound psychometric properties, there is still a need for further model development and for process and outcome evaluation of model implementation
Cutler BL, Penrod SD. Mistaken identification: the eyewitness, psychology, and the law. New York, NY: Cambridge University Press. 1995.	A review summarizes empirical research on the adequacy of procedural safeguards to protect defendants from erroneous conviction resulting from mistaken eyewitness identification	Traditional safeguards--such as the presence of counsel at lineups, cross-examination and judges' instructions - are ineffective against mistaken eyewitness identification. Expert psychological testimony on eyewitness memory, intended to educate the jury about how memory processes work and how eyewitness testimony should be evaluated, shows greater promise of protection against mistaken identification leading to erroneous convictions.
Lalumiere ML, Quinsey QL. Discriminability of rapists from non-sex offenders using phallometric measures: A meta-analysis. Criminal Justice and Behavior 1994;21(1):150-75.	Eleven primary and five secondary phallometric studies that involved 415 rapists and 192 non-sex offenders were examined with the use of meta-analytic techniques	Study effect sizes averaged 0.82 (95 percent confidence interval 0.16 to 1.49). Only stimulus set was a statistically significant moderator of effect size; stimulus sets that contained more graphic rape descriptions produced better discrimination between rapists and non-sex offenders. There was a trend for stimulus sets that contained more exemplars of rape descriptions to achieve better discrimination between the two groups. Also, rapists responded more to rape than to consenting sex cues in nine of the 16 data sets- and in all eight of those that used the more effective stimulus sets. Study results support the use of phallometric assessment to identify treatment needs and assess the risk of recidivism among identified rapists, provided that appropriate stimulus sets and scoring procedures are used. The findings do not preclude differences in motives between rapist subtypes.
Kircher JC, Horowitz SW, Raskin DC. Meta-analysis of mock crime studies of the control question polygraph technique. Polygraph 1989;18(1):1-14.	Reviewed 18 studies.	A systematic review revealed that approximately 24 percent of the variance in detection rates could be attributed to sampling error, and detection rates were correlated with types of Subjects ($r = .61$), Incentives ($r = .73$), and Decision Policies ($r = .67$). The highest diagnostic accuracies were obtained from nonstudent subject samples, when both guilty and innocent subjects were offered monetary incentives to convince the examiner of their innocence, and when conventional field methods were used for interpreting the physiological recordings and diagnosing truth and deception.
McMurtry SL. Secondary prevention of child maltreatment: a review. Social Work 1985;30(1): 42-8.	Summarizes the published research on secondary prevention of child maltreatment, emphasizing attempts to identify parents at risk of abusing or neglecting their children. Major types of primary prevention programs are reviewed; these include social reforms such as	The accuracy of predictive measures used in screening procedures is assessed in terms of sensitivity (or ability of the screening procedure to identify correctly all at-risk respondents) and specificity (or ability to include in this group only those who truly belong). Key issues in secondary prevention research are addressed: (1) accuracy of screening instruments, (2) use of individual screening, and (3) the possibilities of generating screening

CRIME: The efficiency of the criminal justice system

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
	legislation to protect children's rights, social programs to assist families, and intensive educational interventions aimed at a variety of audiences.	procedures for broad applications and of formulating useful and feasible treatment programs from screening results. It is concluded that although accurate identification of at-risk parents may eventually be possible, more research is needed to establish identifying criteria and to determine effective means of intervention to prevent abuse.
Cohen J. The incapacitative effect of imprisonment: a critical review of the literature. Deterrence and incapacitation: estimating the effects of criminal sanctions on crime rates. Panel on Research on Deterrent and Incapacitative Effects Report. Washington, D.C.: National Academy of Sciences. 1978;187-243.	Five recent studies of models that estimate the incapacitative effect of imprisonment are reviewed.	Of these, three conclude that the potential increases in crime associated with a reduction in the present use of prison are minimal. The remaining two indicate that the potential gains in reducing crime that would result from expanding the use of prison are sizable. Research on incapacitation, including the five studies reviewed, suffers from various methodological deficiencies.
Peters C. Research in the field of volunteers in courts and corrections: what exists and what is needed. Journal of Voluntary Action Research 1973;2(3):21-34.	Peters (1973) conducted a possibly systematic review in her work for the National Information Center on Volunteerism in Boulder, Colorado (USA). She used the Center's extensive files and examined "any study which approaches a problem in the field in an organized manner, through relatively reliable and valid techniques, and is presented in a written form is included in the population of studies for this analysis" (p.21). Her review is a survey of the literature and content analysis of type of reports. She finds 73 completed and 68 incomplete studies that were nonetheless included in her review. Her broad categories include: managerial questions, screening, placement and matching; orientation and training; volunteer incentive and support; administration; volunteer coordination; impact on clients; impact on staff; impact on other service-centered agencies; impact on volunteers themselves; impact on victims; historical research; and general program evaluation.	Peters finds nine evaluations that tested for volunteer effects on client recidivism; all were positive but none used rigorous method; larger and more consistent effects reported on attitude.

CRIME: Broad crime and justice reviews covering more than one area

<i>CITATION</i>	<i>REVIEW DETAILS</i>	<i>FINDINGS</i>
Sherman LW, Gottfredson D, MacKenzie D et al. Preventing crime: what works, what doesn't, what's promising. Report to the Congress. Washington, DC: U.S. Office of Justice Programs. 1997	500 evaluations were analyzed. Types of programs were deemed to "work" if at least 2 methodologically rigorous studies reported statistically significant crime prevention effects; they were deemed "promising" if at least 1 acceptable study reported prevention effects. Types of programs were categorized as "not working" if at least 2 methodologically sound studies reported "no effect."	
Petrosino A. What works revisited again: A meta-analysis of randomized experiments in delinquency prevention, rehabilitation and deterrence. Doctoral dissertation, Rutgers University (New Jersey, USA). Ann Arbor, MI: University Microfilms, Inc. 1997.	150 randomized experiments, systematic search and data extraction	Finds that estimates of program impact changed depending on synthesis technique used; juvenile programs and small-sample studies most effective most robust findings (despite technique used).