Employment, Employment-Related Problems, and Drug Use at Drug Court Entry

Carl Leukefeld,* Hope Smiley McDonald, Michele Staton, and Allison Mateyoke-Scrivner

Center on Drug and Alcohol Research, University of Kentucky, Lexington, Kentucky, USA

ABSTRACT

The literature indicates that employment may be an important factor for retaining substance misusing clients in treatment. Given the link between employment problems and treatment retention for Drug Court clients, the current project builds upon the existing services provided by Drug Courts in order to develop and implement an innovative model that focuses on obtaining, maintaining, and upgrading employment for Drug Court participants. The purpose of this article is to (1) describe the employment intervention used in Kentucky Drug Courts, which is grounded in established job readiness and life skill training approaches; and (2) profile those participants who were employed full-time prior to Drug Court and

*Correspondence: Carl Leukefeld, DSW, Center on Drug and Alcohol Research, 643 Maxwelton Court, Lexington, KY 40506-0350, USA; Fax: 859-323-1193; E-mail: cleukef@uky.edu.
those who were not. Findings suggest that those employed full-time were more likely to have higher incomes and more earned income from legitimate job sources, although there were no differences in the types of employment (major jobs included food service and construction). In addition, study findings suggest that full-time employment was not “protective” since there were few differences in drug use and criminal activity by employment status. Employment interventions need to be examined to determine their utility for enhancing employment and keeping drug users in treatment. This article focuses on the initial 400 participants, who began entering the study in March, 2000.

Key Words: Employment; Intervention; Drug court; Offenders; “Protective factors”; Treatment retention.

INTRODUCTION

Research indicates that being employed, and providing employment-related services to substance users, contribute to the success of drug and alcohol user treatment (Platt, 1995; Wolkstein and Spiller, 1998). This research parallels relapse prevention models, which underscore the importance of long-term follow-up and daily structure in order to realize treatment success (Gorski, 1990; Marlatt and Gordon, 1985). Employment is commonly cited as an important drug and alcohol user treatment outcome (Institute of Medicine, 1990). In addition, drug and alcohol user treatment clients often report that employment is a desirable personal goal (Staton et al., 2002; Zanis et al., 1994), which can, in itself, reduce substance use (Comerford, 1999).

Vocational rehabilitation, which consists of the services that support work-related and treatment-related goals, are usually viewed by drug and alcohol user treatment providers as ancillary. Other services such as employment, family interventions, and childcare are, likewise, deemed secondary. Largely because of cuts in funding, most services currently target drug use.

Employment-related and vocational rehabilitation services can include case management, job placement, job skills training, education, and vocational training. However, these and other services that are considered to be ancillary (i.e., family therapy) are losing support within drug and alcohol user treatment settings as more attention and resources are focused on traditional treatment approaches such as individual and group counseling, particularly with managed care (Belenko and Peugh, 1998; Brewington et al., 1987; Platt et al., 1998). Nevertheless,
studies suggest that employment services and vocational rehabilitation services complement substance user treatment since the majority of individuals are unemployed when they seek treatment (Comerford, 1999; French et al., 1992; Hubbard et al., 1984).

At a time when cost savings is the bottom-line with limited substance use treatment program budgets in managed care environments, it is important to assess the benefits of employment and vocational services for this treatment. Several studies have concluded that stable employment plays an integral and supportive role in drug and alcohol user treatment retention (see McLellan, 1983 and Platt, 1995 for literature reviews). Employment stability is also associated with reduced drug and alcohol use (Vaillant, 1988; Zanis et al., 1994); with severity of relapse (Vaillant, 1988); with posttreatment outcomes such as reduced drug and alcohol use, and improved community functioning (Comerford, 1999; Wolkstein et al., 2000); as well as with community reintegration (Comerford, 1999; Platt, 1995; Room, 1998; Wolkstein et al., 2000). Overall, studies that have focused on employment as a pre- and posttreatment variable have consistently shown employment to be an important predictor of positive treatment outcomes. As elaborated below, the more stable the employment of a recovering substance user client, the more likely are positive treatment outcomes.

Work as a Protective Pretreatment Factor

Employment has been widely accepted as a pretreatment “protective factor” for both treatment retention and relapse prevention (McLellan, 1983; Platt, 1995). Studies also indicate that stable employment is credited with interrupting addiction patterns. For example, in a longitudinal study of heroin- and alcohol-addicted patients, Vaillant (1988) concluded that an unstable employment history was a better predictor of relapse than was severity of addiction. Similarly, Hammer et al. (1985) reported a significant correlation between increased work activity and decreased substance use in a 5-year study of young substance users who participated in a vocational training program.

Unstable employment patterns and increased drug use have also been reported when National Household Survey on Drug Abuse (NHSDA) data were examined. For example, the analysis of the 1997 Household Survey data indicate that individuals who reported current illicit drug use were more likely than others to have worked for more than three employers in the previous year (9.3 vs. 4.3%) and to have skipped one or more days of work in the previous month (12.9 vs. 5.0%) (Office of
Applied Studies, 1999). In addition, stable employment conditions, including more days worked, have been found to be correlated with cocaine abstinence, as well as other contributors to treatment outcomes, such as less depression (Zanis et al., 1994).

**Work as a Posttreatment Protective Factor**

Substance user treatment, when coupled with complementary employment-related services, has demonstrated a positive, direct relationship with posttreatment functioning. Specifically, employment is viewed by treatment providers as a “gateway” for drug users into new, healthy, and productive relationships, whether social or professional (Brewington et al., 1987; Comerford, 1999; Room, 1998; Wolkstein and Spiller, 1998). In addition, Comerford (1999) and Wolkstein et al. (2000) reported that being employed bolsters self-esteem, self-worth, and encourages a sense of independence that contributes to reduced substance dependence. Brewington and his colleagues argued that vocational rehabilitation is a form of psychotherapeutic treatment (1987). Other researchers have proposed that one of the benchmarks of substance user rehabilitation is the engagement in work roles—not only because work establishes a source of income, but also because work helps a recovering drug user keep busy, leaving less “free time” to relapse or engage in criminal activity (Friedman, 1978; Platt, 1995; Vaillant, 1988; Wolkstein et al., 2000).

The Treatment Outcome Prospective Study (TOPS) data, which were collected in a longitudinal study of 11,000 drug users enrolled in 41 U.S. drug user treatment programs between 1979–1981, consistently document more days employed, increased monthly income, reduced absenteeism, and fewer on-the-job problems following treatment completion (French et al., 1992; Hubbard, 1989). These national findings are consistent with other national data from the Drug Abuse Reporting Program (Wickizer et al., 1997), and data from a local evaluation carried out by Stead et al. (1990).

**Additional Characteristics that Affect Treatment Outcomes**

While stable employment has been shown to predict positive treatment outcomes, there are other predisposing client characteristics that contribute to treatment success and that have corollary effects on employment stability. These client characteristics include: psychiatric status (Office of Applied Studies, 1999; Platt, 1995), outside
responsibilities, income, type of insurance, criminal justice involvement, lack of motivation, fear of work, lack of child care services, poor education, and language barriers (Platt, 1995). In addition, males and younger clients tend to have better employment outcomes than females and older individuals (Wickizer et al., 1997; Zimmer-Hofler and Dobler-Mikola, 1992). Race/ethnicity also has been identified as a strong determinant of pre- and posttreatment employment outcomes. African-Americans have been found to benefit more than other groups from job readiness programs and employment interventions, although job opportunities and job accessibility are related to economic conditions (Platt et al., 1993).

Case Management and Aftercare Services

Because of the many predisposing factors affecting treatment and employment outcomes, substance user treatment and vocational rehabilitation have been shown to be more effective when tailored to the client’s functioning. Level of care and treatment process are also important factors (Zanis et al., 1994). For example, additional support from case management and aftercare services can mitigate barriers and help maintain treatment intervention progress (Gorski, 1990; Marlatt and Gordon, 1985; Platt et al., 1993; Siegal et al., 1996, 2001). Case management and aftercare services specifically allow for an extended period of individualized treatment and supervision, both of which have been associated with successful treatment (Anglin and Hser, 1990; Comerford, 1999; McKay, 2001; Peterson et al., 1994; Room, 1998; Siegal et al., 1996; Simpson, 1984; Wickizer et al., 1997), as well as employment stability and higher earnings (French, 1992; Hubbard et al., 1989; Wickizer et al., 1997). In addition, while substance users often rely heavily on social services, these services may not be used efficiently (Ashery et al., 1995). Case management, an individualized, time-driven, and individually focused approach, along with adequate community and other resources (Ashery et al., 1995) offers a targeted approach to treating drug and alcohol misuse, and addresses needs outside substance user treatment, which has been shown to be effective in improving treatment and employment outcomes (Dennis et al., 1992; Platt et al., 1998; Siegal et al., 1996, 2001).

Drug Courts

Drug Court treatment, a specialized program based primarily on individual and group counseling, links addiction treatment to the
criminal justice system. Because substance user treatment has been viewed as a less costly and potentially an effective alternative to incarceration of drug offenders, Drug Courts were developed, in part, by Dade County’s Judge Goldstein as a response to the court’s administrative issues and pressures (Belenko, 1998).

In addition, there is considerable research support for the idea that the length of stay in treatment is strongly related to the treatment’s success (Anglin and Hser, 1990; French, 1991; Hubbard et al., 1989; Wickizer et al., 1997). There also are findings suggesting that coerced treatment may be as effective as voluntary treatment (Collins and Allison, 1983; Leukefeld and Tims, 1988; Leukefeld et al., 2002). Thus, Drug Court and probation-based substance user treatment programs use the judicial authority of the court to enhance community treatment for drug-involved offenders. A major benefit is that Drug Courts are able to respond quickly to substance use relapse since the court retains direct oversight of Drug Court clients.

The Drug Court model, designed to alleviate temporal pressures on the judicial system, has been structured to decrease drug use and to divert nonviolent substance users from incarceration. The corner stones of Drug Court programs include the integration of treatment services with justice system processing, a model of ongoing nonadversarial judicial interaction among judge, prosecutor, defense attorney, and treatment staff. Drug Courts utilize frequent drug testing to monitor abstinence, and require employment of each client.

Drug Courts in Kentucky were established in 1996 by the Administrative Office of the Court (AOC) to control criminal activity and drug use following the National Drug Court Model (CASA, 1998). The Drug Court Program in Kentucky is funded by federal and state grants, as well as a state appropriation. A process evaluation of participants in the Kentucky Fayette County Drug Court program (\(N = 91\)) indicated that participants had an extensive drug use and criminal justice involvement (CDAR, 1998).

Overall, Kentucky Fayette Drug Court program data were consistent with national Drug Court data (see, for example, American University, 1998). In Kentucky, participants working full-time before entering Drug Court, and those with stable employment demonstrated greater drug user treatment retention and more successful treatment outcomes, including decreased drug use and arrests (CDAR, 1998; Logan et al., 1999). Employment is a minimal requirement for every Drug Court participant. Judges indicated that stable employment would not only provide a foundation for gaining job skills, but would also contribute to maintaining successful employment and achieving employment upgrades.
METHODS

The Drug Court Employment Trial is supported by the National Institute on Drug Abuse (Grant DA# RO1 13076). Its overall purpose is to enhance existing intervention services in two Kentucky Drug Courts by implementing and examining an enhanced intervention. In specific terms, the project’s goals are:

1. To implement and test the effectiveness of an enhanced employment intervention that focuses on obtaining, maintaining, and upgrading employment among Drug Court participants. Study participants are randomly assigned to an enhanced intervention or a control condition (i.e., Drug Court as usual) and are followed up after graduation or termination to examine the intervention’s outcomes.
2. To examine a causal model in which the enhanced employment intervention increases problem recognition and motivation to change problem behaviors, decreases employment barriers, and thus decreases drug use and criminal behavior.
3. To evaluate the cost of the interventions and the cost-effectiveness of the enhanced intervention relative to Drug Court as usual. This economic analysis will consider the actual/potential effects of Kentucky’s economic situation (e.g., inflation, recession, unemployment, job opportunitism).

The overall trial design includes the recruitment, intervention, and follow-up of 500 Drug Court participants using a pretest/posttest experimental design with random assignment and follow-ups to examine the Drug Court employment intervention. The two Drug Court sites selected for the project are Fayette County Drug Court (Lexington, KY) and Warren County Drug Court (Bowling Green, KY). Within 30 days after entering Drug Court, clients are recruited into the study. If a client consents, a face-to-face baseline interview is administered. The baseline interview includes measures of employment, drug and alcohol use, criminal justice involvement, health and mental health, and HIV risk behavior. During the informed consent process, participants are told that study participation includes random assignment to the enhanced employment intervention or to “treatment as usual.” Participants are paid for completing baseline interviews and follow-up interviews. After signing an informed consent form and completing a baseline interview, participants are randomized into the intervention or the control group. Those selected for the intervention group receive the
enhanced employment intervention in addition to standard Drug Court treatment. Data are collected from participants in the intervention group and the comparison group again at follow-up. The purpose of this article is to examine the baseline characteristics by employment status at Drug Court entry. Specifically, this article will: (1) describe the employment intervention used in Kentucky Drug Courts, which is grounded in established job readiness and life skills training approaches, and (2) profile participants who were employed full-time prior to Drug Court and those who were not employed full-time, since employment is considered to be an important part of treatment success.

THE INTERVENTION

The employment intervention, which is grounded in established job readiness and life skill training approaches, was developed by the project team. Three established interventions were modified and are incorporated into the employment intervention and manual: the Ex-Inmates Guide to Successful Employment (Sull, 1998), Job Readiness Activity (State of Kentucky, 1995), and Offender Employment Specialist Manual (NIC, 1997). In addition, existing clinical approaches used with substance-using clients are incorporated. These include job skills training, social skills training (Leukefeld et al., 2000), strengths-based case management (Siegal et al., 1996), and motivational interviewing (Miller and Rollnick, 1991).

Focus groups were used in the developmental phases of the employment intervention. The focus groups included Drug Court participants who identified critical factors related to obtaining, maintaining, and upgrading employment skills (Staton et al., 2002). As expected, focus group findings indicated that Drug Court participants encountered a variety of employment issues that included difficulty in balancing work and treatment involvement. Focus group participants also expressed a desire for job readiness training/job placement opportunities and indicated that a major employment barrier is finding employers who would hire ex-offenders and drug users.

Grounded in the focus group findings, employment manuals, and established clinical approaches, the enhanced Drug Court employment intervention was implemented. The intervention includes three phases designed to coincide with the three phases of Drug Court—obtaining employment, maintaining employment, and upgrading employment, all of which are projected to take 18 months for each participant (See Table 1).
Group and individual counseling are the primary service modalities used. Motivational interviewing, structured story telling, and thought mapping are used in weekly group sessions (see Leukefeld et al., 2000). Individual sessions incorporated motivational interviewing, thought mapping, behavioral contracting, and strengths-based case management to focus on problem-solving, job searches, completing job applications, resume writing, and job interviewing. Individual sessions also help participants who are struggling with particular issues that impede their employment success. Examples of these sessions include continued use of drugs and alcohol, coworkers who use drugs on the job, conflicts with coworkers, and criminal thinking. Staff receive on-going training on manual delivery, which included monthly clinical staffings, manual content review sessions, regular observations, and policy and procedure updates.

By June 2002, 232 participants were randomly assigned to the employment intervention across the two Kentucky Drug Court sites. Participants anecdotally reported an increased self-confidence after preparing their resume and practicing identifying their personal employment strengths and talents. Participants also expressed a change in how they view work and employers in general. Some participants, who

<table>
<thead>
<tr>
<th>Phase</th>
<th>Length of time</th>
<th>No. of individual sessions</th>
<th>No. of group sessions</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Obtaining employment</td>
<td>4–5 weeks</td>
<td>5</td>
<td>10</td>
<td>Getting immediate employment, employment behavioral contracting, and job readiness assessment</td>
</tr>
<tr>
<td>II. Maintaining employment</td>
<td>32 weeks</td>
<td>5</td>
<td>24</td>
<td>Resolving conflicts at work, setting goals and problem solving, and life skills development</td>
</tr>
<tr>
<td>III. Upgrading employment</td>
<td>16 weeks</td>
<td>5</td>
<td>13</td>
<td>Identifying possible employers, job development, and job placement</td>
</tr>
</tbody>
</table>
initially described work as a waste of time due to low entry-level wages, now view themselves as “investments for employers,” and as someone employers can trust. Other feedback includes an appreciation among participants who believe they are capable of finding successful employment and academic pursuits. Even for participants who are not ready to upgrade their employment status, progress is noted in the form of self-discovery about the importance of their employment.

The present study includes 400 Drug Court clients. Of the 400 participants, 22 did not answer the current employment question and had to be excluded from the analysis, leaving a total sample of 378 (69% male). The majority of participants identify themselves as Caucasian (59%). The mean age is 30 years; the mean number of years of education is 11.8. About 18% are married and 53% characterize their home as in an urban place.

Drug users employed full-time at Drug Court entry were compared with drug users who were not employed full-time at Drug Court entry to examine differences in employment problems, drug use (using Addiction Severity Index measures), and criminal history. Most full-time participants were male (77%), Caucasian (65%), and not married (79%). They averaged 30 years of age, had an average of 12 years of education, and reported that their home was located in an urban area (46%). Participants not employed full-time were similar: male (61%), Caucasian (45%), not married (84%), from a rural area (51%). They had a mean age of 30, and averaged 11.7 years of education.

**FINDINGS**

Tables 2–5 present findings. As expected, participants employed full-time earned more than other participants in the 6 months before entering Drug Court ($7064 vs. $1767); worked more days at a legitimate job in the previous 6 months (134 vs. 40 days; \( p < 0.01 \)), worked fewer days at an illegal job in the 6 months before Drug Court (33.6 vs. 60.9 days; \( p < 0.01 \)), and experienced fewer employment problems in the 6 months before Drug Court (22% vs. 31%; \( p < 0.01 \)) (Table 2). They also averaged more different jobs in the past 5 years (4.2 vs. 3.2; \( p < 0.01 \)), and they held a full-time job longer (5.1 vs. 3.9 years; \( p < 0.01 \)). When the age of first use and the average years of regular substance use were compared by employment status for seven substances—alcohol, marijuana, cocaine, sedatives, amphetamines, methamphetamines, and opiates (as well as multiple substance use)—there were no statistically significant difference (Table 3).
Table 2. Employment history by work status prior to Drug Court (N=378).

<table>
<thead>
<tr>
<th></th>
<th>Full-time (N=183)</th>
<th>Not full-time (N=195)</th>
<th>Total sample (N=378)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent working full-time prior to DC</td>
<td>46%</td>
<td>49%</td>
<td>46%</td>
</tr>
<tr>
<td>Percent lost a job in the past year</td>
<td>33%</td>
<td>19%</td>
<td>25%</td>
</tr>
<tr>
<td>Mean no. of different jobs in past 5 years</td>
<td>4.2</td>
<td>3.2</td>
<td>3.7</td>
</tr>
<tr>
<td>Mean length of longest full-time job (years)</td>
<td>5.1</td>
<td>3.9</td>
<td>4.4</td>
</tr>
<tr>
<td>Mean income from employment 6 months before Drug Court</td>
<td>$7,064</td>
<td>$1,767</td>
<td>$4,187</td>
</tr>
<tr>
<td>Mean no. of days worked at a legitimate job 6 months before Drug Court</td>
<td>134.0</td>
<td>40.0</td>
<td>84.6</td>
</tr>
<tr>
<td>Mean no. of days worked an illegal job 6 months before Drug Court</td>
<td>33.6</td>
<td>60.9</td>
<td>48.8</td>
</tr>
<tr>
<td>Percent extremely bothered by employment problems 6 months before Drug Court</td>
<td>15%</td>
<td>21%</td>
<td>18%</td>
</tr>
<tr>
<td>Average no. of days experienced employment problems in the 6 months before Drug Court</td>
<td>31.0</td>
<td>61.2</td>
<td>44.9</td>
</tr>
</tbody>
</table>

a p < 0.01.  
b p < 0.05.

Criminal involvement was examined for juvenile arrests, age of first adult incarceration, times incarcerated as an adult, and months of lifetime incarceration. There were no statistically significant differences for criminal involvement when those with full-time employment were compared with all others (Table 4).

In order to examine possible differences in health services utilization between participants employed full-time and all others, the following
were examined: substance user treatment (drug user treatment and alcohol user treatment), mental health treatment (inpatient and outpatient treatment), and health services (lifetime and past year emergency room visits, lifetime and past year hospitalizations) (Table 5).

Two areas of health services treatment utilization were statistically significant. First, treatment as an outpatient for psychological/emotional problems was statistically significant at $p < 0.05$, with those not employed full-time reporting more outpatient treatment for psychological/emotional problems (0.6 vs. 0.3 times). Second, ever being admitted to a hospital (lifetime admissions) was statistically significant ($p < 0.05$), with those not employed full-time reporting more hospital admissions (3.2 vs. 2.2 times).

Table 3. Drug use (recent ever used, first use, use in 30 days before drug court, and mean years of use) and criminal involvement by work status prior to Drug Court ($N=378$).

<table>
<thead>
<tr>
<th>Substance</th>
<th>Full-time ($N=183$)</th>
<th>Not full-time ($N=195$)</th>
<th>Total sample ($N=378$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean age of first use</td>
<td>15.1</td>
<td>14.8</td>
<td>14.9</td>
</tr>
<tr>
<td>Mean years of regular use</td>
<td>7.3</td>
<td>6.8</td>
<td>6.8</td>
</tr>
<tr>
<td>Marijuana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean age of first use</td>
<td>15.7</td>
<td>15.6</td>
<td>15.6</td>
</tr>
<tr>
<td>Mean years of regular use</td>
<td>6.3</td>
<td>7.0</td>
<td>6.7</td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean age of first use</td>
<td>21.6</td>
<td>21.2</td>
<td>21.3</td>
</tr>
<tr>
<td>Mean years of regular use</td>
<td>4.0</td>
<td>4.0</td>
<td>3.8</td>
</tr>
<tr>
<td>Sedatives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean age of first use</td>
<td>20.9</td>
<td>19.9</td>
<td>20.3</td>
</tr>
<tr>
<td>Mean years of regular use</td>
<td>1.0</td>
<td>1.7</td>
<td>1.3</td>
</tr>
<tr>
<td>Amphetamines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean age of first use</td>
<td>19.4</td>
<td>19.0</td>
<td>19.1</td>
</tr>
<tr>
<td>Mean years of regular use</td>
<td>0.3</td>
<td>0.5</td>
<td>0.4</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean age of first use</td>
<td>22.6</td>
<td>22.6</td>
<td>22.6</td>
</tr>
<tr>
<td>Mean years of regular use</td>
<td>0.3</td>
<td>0.7</td>
<td>0.5</td>
</tr>
<tr>
<td>Opiates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean age of first use</td>
<td>22.0</td>
<td>22.7</td>
<td>22.0</td>
</tr>
<tr>
<td>Mean years of regular use</td>
<td>1.0</td>
<td>1.5</td>
<td>1.2</td>
</tr>
<tr>
<td>Multiple substances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean age of first use</td>
<td>19.6</td>
<td>19.8</td>
<td>19.8</td>
</tr>
<tr>
<td>Mean years of regular use</td>
<td>4.3</td>
<td>5.4</td>
<td>4.9</td>
</tr>
</tbody>
</table>
DISCUSSION

Many treatment providers consider employment an important part of substance user treatment, yet employment and vocational activities generally receive limited research attention. This article examined whether full-time employment before treatment was “protective,” in that substance users employed full-time would be less involved in drug...
use and criminality, and would use fewer treatment services than those not employed full-time. This hypothesis presumes the stability of economic conditions because the availability of work is important for testing the effects of employment. Economic stability, unfortunately, is not usually static. Nonetheless, the economic theoretical underpinnings of this article include economic conditions since it was not controlled in the analysis.

Substance users employed full-time were comparatively similar to other clients before entering Drug Court. Although substance users who were not employed full-time used more services for psychological/emotional problems and were hospitalized more frequently, there were few other differences between the two groups, including measures of drug use and criminality. As expected, legitimate earnings were higher among participants employed full-time, and illegal earnings were lower. Illegal income is more limited in rural (than urban) areas because fewer opportunities exist. Over all, the lack of differences involved in full-time employment vs. other employment suggests that full-time employment was not a “protective factor.”

This study has several limitations. Because Drug Court program eligibility determined study eligibility, participants did not constitute a representative sample of drug court participants. Moreover, the study includes only two Drug Courts from one state. In addition, the self-reported behaviors could influence recall and truthfulness.

Despite such qualifications, these findings can increase understanding of employment, particularly why being employed full-time at Drug Court entry may not be as important as many treatment providers believe. The overall project expands the limited research on employment and enhancing employment for substance misusing offenders. Clearly, employment interventions should be examined to determine their utility for improving treatment retention and outcomes.

Future project studies will examine the extent to which participants in the enhanced employment intervention have increased successes in finding and retaining stable employment, and in surmounting employment barriers and on-the-job problems. Enhanced employment participants are expected to remain in the Drug Court program longer, with decreased drug use and criminality after treatment. Project findings should provide important insights for developing employment interventions, as well as for further drug user offender employment research. The enhanced employment intervention manual could be useful for practitioners and case managers in criminal justice and substance user settings, for relevant policy makers, and for educators helping students become “change agents.”
Selected implications include the need for ongoing staff development and training to understand the parameters of employment, and the importance of employment for achieving abstinence. In addition, environmental support systems are critical. These can include, for example, community employment opportunities, and cooperation with employment, job training, and vocational rehabilitation programs. Policies that enhance employment opportunities and decrease discrimination are important for job training, labor force entry, and job retention. Such policies frequently incorporate community-supported work, incentives to employers, and entry-level jobs with career ladders. It is also important to assess the processes involved in employment readiness and job training activities, as well as their outcomes, with assessment that exceeds the simple dichotomy, employment versus no employment.

ACKNOWLEDGMENTS

This study is supported by Grant No. RO1-DA13076 from the National Institute on Drug Abuse. Portions of this article were initially presented at the Committee on the Problems in Drug Dependence in Scottsdale, Arizona, June, 2001.

THE AUTHORS

Carl Leukefeld, DSW, is a Professor of Psychiatry and Behavioral Science at the University of Kentucky, and the Director of the Center on Drug and Alcohol Research. He has given numerous presentations and written articles focused on treatment, criminal justice, prevention, and AIDS. He has coedited and written 13 books and monographs and has over 50 published articles and chapters. He is an editor or consulting editor for four professional journals and has served as a consultant to several international and national organizations including the Council on Europe, World Health Organization, several European countries,
U.S. Customs, U.S. Army, U.S. Navy, Administrative Office of the U.S. Courts, National Institute of Justice, National Institute of Corrections, American Probation and Parole Association, as well as state and local agencies. He is a Kentucky Colonel and is the former Chief Health Services Officer, United Public Health Service.

**Hope Smiley McDonald, M.A.,** is a doctoral candidate in Sociology at the University of Kentucky. She earned her master’s degree in August 2003 from the University of Kentucky and her bachelor’s degree in public policy from Duke University in 1998. Her current work at the Center on Drug and Alcohol Research focuses on studies related to drug courts, prisoner health service utilization, substance abuse, and substance abuse treatment. Previously, Ms. Smiley McDonald worked as a research analyst in the Health and Social Policy program at the Research Triangle Institute in Durham, North Carolina. Her interests include treatment for drug-involved offenders, juvenile delinquency, substance abuse policy, and prisoner reentry.

**Michele Staton, M.S.W., C.S.W.,** is a drug and alcohol project director at the Center on Drug and Alcohol Research. She obtained her M.S.W. in December 1998, and is currently working on her Ph.D. Ms. Staton is currently the study director for the National Institute on Drug Abuse (NIDA)-funded project investigating drug court retention through the implementation of an enhanced employment intervention component. Ms. Staton has published in the area of substance abuse and HIV risk behavior, women and substance abuse, prison-based treatment, health service use among incarcerated women, and employment among drug offenders. Her research interests include substance abuse among
women, prison-based and substance abuse treatment, health service utilization, and spirituality.

Allison Mateyoke-Scrivner, B.A., graduated with a B.A. in Political Science and Sociology and a minor in Psychology in May of 1999 from the University of Kentucky. She is currently pursuing a master’s degree in Criminal Justice from Eastern Kentucky University. Currently she is working as a Research Analyst for the Enhancing Drug Court, Health Services, Chrysalis and HIP Projects. Prior to this, she was a data coordinator senior for the Enhancing Drug Court Project.

REFERENCES


Employment

Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.


Request Permission or Order Reprints Instantly!

Interested in copying and sharing this article? In most cases, U.S. Copyright Law requires that you get permission from the article’s rightsholder before using copyrighted content.

All information and materials found in this article, including but not limited to text, trademarks, patents, logos, graphics and images (the "Materials"), are the copyrighted works and other forms of intellectual property of Marcel Dekker, Inc., or its licensors. All rights not expressly granted are reserved.

Get permission to lawfully reproduce and distribute the Materials or order reprints quickly and painlessly. Simply click on the "Request Permission/Order Reprints" link below and follow the instructions. Visit the U.S. Copyright Office for information on Fair Use limitations of U.S. copyright law. Please refer to The Association of American Publishers’ (AAP) website for guidelines on Fair Use in the Classroom.

The Materials are for your personal use only and cannot be reformatted, reposted, resold or distributed by electronic means or otherwise without permission from Marcel Dekker, Inc. Marcel Dekker, Inc. grants you the limited right to display the Materials only on your personal computer or personal wireless device, and to copy and download single copies of such Materials provided that any copyright, trademark or other notice appearing on such Materials is also retained by, displayed, copied or downloaded as part of the Materials and is not removed or obscured, and provided you do not edit, modify, alter or enhance the Materials. Please refer to our Website User Agreement for more details.

Request Permission/Order Reprints

Reprints of this article can also be ordered at http://www.dekker.com/servlet/product/DOI/101081JA200034729