

A Review in Recidivism

YOU WON'T SEE

For anyone working with impaired drivers or other offender populations, the ultimate objective is to reduce recidivism. Loosely defined, recidivism refers to the return to a previous pattern of behavior. For offenders it generally means re-arrest. Although most offenders say they won't be arrested again, some will be. Statements of good intention are not enough to prevent future arrests. Changing the behavior to reduce recidivism is an enormous task which is often complex both to measure and to understand.

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A G A I N

Measuring Recidivism

On the surface, conducting recidivism analysis seems simple—just examine the motor vehicle records and get re-arrest data. In reality, measuring recidivism is more complicated. Interagency cooperation and financial underwriting of studies are often barriers. In addition, agencies are increasingly restricting access to data to avoid compromising the confidentiality of citizens. Finally, differences in study methods or data interpretation can cause difficulties. Measuring recidivism and understanding the original design of a recidivism study is critical when drawing research conclusions. Unless the measures are identical, comparing recidivism data across studies meaningfully is virtually impossible.

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Recidivism may be measured in one of several ways:

One method is to look at a given year and determine the percentage of people arrested in that year who had a prior

arrest, in essence looking backwards. Other researchers start at a set date and measure activity for the next year, in essence looking forward. Sometimes researchers take a period of time, such as a calendar year, and measure the percentage of people arrested in that year who also are re-arrested in the *same* year. This can result in artificially low recidivism rates because a person arrested January 1 has 364 days to recidivate, and someone arrested December 29 has two days to recidivate. This crude type of measure is perhaps the most deceptive measure, yet it is not uncommon.

Another way is to measure a given time period of arrests, check recidivism as of a particular day, and report it at certain time intervals such as 30-day, 180-day, or 360-day intervals. For example, Engen and colleagues (1998) studied people arrested between January 1, 1994, and September 1, 1995. The re-arrest data were calculated as of October 15, 1995, and only those arrested at least 180 days prior to the October 15 data point were included. Recidivism was measured at 30, 180, 360, and 450 days. Researchers can also create a range and report 2- to 3-year rates, for example.

The most difficult but most accurate method to measure recidivism is to follow each person arrested for a set interval. Using this method, for example, a researcher may decide to conduct a three-year recidivism study. She would look at re-arrest data for 36 months from each day in the year of arrest. People arrested on January 1, 2000, would be followed until January 1, 2003. People arrested on July 15, 2000, would be followed until July 15, 2003. Marsteller and colleagues (1997) used this method in analyzing PRIME For Life in Georgia.



Factors Affecting Recidivism

Many variables entirely unrelated to the program or legal strategy being evaluated can affect recidivism. Male gender, low education, low income level, separated or divorced marital status, and higher level of DSM dependence symptoms increase the likelihood of recidivism (Marsteller, Rolka, & Falek, 1997). We could speculate a mechanism for each such as married people have more to lose and are less likely to be out in bars, or people with higher income have more to lose and may have jobs and social settings where DUI is less tolerated. People with more moving violations also recidivate more—unsafe drivers are even worse drivers when impaired and call more attention to themselves.

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Changes in the law or in level of enforcement can also affect recidivism rates. These factors can vary from time to time or state to state, so making comparisons among systems is difficult. It is important to acknowledge, too, that there is simply always “something else” that *could* explain the findings. When we understand the array of factors affecting recidivism, it becomes clear that the task of influencing and measuring recidivism is a difficult one.

PRIME for Life and Recidivism

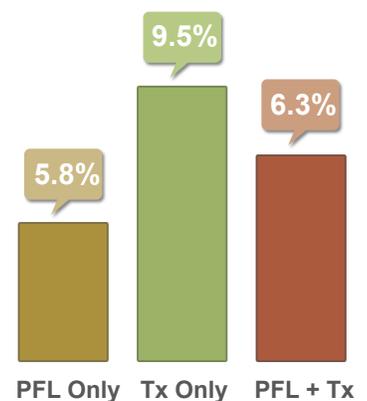
Despite the obstacles, seven different recidivism analyses have been conducted on PRIME For Life in six states and are described below.

1. In the most recent study, data from 2188 PRIME For Life participants and 2188 comparison participants were collected from January 1, 2002, through December 31, 2004, in Indiana (Lowenkamp, Latessa, & Bechtel, 2007). A risk composite measure was developed to control for differences in risk between PRIME For Life and comparison groups. The follow-up period for recidivism was one year and was calculated based on the date of discharge from the program. Nineteen percent (19%) of the PRIME For Life group was re-arrested for

a misdemeanor or felony (of any type) within one year after the discharge date, while about 29% of the comparison group was re-arrested within one year following their completion of probation. Controlling for differences in risk between the participant and comparison groups, the comparison group was significantly more likely to be re-arrested than the PRIME For Life group.

2. A similar study was conducted by Reynolds (2005) of the General Sessions Court Safety Center in Nashville, Tennessee. Dr. Peggy Reynolds initially analyzed recidivism results over 2-3 years for those receiving services in 2002 following either a DUI or a drug arrest. She found those receiving “PRIME For Life (PFL) only” recidivated at the lowest rate, 4.5%. She also found offenders who received “treatment only (Tx)” recidivated at the highest rate, 9%, and those who received “PRIME For Life plus treatment” recidivated at the rate of 7.7%. We caution against assuming that PRIME For Life alone was more effective than treatment alone because those receiving treatment were multi-offenders more likely to have had a DSM dependence diagnosis.

3. Dr. Reynolds replicated this analysis for those receiving services in 2003 (Reynolds, 2006) and again tracked them for 2-3 years. The same pattern emerged with an even greater difference. She again



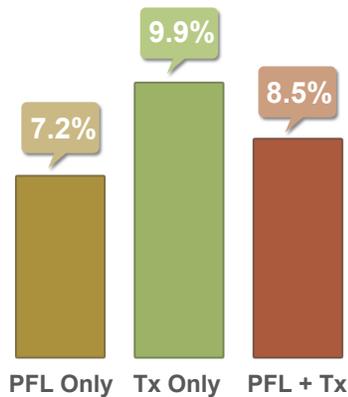
found that those receiving “PRIME For Life only” recidivated at the lowest rate, 5.8%. She also found offenders who received “treatment only” recidivated at the highest rate, 9.5%, and those who received “PRIME For Life plus treatment” recidivated at the rate of 6.3%.

4. The findings of Dr. Reynolds were consistent with Dr. Dennis Nalty’s analysis of South Carolina PRIME For Life attendees (Nalty, 2003). Over a 3-year period,





Dr. Nalty found those receiving “PRIME For Life only” recidivated at the rate of 7.2%, while those receiving only treatment were at 9.9%, and the rate for those receiving



both was 8.5%. These last two groups had very similar percentages of participants with alcohol dependence. The fact that those who received PRIME For Life plus treatment had lower recidivism rates than those who only received treatment suggests that PRIME For Life increases the impact of treatment and supports this frequent observation from counselors seeing clients who have been through PRIME For Life.

5. Dr. Fred Marsteller and colleagues (1997) at Emory University found that over a 30-month period, offenders who received an earlier version of PRIME For Life recidivated at a rate of 13.5%, while those who did not receive the program recidivated at a rate of 27.1%.

6. Dr. Harold Engen and associates (1998) found an 18-month recidivism rate of 7% among PRIME For Life participants in Iowa.

7. A small study conducted in Hall County, Nebraska found that impaired drivers who attended PRIME For Life in 1997 and 1998 had a recidivism rate of 6% compared with a 25% recidivism rate for all other DUI convictions (Hall, 2000).

We caution against making state-to-state comparisons because so many different factors other than program can affect recidivism rates. Differences in laws and enforcement as well as individual differences such as employment, education, income, and many other factors can raise or lower the level in any given state. It is useful, however, to see the trends over time and in multiple locations.

The Sum Total

Three findings stand out in these independent analyses of PRIME For Life. First, the recidivism rates for PRIME For Life participants were noticeably below those of the comparison groups. Second, the recidivism rates for 2-3 years for PRIME For Life were half to two-thirds lower than the 19% nationally in a meta-analysis by Wells-Parker and colleagues (1995). Third, findings suggest PRIME For Life adds to the effectiveness of treatment.

Prevention Research Institute is discussing the possibility of conducting recidivism studies with some of our current systems. We are excited about and appreciative of opportunities to discuss design and specific outcome measures prior to the studies to gather meaningful data to measure our impact with offenders.

Administrators and instructors facilitating PRIME For Life can feel good about the substantial recidivism data in different systems and settings. Equally important, because PRIME For Life is standardized and multiple systems have found similar results, those who use it can feel confident that these outcomes could be happening in any system following the PRIME For Life protocol.





References

- Engen, H., Richards, C., & Patterson, A.M. (1998). A re-evaluation of the State of Iowa's Drunk Driver Education Curriculum. Submitted to the Iowa Department of Education by the Iowa Consortium for Substance Abuse Research and Evaluation, Des Moines, Iowa.
- Lowenkamp, C.T., Latessa, E., & Bechtel, K. (2007). A statewide, multi-site, outcome evaluation of Indiana's Alcohol and Drug Programs. Cincinnati, Ohio: University of Cincinnati, Division of Criminal Justice.
- Marsteller, F., Falek, A., & Rolka, D. (1997). Evaluation of Georgia DUI Risk and Recovery Programs. Atlanta, Georgia: Emory University, Medical School.
- Nalty, D. (August 2003). South Carolina recidivism data: Fiscal year 1998 ADSAP clients re-entering ADSAP at the same agency within three years (FY 1999 - FY 2001), by ADSAP service category. Columbia, South Carolina: Management Information and Research, South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS).
- National Highway Traffic Safety Administration (NHTSA). (Summer 2000). NEBRASKA - Talking About Alcohol: Driving Unimpaired. Traffic Safety Digest, retrieved August 11, 2008 from <http://www.nhtsa.dot.gov/people/outreach/safedige/summer2000/sum00-13.html>
- Reynolds, M. (2005). Evaluation of PRIME For Life. Nashville, TN. General Sessions Court Safety Center.
- Reynolds, M. (2006). Evaluation of PRIME For Life. Nashville, TN. General Sessions Court Safety Center.
- Wells-Parker, E., Bangert-Drowns, R., McMillen, R., & Williams, M. (1995). Final results from a meta-analysis of remedial interventions with drink/drive offenders. *Addiction*, 90, 907-926.

PRIME For Life is a program of Prevention Research Institute, Inc., a non-profit organization dedicated to the prevention, intervention, and treatment of alcohol and drug problems. PRIME For Life is copyrighted to protect the integrity and effectiveness of the program. Professionals who deliver PRIME For Life facilitate learning and behavior change through the use of best practices—the concepts and approaches deemed most effective by research and expert opinion. Instructors teach relevant research-based information, integrating video segments, interactive learning activities, and individual and small group work.

ABOUT PRI

Prevention Research Institute, Inc. (PRI) is a private, non-profit education organization that produces and supports a curriculum designed to persuade resistant audiences to examine and change their attitudes and behaviors concerning alcohol and drug use. Since incorporating in 1983, PRI's programs have been delivered to over two million people. PRI's primary work is in serving statewide and national systems, and PRIME For Life is delivered in most states in the United States and parts of Europe. PRIME For Life is currently used statewide in 13 states including Alaska, Georgia, Hawaii, Indiana, Iowa, Kentucky, Maine, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, and Utah. In addition, PRIME For Life is the world-wide substance abuse program for policy violators, command referrals, and self-referrals to the Alcohol and other Drug Abuse Prevention Training (ADAPT) of the U.S. Army. PRIME For Life is used extensively throughout Sweden including systemwide with the Swedish Military and Swedish Corrections system.

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