

Decreased Recidivism Following Prime For Life® Attendance

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Abstract

Research has pointed to brief motivational intervention as an effective tool for reducing recidivism among people arrested for driving under the influence of alcohol or other drugs. This brief report reviews existing recidivism evaluations among people who have participated in the Prime For Life program. These have found that program completers have lower recidivism rates than those who do not attend, attend but do not complete, or complete a different program. The findings support Prime For Life as an effective program for indicated prevention among individuals with impaired driving and other substance use infractions.

Introduction

Impaired driving (i.e., driving under the influence of alcohol or other drugs) is a major public health problem in the United States. In terms of alcohol, impaired drivers accounted for 32% of the total traffic fatalities in 2008.¹ Drug use while driving is similarly problematic. For example, a roadside survey in 2007 found that 11.0% of daytime drivers and 16.3% of nighttime drivers tested positive for at least one illegal drug.²

After being arrested for the first time, many offenders will continue to drive impaired and be rearrested (i.e., recidivate). Averaged across studies, an estimated 19% of people who receive only legal sanctions for driving

while drinking (such as jail or fines) are rearrested.³ Recidivism rates for those arrested for driving under the influence of drugs are even higher.⁴

Fortunately, some intervention approaches are known to reduce recidivism.⁴ Particularly promising are interventions that are brief, target recognition of the negative consequences of substance use, and increase motivation for change. These features are particularly relevant for driving offenders who often are ambivalent about making changes or do not see themselves as having substance use problems.

Prime For Life

Prime For Life (PFL) is a motivational intervention for people who need indicated prevention—such as those who have been arrested for impaired driving. Content and delivery methods target specific changes in attitudes, beliefs, and behaviors. The program addresses readiness for change and provides information to help participants assess their risks without engendering resistance. This process helps participants evaluate their need for change and make choices to reduce risk.

Four models provide the foundation for PFL content and delivery. The Lifestyle Risk Reduction Model describes how health problems develop and identifies important targets for intervention.⁵ In addition, the Transtheoretical (stages of change) Model explains how changes occur and describes the processes needed to enact them.⁶ Another, Motivational Interviewing, informs best practices for delivering content effectively.⁷ Finally, Persuasion Theory describes a four-step process for addressing resistance and gently challenging specific, inaccurate beliefs.⁸

Methods

Research staff at Prevention Research Institute (PRI), the program's developer, reviewed 11 reports on recidivism among PFL attendees. Four criteria were used to select the most rigorous of these:

- The report must contain data on rearrest for drug- and alcohol-impaired driving.
- A written summary of findings must be available.

- The report must compare PFL participants with some sort of comparison group.
- Known pre-intervention differences between PFL and comparison groups are taken into account in the analysis, or at least cannot be expected to incorrectly produce results favoring PFL.

This last criterion is especially important. Too often in recidivism research it is unclear whether differences in recidivism across comparison groups are due to the program's effectiveness or simply to differences between the people in the groups. For example, if PFL attendees had fewer previous convictions, they would be expected to have lower recidivism rates regardless of the program's effectiveness.

Using these four criteria, four reports were selected for inclusion in this review. Three were prepared by researchers independent of PRI. They created these for state or local governments to provide information on PFL effectiveness among substance-impaired driving offenders. In two of these, PFL was the program used—one in a study conducted by a government agency with 355 teens⁹ and one conducted by university evaluators with 230,691 adults.¹⁰ Another¹¹ was conducted by university evaluators and included 4,376 adults who participated in a court-administered alcohol and drug program which in most cases used PFL. The remaining study¹² was created by the PRI research team, and was an examination of state driving records of 12,267 people assigned to either PFL or an alternative program.

Results

Figure 1 shows the likelihood of recidivism in three of the studies. All three found that people who completed PFL were less likely to recidivate than those who did not. Lowenkamp et al. compared PFL completers to two groups -- those who did not attend at all and those attended but never completed. The other two studies compared completers to people who never attended. All differences between PFL completers and comparison groups were statistically significant.

Figure 1: Likelihood of Rearrest: Completers versus Noncompleters^a

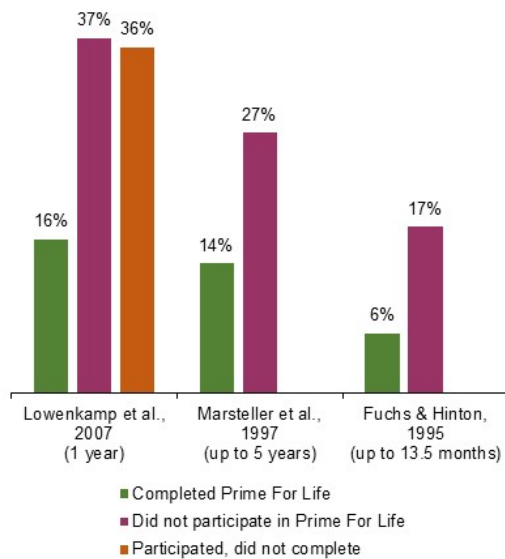
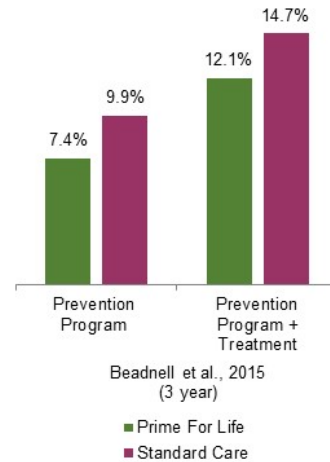


Figure 2 shows results from the fourth study. This compared people assigned to PFL to those assigned to alternative programming (referred to here as Standard Care). As expected, no statistically significant differences were found among people who did not complete either program (rearrest rates of 12.1% and 11.6% for PFL and Standard Care, respectively). However, among those completing their programs, PFL had significantly lower recidivism rates. This was

true for people assigned to attend a program (i.e., PFL or Standard Care) and those required to attend a program plus substance abuse treatment.

Figure 2: Likelihood of Rearrest: PFL versus Standard Care



The availability of comparison groups in these studies strengthens conclusions about the effectiveness of PFL in reducing recidivism. Additionally, in the Lowenkamp et al.¹¹ and Beadnell et al.¹² studies the investigators statistically controlled for preexisting differences in demographic characteristics and risk factors. Even using this stringent analytic method, the results demonstrated that PFL completers recidivated less than people completing another program (Beadnell et al.) and people who either did not attend or failed to complete (Lowenkamp et al.). The findings by Marsteller et al.¹⁰ about preexisting group differences were noteworthy. In this instance,

^aNote: Lowenkamp et al. included all arrests, including but not limited to impaired driving. Also, as described in the text, they controlled for differences between comparison groups in pre-existing risk factors; the rearrest percentages in the figure are adjusted for these (Lowenkamp et al., p. 32-34).

PFL attendees had a greater number of previous arrests before the intervention, which would typically result in higher rates of recidivism. However, they actually had fewer subsequent arrests, a result providing additional support for the effectiveness of PFL. The Fuchs and Hinton evaluation⁹ does not provide information about the presence or absence of preexisting differences between PFL and the comparison group. This limits the ability to draw firm conclusions, though the similarity of these results to the other evaluations strengthens the basis for concluding that PFL was the active element in reducing recidivism.

Discussion

PRI maintains ongoing PFL evaluation activities. These have consistently shown PFL to have benefits for participants, making it an evidence-based program. For example, PFL evaluations have consistently shown that participants make positive changes in knowledge, risk awareness, intentions, problem recognition, and confidence for making changes. Participants also give the program high satisfaction ratings. These findings have occurred for PFL participants in general¹³ and in comparison to another intervention.¹⁴

This report extends these findings to show that PFL participants also have lower recidivism rates. PFL completers were less likely to recidivate than those who did not attend, attended but did not complete, or completed alternative programming. This evidence supports PFL as an effective intervention program for indicated prevention with individuals who are arrested for alcohol- or drug-related offenses, including impaired driving.

Real-world evaluation of offender interventions is challenging. Despite this, the results from these three evaluations show support for PFL's effectiveness. Future evaluations will continue to investigate the program's ability to produce short- and long-term risk-reduction.

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