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An Examination of Recidivism of Offenders Receiving Services from the Virginia Alcohol Safety Action Program

By

Fred L. Cheesman II, PhD
Denise Dancy
Ann Jones, PhD
National Center for State Courts

Don Hardenbergh
Court Works

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Library
National Center for State Courts
303 Newport Ave.
Williamsburg, VA 23185

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Introduction

There are 24 Alcohol Safety Action Program (ASAP) District Offices operating throughout Virginia. Their stated goal is to

“Improve transportation safety by decreasing the incidence of driving under the influence of alcohol or other drugs and thereby reducing the number of alcohol and other drug-related crashes”.

The following provides an assessment of their success in reducing the incidence of driving under the influence of alcohol or other drugs. The research was conducted by the National Center for State Courts, in cooperation with Court Works of Williamsburg, Virginia. It examined recidivism for both DUI violations as well as general recidivism (e.g. violations involving any moving violation) among 1,085 former VASAP clients who received service during the years 1997 through the end of 2000. They were followed up through the end of 2003 to check for subsequent DUI and moving violations. The results of this analysis are contained in a larger report that was previously submitted to the VASAP Commission.

Key Findings: DUI Recidivism

1. Only 11 percent of all offenders who received a core VASAP service (education, HO-monitoring,¹ intensive education, or treatment) were subsequently convicted of

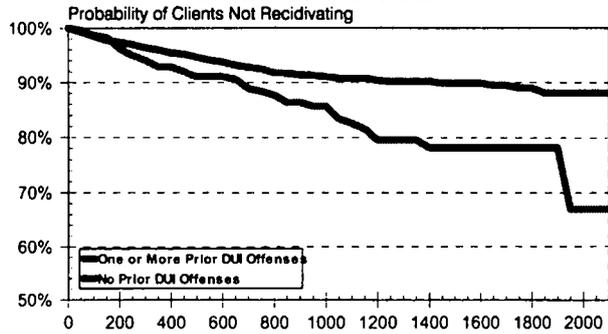
another DUI offense after the close of service.²

2. Almost all of the study population had been referred to ASAP for a drug or alcohol-related offense, and 22 percent had at least one DUI conviction prior to the conviction for which they were selected for the study.
3. Among VASAP clients who recidivated for a drug or alcohol-related offense, the average length of time from close of service to arrest for a subsequent DUI offense resulting in a conviction was 16.1 months, or one and a third years. Thus, not only does the VASAP program seem to be associated with a reduction in DUI recidivism rates, it delays recidivism on an average of a year and a third among those few that eventually recidivate.
4. The single most important predictor of recidivism for a subsequent drug or alcohol-related offense was having a previous DUI conviction. The recidivism rate among first time offenders was 9.3 percent while the recidivism rate among those with more than one conviction was 16.4 percent, a significant difference.

¹ Offenders participating in this program have been declared habitual offenders at some point in the past, but have had their license restored (in most cases with restrictions). These offenders may receive various VASAP services as dictated by the court. Typically, at a minimum, completion of a driver improvement class will be required. VASAP usually monitors these offenders until they are eligible for full restoration of their license, during which time any traffic or criminal offense recidivism is reported to the court.

² Our study design does not permit us to infer with certainty that the intervention of VASAP prevented DUI recidivism in most of the sample population, but the lack of better alternative explanations indicates that the receipt of VASAP services was associated with a reduced probability of recidivism among DUI offenders.

Probability ASAP Clients Do Not Recidivate for a DUI Offense by Number of Days From Close of Service



5. VASAP recidivism rates were better than those achieved in most other states for similar offender populations.

Key Findings: General Recidivism

6. Six years after the close of service, an ASAP client had only about a 40% chance of **not** having had a subsequent conviction for any type of moving violation (including alcohol- and drug-related offenses). **This contrasts sharply with a probability of over 90% that a client will *not* receive a subsequent DUI conviction up to six years after the close of service.**

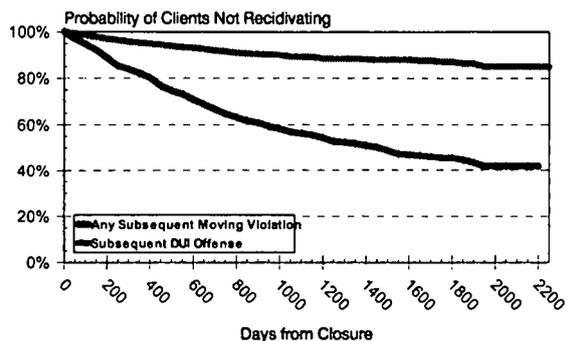
7. Approximately 44 percent of ASAP referrals

for a moving violation (including drug or alcohol-related offenses).

8. For those that recidivated for a moving violation, the average amount of time to recidivism (i.e., time between the close of service and arrest for the recidivistic offense) was 16.6 months. There was no significant difference between those receiving driver education or improvement services and those receiving VASAP core services in this regard.

9. The single most important predictor of general recidivism was age, since younger offenders are much more likely to recidivate than older offenders. Whereas 81 percent of those under 18 years of age recidivated, only 44 percent of those older than 18 recidivated.

Probability ASAP Clients Do Not Recidivate by Number of Days From Close of Service



who completed either an ASAP driver education/improvement program or who received a core VASAP service recidivated

Overview of VASAP

There are 24 VASAP District Offices operating throughout the State. Their goal is to

"Improve transportation safety by decreasing the incidence of driving under the influence of alcohol or other drugs and thereby reducing the number of alcohol and other drug-related crashes".

In order to accomplish this goal, VASAP has established the following set of objectives:

1. Deter the motoring public from driving under the influence.
2. Deter those arrested and convicted of DUI from again driving under the influence.
3. Increase awareness to facilitate the identification, apprehension and conviction of offenders driving under the influence of alcohol and other drugs.
4. Raise the conviction rate for offenders and the number of appropriate referrals to Alcohol Safety Action Programs.
5. Ensure appropriate probationary control of offenders.
6. Ensure the delivery of appropriate education or treatment services for offenders.
7. Provide statewide offender tracking services for all ASAPs.
8. Increase public awareness of the civil and legal consequences of DUI arrest, public perception of transportation crash risks, and public activities to reduce DUI incidents.
9. Assess and maintain the effectiveness and self-supporting status of both the commission and local Alcohol Safety Action Programs.

Upon entering ASAP, each individual is evaluated and classified as needing Education, Intensive Education, or Treatment.

- Education is a 20-hour program that focuses on substance abuse and driving, substance abuse and health, and self evaluation of potential for substance abuse.
- Intensive Education is a 20-hour alcohol/drug program for probationers who are at risk of addiction. The goal of this program is to have probationers make an accurate evaluation of their alcohol/drug use, and make appropriate behavioral changes.
- Treatment is a mandated service depending on the probationer's level of addiction/abuse of alcohol and/or drugs. Treatment programs are conducted at a state approved facility by a licensed substance abuse service provider.³

All local ASAP offices offer the above core services. Each ASAP also may provide additional services, including but not limited to the following:

- Young Offender Program,
- Habitual Offender Evaluations and Interventions,
- Habitual Offender Relapse Prevention,
- Driver Improvement,
- Reckless/Aggressive Driving Education,
- Juvenile Driver Improvement,
- Aggressive Driver Classes,
- Ignition Interlock,
- First Time Drug Offender
- Pre-Trial Assessment
- Drug Screening

³ VASAP Website: <http://www.vasap.state.va.us>

Purpose

The primary purpose of this evaluation is to determine whether VASAP services are effective in accomplishing the program's main stated goal of reducing the incidence of driving under the influence of drugs or alcohol. The study focuses on offenders who received one of the VASAP core services (education, HO-monitoring, intensive education, or treatment). Success or failure was determined by whether ASAP clients who had completed the program of services were subsequently convicted of another drug or alcohol-related moving violation.

A secondary objective of the study was to determine whether driver education/improvement services offered by VASAP, as well as the core VASAP services, had an impact on "general recidivism" (e.g. recidivism for any moving violation, including drug and alcohol-related offenses).

A third objective of the study was to investigate the process by which VASAP services are provided in order to better explain the recidivism results. This objective was necessary to be able to attribute changes in the recidivism rates of VASAP clients to the services provided by VASAP.

Description of Study

The National Center for State Courts and Court Works evaluation team conducted a thorough, systematic and multi-method inquiry into the key question of whether *services provided by VASAP effectively reduce recidivism?*

An extensive review of the literature on DUI prevention also was conducted. The evaluation team conducted interviews with ASAP directors and their staff, conducted focus group interviews with judges, prosecutors, clerks, and service providers, and administered a staff survey to better understand the process by which offenders are referred and receive services. Data also were

collected on a random sample of VASAP referrals that received services between January 1, 1997 and December 31, 2000. A variety of offender and case characteristics along with information about the VASAP services received were collected, tabulated, and analyzed. The data were examined to identify the influences of client and case characteristics on recidivism.

Literature Review

The phenomenon of impaired driving and its dangers have changed little over time. The level of sophistication and knowledge surrounding DUI and strategies aimed at deterring or diminishing its impact, however, has and continues to change. A comprehensive review of the literature reveals four research-based factors that influence deterrence and rehabilitation.

Screening, assessment, and classification

Instruments used to screen and assess drunk drivers vary significantly in format, purpose, and utility. Concerns about their reliability and validity (and predictive ability regarding recidivists) within a predominantly non-voluntary, court-ordered population have been raised. It has been recommended that such assessments be augmented by objective corroborative measures, including biochemical screening and collateral interview.

Offender characteristics

Studies reveal offender characteristics such as age, education, prior offenses, and gender to be related to recidivism. Offenders appear to be extremely heterogeneous and belong to a number of overlapping and intersecting subgroups, but may also be part of a larger group defined by other "high risk" behaviors and greater general deviance.

"Bad driving" and prior criminal histories appear to have some predictive potential for early identification and intervention with (potential) DUI

offenders. Matching specific offender types/groups with specific interventions may have promise for increasing program success. These studies, however, need more replication and pose challenges for program design and implementation.

Deterrence-Based Countermeasures

These generally involve the imposition of various sanctions, such as restriction of driving privileges, imposition of fines, or incarceration. Despite some “success” with license sanctions, most “sanctions” have marginal or inconsistent effectiveness, and are not sufficient to “stand-alone.” Newer advents such as administrative license suspension/revocation, vehicle-based sanctions, and alternatives to incarceration show success as augments to existing sanctions. A

Methodology for the Analysis of Sample Case Data:

1,085 VASAP clients referred for services between 1997 and 2000 were randomly selected from the VASAP database. It was not possible to select a control group (a group of offenders similar to the members of the sample who had not received VASAP services) because VASAP is a full-coverage program. Data were collected on a number of variables known to be related to recidivism that were subsequently used as independent variables in the analysis including age, sex, referral offense, number of prior DUIs, type of service provided, VASAP District providing service, and the amount of time between referral and close of service. Dependent variables were recidivism as measured by a conviction after the close of service for (1) a drug or alcohol-related moving violation and (2) any moving violation, including drug or alcohol-related moving violations along with the time to recidivism (time between the close of service and arrest for the recidivistic offense). The data were used to construct profiles of sample members and the services they received. The recidivism data were profiled and analyzed using survival analysis techniques including Kaplan-Meyer and Cox-regression.

“clustering” of countermeasures, along with heightened detection and enforcement efforts, increased certainty (and swiftness) of imposition and strong public education campaigns appear to have maximum deterrent effect.

Remedial (Rehabilitative) Countermeasures

Remedial intervention once consisted of either “education” or “treatment” — many such interventions now are “hybrids.” However, remediation by itself, or sanctioning by itself, has actually been shown to increase recidivism.⁴ Few remedial countermeasures address, let alone significantly impact, alcohol-related crash rates. A recent meta-analysis noted overall that remediation (over no remediation) yields a 7-9% reduction in both outcome measures. No *single* program mode impacted recidivism significantly, nor did any specific program type or length. A multi-modal approach – combining education, treatment, aftercare, and sanctioning – appears optimal. Factors of time and delay in program completion (and/or assignment) and case (court) processing appear to increase recidivism.

Site Visits and Staff Survey

The focus groups and interviews conducted by the project team raised the following issues:

- Disparity in the resources available to local ASAPs may account for differences in outcomes (e.g., recidivism rates).
- Differences in local ASAP and court policies and procedures (e.g., use of show cause hearings) may also account for differences in outcomes.

⁴Beirness, D., Mayhew, D., and Simpson, H. (1997). DWI Repeat Offenders: A Review and Synthesis of the Literature. Ottawa, Ontario: Health Canada; DeYoung, D. (1997). An Evaluation of the Effectiveness of Alcohol Treatment, Driver License Actions and Jail Terms in Reducing Drunk Driving Recidivism in California. Addiction, 92, 989-997.

- The routine presence of VASAP personnel in local courts was widely considered to facilitate quicker and more effective processing of referrals, and may be an important factor in explaining differences in outcomes among local ASAPs.
- Charge reductions influence whether offenders receive needed services from VASAP and local court policies in this regard may influence outcomes.
- The need for a variety of effective programming options (beyond education) was considered important for successful outcomes.
- Individual client characteristics and local culture were considered to be important influences on outcomes.

In conjunction with the on-site interviews, a survey questionnaire was developed and sent to all ASAP directors and staff in the state. The questionnaire was designed to elicit information and opinions on ASAP operational procedures, client management processes, and services among the different ASAP districts. Among the more important findings were:

Staff

Approximately one-half of responding ASAP staff have been working in their current position five years or less. Almost two-thirds of the respondents have a bachelor's degree and another 14% have received a master's degree.

Process

Nearly all referrals to the ASAP come from the courts although respondents did report a few self-referrals, attorney-referred clients, and DMV referrals. It can be assumed though that the attorney referrals are most likely in anticipation of a court appearance. ASAP directors and case managers reported spending less than 10% of their time in court. However, from interviews and

responses to the questionnaire, it appears that this connection is critical to the efficient and successful conclusion of services.

Most ASAP districts assign cases on the basis of geography, although some assign new cases to the first available case manager. A very few districts use some form of differentiated case management. Case manager caseloads vary considerably, from less than 100 to over 600. The reported caseload sizes were fairly evenly distributed over the entire range (under 100 to more than 600).⁵

Services and Effectiveness

In most instances, services are provided in-house by ASAP staff. The services most frequently contracted out include alcohol and drug education and treatment, driver education and habitual offender services. Client assessments, public education, and case management services are all provided in-house.

A key element in the evaluation of any program is the identification of the program's purpose. The purpose dictates the measures used to evaluate the program. In the case of ASAP directors and staff, approximately 50% believe that the purpose of ASAP is to

"Get people to refrain from driving if they are drinking."

Another 20% thought the purpose is to

"Keep people from driving while intoxicated."

Only 4% of the respondents thought that the purpose is to treat alcoholics or drug addicts or to get people to stop using alcohol or drugs.

When asked about the effectiveness of their individual programs, the habitual offender programs were felt to be the most successful

⁵ Several respondents in Alexandria, Arlington, and Dan River reported caseloads over 600.

while the assessment programs were thought to be the least effective.

As for the proper measurement of effectiveness, respondents felt that the best measure of effectiveness is

“The reduction in the number of persons rearrested for DUI.”

A reduction in traffic fatalities was a distant second.

Finally, most respondents felt that they enjoyed good relations with their courts. Directors were more likely than case managers to feel this way, though the majority of both groups felt they enjoyed good relations with the courts.

Comments and Recommendations

The results of the staff survey raise issues that VASAP should consider when developing its strategy in the coming years:

Most front-line employees have less than five years of experience with substance abuse interventions and less than five years with VASAP.

VASAP should consider strategies to retain experienced case managers for longer periods of time to benefit from their growing experience.

VASAP case managers reported spending a relatively small percentage of their work-time in court and most of it on routine paperwork and office business. During our site visits and focus groups, participants thought that the routine presence of VASAP personnel in court was essential to a smoothly operating and effective program.

VASAP should consider strategies to increase the percentage of time case managers are in court.

Caseload sizes in most local ASAPs exceed what is optimal.

Strategies should be developed to reduce caseload sizes.

Directors are more likely than case managers to think that their ASAP enjoys “Completely Satisfactory” relations with the courts. VASAP should attempt to understand the difference in perception between these two groups to insure continuing good relations with the courts. Case managers may be responding to issues with the courts that are not properly appreciated by the directors. Many respondents felt that there needs to be closer examination of the relationship between VASAP, DMV, and the Courts.

Respondents further felt that client assessment was one of the weaker services offered by VASAP.

Consideration should be given to enhancing VASAP’s assessment abilities.

Many respondents felt that VASAP should move to state funding, that fees should be increased, and that the Habitual Offender program should be reinstated.

VASAP should consider the pros and cons of these changes and, if deemed worthwhile, sponsor legislation to effect change.

Client Characteristics

As the table below shows, offenders that received driver education/improvement services were the youngest, most likely to be female, and least likely to have been referred for a drug or alcohol-related offense and to have at least one prior DUI of all those receiving services. On the other hand, offenders that received HO-monitoring services were the oldest, least likely to be female and most likely to have been referred for a drug or alcohol-related offense and to have at least one prior DUI.

Client Characteristics by Type of Service Provided

Program	Sample Size	Average Age (Years)	Percent Female	Percent Referred for Drug / Alcohol Offense	Percent with at Least One Prior DUI	Average Days in Program
Driver Education/Improvement	283	29.3	32.2%	7.1%	8.5%	78
VASAP Education	170	33.3	24.7%	87.1%	4.7%	322
HO-Monitoring	28	38.9	3.6%	100.0%	85.7%	419
VASAP Intensive Education	261	33.3	20.7%	92.7%	3.1%	330
VASAP Treatment	343	36.5	17.8%	91.8%	38.8%	401
Total	1085	33.4	22.9%	69.4%	18.2%	288

Recidivism Analysis

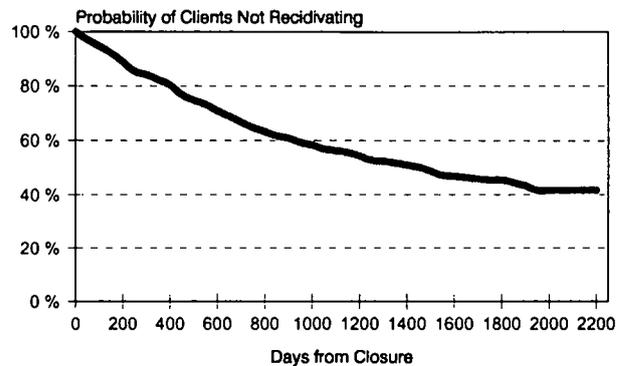
Are core VASAP services (education, intensive education, HO-monitoring, and treatment) effective in reducing future recidivism of offenders referred for services? Recidivism is measured in two ways: (1) any conviction for a moving violation noted in the Department of Motor Vehicles (DMV) database, including drug and alcohol-related offenses (referred to as general recidivism) and (2) any conviction for a subsequent drug or alcohol-related moving violation offense only.

General Recidivism

The following figure shows how the general recidivism rate changes over time.⁶ Overall,

about 44% of clients receiving services from VASAP were likely to be subsequently arrested

Probability of Not Recidivating for All Moving Violations



⁶ The figure is a "survival curve" showing the percentage of offenders that do not recidivate (referred to as "survivors"). Of course, with the passage of time,

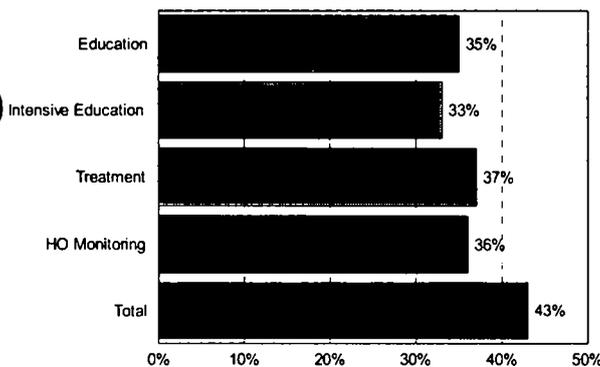
the percentage of survivors decreases as the

and convicted for a moving violation.

As shown in the next figure, clients receiving driver education/improvement services were much more likely to recidivate (68%) than clients receiving any other type of service. Clients receiving other services generally recidivated at about the same rate, between 33% and 37%. Those recidivating were most likely to do so for speeding or some other moving violation.

For those that recidivated for a moving violation, the average amount of time to recidivism (i.e., the time between the close of service and the arrest for the recidivistic offense) was 16.6 months.

General Recidivism Rates by VASAP Classification



There was no significant difference between those receiving driver education/improvement services and those receiving VASAP core services in this regard. In both cases, VASAP services seem to be associated with a considerable delay in recidivism among those that eventually recidivate.

The multivariate Cox regression revealed that the most important predictor of general recidivism by far was the offender's age. Younger offenders

percentage of recidivists increases.

were far more likely to recidivate than older offenders.

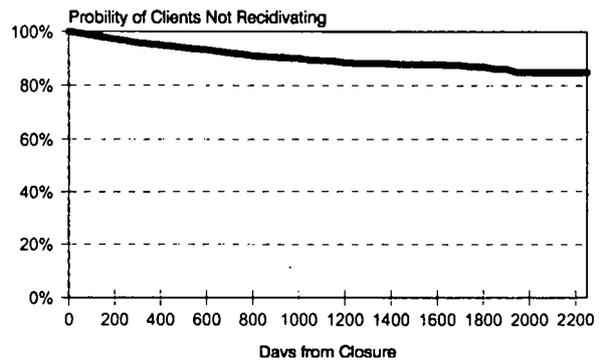
General recidivism was not related to the type of service, time in service, or to the offender's gender.

DUI Recidivism

Overall, about 11% of the clients receiving services (driver's education/improvement and core VASAP services) from VASAP recidivated for a moving violation involving drugs or alcohol (including DUI).

The following figure shows how the DUI recidivism rate changes over time. Note that the DUI recidivism rate is much lower than

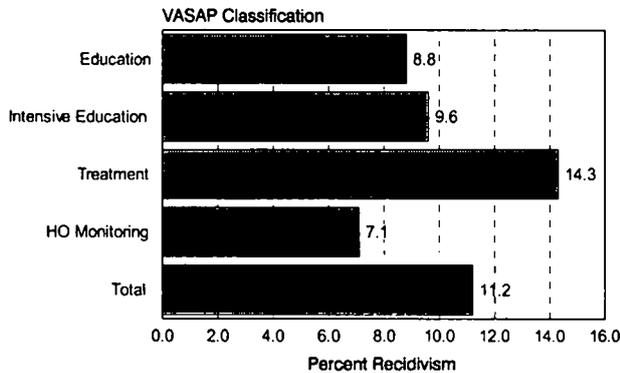
Probability of Not Recidivating for a DUI Offense



the general recidivism rate shown earlier.

As shown in the following figure, clients receiving VASAP Treatment were slightly more likely, and those receiving HO-monitoring services were slightly less likely, to recidivate for a drug or alcohol-related offense (14.3 and 7.1 percent, respectively) than clients receiving other types of services. None of the differences in the DUI recidivism rates among the service types were significant.

DUI Recidivism Rates by VASAP Classification

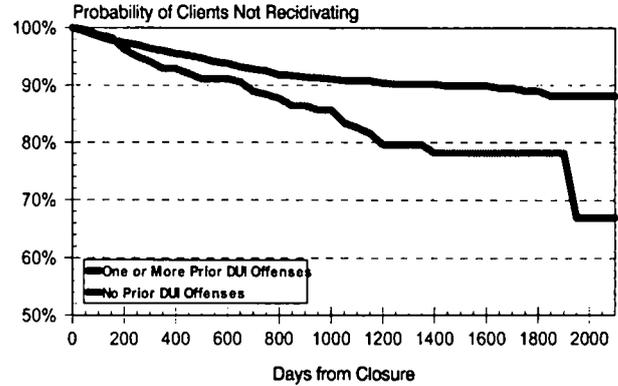


Eleven percent of all offenders that completed a VASAP core service were subsequently convicted for a drug or alcohol-related moving violation after the close of service. In contrast, almost all of these offenders were referred for a drug or alcohol-related offense and 22 percent had at least one prior DUI.

Among VASAP clients who recidivated for a drug or alcohol-related offense, the average length of time from close of service to arrest for a subsequent DUI offense resulting in conviction was 16.1 months, or a year and a third. Thus, not only does the VASAP program seem to be associated with a reduction in DUI recidivism rates, it delays recidivism on an average of a year and a third among those few that eventually recidivate.

The multivariate Cox regression revealed that the most important predictor of DUI recidivism by far was whether the offender had at least one prior DUI. Offenders with at least one prior DUI were 57 percent more likely to recidivate than offenders with no prior DUI offenses. See the following figure.

Probability ASAP Clients Do Not Recidivate for a DUI Offense by Number of Days From Close of Service



DUI recidivism was not related to the type of service provided, time in service, the sex of the offender, or the age of the offender.

Comparison to Other States

To put the DUI recidivism results in perspective, recidivism rates for programs similar to VASAP were compiled. The following table presents DUI recidivism rates reported in the evaluations of five alcohol safety education programs similar to VASAP. The table shows the DUI recidivism rate at 6-month intervals for those who attended these programs in comparison to VASAP.

The programs listed in the table differ with respect to sample size, outcome measures used, frequency reported, follow-up periods, dates of the studies, geographic and demographic distinctions, and specific program components, etc. Consequently, comparisons among programs should be viewed with extreme caution.

The studies, however, are comparable in that each examines a remedial intervention intended to positively affect traffic safety and reduce DUI recidivism through an "alcohol safety education program." Additionally, Wells-Parker, et al's

(1995) meta-analysis of 215 independent evaluations of remedial interventions with drinking/driving offenders⁷ reported an overall reduction of 8-9% in recidivism. Given this information, it is appropriate to conclude that VASAP appears to be at least as effective as their counterparts in other states (and regions) – and in some cases more effective in reducing DUI recidivism.

The present study's design does not permit us to infer with certainty that the intervention of VASAP prevented DUI recidivism in most of the sample but, since there are no better alternative explanations, it seems fair to say that the receipt of VASAP services was associated with a much reduced probability of DUI recidivism.

Policy Recommendations

Core VASAP services appear to be working. While it is not possible to make a definitive determination of their effectiveness because we do not have a comparable control population, the low level of recidivism would seem to provide ample evidence of its effectiveness. This is especially true when one considers that almost all offenders receiving these services were referred for a drug or alcohol-related moving violation and that many had prior DUI offenses. Since VASAP is virtually self-supporting, it seems to be an extraordinary bargain for the taxpayers of Virginia.

For this reason, the Commonwealth should find ways in which to ensure the continuation and expansion of VASAP services. The results do not support gender-based services but age-based programming is highly recommended.

⁷ Wells-Parker, E., Bangert-Drowns, R., McMillen, R., and Williams, M. (1995). Final Results from a Meta-Analysis of Remedial Interventions with Drink/Drive Offenders. *Addiction*, 90, 907-926.

- Referrals that acquire a second DUI are highly at risk for additional DUI recidivism and consequently merit intensive intervention using a combination of treatment and deterrent options.
- VASAP should experiment with reducing the length of time-in-service for those offenders receiving VASAP core services since there is no relationship between time-in-service and DUI recidivism.
- VASAP should engage in a vigorous internal debate about whether differences in the variety of services offered by the ASAPs are problematic and whether a re-distribution of resources might be warranted. If it is considered to be a problem, VASAP should develop and implement plans accordingly.
- VASAP should undertake efforts to educate courts about the results of the current study that show that VASAP services reduce recidivism and work closely with courts in every fashion to insure that candidates for VASAP get the services they need. Efforts, including additional research, should be made to understand how potential referrals “fall through the cracks” and do not receive VASAP services that could benefit them.
- VASAP needs a “research database”. The current VASAP database contains too much missing data for too many critical data elements to be very useful for ongoing research. Either improvement should be made to consistently and uniformly include critical data elements in the current database or a separate “research database” should be developed and maintained.
- VASAP should undertake additional research to:
 1. Definitively determine whether (and which) VASAP services reduce recidivism by comparing recidivism of a sample of offenders receiving VASAP core services to an identical group of

- offenders that do not receive these services.
2. Understand why some ASAPs have lower recidivism rates than others.
 3. Determine why some potential referrals never make it to VASAP.

DUI Recidivism (in percentages)
(Reported interval rates :)

Program Evaluation	6 mos.	12 mos.	18 mos.	24 mos.	30 mos.	36 mos.	44 mos.
North Carolina ADETS (1988)	2.9	6.0*	8.0*	11.0*	13.0	16.0	N/A
New Jersey Countermeasures (1990)	N/A	9.3**	N/A	18.6**	N/A	27.9**	N/A
MASEP (1996)	N/A	9.4	N/A	17.1	N/A	22.8	24.2
Alaska ASAP (1999)	N/A	N/A	N/A	N/A	N/A	34.0	N/A
Williams, et al (2000)	N/A	6.5	N/A	N/A	N/A	N/A	N/A
VASAP (NCSC, 2003)	3.0	5.0	7.0	8.0	9.0	10.0	

*These values are interpolated from a graphical representation in the N.C. ADETS study

**These values are based on the slope (.093) of a regression representing an adjusted annual rate of post-conviction negative driving events in the New Jersey Countermeasures study.