A Review of Prevention Research

Institute Programs

A Report to the Division for Substance Abuse

Kentucky Cabinet for Human Resources

Submitted by

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POPULATION STUDIED:
    2351 persons in Iowa who completed the
    TAA—DUI program, offered through 14
    community colleges across the state

DATES OF EVALUATION:
    January 1, 1994-September 1, 1995

EVALUATION DESIGN:
    Written pre- and posttests and DUI
    recidivism checks were used. The
    posttest was given during the last session
    of the 12 hour and 24 hour versions of
    TAA—DUI. Recidivism rates were
    reviewed, at 30, 180, 360 and 450 days
    following TAA—DUI.
        Outcomes Evaluated: knowledge;
    attitudes; recidivism rates, including a
    comparison of rates for first-time vs
    multiple offenders; relationship of
    attitudes addressed in TAA—DUI to
    recidivism rates.

EVALUATOR:
    University of Iowa, Harold Engen,
    Ed.D., Principal Investigator, Ms. Anita
    M. Patterson, M.S.W., Associate
    Director (of evaluation), Iowa
    Consortium for Substance Abuse,
    University of Iowa, 100 Oakdale Campus
    #M306 OH, Iowa City, Iowa.

REFERENCE:
    Report submitted by Dr. Engen to Iowa
    Department of Education, 12/1995

FINDINGS:

♦ Demographic analysis showed no significant
   difference in outcomes among members of
   different age, gender, race, education and
   socio-economic groups. Although the variable
   age was not significant ($p < .10$), older
   participants tended to show more improvement
   than those who were younger. Evaluator
   concluded that course materials were equally
   effective with various demographic groups
   studied.

♦ Persons who "correctly " answered any one of
   the following attitude items addressed in TAA-
   DUI were found to have significantly lower
   recidivism rates than those who did not:
   (Note. These attitudes receive a major focus in
   PRI programs. The evaluator commented that
   since these attitudes are associated with
   recidivism, and since the program was
   effective in improving them, a logical
   deduction to be made is that the education
   program is having a beneficial effect.)

   • "Anyone who drinks could develop
      alcoholism," ($p < .01$);

   • "People's ability to handle alcohol is more
      important than how much they drink,"
      ($p < .01$);

   • "People are either born with alcoholism
      or they can never get it," ($p < .05$);

   • "It is OK to drink as much as you want as
      long as you can handle it," ($p < .01$).

Responses to specific attitude items were reported in percentages, as follows:

   • 76.6% made a gain of 1-17 points in the desired direction on the Alcohol Opinions
      test (a composite of attitude items); 16.3% regressed, and 7.1% remained the same.

- Strongly Agree responses to "Anyone who drinks can develop alcoholism," increased from 19% to 60%.

- Disagree/Strongly Disagree responses to "People's ability to handle alcohol is more important than how much they drink," increased from 45% to 72%.

- Strongly Disagree responses to "People are either born with alcoholism or they can never get it," increased from 42% to 60%.

- Agree/Strongly Agree responses to "In preventing alcoholism, how much people drink is more important than anything else," increased from 22% to 56%.

- Disagree/Strongly Disagree responses to "It is OK to drink as much as you want as long as you can handle it," increased from 63% to 87%.

- Strongly Disagree responses to "I think that some people can actually drive better after a few drinks," increased from 46% to 60%.

◆ Differences between first time and multiple offenders regarding recidivism rates became statistically significant only after 450 days; at that time the multiple offenders' recidivism rate increased to 10.9% versus the 5% for first-time offenders (p < .001). The evaluator noted this statistic and suggested caution in excluding the multiple offender from an education program on the assumption that such programs will not work with that population. The evaluator recommended that Iowa continue exploration of this data, and check recidivism rates over an even longer period of time.

LIMITATIONS OF EVALUATION

No control group.