PROJECTING THE IMPACTS OF A COERCED ABSTINENCE PROBATION MODIFICATION PROGRAM IN NORTH CAROLINA

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EXECUTIVE SUMMARY

POLICY QUESTION (Page 7)

The objective of this paper is to examine whether or not the North Carolina Department of Corrections should adopt a coerced abstinence model of probation modification similar to the Hawaii Opportunity Probation with Enforcement (HOPE) program that was piloted in Honolulu in 2004. HOPE appears to be phenomenally successful at reducing recidivism among drug-involved probationers. Reducing new crimes and probation violations among this sub-set of high-risk probationers in North Carolina could have substantial impacts on public safety and corrections spending.

BACKGROUND (Page 7)

The probation system in America, widely used as a cheaper and less severe alternative to incarceration for qualifying criminal offenders, is also widely considered to be ineffective at preventing new crimes. Probationers frequently re-offend which fails to meet the goals of probation, as defined by the American Probation and Parole Association: “to protect society and promote law-abiding behavior.”

Some characteristics of the probation system may contribute to the high rate of recidivism. Because resources are often strained and probation officers are often over-burdened with caseloads, it becomes virtually impossible to sanction every probation violation. When probationers are sanctioned, for violations such as missed appointments or failed drug tests, punishments are often delayed and come after the accumulation of multiple violations. This being the case, offenders likely perceive the risks of violating probation as very low. A low risk perception, coupled with the tendency for crime to attract impulsive and reckless individuals, often leads to the choice to violate the terms of probation.

Crime, as well as reckless, impulsive behavior, is also strongly linked to drug use. This link is backed up by the Substance Abuse and Mental Health Services Administration, which reports that about 30% of probationers in the United States are “current” drug users, compared to only 8.3% of the general population of American adults. Individuals using drugs are more likely to engage in crime either while under the influence of drugs, or for the purpose of getting money to buy drugs. As such, it stands to reason that reducing drug use will lead to a reduction in crime.

Several programs in the United States have recently sought to address these shortcomings in the probation system and alter the underlying behavioral tendencies that lead to continued drug use and other probation violations. These programs focus around “swift and certain” sanctions for each probation violation. Rather than having a low risk of a severe sanction, they offer a high risk of a moderate sanction per violation.

Examples of programs that address the link between drug use, impulsiveness, and crime include Intensive Supervision Probation, 24/7 Sobriety, drug courts, and coerced abstinence—typified by the HOPE program. This paper examines what might happen in North Carolina if the Department of Corrections adopted a coerced abstinence, HOPE-style program.

DATA AND MEASUREMENT (Page 15)

Data used to predict the impact that coerced abstinence might have in North Carolina
come from published reports on the evaluation of HOPE in Hawaii and from the North Carolina Sentencing and Policy Advisory Commission. HOPE data come from a randomized controlled trial of the program done in 2007 that followed 493 probationers over a 12-month span of time starting in 2007. The North Carolina Sentencing Commission followed all 60,824 offenders released from prison or placed on probation in FY 2005/2006. This included 41,091 probationers, 12,622 of whom were labeled by the courts as being somehow “drug-involved.”

Both datasets report on outcomes of interest, such as the probation revocation rate, re-arrest rate, incarceration, and continued drug use. They also report on background information that is useful for drawing comparisons between probationers in Hawaii and North Carolina, such as age, gender, race, prior criminal history, and risk assessment.

PREDICTING THE IMPACT IN NORTH CAROLINA (Page 21)

There are numerous limitations to attempting to predict the impacts of a HOPE-style program in North Carolina. Among these are latent background differences between the probationer populations in Hawaii and North Carolina, such as age, race, and criminal background. Additionally, the geographic, political, cultural, and other differences between states impact how such a program might work in different jurisdictions. Also, there are differences in how researchers tracked data between states. For example, Hawaii and North Carolina use different assessments to determine the risk of recidivism, and the available measures of prior criminal history, drug use, and other factors are tracked differently between states.

Acknowledging the limitations in making predictions, it is possible to make tentative estimates of the potential impact of a coerced abstinence program on drug-involved offenders in North Carolina. Outcomes potentially include:

- A 50% drop in technical probation revocations over 12 months.
- A 55% reduction in the re-arrest rate of probationers over 12 months.
- Up to a 91% reduction in drug crimes committed by drug-involved probationers in the first year of probation, or a 38% reduction in drug-offenses over all probationers.
- Substantially fewer jail days served and reduced rates of incarceration among the treatment population.
- Improved public safety.

POLICY ANALYSIS (Page 28)

Even though preliminary research suggests that coerced abstinence programs are successful at reducing recidivism and drug use among probationers, such a policy may face many obstacles. First, coerced abstinence is founded on principles of behavioral economics and cognitive psychology, which may make it difficult to explain to policy makers and the public. This lack of understanding may breed skepticism of the program.

Coerced abstinence might also offend two important groups of people: drug treatment advocates and probation officers. HOPE and similar programs seem to suggest that simple incentives can lead to dramatic reductions in substance abuse without any therapeutic medical treatment. Thus, it may be viewed as ‘competition’ to traditional, medical methods of addiction treatment.

Also, if coerced abstinence does not achieve the total buy-in of probation officers, they
are unlikely to cooperate with the implementation of such a program. Unless sanctions are applied to each and every probation violation, a coerced abstinence system cannot work. Getting probation officers on board with such a program may be difficult, however, because of the perceived workload. The primary reason so many probation violations currently go unpunished is because of severe resource strains on probation departments. It would simply be too time consuming to sanction every violation. This problem must be addressed in order to achieve the cooperation of probation officers.

Additionally, there is the question of how well a coerced abstinence program works in the long-term. Existing research on the topic is favorable, but limited in scope. It may be difficult to win popular support for a program with unknown long-term consequences. HOPE and other ongoing coerced abstinence program evaluations need to be watched carefully in the coming years in order to determine how well they work over longer periods of time.

IMPLEMENTATION (Page 29)

Successful implementation of a HOPE-style program in North Carolina requires certain program elements, broad-based stakeholder buy-in, and effective leadership. Fortunately, the RCT of HOPE included a process evaluation that addressed how each of these objectives was achieved in Honolulu.

The necessary program elements, according to researchers include monitoring, guaranteed sanctions, a clear set of rules, an initial warning hearing, prompt hearings, drug treatment for those who continue to fail drug tests, and the capacity to pursue those who fail to appear for probation meetings. These program elements, combined with a visible public champion or leader to maintain support for such a program, are essential to successful implementation.

Myriad stakeholders are also necessary to ensure success. Probation officers, judges, prosecutors, public defenders, court staff, sheriffs, and probationers themselves must all agree to cooperate with the terms of a coerced abstinence program in order for it to work. Any inconsistency will erode the perception of guaranteed sanctions.
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POLICY QUESTION

Should North Carolina adopt a coerced abstinence model of intensive probation supervision similar to the Hawaii Opportunity Probation with Enforcement (HOPE) program?

BACKGROUND

About Probation

Probation is often used as a cheaper and less severe alternative to incarceration. A judge may sentence a criminal offender to probation in lieu of imprisonment. The probationer maintains his or her freedom but is also under the supervision of an assigned probation officer and must adhere to certain standards of conduct. The purpose of probation, according to the American Probation and Parole Association, is to provide the “minimal amount” of intervention in an offender’s life needed to “protect society and promote law-abiding behavior.”

Incarceration can be detrimental to offenders’ social functioning and the APPA suggests it should only be imposed “when necessary.” Incarceration is also substantially more expensive than probation and communities have an incentive to find the cheapest way to preserve public safety. The Pew Center on the States estimates that, in North Carolina, the cost of probation is less than 5% that of incarceration. The average costs per offender per day for probation were $3.18 in 2008, compared to $74.77 per offender per day in prison.

Clearly, probation is a cheaper alternative to incarceration and is considered less invasive and severe on the offender. Unfortunately, it is not very successful at preventing new crimes. Of those offenders placed on probation in North Carolina in 2005-2006, 18.8% were rearrested within the first year, 28.2% were rearrested within two years, and 35.4% were rearrested within three years (see Table 1) (North Carolina Sentencing and Policy Advisory Commission, 2010). So probation is not completely successful at either its goal of promoting public safety, or of saving money by avoiding re-arrest and incarceration.

Particular characteristics of probation may contribute to the high rate of recidivism. Probationers’ perceived risks for violating the terms of probation are low. Monitoring and drug testing are inconsistent. Sanctions for violating the terms of probation are often inconsistent and delayed. Unfortunately, the North Carolina system shares these characteristics with many other states. There are several probation reforms garnering national attention that may be able to correct these shortcomings.

Drug Use and Crime

There is a strong correlation between drug use and crime. Drug use is more closely related to robbery and property crime, rather than violent crime. Offenders often engage in criminal activity to get money to buy drugs, or they commit crimes while under the influence of

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2 Ibid.

In 2010, about 30% of probationers in the United States were current drug users. These rates are higher than for the general population. According to SAMHSA, about 8.3% of adults not on probation reported using illicit drugs (Substance Abuse and Mental Health Services Administration, 2011). Prof. Mark Kleiman states that:

The relatively small number of offenders who are frequent, high-dose users of cocaine, heroin, and methamphetamine account for such a large proportion of both crime and the money spent on illicit drugs that getting a handle on their behavior is inseparable from getting a handle on street crime and the drug markets.

**Probation in North Carolina**

In fiscal year 2005-6, 41,091 individuals entered probation in North Carolina. Of these, 28,645 were community punishment probationers and 12,446 were intermediate punishment probationers. These numbers come from a study completed by the North Carolina Sentencing and Policy Advisory Commission. The Commission has provided me with data from the study. Community punishment probation typically consists of a fine, supervised probation, outpatient drug treatment, community service, payment of restitution, or other punishments not considered “intermediate punishment.” Community punishment is typically reserved for offenders with “little or no prior criminal history.” Intermediate punishment is more rigorous and may consist of residential treatment, house arrest, electronic monitoring, assignment to a day reporting center, or other requirements. Intermediate punishment is reserved for offenders with “significant” criminal records who commit certain classes of crimes, or offenders who have no prior history but commit more serious non-violent felonies.

The costs of probation and incarceration represent a substantial amount of the state’s budget. The average daily cost per offender of prison incarceration in 2010, according to the North Carolina Department of Corrections, is $74.34. The daily cost per offender on community or intermediate probation is $3.44, and drug tests are $4.99 for each tested sample. The cost of court-ordered substance abuse treatment ranges from $16.32 per offender per day for in-prison treatment, to $78.79 per offender per day for a private bed in a residential treatment facility.

Sentencing guidelines are structured by North Carolina law. This Structured Sentencing aims to make violent offenders and repeat offenders more likely to serve active prison sentences and longer sentences, as well as to make first-time, non-violent offenders less likely to be imprisoned (North Carolina Sentencing Commission, 2010). Structured Sentencing is intended to be rational, truthful, and consistent, and to help set resource priorities in the state justice system. The system uses a matrix that incorporates an offender’s prior record and current offense category to determine the type of punishment (prison, community probation, or intermediate probation) and the length of the sentence.

Recidivism rates in North Carolina have been “remarkably consistent over the past 12 years.” For the purposes of reporting, the North Carolina Sentencing and Policy Advisory

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5 Note: the definition of “current” drug use, according to the Substance Abuse and Mental Health Services Administration, is the past month.


Commission defines recidivism primarily as re-arrest, but also uses supplemental information on convictions and incarceration. The North Carolina General Assembly tasked the Sentencing Commission with tracking recidivism as a means of evaluating state correctional programs. Table 1 contains information on recidivism among probationers in North Carolina within a 3-year follow-up, both for the whole population of probationers as well as for the subset of probationers who were flagged as being drug-involved.

Table 1
Probationer recidivism in North Carolina

<table>
<thead>
<tr>
<th></th>
<th>all probationers</th>
<th>drug-involved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=41,091</td>
<td>n=12,622</td>
</tr>
<tr>
<td>recidivist arrest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 year</td>
<td>18.8%</td>
<td>22.9%</td>
</tr>
<tr>
<td>2 year</td>
<td>28.2%</td>
<td>33.9%</td>
</tr>
<tr>
<td>3 year</td>
<td>35.4%</td>
<td>41.8%</td>
</tr>
<tr>
<td>recidivist conviction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 year</td>
<td>8.2%</td>
<td>10.5%</td>
</tr>
<tr>
<td>2 year</td>
<td>16.5%</td>
<td>20.5%</td>
</tr>
<tr>
<td>3 year</td>
<td>22.8%</td>
<td>27.7%</td>
</tr>
<tr>
<td>recidivist incarceration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 year</td>
<td>12.5%</td>
<td>17.3%</td>
</tr>
<tr>
<td>2 year</td>
<td>22.1%</td>
<td>29.8%</td>
</tr>
<tr>
<td>3 year</td>
<td>27.3%</td>
<td>35.9%</td>
</tr>
</tbody>
</table>


This table shows that cumulative rates of re-arrest, conviction, and incarceration all increased over time for all probationers, and occur at higher rates for drug-involved offenders. The North Carolina Sentencing and Policy Advisory Commission defines recidivist re-arrest as “fingerprinted arrests that occurred after an offender was placed on probation for the conviction that placed him/her in the sample” (North Carolina Sentencing Commission, 2010). Recidivist conviction is defined as “convictions for arrests that occurred during the follow-up period.” Recidivist incarceration is defined as “incarcerations that occurred during the follow-up period” and includes only incarceration in North Carolina’s state prison system. Recidivist incarceration data do not include stays in county jails or incarceration in other states. The Sentencing Commission also notes that incarceration may occur because of conviction for a new crime or because of “a technical revocation of probationary supervision during the follow-up period.”

Within three years, the prevalence of re-arrest among probationers in North Carolina is more than 35%, more than 22% have been convicted of a new crime, and more than 27% were incarcerated within the three year follow-up time for either a new crime or because of probation revocation (see section on probation revocation and crime categories). The rates of re-arrest, conviction, and incarceration are all higher in each of the three follow-up years for the subset of drug-involved probationers.
Modifying Probation

Modifying probation may improve public safety and reduce correctional costs. Part of the reason probation has a high failure rate is inconsistency and slow response times to violations. Currently, probation is characterized by inconsistent meetings with probation officers, insufficient levels of drug screening, and little accountability. Researchers note that, “probation officers lack both adequate capacity to detect violations of the rules and the ability to ensure a quick and consistent response to those violations they do detect” (Hawken and Kleiman, 2009). Strained resources are partly responsible for the inconsistency and unresponsiveness: “high caseloads, a sanctions process that puts large demands on the time of probation officers and judges, the scarcity of jail and prison beds, and the low priority many police agencies give to the service of bench warrants for probation absconders make it difficult to enforce the terms of probation” (Hawken and Kleiman, 2009). Researchers also note that, since the terms of probation are difficult to fully enforce, “rates of noncompliance are accordingly high.” In spite of this, “the probation system has moved in the direction of looser supervision” with rates of probationers required to “report regularly” consistently declining in recent decades (Hawken and Kleiman, 2009).

North Carolina recently passed the Justice Reinvestment Act, which, among other things, advocates for “swift and certain sanctions for violations of supervision.” This current legislation suggests that the North Carolina Department of Corrections is interested in reforming probation to both decrease recidivism and save money on corrections. NCDOC is not allocating any more funding to community corrections to achieve these reforms. In fact, the reforms are predicted to create enough savings to pay for themselves. Legislative analysts note that, “the goal of the project is to reduce state spending on corrections and to reinvest the savings in community programs that decrease crime and strengthen neighborhoods.” However, the Act does not provide specifics about how to achieve this goal.

There is evidence to suggest that a coerced abstinence model of intensive probation supervision similar to the Hawaii Opportunity Probation with Enforcement (HOPE) program can help North Carolina achieve the goals laid out in the Justice Reinvestment Act. The HOPE program began in Honolulu in 2004. The goal was to improve outcomes for drug-involved probationers. Outcomes included reductions in drug use, new crime, and incarceration. The program mandated abstinence from drugs and “swift and certain” sanctions in the event of a probation violation. Sanctions were moderate, often no more than a few days in jail, but they were applied swiftly and consistently. The “basic tenets of HOPE” are meant to “enhance perceptions of the certainty of punishment” and to use a “clearly defined behavioral contract” to deter “future deviance” (Hawken and Kleiman, 2009).

Implementation of a program similar to HOPE in North Carolina could potentially have an impact on rates of successful completion of probation by drug-involved probationers. Of 41,091 offenders who entered probation in North Carolina in 2005-2006, 12,622 were flagged as having a substance abuse problem. I will predict the impacts that a HOPE-style program would...

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10 The North Carolina Sentencing Commission identified probationers as having a substance abuse problem as “probationers with a self-reported, affirmative response to having a history of substance abuse problems...
have on re-arrest rates among drug-involved probationers in North Carolina. Additionally, I will estimate the impact on public safety by predicting what types of crimes may be avoided if these probationers do not reoffend (i.e. drug, violent, property, or other category of crime).

SIMILAR PROGRAMS

Coerced abstinence and the HOPE program (discussed in more detail in the next section) attempt to modify offenders’ behavior by creating a system of swift and certain punishment for all probation violations. It involves intensive supervision, near-constant monitoring, consistent and certain punishments for violations, and the capacity to respond quickly to violations. But HOPE is far from the only evaluation of the effectiveness of each of these program components. Other experiments have attempted to reduce crime among drug-involved individuals.

Intensive Supervision Probation

Rising prison overcrowding problems in the 1970s in the United States led some states to explore options for non-violent offenders who would otherwise be incarcerated. New Jersey and Georgia were the first states to pilot these Intensive Supervision Probation (or ISP) programs. Both states sought to find a “middle ground” between alleviating prison overcrowding and doling out punishments appropriate to committed offenses.

The stated goals of both the New Jersey and the Georgia ISP programs were to improve the use of scarce prison resources, be monetarily cost-beneficial and cost-effective, to prevent criminal behavior, and to deliver appropriate, intermediate punishment (Pearson, 1988). ISP participants were selected from a group of offenders who would otherwise be incarcerated but were instead sentenced to a term of intense probation supervision. The components of “intense” supervision in each program consisted of numerous face-to-face contacts with probation officers, mandatory community services, mandatory curfew, routine alcohol or drug screenings, and immediate revocation of probation if the terms were not met.

In order to determine the effectiveness of ISP, both New Jersey and Georgia compared ISP groups to regular probation groups and incarcerated groups. Additionally, each group was broken down by risk level to determine how well ISP worked for offenders at different risk of recidivism. Although each state had a different scoring system for determining risk, each included type of offense, number of prior criminal charges, employment status, education, living situation, age, and race (Erwin, 1986).

The New Jersey study consisted of 375 offenders placed on ISP and a “random sample” of 500 felons who would have been eligible for ISP but were sentenced to “ordinary terms of imprisonment” (or OTI) followed by ordinary parole. Among these 500, 130 individuals “closely matched the ISP cases in terms of prior criminal records and sociodemographic background factors.” The group of 500 was called the “Full OTI” group and the subset of 130 was known as the “Close OTI” group.

The study found that, after two years, 12.3% of ISP probationers had reoffended, compared to 23.1% of the comparison probation group across all risk levels. The study also suggests that ISP is most effective for probationers at “high risk” of reoffending. After 2 years, 51.6% of the high-risk comparison probation group reoffended compared to 22% of the high-risk ISP group (Pearson, 1988).
The researchers note that, “random assignment to a true control group was not permitted by ISP policymakers.” No reason for this prohibition is noted in the study, but researchers also mention that, “some or all of the significant observed decrease in recidivism was due to the selective screening component of the Intensive Supervision Program” (Pearson, 1988).

In Georgia, researchers looked at the entire population of 2,322 offenders sentenced to ISP in 1985 and used “computerized sampling” to draw comparison groups of 200 regular probationers and 200 ISP probationers with similar demographic and background characteristics, similar crime type and similar risk scores (Erwin, 1986). Researchers then examined re-arrest, conviction, and incarceration rates across risk categories (low, medium, high, and maximum risk). They go on to note that, “caution must be observed in interpreting [the] findings.” Although the groups are “matched on paper on several key attributes” they are not truly randomized and so some of the variation in results may be due to baseline differences between treatment and comparison groups.

Through this analysis, researchers found that ISP probationers overall tended to reoffend at rates similar to those of probation as usual, but there was a great deal of variation across risk groups. Researchers suggest that “for low risk cases, the more severe the intervention the more negative the outcome in terms of recidivism among the sample studied.” They go on to say that higher re-arrest rates among the ISP group should be expected because of the higher level of monitoring.

There are two other interesting findings in the Georgia study of intensive supervision probation. First, drug offenders “did better” on ISP than regular probation. Researchers attribute this to the frequent monitoring. Second, “serious violations were remarkably infrequent” among the ISP group. There were many “minor” violations such as marijuana possession, but few violent crimes. Within the first year of ISP in Georgia, the most serious offense was an armed robbery where no one was injured. The ISP program was also considered cost effective (Erwin, 1986).

24/7 Sobriety

In 2005, lawmakers in South Dakota developed a pilot program meant to address recidivism among those driving under the influence of drugs or alcohol. Drivers using substances tended to continue using them and often reoffended, endangering public safety and straining the criminal justice system. The South Dakota program was called 24/7 Sobriety and allowed those convicted of DUI to remain in the community on the condition that they submit to near-constant drug and alcohol monitoring. The constant monitoring consisted of twice-daily breath testing for alcohol, alcohol-monitoring ankle bracelets, sweat-collecting drug patches, and/or random urine tests. Offenders were informed that they would be immediately incarcerated if they were found not to be abstaining from substances. Sanctions were “swift and certain.”

The program was piloted in 2005 with approximately 500 participants, expanding to more than 5,000 by 2008. The vast majority of program participants were sentenced to 24/7 Sobriety for DUI offenses, but the program was also expanded to include other offenders “for whom alcohol or drugs was a contributing cause to their illegal behavior” (Loundenberg, 2010).

Critics of the 24/7 Sobriety program predicted that offenders would not remain abstinent and that it would further strain the prison system. However, program participants were highly compliant. Compliance rates were 99% for breath tests, 96.5% for urinalysis, 86.2% for the drug patches, and 95.5% for the ankle bracelets (National Partnership on Alcohol Misuse and Crime,
These results are especially impressive considering that over half of the program participants had been convicted of three or more DUI offenses.

The program was found to save taxpayer money by keeping offenders out of jail and preventing recidivism. Public safety was also greatly improved. From 2006 to 2007, the DUI fatality rate decreased 33% in South Dakota (compared to a 4% reduction nationwide). Data suggest it fell an additional 45% from 2007-2008. Also, program participants indicated that the 24/7 Sobriety program helped them stop using substances and improved their family and social functioning (National Partnership on Alcohol Misuse and Crime, 2010).

Participants of the 24/7 Sobriety program were also found to recidivate at rates substantially lower than non-participants (Loudenberg, 2010). For participants who submitted to at least 30 consecutive days of monitoring after their first DUI offense, there was a 74% reduction in repeat DUI offenses. Overall, there were “statistically significant lower rates of future offenses” for offenders who spent at least 30 consecutive days in the program. Reductions were even greater for participants who spent 90 consecutive days in the program (Loudenberg, 2010).

The RAND Corporation is also studying 24/7 Sobriety. In February 2011, South Dakota Attorney General Marty Jackley announced that RAND “will study the effectiveness of the state’s 24/7 Sobriety Program.” The attorney general went on to say that preliminary results indicated that offenders who spent at least 30 consecutive days in the program were 50% less likely to “have another DUI charge.” Reducing recidivism by half is still a substantial feat, but these results are not nearly as high as the 74% reported by the previous evaluation.

Drugs courts

In the 1980s, the number of drug-related convictions was skyrocketing in American court systems. In order to address the crime and violence associated with drug use, states toughened penalties for drug sale and possession. This greatly increased arrest and conviction rates for drug-related crimes, straining the criminal justice system. To deal with the increased case load, some courts created specialized court dockets meant to expedite the processing of drug-related offenses. However, these faster court proceedings did nothing to address the issues that often underlie substance use. Acknowledging this, some courts sought to link drug treatment programs with community supervision overseen by the criminal justice system. These “drug courts” mandated court-monitored drug treatment in an attempt to reduce substance abuse and recidivism.

In June 2011, the Urban Institute published a massive evaluation of drug courts in America that examined 23 drug courts over a five-year span of time. The study concluded that, compared to 6 comparison courts, drug courts produce significant reductions in substance use and criminal behavior, and increases in “psychosocial” functioning such as employment, education, family relations, and financial stability. In a drug test 18 months after court contact, 29% of drug court participants tested positive, compared to 46% for the comparison group. After 18 months, 40% of drug court participants reported committing crimes, compared to 53% for the comparison group. The study specifically highlights reductions in drug possession and sales, driving while intoxicated, and property-related crime (Rossman et al, 2011).

Drug courts are criticized as being of limited effectiveness because they are voluntary. Offenders have the option of choosing regular incarceration instead of drug courts, so there is a selection bias in that the offenders who choose drug courts are probably the ones who already motivated to reduce their drug use. Prof. Mark Kleiman also criticizes drug courts because the most violent “troublesome” offenders, “whose drug use it would be most valuable to influence,” are completely excluded from drug courts. Additionally, drug court treatment typically only lasts for months, while most addiction and criminal “careers” last for years. Thus, Kleiman views drug courts as having a “limited scope and limited duration” which limits their effectiveness. Prof. Kleiman is a proponent of the coerced abstinence model as more effective at reducing drug use and recidivism, and as being more cost-effective (Kleiman, 2001).

NEW POLICIES TO REDUCE DRUG-RELATED RECIDIVISM

Coerced abstinence

Whereas drug courts seek to integrate medical drug treatment programs with the probation system, a coerced abstinence model modifies the probation system to incentivize law-abiding behavior and discourage drug use without providing treatment. Both crime and illicit drugs tend to attract “reckless and impulsive” people for whom “deferred and low-probability threats of severe punishment are less effective than immediate and high probability threats of mild punishment” (Kleiman, 1997). Coerced abstinence seeks to modify offenders’ behavior by sanctioning violations quickly and consistently. The South Dakota 24/7 Sobriety Program described above is an example of a coerced abstinence model.

Coerced abstinence is controversial partly because it does not satisfy “either the moralistic/punitive or the compassionate/therapeutic impulses that dominate the current political discourse about drugs” (Kleiman, 1997). Some critics claim that those who break the law deserve harsh punishments, and that a policy of certain but minor sanctions for violations is not going to be an effective deterrent against crime. Other critics claim that coerced abstinence will be ineffective because drug addiction is a medical condition that is not volitional and thus will not respond to the threat of sanctions.

HOPE

The Hawaii Opportunity Probation with Enforcement program was piloted in Hawaii in 2004 under the leadership of Judge Steven S. Alm. The pilot was intended to test the notion that coerced abstinence could reduce both drug use and crime rates among drug-involved offenders without much additional cost. HOPE began as a means to address inadequacies in probation supervision that often contributed to non-compliance. Probation officers frequently “lack both adequate capacity to detect violations of the rules and the ability to ensure a quick and consistent response to those violations they do detect (Hawken and Kleiman, 2009).” These shortcomings lead to “high rates of noncompliance” which “undermine the efficacy of probation.” Although abstinence is frequently a condition of probation, the current system is often too strained or too slow to catch violations consistently. So, many probationers “continue using drugs with impunity,” which often means “continuing to commit other crimes.”

The “basic tenets of HOPE” include “clearly articulated sanctions applied in a manner that is certain, swift, consistent, and parsimonious.” The program’s stated goals were reductions in drug use (measured by numbers of positive drug tests), fewer new crimes (measured by re-arrest rates), and fewer days incarcerated. A quasi-experimental evaluation of the HOPE pilot
showed significant decreases in drug use, rates of re-arrest, and number of days incarcerated. These favorable results led to a randomized controlled trial (RCT) that found the same dramatic reductions in drug use and crime. Given these findings, there has been a great deal of interest in coerced abstinence probation modification and trials have been launched in other jurisdictions.\textsuperscript{12}

The structure of HOPE is outlined in the program evaluation report. Probationers are informed that they are being placed on a modified form of probation. This includes a “formal warning” from a judge that any and all violations of the terms of probation will result in “an immediate, brief jail stay.” In the HOPE RCT, probationers then received a color code and were required to call a “HOPE hotline” each morning. The hotline would inform probationers which color codes (selected at random) had to report for a drug test at the probation office by 2 pm that day. All HOPE probationers were randomly tested at least once a week. After probationers passed multiple drug tests, they then had to report less frequently. Failure to appear for testing resulted in the “immediate” issuance of a bench warrant.

Those who failed drug tests, failed to appear, or committed other violations were brought before a judge. The probation officer submits a “Motion to Modify Probation” which is different than a “Motion to Revoke Probation.” Probationers are confined until a judge considers the Motion to Modify. Those found in violation of the terms of probation are immediately sentenced to “short” jail stays. According to the report, this usually meant “several days,” but “increasing with continued non-compliance.” Once released from jail, the probationer continues with HOPE as before. Probationers had the option to be referred in to drug treatment at any time. Those with multiple violations were “mandated to substance abuse treatment services (typically residential care).” (Hawken and Kleiman, 2009)

The impetus behind HOPE was to reduce probation violations and recidivism by “drug offenders and others at high risk of recidivism.”\textsuperscript{13} Although none of the available literature explains explicitly what the criteria for inclusion in the HOPE evaluation were, the 493 probationers selected for the HOPE RCT were all required to report for randomized drug-tests and were determined to be at a high risk of recidivism. The literature does not specify how many of the 493 probationers in the RCT had a past drug conviction, but all of them were required to report for randomized drug testing which suggests that a large percentage of those probationers considered “high risk” had a drug offense on their record or were known to the courts as drug-involved.

DATA AND MEASUREMENT

About the data

I am using results from the published report of the randomized controlled trial of HOPE conducted in 2007 and data from the North Carolina Sentencing and Policy Advisory Commission. I will compare the population of probationers in North Carolina to the cohort from the HOPE evaluation. Then I will analyze the potential impact that a HOPE-style coerced abstinence model of probation modification may have in North Carolina.

In 2007, a randomized controlled trial of HOPE began to evaluate the program’s impact on several outcomes for 493 probationers in a 12-month time span. Researchers selected eligible


\textsuperscript{13} “About HOPE Probation.” Friends of HOPE Foundation. \url{http://www.hopeprobation.org/}. 

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probationers based on “preliminary data” on urinalyses, appointment no-shows, and risk category to determine which population of probationers were likely to re-offend and thus were eligible for HOPE intervention. Based on the outcomes from a quasi-experimental evaluation of the original pilot of HOPE, researchers estimated that 150 subjects in the intervention and control groups would be sufficient. In actuality, the researchers had 330 probationers in the treatment group and 163 in the control group. The primary outcomes of interest were missed appointments with probation officers, positive drug tests, number of days incarcerated, probation recidivism (meaning re-arrest for a new crime), and probation revocation.

The North Carolina Sentencing Commission followed 60,824 offenders released from prison or placed on probation in 2005/2006 and tracked outcomes for three years. Most were probationers: 41,091. Of these probationers, 12,622 were flagged as being somehow drug-involved, similar to the sample population of the HOPE RCT. Table 2 provides demographic information on probationers in both the treatment and control group of the HOPE evaluation, and probationers in North Carolina.

Table 2
Probationer demographics

<table>
<thead>
<tr>
<th></th>
<th>HOPE* treatment</th>
<th>HOPE* control</th>
<th>North Carolina drug involved</th>
<th>North Carolina total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average age (standard deviation)</td>
<td>36.1 (10.58)</td>
<td>35.4 (10.06)</td>
<td>31.28 (10.78)</td>
<td>30.5 (11.1)</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>75.0%</td>
<td>71.0%</td>
<td>78.5%</td>
<td>74.7%</td>
</tr>
<tr>
<td>Female</td>
<td>25.0%</td>
<td>29.0%</td>
<td>21.5%</td>
<td>25.3%</td>
</tr>
<tr>
<td>Race/ethnicity**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>5.0%</td>
<td>3.0%</td>
<td>-</td>
<td>48.6%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>16.0%</td>
<td>14.0%</td>
<td>-</td>
<td>51.4%</td>
</tr>
<tr>
<td>Asian</td>
<td>65.0%</td>
<td>64.0%</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>13.0%</td>
<td>17.0%</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>missing</td>
<td>1.0%</td>
<td>2.0%</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

Risk assessment***

<table>
<thead>
<tr>
<th></th>
<th>HOPE* treatment</th>
<th>HOPE* control</th>
<th>North Carolina drug involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>46.7%</td>
<td>44.1%</td>
<td>11.7%</td>
</tr>
<tr>
<td>Medium</td>
<td>-</td>
<td>-</td>
<td>52.1%</td>
</tr>
<tr>
<td>Low</td>
<td>-</td>
<td>-</td>
<td>36.2%</td>
</tr>
</tbody>
</table>


*Note: All offenders in the HOPE trial, both treatment and control groups, are considered “drug-involved.”

**Note: North Carolina classifies race as black and non-black. Because of the “very small number” of Hispanic, Asian, and other offenders, these individuals are combined with white offenders as non-black.

***Note: Hawaii uses the LSI-R instrument to assess risk and North Carolina uses another. See section on risk assessment.

In trying to compare probationers in North Carolina to probationers in Hawaii, and probationers in the HOPE evaluation in particular, it is important to note some differences in the
samples. For example, there are substantial differences in race and ethnicity between the states. The total population of Hawaii has an Asian majority, whereas the vast majority of North Carolina’s population is Caucasian or African American. These demographic differences are reflected in the states’ probationer populations.

Another important consideration is the difference in risk assessments between states. Hawaii uses the Level of Service Inventory—Revised (LSI-R, or simply LSI) instrument of assessing risk of recidivism among offenders. The LSI is among the most widely used tools of this kind in the United States, as well as Canada, the United Kingdom, Australia, and New Zealand. More than 600 agencies in the US use the LSI. To assess risk of recidivism, the LSI uses 54 questions in 10 categories: criminal history, education/employment, family/marital, accommodations, leisure/recreation, companions, alcohol/drug problems, emotional/personal, and attitudes/orientation. Each agency then determines which scores qualify as high, medium, and low risk of recidivism. The purpose of categorizing questions is to “suggest which criminogenic needs should be targeted for treatment or other intervention.” The mean baseline LSI score for HOPE study participants was 27.8 for the HOPE treatment group, and 26.8 for the control group. I can find no summary of how low, medium, and high risk are defined in Hawaii, but, in another state that uses the LSI, low was classified as an LSI score of 0-15, medium 16-22, and high 23+ (Austin, et al, 2003).

The North Carolina Department of Corrections uses a different method to assess risk of recidivism. Risk is a “composite measure based on individual characteristics identified in the literature as increasing or decreasing an offender’s risk of being rearrested.” Variables included in determining risk include both social factors and criminal record factors (see Figure 1). Each variable in the model is then weighted “based on its relative contribution to recidivism.”

**Figure 1**
Variables included in risk in North Carolina

<table>
<thead>
<tr>
<th>Social factors</th>
<th>Criminal record factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age when placed on probation</td>
<td>Age at first arrest</td>
</tr>
<tr>
<td>Race</td>
<td>Length of criminal history</td>
</tr>
<tr>
<td>Gender</td>
<td>Number of prior arrests</td>
</tr>
<tr>
<td>Marital status</td>
<td>Prior drug arrest</td>
</tr>
<tr>
<td>Employment status at time of arrest</td>
<td>Most serious prior arrest</td>
</tr>
<tr>
<td>History of substance abuse</td>
<td>Number of prior incarcerations</td>
</tr>
<tr>
<td></td>
<td>Number of prior probation/parole sentences</td>
</tr>
<tr>
<td></td>
<td>Current offense class</td>
</tr>
<tr>
<td></td>
<td>Current maximum sentence length</td>
</tr>
</tbody>
</table>


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16 Ibid.
Criminal history is also important to comparing probationers in North Carolina and in the HOPE evaluation. Table 3 provides a summary of criminal history statistics for both groups. Unfortunately, criminal history is reported differently from both sources. The HOPE evaluation contains summary statistics of prior arrests and most serious prior charges, whereas North Carolina reports the number of prior incarcerations and the most serious current charge facing an offender. It is difficult to compare the criminal histories between the two groups because of these differences in reporting. An individual may be arrested multiple times and never be incarcerated, so the mean number of prior arrests is much higher than the mean number of prior incarcerations. Similarly, it is difficult to compare prior criminal charges and current ones. In summation, there are few data available to compare the criminal histories of probationers in the HOPE evaluation with probationers in North Carolina.

Table 3
Criminal history*

<table>
<thead>
<tr>
<th></th>
<th>HOPE treatment</th>
<th>HOPE control</th>
<th>North Carolina drug involved</th>
<th>North Carolina total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean # of prior arrests (standard deviation)</td>
<td>17.0 (14.2)</td>
<td>16.4 (14.4)</td>
<td>- (1.6)</td>
<td>0.5 (1.3)</td>
</tr>
<tr>
<td>Prior incarcerations</td>
<td>-</td>
<td>-</td>
<td>0.8</td>
<td>0.5</td>
</tr>
<tr>
<td>Mean # of prior incarcerations (standard deviation)</td>
<td>- (1.6)</td>
<td>- (1.3)</td>
<td>68.2%</td>
<td>77.7%</td>
</tr>
<tr>
<td>0</td>
<td>- (1.6)</td>
<td>- (1.3)</td>
<td>68.2%</td>
<td>77.7%</td>
</tr>
<tr>
<td>1</td>
<td>- (1.6)</td>
<td>- (1.3)</td>
<td>14.6%</td>
<td>10.9%</td>
</tr>
<tr>
<td>2 to 5</td>
<td>- (1.6)</td>
<td>- (1.3)</td>
<td>15.0%</td>
<td>10.0%</td>
</tr>
<tr>
<td>&gt;5</td>
<td>- (1.6)</td>
<td>- (1.3)</td>
<td>2.3%</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

Most serious current or prior charge

<table>
<thead>
<tr>
<th></th>
<th>HOPE treatment</th>
<th>HOPE control</th>
<th>North Carolina drug involved</th>
<th>North Carolina total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug</td>
<td>35.0%</td>
<td>33.0%</td>
<td>49.2%</td>
<td>31.1%</td>
</tr>
<tr>
<td>Property</td>
<td>30.0%</td>
<td>34.0%</td>
<td>29.7%</td>
<td>38.2%</td>
</tr>
<tr>
<td>Violent</td>
<td>22.0%</td>
<td>22.0%</td>
<td>14.1%</td>
<td>21.8%</td>
</tr>
<tr>
<td>Other</td>
<td>14.0%</td>
<td>11.0%</td>
<td>7.1%</td>
<td>9.0%</td>
</tr>
</tbody>
</table>

*Note: The HOPE study reported on the mean number of prior arrests and most serious prior charge for both the treatment and control groups, whereas North Carolina tracked the number of prior incarcerations and the most serious current charge.

Outcomes
The outcomes of interest in the evaluation of HOPE were no-shows for probation appointments, positive drug tests (urine analysis), new arrests, probation revocation, and incarceration. The North Carolina Sentencing Commission reported on rates of arrest, conviction, and incarceration among probationers. Table 4 provides a summary of relevant outcome variables for the first year. In both states, the re-arrest rate measures the incidence of
new crime committed while offenders are on probation, and probation revocation refers to incarceration following a technical probation violation. However, probationers who are convicted of a new crime are also likely to have their probation revoked. So revocation refers to both technical violations and new crimes. It is important to note that not all of those arrested for new crimes are convicted and sentenced to a term of incarceration.

Table 4
Outcome variables, first 12 months following probation entry

<table>
<thead>
<tr>
<th></th>
<th>HOPE treatment</th>
<th>HOPE control</th>
<th>Drug-involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probation revocation rate</td>
<td>7.0%</td>
<td>15.0%</td>
<td>17.3%</td>
</tr>
<tr>
<td>Re-arrest rate</td>
<td>21.0%</td>
<td>47.0%</td>
<td>22.9%</td>
</tr>
<tr>
<td>Conviction rate</td>
<td>-</td>
<td>-</td>
<td>10.5%</td>
</tr>
<tr>
<td>Incarceration rate*</td>
<td>-</td>
<td>-</td>
<td>17.3%</td>
</tr>
<tr>
<td>average days sentenced</td>
<td>138 days</td>
<td>267 days</td>
<td>-</td>
</tr>
<tr>
<td>average days served (in year one)</td>
<td>18.9 days</td>
<td>20.1 days</td>
<td>21.2 days</td>
</tr>
<tr>
<td>Indication of any drug use**</td>
<td>13.0%</td>
<td>46.0%</td>
<td>11.7%</td>
</tr>
</tbody>
</table>


*Note: Incarceration includes both those sentenced for new crimes and technical probation revocation.

**Note: Indication of drug use in the HOPE study included one or more positive urine analyses. The only available indicator for North Carolina was arrest for a drug offense. See section on outcomes.

Table 4 shows that the 12-month revocation rate and average days served of drug-involved probationers in North Carolina resemble the outcome variables for the control group of the HOPE RCT, suggesting that the two populations are comparable. The re-arrest rate of the HOPE control group is noticeably higher, but this is likely due to the generally higher risk assessment score among the probationers involved in the HOPE RCT. However, arrests among this group were probably very minor since they did not often result in probation revocation or incarceration.

The average number of days sentenced to incarceration for the HOPE groups seem high, but this is only the average for those who received any sentence. The true average is probably much lower because most probationers were sentenced to no days in prison, but those numbers are not included in the statistic as reported. The average number of jail days served refers to time spent in local jails (rather than state prisons).

It is important to note the different indicators of drug use while on probation for both populations. The only available indicator of drug use in North Carolina was whether or not an individual was arrested for a drug offense within one year of beginning probation. A drug offense is categorized as trafficking, sale, delivery, possession, or manufacture of controlled substances. This only counts the number of North Carolina probationers arrested for drug activity, but a much higher percentage may have actually been using drugs and simply not been recorded.

The HOPE evaluation, however, reported on drug test outcomes, so it is probably a much more accurate measure of drug use during probation. The rate represents the percentage of
positive urinalyses for each offender averaged across all offenders in each group. It should be noted that 49% of HOPE probationers failed at least one drug test, indicating some sort of drug use during probation. But the program appeared to have its intended effect of reducing drug use because the percent to fail two or more UAs drops to 21%, and only 9% of HOPE probationers fail three or more drug tests in a year (Note: the 13% of HOPE probationers and 46% of HOPE control group who are reported in Table 4 as having any drug use during probation are calculated as the average of the percentage of positive urinalyses for each offender. Researchers used this approach to “give equal weight to each offender, irrespective of how many tests that probationer is subject to” (Hawken and Kleiman, 2009)). It is likely that some of the probation revocations in North Carolina were because of drug use, but that specific information is not available.

However, all of the probationers in both the HOPE evaluation and in the North Carolina substance abuse subset were “flagged” as having a substance abuse problem or being involved in drugs in some way. But, in North Carolina at least, it is difficult to infer how many drug-involved probationers continued to use drugs while on probation. The true number is probably much higher than what is represented here.

Similarly, not being flagged as having a substance abuse problem does not preclude a probationer from getting involved in drugs. Of those who entered probation in North Carolina in 2005/6, there were 28,469 individuals who were not flagged as having any substance abuse issue, but 2,063 individuals in this group had a drug arrest within one year (7.2%) (see Table 6). So, the risks of getting involved with drugs while on probation go beyond simply being flagged by the justice system as having a problem. This suggests that a HOPE-style probation modification may have reach outside of the subset of probationers tagged as being drug-involved.

**Variations based on risk**

The above table makes it appear that North Carolina already has a relatively low rate of probationer recidivism. The re-arrest rate for all probationers and drug-involved probationers is similar to the HOPE treatment group. This may make it seem like North Carolina may not reap much benefit from a HOPE-style program. But this is a result of the differences in risk level. In the HOPE evaluation, nearly half of all probationers classified as being at the highest risk of recidivism. The North Carolina numbers represent the outcome measures across all risk groups. When separated by risk category, rates of recidivism in North Carolina more closely resemble those of the HOPE evaluation. Table 5 shows the differences in outcome measures in North Carolina based on risk category. The outcomes for the medium- and high-risk categories are more similar to those of the control group in the HOPE evaluation.
Table 5
North Carolina recidivism by risk category

<table>
<thead>
<tr>
<th></th>
<th>All probationers</th>
<th>Drug-involved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=41,091</td>
<td>n=12,622</td>
</tr>
<tr>
<td></td>
<td>low n=20,478</td>
<td>low n=4,570</td>
</tr>
<tr>
<td></td>
<td>medium n=18,032</td>
<td>medium n=6,580</td>
</tr>
<tr>
<td></td>
<td>high n=2,581</td>
<td>high n=1,472</td>
</tr>
<tr>
<td>Re-arrest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 year</td>
<td>9.9% 24.8% 48.5%</td>
<td>11.3% 25.2% 49.1%</td>
</tr>
<tr>
<td>2 year</td>
<td>15.6% 37.4% 64.0%</td>
<td>17.8% 38.4% 64.0%</td>
</tr>
<tr>
<td>3 year</td>
<td>20.4% 46.8% 73.6%</td>
<td>23.7% 47.5% 72.8%</td>
</tr>
<tr>
<td>Conviction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 year</td>
<td>4.1% 10.9% 22.6%</td>
<td>5.1% 11.4% 22.9%</td>
</tr>
<tr>
<td>2 year</td>
<td>8.3% 22.2% 41.3%</td>
<td>9.9% 23.2% 41.2%</td>
</tr>
<tr>
<td>3 year</td>
<td>11.7% 31.1% 53.0%</td>
<td>13.6% 31.9% 52.8%</td>
</tr>
<tr>
<td>Incarceration*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 year</td>
<td>6.3% 16.8% 32.2%</td>
<td>9.4% 19.4% 32.5%</td>
</tr>
<tr>
<td>2 year</td>
<td>12.0% 29.5% 51.5%</td>
<td>17.6% 33.4% 51.4%</td>
</tr>
<tr>
<td>3 year</td>
<td>15.2% 36.3% 60.8%</td>
<td>21.6% 40.4% 60.1%</td>
</tr>
</tbody>
</table>

*Note: Incarceration includes both convictions for new crimes and revocations for technical probation violations.

PREDICTING THE IMPACT OF HOPE IN NORTH CAROLINA

The randomized controlled trial of HOPE in Hawaii suggests that the program is phenomenally successful. It appears that a coerced abstinence model of probation modification can dramatically improve successful completion of probation. The report on the HOPE RCT shows substantial reductions in all of the outcomes of interest: no-shows for probation appointments, positive drug tests, new arrests, probation revocation, and incarceration. If North Carolina adopted such a program, there could be dramatic positive impacts on probation revocation, re-arrest rates, incarceration, drug use, and public safety. I will address each of these areas in turn.

Probation revocation

In the first 12 months, HOPE seemingly reduced the rate of probation revocation among participants by half. Only 7% of HOPE probationers had their probation revoked, compared to 15% of the control group. It is also noted in the report that 30% of the treatment group who did have their probation revoked never attended their HOPE “warning hearings” (see section on HOPE procedures). Excluding those who did not attend their warning hearing, the probation revocation rate was only 5% (Hawken and Kleiman, 2009). The report does not specify why probation was revoked, whether for technical violations or for new crimes.

In one year in North Carolina, 5,149 probationers (12.5%) were incarcerated for either a technical probation violation or a new crime. According to the data, 3,377 of these were
convicted of new crimes and 1,772 committed some other technical probation violation. So, about 34.4% of those incarcerated were for technical violations, or 4.3% of all probationers.

Looking at just those probationers flagged as having a substance abuse problem, 2,186 out of the 12,622 (or 17.3%) were incarcerated within one year. Of these, 1,322 were convicted of new crimes and 864 committed some other technical probation violation. So, about 39.5% of drug-involved probationers who were incarcerated within one year were for technical violations, or 6.8% of all drug-involved probationers.

Considering only technical probation violations, such as positive drug tests, missing appointments with probation officers, etc, reducing the probation revocation rate among drug-involved probationers by half would be a reduction of 432 revocations. This would mean the rate of revocation would decrease from 6.8% to about 3.4% in one year among this subset of probationers. However, considering the entire population of probationers in North Carolina, the rate of technical probation revocation would only drop from about 4.3% to about 3.3%. So, a decrease by half among the drug-involved probationer subset only equates to a 24.4% decrease across all probationers.

The above chart shows the reported rates of probation revocation for the HOPE control and treatment groups, as well as the current and projected rates of probation revocation for drug-involved probationers in North Carolina. The graph illustrates the projected reduction in rates of revocation.

Re-arrest

The new arrest rate among probationers in the HOPE evaluation decreased from 47% among the control group to 21% among the treatment group, a reduction of about 55%. If the re-arrest rate among drug-involved probationers in North Carolina were reduced by 55%, it would mean about 1,593 probationers per year not being arrested for new crimes while on probation. The re-arrest rate among drug-involved probationers would then drop from 22.9% to about 10.3% per year. The re-arrest rate among the entire probationer population would decrease from 18.8% to about 15.3%, a reduction of only about 19% overall.
This graph shows the reported one-year re-arrest rates for the HOPE treatment and control groups, as well as the current and projected re-arrest rates for drug-involved probationers in North Carolina.

Incarceration

The potential change in incarceration rates among probationers in North Carolina is more difficult to estimate. The HOPE evaluation reported on the average number of days sentenced to prison and days actually served in jail. Clearly, there are significant differences between the treatment and control groups in the average number of days sentenced to prison (138 days versus 267). The report goes on to say that the difference in average number of jail days is not statistically significant ($p=0.423$). This is probably largely due to the fact that HOPE necessitates moderate jail sentences for each probationer violation. Although HOPE may have its intended effects of reducing drug use and other probation violations, the increased scrutiny on HOPE probationers means that every violation is caught and punished. This is compared to the control group probationers who may violate the terms of probation often without getting caught or sanctioned.

In the HOPE RCT, the incarceration rate is defined as the length of sentence for probationers who are convicted of new crimes or have probation revoked for technical violations. The statistic on average number of jail days served in year one refers to the number of days probationers spent in local jails. This is different than receiving a new prison sentence for recidivating. Jail days served may reflect being held while awaiting trial, or spending a short amount of time detained for some other reason. The average number of days sentenced to prison only refers to those who received *any* sentence. Most probationers were sentenced to zero days in prison (i.e., were not incarcerated during the study), so the true average is likely much lower than what is reported in the literature. The HOPE RCT does not report on the *rate* of incarceration, only the average sentence for those who were incarcerated.

Translating the impacts on incarceration to North Carolina is difficult partly because there is no available data on the length of sentence for probationers who are incarcerated. The HOPE study suggests that the average number of days sentenced to prison could be reduced by
about 50%. So, whatever the average prison sentence among drug involved probationers in North Carolina may be, it may be reduced by up to 50%.

Drug use

All of the probationers in the HOPE evaluation and in the subset of drug-involved probationers in North Carolina were flagged by the court system as having some sort of substance abuse issue. It is likely that more probationers than just the “drug-involved” subset had some sort of drug use history, but they were not flagged by the courts. Because this is the case, it is difficult to estimate what the true potential reduction in drug use among probationers in North Carolina may be. Fifty one percent of HOPE probationers never once tested positive for drugs while on probation, and 91% appeared to quit using drugs after only one or two positive tests. This suggests that only 9% of drug-involved probationers in the HOPE treatment group appear to have continued using drugs while on probation.

A 91% reduction in drug use among even a subset of probationers in North Carolina would obviously have huge impacts on both public safety and court budgets. As discussed earlier, less drug use is likely to result in less crime. The only available measure of drug use during probation in North Carolina is arrest for a drug offense, which certainly does not capture the full extent of drug use. However, if we assume that drug offenses also went down by about 91% (because drug use went down 91%), that would mean 1,344 fewer arrests for drug offenses among drug-involved probationers in North Carolina, or about a 38% reduction in drug offenses among all probationers.

*Note: the only available indication of continued drug use among probationers in North Carolina was arrest for a drug offense, whereas the HOPE RCT used information from urinanalyses, which is much more inclusive.

If a HOPE-style program were introduced in North Carolina, it could be modified to attempt to catch the drug use among probationers not currently flagged as having a substance abuse problem. For example, because it is clear that some probationers not flagged as being drug-involved do in fact use drugs on probation (see section explaining Table 4), the randomized drug testing could be implemented across a much wider population of probationers at first. Those
who never test positive for drugs could then be dismissed from random drug testing, while all those who test positive then continue on with HOPE (see section on implementation).

Public safety/crimes avoided

There are no available data on what crimes HOPE probationers or the control group committed; only that the new arrest rate within one year for the HOPE group was 21% and the control group was 47%. The researchers hypothesize that HOPE is associated with “less drug use and therefore less crime.” (Hawken and Kleiman, 2009) However, even though new arrests overall decreased substantially, there is no information on whether certain categories of crime decreased more than others.

In addition to saving money by avoiding incarceration, a HOPE style of probation modification could potentially have a huge impact on public safety. Less crime means decreased victimization. Because data on crime categories are not available from the HOPE evaluation it is difficult to estimate the potential impact on public safety. Table 6 describes the distribution of the four crime categories among all probationers as well as the subset of drug-involved probationers who were re-arrested within one year of entering probation.

Table 6
North Carolina recidivism crime categories, for those rearrested in year one

<table>
<thead>
<tr>
<th></th>
<th>drug-involved</th>
<th>total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=2,896</td>
<td>n=7,736</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>First recidivist arrest category*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug</td>
<td>34.6%</td>
<td>1,001</td>
</tr>
<tr>
<td>Violent</td>
<td>17.5%</td>
<td>507</td>
</tr>
<tr>
<td>Property</td>
<td>36.0%</td>
<td>1,041</td>
</tr>
<tr>
<td>Other</td>
<td>12.0%</td>
<td>347</td>
</tr>
<tr>
<td>Most serious recidivist arrest category</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug</td>
<td>26.1%</td>
<td>757</td>
</tr>
<tr>
<td>Violent</td>
<td>30.0%</td>
<td>869</td>
</tr>
<tr>
<td>Property</td>
<td>38.3%</td>
<td>1,110</td>
</tr>
<tr>
<td>Other</td>
<td>5.5%</td>
<td>160</td>
</tr>
<tr>
<td>All arrests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any drug arrest</td>
<td>51.1%</td>
<td>1,481</td>
</tr>
<tr>
<td>Any property arrest</td>
<td>54.4%</td>
<td>1,575</td>
</tr>
<tr>
<td>Any violent arrest</td>
<td>30.0%</td>
<td>869</td>
</tr>
<tr>
<td>Any &quot;other&quot; arrest</td>
<td>49.3%</td>
<td>1,428</td>
</tr>
<tr>
<td>Convictions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any drug conviction</td>
<td>35.7%</td>
<td>1,034</td>
</tr>
<tr>
<td>Any property conviction</td>
<td>35.9%</td>
<td>1,040</td>
</tr>
<tr>
<td>Any violent conviction</td>
<td>14.4%</td>
<td>416</td>
</tr>
<tr>
<td>Any &quot;other&quot; conviction</td>
<td>24.8%</td>
<td>719</td>
</tr>
</tbody>
</table>
The most common first recidivist arrest category for both groups was property crime. Some type of property crime was also the most common most serious recidivist arrest category among both groups. But drug-involved probationers were more likely to have any drug arrest during the first year of probation than the total population of probationers, and they were more likely to have a drug conviction in the first year. It is worth noting the similarities in drug arrests between the group tagged as “drug-involved” and all other probationers. The similar rates of drug offenses suggest that the current method for designating some probationers as drug-involved is missing a large percentage of those who are actually involved in drug use. The four crime categories are defined as follows:

- **Drug**: trafficking of controlled substances and other offenses involving the sale, delivery, possession, or manufacture of controlled substances.
- **Property**: offenses such as burglary, breaking and/or entering, larceny, fraud, forgery and/or uttering, receiving and/or possessing stolen goods, and embezzlement.
- **Violent**: offenses such as murder, rape, voluntary and involuntary manslaughter, kidnapping, robbery, arson, and other burning offenses.
- **Other**: refers to offenses not categorized as drug, property, or violent. Examples include habitual felons, prostitution, obscenity, contributing to the delinquency of a minor, and abandonment or non-support of a child.

It is likely that drug offenses would decrease considerably under a HOPE-style system. As drug use was reduced through constant monitoring and swift and certain sanctions, it stands to reason that activities such as sale, possession, and manufacture of drugs would decrease as well. However, there may be further reductions in the other crime categories as well.

The National Center for Victims of Crime states that drug use is closely linked to “robbery and property crime.” In surveys, many offenders claim that they committed crimes either under the influence of drugs or in order to get money for drugs. The report goes on to say that individuals who use drugs are more likely to commit domestic violence, and that women who abuse substances are more likely to be victims of domestic violence. So, reducing drug use could also potentially reduce property and violent crimes.

The Georgia trial of Intensive Supervision Probation (ISP) (see section on Similar Programs), also noted that violations among those in the ISP group tended to be less severe than the control group. So, in addition to potentially reducing overall crime rates, some aspects of HOPE (the intensive supervision and reduced drug use) may actually have an effect on the types of crimes being committed. As noted above, the most serious violation among the ISP treatment group in the first year was an armed robbery that involved no injuries. The study goes on to note that, after 18 months, the most serious offenses among the ISP group were six robberies, one of which was a robbery of the gumball machine in the probation office hallway (Erwin, 1986).

**Summary**

Table 7 summarizes the projected impact a HOPE-style probation modification program might have in North Carolina.

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17 The National Center for Victims of Crime.
Table 7
Summary of projected 12-month outcomes in North Carolina

<table>
<thead>
<tr>
<th></th>
<th>current drug-involved probationers</th>
<th>projected drug-involved probationers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=12,622</td>
<td>n=12,622</td>
</tr>
<tr>
<td>Technical probation violations</td>
<td>6.8% 864</td>
<td>3.4% 432</td>
</tr>
<tr>
<td>Re-arrest</td>
<td>22.9% 2,896</td>
<td>10.3% 1,303</td>
</tr>
<tr>
<td>Incarceration*</td>
<td>17.3% 2,186</td>
<td>- 1,303</td>
</tr>
<tr>
<td>Drug use**</td>
<td>11.7% 1,477</td>
<td>1.1% 133</td>
</tr>
</tbody>
</table>

*Note: Incarceration refers to both prison sentences for convictions for new crimes as well as technical probation revocations. The HOPE RCT did not report on the rate of incarceration, only on the length of sentence, which was about 50% less for the HOPE treatment group compared to the control group.
**Drug use as indicated by arrests for drug crimes.

Limitations

There are several factors that make it difficult to predict how HOPE might impact recidivism in North Carolina. There are many latent differences between Hawaii and North Carolina that may affect how a coerced abstinence model of probation modification could work. Each state has a different criminal profile, drug-use profile, geography, culture, politics and economy. Hawaii is different than every other state because of its physical isolation and distinctive cultural make-up, and its uniqueness may affect the impact that HOPE appeared to have. The differences between states may also lead to differences in the implementation of a HOPE-style program, which may affect outcomes. Additional, ongoing trials of HOPE-style programs in other jurisdictions may shed more light on how coerced abstinence can be applied more broadly within the United States.

There is the additional question of what happens after the designated term of probation ends. Addiction is powerful and it is reasonable to assume that probationers involved in drugs may return to using after their intensive probationary period ends. This builds the case for creating a continuum of services from the criminal justice system to medical addictions treatment services. All of the available literature evaluating coerced abstinence programs only goes up to 12 months of program participation. What happens to program participants after that, whether they remain drug and crime free, remains to be seen in the long term.

Furthermore, the available data on the effectiveness of coerced abstinence are seriously incomplete. The studies on HOPE, 24/7 Sobriety, and others have been limited in scope and duration with small sample sizes. The broad-based, long-term effects of these programs remain to be seen. Researchers and policy-makers are probably closely watching the continued implementation of HOPE in Hawaii and 24/7 Sobriety in South Dakota, as well as the additional coerced abstinence trials going on throughout the country, to see how these programs impact probationer populations in the long term.

Re-defining “drug-involved”

It is important to highlight that North Carolina’s current method for defining offenders as “drug-involved” is missing more than half of the offender population who go on to commit drug offenses. As the data from the North Carolina Sentencing and Policy Advisory Commission
indicate, more than 45% of probationers with no known drug involvement who were re-arrested within one year had some sort of drug arrest (see Table 6). This implies that there is a much wider base of probationers that coerced abstinence could be relevant for in North Carolina.

If North Carolina were to pilot a HOPE-style program, it should be inclusive of more than just those currently defined as drug-involved. Clearly, there are thousands of offenders engaged in some sort of drug use who are not being captured by the current definition. Addressing this gap could increase any potential positive outcomes of HOPE in North Carolina.

POLICY ANALYSIS

My hypothesis is that coerced abstinence could produce dramatic reductions in crime and drug use in North Carolina, but such a policy could face opposition for a number of reasons. First, coerced abstinence is complex and difficult to explain. It is also a radical departure from the status quo. This may make it unpopular and difficult to ‘sell’ to the public as a viable alternative to the current probation system.

The public may be skeptical of coerced abstinence due to a lack of understanding. The concept revolves around the idea that both crime and drug use tend to attract impulsive individuals who value immediate returns much more so than future ones. So, the current model of probation is not effective because the low-probability threat of sanctions for violations is easily outweighed by the immediate returns of crime. Some critics might argue that an easier solution may be to increase the stringency of the current system rather than adopt a new one. Also, it may be counterintuitive to some that a certainty of a mild punishment can be a bigger deterrent than the possibility of a harsh one.

The conceptual underpinnings of HOPE involve behavioral economics and psychology, which may make it difficult to explain to a wide audience. Also, some may criticize a HOPE-style program as infantilizing or dehumanizing criminals. The “swift and certain sanctions” model has been compared to how one would discipline a child or train a dog (Hawken and Kleiman, 2009). Although recidivating criminals probably don’t have a great deal of sympathy and popular support from the public, there may still be opponents claiming that HOPE does not treat criminals as rational adults.

Others may criticize HOPE because it leaves more criminals on probation and in the community who might otherwise be in prison. District Attorneys involved in the HOPE evaluation in Honolulu expressed some concerns about public safety, and felt that some of the offenders involved deserved to be in prison. Surveys suggest that District Attorneys felt that, if probationers recidivated, they deserved to be incarcerated rather than in the community where they could simply re-offend again. The public may view HOPE as simply a cost-cutting tool to alleviate prison overcrowding that actually leaves dangerous criminals on the street.

A coerced abstinence policy might also anger two important groups of people: treatment advocates and probation officers. According to Prof. Kleiman, treatment advocates may resent the ‘competition’ coerced abstinence poses to traditional addiction treatment. Additionally, coerced abstinence clashes with the ideology that addiction requires specialized, medical treatment. The disease model of addiction purports that individuals with drug addictions have no voluntary control over their habit, and that addictive behavior will not respond to threats and incentives. Those who advocate traditional drug treatment may consider testing-and-sanctions behavior modification an “inferior substitute” for quality, holistic medical treatment.

The cooperation and buy-in of front-line probation officers is of vital importance to the
success of any probation modification policy. Probation departments tend to be “badly overworked and understaffed” (Kleiman, 1997). Coerced abstinence seeks to introduce even more responsibility and accountability into this already strained field. Probation officers may push back against more, and more complicated, work.

Furthermore, a HOPE-style program would require the inter-agency cooperation of several groups. Probation officers, corrections staff, police, and judges all have to be willing to faithfully implement any kind of new program. All of these different professional groups must agree to follow procedures and communicate appropriately with each other.

Coerced abstinence may be too radically different to achieve either popular or professional support. Although research suggests it could be very cost-effective, savings probably wouldn’t be realized for some time after program implementation. In the current economic and political climate, it would probably be very difficult to implement such radical changes to the probation system. Competition for scarce funding creates greater support for the status quo compared to a complicated, experimental new approach.

A HOPE-style program would have large start-up costs as well, in terms of increased monitoring and drug testing, and the need for space and resources for short jail stays in the event of violations. Although research suggests that the cost savings of a coerced abstinence model could be immense over time, the large start-up costs represent a “budget mismatch.” (Kleiman, 1997) The projected positive outcomes are likely to be dismissed by critics as overly optimistic and not worth the investment. With ongoing budget problems in North Carolina, there may not be an opportunistic time in the near future for an expensive experiment in probation modification. Even considering the stated goals of the Justice Reinvestment Act, fiscal constraints mean competition for scarce resources among corrections organizations, drug treatment programs, and mental health services. Any new program would need to be justified financially and may face increased opposition from existing agencies.

As mentioned earlier, it may also be difficult to build credibility for a program that has not been studied long-term. Given the existing evidence that most criminal and drug-use careers last for many years, and probation tends to only last for a matter of months (Kleiman, 1997), it is reasonable to assume that the impacts of coerced abstinence programming may be temporary. Coerced abstinence may extend the time between offenses, but not actually lead to permanent changes in offenders’ lives. More long-term studies are needed to address these concerns.

IMPLEMENTATION

Successfully implementing a coerced abstinence probation modification program in North Carolina requires the active cooperation of probation officers, judges, prosecutors, public defenders, court staff, sheriffs, and probationers. Each group of stakeholders must agree to the terms of coerced abstinence and follow through on them. It may be difficult to implement such a substantial change in the probation system, or to monitor how closely stakeholders are adhering to new policies.

Included in the published report on the randomized control trial of HOPE is a process evaluation that included a list of program elements, surveys of stakeholder attitudes toward HOPE, and analysis of time and resources dedicated to HOPE (Hawken and Kleiman, 2009). The necessary elements of HOPE, as well as stakeholder responses, are discussed below.
Program elements

Researchers describe the essential elements of HOPE as monitoring, especially randomized drug testing; guaranteed sanctions, often only a few days in jail but increasing in intensity over time; a clear set of rules; an initial warning hearing; prompt hearings; compulsory drug treatment for those who fail multiple drug tests; and capacity to pursue those who fail to appear for meetings. Each of these program components is important to the success of HOPE. Additionally, resources such as probation officer time, court time, and jail space are all scarce. Researchers note that the resource-intensive nature of HOPE depends on a low violation rate in order to be sustainable (Hawken and Kleiman, 2009). If there are too many violations, the “demand for sanctions” may “outstrip the supply.” The report posits that a sustainable program should start small and grow, so that the initial cohort of probationers has improved outcomes before the next cohort enters the program.

The record of implementing swift and certain sanctions was “near-perfect” in the RCT of HOPE. Each violation was sanctioned, with 70% of probation modification hearings held within 72 hours of the detected violation. The report states that the impressive results seen in HOPE probably depend a great deal of the “equally impressive program-fidelity results.” Any attempts to re-create the results of HOPE in another jurisdiction may suffer from failures of service delivery, be it time-delays in sanctioning or inconsistency in sanctioning. HOPE’s near-perfect program delivery owes a lot to the cooperation of stakeholders.

A great deal of credit is also due to the leadership of Judge Alm. After “repeatedly presiding over probation revocation hearings where the individuals had spent the last several years accumulating dozens of probation violations without any consequences,” Judge Alm took it upon himself to reform the system that allowed so many violations to go through unpunished (Kiyabu, et al., 2010). His distinctive leadership and commitment to the program were integral to its faithful implementation and ultimate success. A separate ‘Implementation Analysis’ has been written that explicitly acknowledges Judge Alm’s dedication to HOPE. He was an unerring champion of the program from the start and was eventually named Jurist of the Year by the Hawaii State Judiciary.  

Stakeholder opinion

Probation officers were truly on the front lines of the HOPE implementation in Hawaii. Without their cooperation, violations would have gone unreported and unsanctioned. However, probation officers initially expressed resistance to HOPE. From their perspective, reporting every violation was “infeasible.” Caseloads and violation rates were simply too high. Simply handling the paperwork for all violations was estimated to take about 50 hours a week for each probation officer. Judge Alm was proactive in dealing with this concern and proposed a system that greatly reduced paperwork. This streamlined reporting format pared the time burden of paperwork down to minutes for HOPE probation violations. Additionally, because HOPE was so successful at reducing violations, the workload for probation officers was less than anticipated.

After HOPE was implemented, skeptical probation officers “almost universally became converts.” In surveys, probation officers, judges, prosecutors, and public defenders all reported generally “positive” or “satisfactory” perceptions of HOPE. District Attorneys and court staff expressed more negative attitudes toward HOPE, however. In particular, DAs were worried that

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HOPE might “lead to probation sentences for defendants they would prefer to see in prison” (Hawken and Kleiman, 2009). Some DAs also expressed concern about the “mildness” of HOPE sanctions. Both DAs and court staff thought that HOPE would represent a much greater workload for them as well.

In surveys, the majority of probation officers reported no effect or some decrease in their workload on HOPE. However, the majority of judges, prosecutors, public defenders, and court staff reported that HOPE represented more work. In the case of court staff, they actually reported “much more work.” Even though judges, prosecutors, and public defenders found it to be more work, these groups expressed a generally positive or satisfactory perception of HOPE overall. HOPE resulted in the “palpable benefits” of higher compliance rates and fewer days in jail for probationers, which pleased judges, probation officers, public defenders, and probationers.

A survey of 211 probationers who were on HOPE shows that probationers themselves have very positive attitudes toward the program. Even among subsets of HOPE probationers who were in jail or ordered to residential drug treatment at the time the survey was conducted had an overwhelmingly positive view of it. Researchers feel this is partly due to the presence of warning hearings, which create “a perception of fairness on the part of the probationer.” In fact, in surveys, the perception of fairness often tended to vary based on which judge the probationer had seen. Ninety percent of HOPE probationers surveyed agreed that HOPE was “helpful in reducing drug use” as well as improving social functioning such as family relationships.

The one complaint that was uniform across all stakeholders was “lack of uniformity in sanctioning.” Variations in sentencing were observed between judges. This suggests that a formulaic approach to sentencing may be needed to reduce this variation. However, a rigid sanctioning structure may be difficult to implement faithfully on a large scale. Having the buy-in and cooperation of judges and others is vital to ensuring faithful program implementation. However, the fact that North Carolina already employs Structured Sentencing may make this easier to implement.

The various professionals involved in monitoring probation may be resistant to a HOPE-style of probation modification because it infringes upon their professional discretion. HOPE basically dictates how a probationer should be monitored and how they should be sanctioned in the case of a violation. Before the implementation of HOPE in Honolulu, probation officers and judges used their personal knowledge of the case and their professional judgment to decide which violations to sanction and the most appropriate way to do so. The logic behind HOPE, however, views this inconsistency as part of the problem. When a sanction is uncertain, it is less of a disincentive for offenders to recidivate. This is addressed by implementing uniform and consistent sanctions, but probation officers and judges may feel that they know best and are better able to assess what an offender needs.

In Hawaii, all probation officers are qualified social workers (MSWs). This professional credentialing may have made things worse for the implementation of something as radically different as HOPE, because probation officers were all well-trained and highly qualified to evaluate offenders. HOPE researchers used this to their advantage, however. Since all probation officers had training in cognitive-behavioral therapy, researchers believe that they were able to more intuitively understand the logic behind HOPE, and to see it from the offender’s perspective. This created a level of buy-in and cooperation that was vital to the faithful implementation of the program.

In order to address these implementation issues, an active effort needs to be made to secure the cooperation of all the necessary stakeholders. If North Carolina were to pursue a
HOPE-style of probation modification, it would be wise to begin with a small sample that could be evaluated and assessed before being scaled up. Such an evaluation should probably include high- and medium-risk probationers, and should be applied to all probationers, not just those labeled as drug-involved. A small-scale evaluation would help to demonstrate the feasibility of HOPE in North Carolina and could function to identify and work out any potential problems before the program was scaled up. Evidence of success would also help to secure support from stakeholders and the public.

CONCLUSION

Although HOPE appears to have phenomenal effects on probationer recidivism, it is difficult to import any kind of successful program to another jurisdiction. The latent differences between Hawaii and North Carolina make it difficult to estimate the potential impact of HOPE. The two states also have different crime profiles and drug use profiles. The different risk assessments also make it hard to know which subsets of probationers may benefit the most from HOPE. It’s also possible that the use of Structured Sentencing in North Carolina changes the pool of probationers available to participate in HOPE, because some who may benefit from it will automatically be incarcerated based on the nature of their current offense and their past record.

The amazing results of the HOPE evaluation in Hawaii have attracted a lot of attention, but Hawaii is unique and any additional trials will probably have somewhat different results. Any jurisdiction that wants to implement a similar coerced abstinence model of probation modification must remember the differences between states. The demographic characteristics of probationers may be different, as well as the crime and drug use profiles, the risk level distribution, and other factors. It is also important to consider the current programmatic components of probation and how a HOPE-style program would fit in with the existing structure. Any new and radically different program is also likely to face opposition from critics. All of these factors need to be considered before a HOPE-style program can be launched.

Additionally, the population of probationers who are similar to those involved in the HOPE evaluation—higher risk, drug-involved probationers—is relatively small in North Carolina (about 8,052 out of 41,091 total probationers are medium- or high-risk and flagged as drug-involved under the current definition). So, although HOPE may have a huge impact among a certain subset of probationers, the overall benefits may not be so dramatic. There may not be significant changes in public safety or corrections spending on a statewide scale. The four ongoing Department of Justice evaluations of HOPE-style programs need to be watched carefully to determine differences in impacts across jurisdictions. These additional evaluations, combined with more thorough, long-term reporting from HOPE in Hawaii, will teach researchers more about the future implications of a coerced abstinence policy. If North Carolina does choose to implement a coerced abstinence model of probation modification, the program should start small and be monitored closely before attempting to scale it up.

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References


