The Impaired Driver Rehabilitation Program (IDRP) is a program of the Department of Health, Division of Alcohol and Drug Abuse Programs that provides screening, education, and treatment services for individuals throughout Vermont who have received a conviction for operating a motor vehicle under the influence of alcohol or other substances. Individuals are not eligible to have their driver’s license reinstated by the Department of Motor Vehicles until the person has successfully completed the IDRP. IDRP Clinical Evaluators screen individuals with a first offense to determine if additional treatment with a licensed counselor is required.

**Drinking and driving has been steady among adults and has decreased among high school students**

In 2018, 3% of adult Vermonters (18+) reported drinking and driving during the past month. This number has not changed significantly since 2012. The prevalence of drinking and driving among Vermont adults is the same as that among U.S. adults.

Drinking and driving among high school students significantly decreased from 7% in 2017 to 6% in 2019.

**Substance-involved crashes were highest in 2017 but decreased in 2018**

The number of substance-involved traffic fatalities varies from year to year. The number of operators involved in fatal crashes who were suspected of driving under the influence of alcohol or drugs increased from 16 in 2014 to 35 in 2017. In 2018, 28 operators involved in fatal crashes were suspected of driving under the influence.ii,iii

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**KEY POINTS**

- Impaired driving-related traffic fatalities have recently decreased.
- There have been fewer impaired driving offenses and re-offenses over time.
- IDRP program completion rates are high.
Program initiation among individuals with impaired driving offenses is decreasing

Since 2014, the total number of impaired driving offenses has decreased substantially from 1,806 to 948. First impaired driving offenses account for the highest proportion of offenses, followed by multiple offenses and juvenile offenses.

Fewer clients are being referred to treatment after their first offense

IDRP clients with a first offense may be referred to treatment with a licensed counselor after an initial evaluation. Evaluation data were available for 4,605 of the 5,156 individuals with a first impaired driving offense between 2014 and 2018. In this time period, 2,999 individuals were assigned to treatment. Individuals with a first offense were assigned to treatment at the highest rate in 2015 (69%). However, the proportion of individuals with a first impaired driving offense being assigned to treatment has decreased since, to a low of 59% in 2018.

Percent of Individuals with a First Impaired Driving Offense Referred to Treatment

An individual with an impaired driving offense may plead down to a lesser charge (i.e. negligent operation). As a result, it is possible for an individual to have multiple “First Time” offenses.

In June 2017, the number of mandatory treatment hours for first-time clients who were assigned to treatment was changed from 6 hours to 4 hours. However, despite the change in required treatment hours, first-time clients who completed treatment in 2018 completed a median of 5 hours in treatment. Nearly all IDRP clients referred to treatment after a first impaired driving offense completed treatment (99%).
IDRP Offense, Treatment, and Re-Offense

Fewer individuals are attending IDRP class

Individuals with two or fewer impaired driving offenses are required to attend the IDRP class before their license can be reinstated. Class attendance decreased between 2014 and 2018. This is likely due to the decrease in offenses over that time period. In 2014, 2,247 individuals started IDRP, compared to 1,801 in 2018.

Since 2014, IDRP class completion has been constant. Between 2014 and 2018, 92% of those who participated in the IDRP class completed it. Most individuals (95%) finished within one year of starting the class.

Re-offense rates are decreasing

The majority of individuals who reoffend do so within five years of their first impaired driving offense. Calculating re-offense within a five-year window allows for comparisons to be made across years while still representing most individuals with a second offense. Among individuals with a first impaired driving offense in 2013, 6% re-offended in the following five years (i.e. between 2013 and 2018). This is a significant decrease compared to the five-year re-offense rate among individuals who first offended in 2009 (9%).

Eighteen percent of individuals with a first impaired driving offense between 2000 and 2016 have reoffended. Re-offense rates are significantly associated with age and whether the individual completed IDRP. Of those who completed IDRP after their first offense, 14% re-offended. The re-offense rate of those who did not complete IDRP is more than three times higher at 46%.
Among those who did not complete IDRP, re-offense rates are highest for those who were under the age of 21 when they first offended (72%). This rate is lower among individuals who were older when they first offended.

**Key Takeaways**

Although the prevalence of driving while impaired has been constant among Vermont adults, there have been fewer motor vehicle traffic fatalities involving impaired drivers. Additionally, the number of people initiating the IDRP has decreased, based on administrative data from the program.

Among IDRP clients with impaired driving offenses, completion of IDRP is high, with a large proportion of individuals finishing the program. This remains true after a recent decrease in the number of treatment hours required for individuals with a first impaired driving offense who are assigned to treatment.

Once individuals complete IDRP, they are significantly less likely to reoffend than they have been in previous years. Those who complete IDRP are also significantly less likely to reoffend than those who do not complete IDRP.

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References and notes:

i Impaired Driver Rehabilitation Program: [http://www.healthvermont.gov/IDRP](http://www.healthvermont.gov/IDRP)

ii Alcohol-impaired driving is defined as having a blood alcohol concentration of 0.08 g/dL while driving. All alcohol-impaired-driving crashes included in this report involve a driver with a BAC of at least 0.08 g/dL.

iii Vermont State Highway Safety Office Behavioral Safety Unit: [https://ghsp.vermont.gov/sites/ghsp/files/documents/Fatal%20Crashes%20Dec%202018%20Dec%202019%20E2%80%93%20Dec%202030%2C%202019.pdf](https://ghsp.vermont.gov/sites/ghsp/files/documents/Fatal%20Crashes%20Dec%202018%20Dec%202019%20E2%80%93%20Dec%202030%2C%202019.pdf)