

Impaired Driver Rehabilitation Program (IDRP) Evaluation, Treatment, and Re-offense

Background

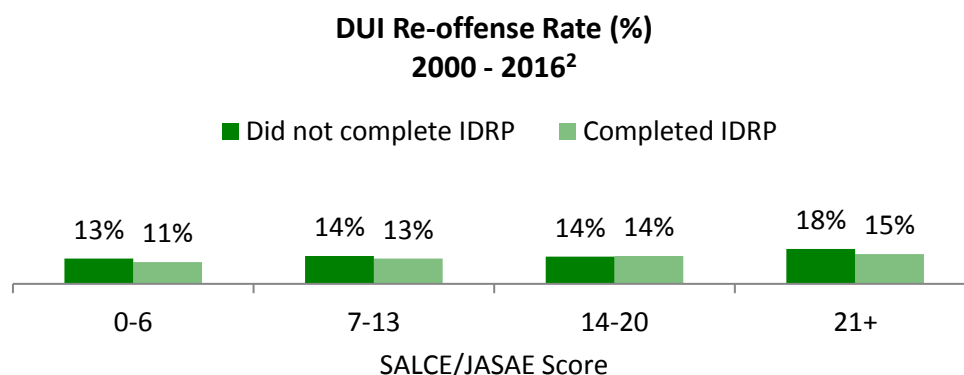
The Impaired Driver Rehabilitation Program (IDRP) is a program of the Department of Health, Division of Alcohol and Drug Abuse Programs that provides screening, education, and treatment services for individuals throughout Vermont who have received a conviction for operating a motor vehicle under the 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 also uses Clinical Evaluators to assess whether individuals who have operated a motor vehicle while impaired need to be referred to a Licensed Counselor for treatment.

This data brief focuses on re-offenses due to impaired driving among individuals with a first offense between January 1, 2000 and October 20, 2016.¹

Re-offense Rate by Evaluation Score

When an individual receives an impaired driving conviction and initiates participation in IDRP, they first undergo a clinical evaluation. This evaluation includes assessing the individual's experience with drugs and alcohol and future risk of substance abuse. Multiple screening tools have been utilized in the Program, including the SALCE (Substance Abuse / Life Circumstance Evaluation) and its counterpart for adolescents, the JASAE (Juvenile Automated Substance Abuse Evaluation). SALCE and JASAE scores are based entirely on self-report and are only used by Clinical Evaluators in conjunction with their own clinical expertise and judgement.

Higher SALCE/JASAE scores indicate increasing levels of intervention required by the counselor. There are no statistically significant differences in re-offense rates within score categories between people who completed the IDRP versus those who did not; however, among those who completed IDRP, the 0-6 and 7-13 categories are statistically less likely to re-offend than those completing the IDRP with higher SALCE/JASAE scores. Among those who did not complete IDRP, individuals with a score of 0-6 are significantly less likely than those with a score 21+ to re-offend.



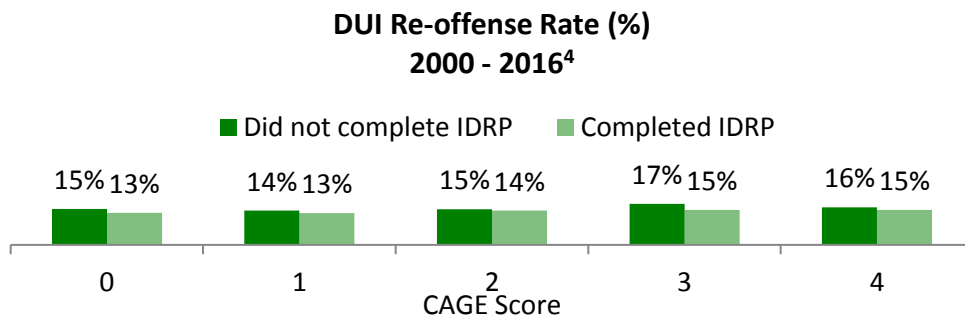
For more information on the SALCE, see http://www.adeincorp.com/documents/salce_ref_guide.pdf. Clinical Evaluators also use the CAGE questionnaire (Cut down, Annoyed, Guilty, Eye-opener) to evaluate for alcohol risk. While brief, CAGE is considered reliable in determining the severity of an individual's alcohol

¹ Only re-offenses which are second offenses are considered. Additionally, those who do not initiate participation in IDRP are not captured in the following analyses. Examples of individuals not included are those who enroll in alcohol education programs in another state, or who decide to live without a valid Vermont driver's license. Therefore, the information presented here are likely an underrepresentation of people with impaired driving offenders and re-offenders in Vermont.

² Through October 20, 2016.

problem. A score of 2 or greater is considered clinically significant, and leads the counselor to ask more specific questions about an individual's frequency and quantity of substances. For more information on the CAGE, see <https://pubs.niaaa.nih.gov/publications/inscage.htm>.

There are no statistically significant differences in re-offense rates between or within CAGE scores.



Treatment Completion

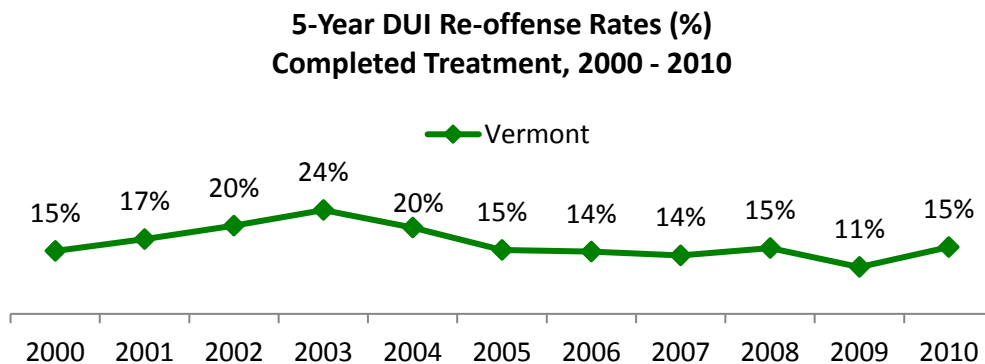
After an IDRP participant is evaluated, the individual may be referred to treatment with a licensed counselor in addition to the required completion of IDRP. Of those who were evaluated and assigned to one of these two options, more than half (55%) were assigned to treatment. Individuals assigned to treatment are required to complete at least four sessions or six hours of treatment for people with their first impaired driving offense. From 2000 – 2016³, the median number of sessions for those who completed treatment was six and over 90% of individuals completed more than the minimum of four sessions. Additionally, nearly half of those completing treatment completed more than the minimum number of hours.

Treatment Completion and Re-offense

Between 2000 and 2016⁴, among individuals with impaired driving offenses assigned to treatment, 15% of those completing treatment re-offended, compared with one in ten of those not completing treatment. There is a large difference in sample sizes for those completing and not completing treatment, as nearly 90% of those assigned to treatment go on to complete treatment. Despite this, the difference in the impaired driving re-offense rate is statistically significant.

Re-offense Rate over Time for Individuals Who Completed Treatment

Of those who completed treatment in 2010, 15% re-offended within five years. Since 2005, the proportion of individuals who completed treatment that re-offended within five years has remained around 15%⁴.



For questions regarding IDRPs, please contact Patricia Breneman at Patricia.Breneman@vermont.gov or at (802) 652-2030.

³ Through October 20, 2016.

⁴ These percentages are likely an underestimate of the actual re-offense rate since they do not take into consideration re-offenses occurring after more than five years.