

Impaired Driver Rehabilitation Program (IDRP)

Assessment, Treatment, and Re-offense

Background

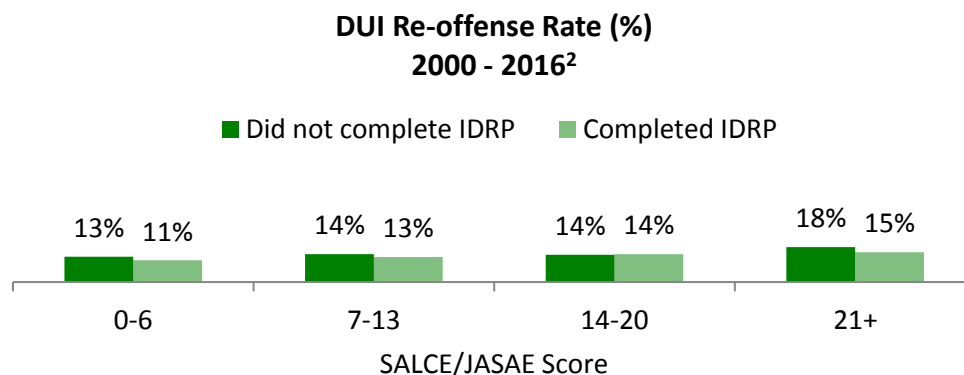
The Impaired Driver Rehabilitation Program (IDRP) is an education program provided throughout Vermont for individuals who have received a conviction for operating a motor vehicle under the influence of alcohol or other substances (DUI). The program is designed to help individuals understand how alcohol and other drugs impact behavior and driving skills. Until the IDRP program is completed, an individual's driver's license cannot be returned from the Department of Motor Vehicles. IDRP also uses Clinical Evaluators to assess whether individuals who have operated a motor vehicle while impaired need to be referred to a Licensed and Alcohol Drug Counselor (LADC) for treatment.

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

Re-offense Rate by Assessment Score

When an individual receives a DUI conviction and initiates participation in IDRP, they first undergo a clinical evaluation. This evaluation includes assessing the client's experience with drugs and alcohol and future risk of substance abuse. Multiple assessments 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-reporting by the client and are only used by evaluators in conjunction with their own clinical expertise and judgement.

Higher SALCE/JASAE scores indicate increasing levels of intervention required by the individual. There are no statistically significant differences in re-offense rates within score categories, by IDRP completion status. 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.

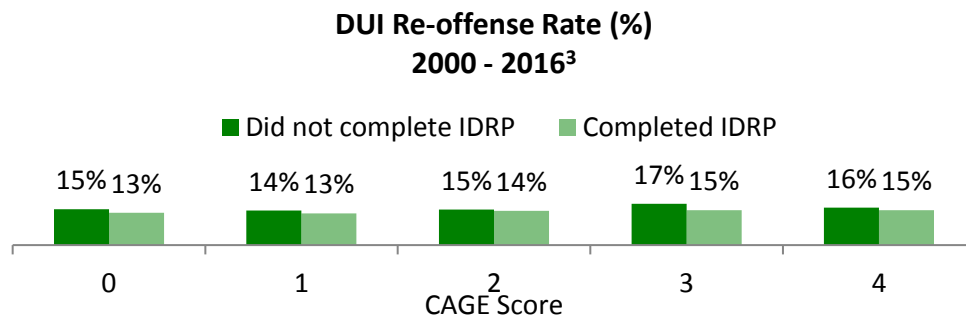
Clinical evaluators also use the CAGE (Cut down, Annoyed, Guilty, Eye-opener) questionnaire to assess alcohol risk. While brief, CAGE is considered reliable in determining the severity of a client's alcohol problem. A score

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 DUI offenders and re-offenders in Vermont.

² Through October 20, 2016.

of 2 or greater is considered clinically significant, and leads the clinician to ask more specific questions about a client's frequency and quantity of substances.

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



To view the CAGE questionnaire, visit <https://pubs.niaaa.nih.gov/publications/inscage.htm>.

Treatment Completion

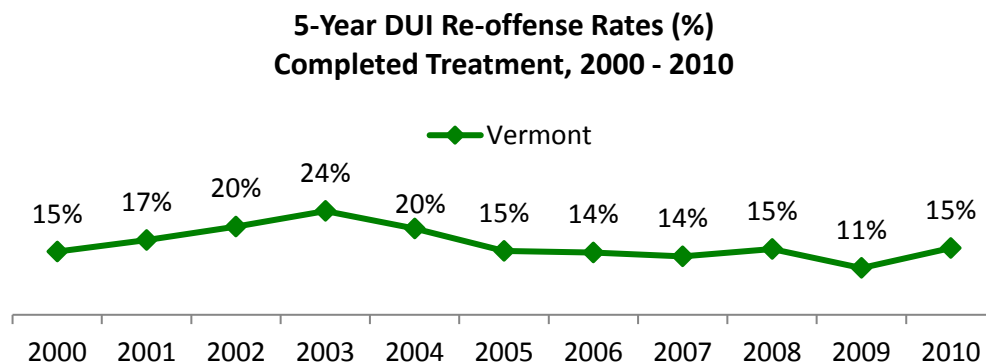
After an IDR participant is assessed, the individual may be referred to treatment with a LADC in addition to the required completion of IDR. Of those who were assessed more than half (55%) were referred to treatment. Clients assigned to treatment are required to complete at least four sessions or six hours of treatment. From 2000 – 2016³, the median number of sessions for those who completed treatment was six and 99% of clients completed more than the minimum of four sessions. Additionally, 51% completed the minimum six hours of treatment, and 45% completed more than the minimum required hours.

Treatment Completion and Re-offense

Between 2000 and 2016³, among DUI offenders assigned to treatment, 15% percent of those completing treatment re-offended, compared with one in ten of those not completing it. There is a large discrepancy in sample sizes for those completing and not completing treatment, as nearly 90% of those assigned to treatment complete. Despite this, the difference in DUI re-offense proportions is statistically significant.

Re-offense Rate over Time for Clients 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.



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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.