

The N-SSATS Report

April 30, 2009

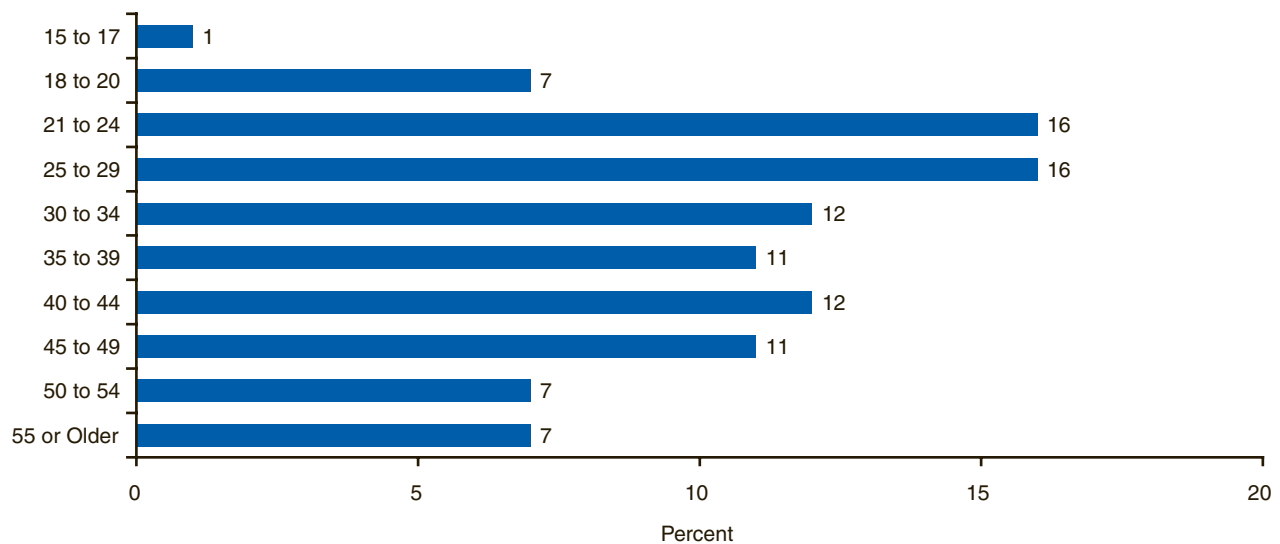
DUI/DWI Admissions to Treatment and Program Resources

In Brief

- The most commonly reported primary substance of abuse among DUI/DWI admissions to substance abuse treatment was alcohol (90 percent)
- Treatment services for DUI/DWI admissions are available from nearly one third of all treatment facilities
- The majority of facilities with DUI/DWI programs were privately owned or operated (89 percent) either by a for-profit entity (47 percent) or a non-profit organization (42 percent)
- Over three quarters of DUI/DWI clients discharged from treatment completed treatment or transferred to another treatment program

Impaired driving continues to be a severe and persistent threat to public health and safety. In 2007, an estimated 2.5 million people were injured or killed in motor vehicle accidents.¹ Of these, 13,000 were deaths attributable to alcohol or drug involved vehicle crashes, and these fatalities accounted for nearly one third of all vehicular deaths in the United States. Individuals arrested for driving under the influence or driving while intoxicated (DUI/DWI) can be diverted to a treatment program either before formal judgment or after conviction as part of sentencing. DUI/DWI programs are most often conducted in an outpatient setting and can be shorter than other outpatient programs. Understanding the characteristics of DUI/DWI clients may help program designers and planners to tailor their interventions to better meet the needs of their clients.

Figure 1. Percentage of DUI/DWI Referrals to Substance Abuse Treatment, by Age: 2007 TEDS



Source: 2007 SAMHSA Treatment Episode Data Set (TEDS).

Similarly, understanding the distribution and characteristics of programs for these clients may assist policymakers and treatment payers to examine the adequacy of available program resources.

Using data reported in the 2000, and 2002 through 2007 National Surveys of Substance Abuse Treatment Services (N-SSATS) and the 2007 Treatment Episode Data Set (TEDS), this report will describe both the characteristics of facilities that offer specialized DUI/DWI programs and the admissions who access these services.²

Demographic Characteristics of DUI/DWI Admissions

In 2007, there were nearly 39,000 DUI/DWI admissions to substance abuse treatment.³ Eighty percent of these

admissions were male, and the majority of admissions (71 percent) were White. Teenagers aged 15 to 17 and young adults aged 18 to 24 comprised nearly one quarter of these admissions, and nearly one third were between the ages of 21 and 29 (Figure 1). Adults between the ages of 30 and 49 made up 46 percent. Just over two thirds (68 percent) were employed either full time or part time.

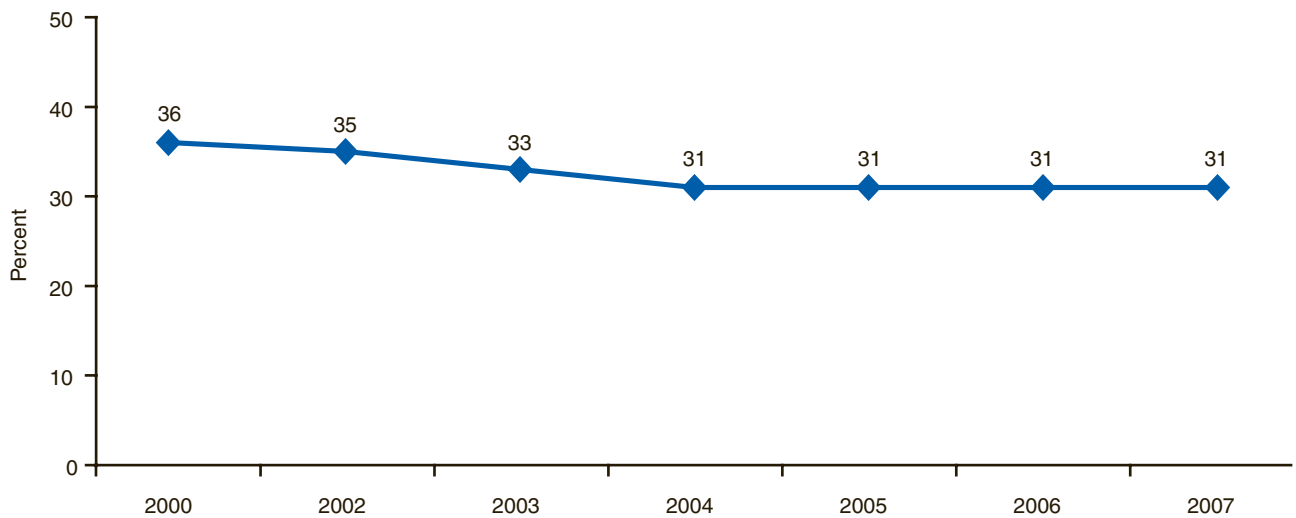
By far, the most frequently reported primary substance of abuse among DUI/DWI admissions was alcohol (90 percent); however, nearly one quarter of DUI/DWI admissions with alcohol as a primary substance also used one or more illicit substances.

Facilities Offering DUI/DWI Programs

Of the 13,648 substance abuse treatment facilities responding to the 2007 N-SSATS survey, 4,241 or 31 percent of facilities offered a specially designed program or group intended to address the programmatic needs of DUI/DWI admissions. Of these facilities, 132 (3 percent) provided services exclusively for DUI/DWI clients. Nationwide, from 2000 to 2007, the percentage of substance abuse treatment facilities offering DUI/DWI programs decreased slightly from 36 to 31 percent (Figure 2).

Although DUI/DWI diversions or court judgments typically derive from local, county, or State judicial systems, only a small percentage of facilities offering DUI/

Figure 2. Percentage of Substance Abuse Treatment Facilities Offering DUI/DWI Programs: 2000 and 2002 to 2007 N-SSATS*



* N-SSATS was not administered in 2001.

Source: 2000 and 2002 to 2007 SAMHSA National Surveys of Substance Abuse Treatment Services (N-SSATS).

DWI programs were operated by local, county, or community governments (6 percent), or by State governments (2 percent). An additional 3 percent were operated by the Federal government. The vast majority of facilities offering DUI/DWI programs were privately owned or operated (89 percent) either by a for-profit entity (47 percent) or a non-profit organization (42 percent).

Most facilities offering DUI/DWI programs provide a range of services both central to and supportive of the treatment needs of these clients (Table 1). Such services include substance abuse education (95 percent), discharge planning (91 percent), and aftercare/continuing care (87 percent). The majority also provided case management services, social skills development, and mental health services.

The majority of facilities offering DUI/DWI programs provided drug or alcohol urine screening and breathalyzer or other blood alcohol testing (79 and 63 percent, respectively). Nearly all facilities offering a DUI/DWI program provided screening for substance abuse (97 percent) and comprehensive substance abuse assessment or diagnosis (95 percent). Almost two thirds provided screening for mental health disorders (64 percent), and more than half provided community outreach (55 percent) or interim services (52 percent). A smaller percentage of facilities offering DUI/DWI programs provided comprehensive mental health assessment or diagnosis (44 percent).

Treatment Outcomes

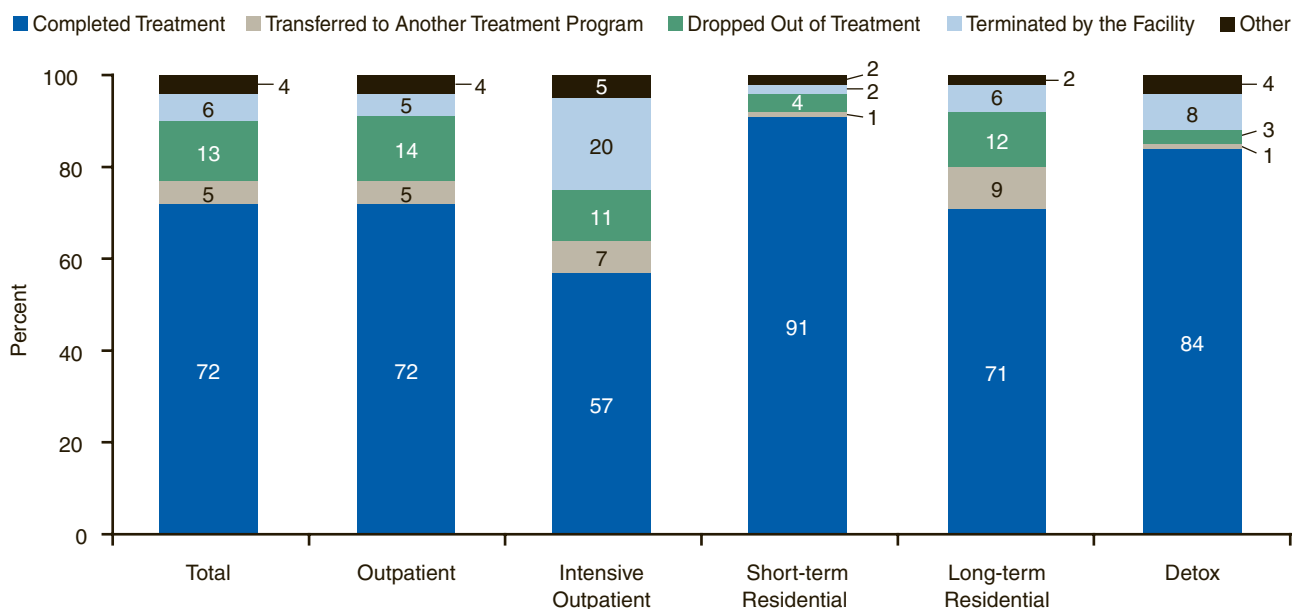
The most recent data available on the outcome of treatment for DUI/DWI admissions comes from the 2007 TEDS discharge data set.⁴ The data show that over three quarters of all DUI/DWI discharges had positive outcomes at the conclusion of a treatment episode (Figure 3). Among DUI/DWI admissions discharged from treatment in 2007, 72 percent completed treatment, and an additional 5 percent were transferred to another treatment program. Most notably, DUI/DWI discharges who received treatment in a short-term residential facility had a 91 percent completion rate.

Table 1. Percentage of Substance Abuse Treatment Facilities Offering DUI/DWI Programs, by Type of Services Provided: 2007 N-SSATS

<i>Services</i>	<i>Percent</i>
Assessment and Pre-Treatment Services	
Screening for Substance Abuse	97
Comprehensive Substance Abuse Assessment or Diagnosis	95
Screening for Mental Health Disorders	64
Outreach to Persons in the Community Who May Need Treatment	55
Interim Services for Clients When Immediate Admission is Not Possible	52
Comprehensive Mental Health Assessment or Diagnosis	44
Testing	
Drug or Alcohol Urine Screening	79
Breathalyzer or Other Blood Alcohol Testing	63
Transitional Services	
Discharge Planning	91
Aftercare/Continuing Care	87
Ancillary Services	
Substance Abuse Education	95
Case Management Services	73
Social Skills Development	59
Mental Health Services	54
HIV/AIDS Education, Counseling, or Support	47
Assistance with Obtaining Social Services	42
Domestic Violence—Family or Partner Violence Services	42
Health Education Other than HIV/AIDS	39
Mentoring/Peer Support	36
Self-help Groups	36
Assistance in Locating Housing for Clients	33
Transportation Assistance to Treatment	27
Employment Counseling or Training for Clients	26
Child Care for Clients' Children	6

Source: 2007 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

Figure 3. Percentage of DUI/DWI Discharges from Substance Abuse Treatment, by Treatment Type and Reason for Discharge: 2007 TEDS



Source: 2007 SAMHSA Treatment Episode Data Set (TEDS).

Discussion

Reductions in the annual number of lives lost to alcohol and drug related vehicle crashes requires a multifaceted approach. Prevention education for young drivers is essential, as is providing DUI/DWI offenders with appropriate treatment and support for their recovery. Policymakers, particularly those at the State and local level, need to be aware of the resources that are available to address the treatment requirements of individuals facing or convicted of DUI/DWI charges and to ensure that those resources are adequate to meet the needs. Similarly, program designers and treatment providers need to be aware that DUI/DWI admis-

sions may have treatment needs beyond those stemming from the initial charges and ensure that those ancillary needs can be met as well.

hospitalized). Clients may be terminated from a treatment program by a facility for a variety of reasons, such as refusing to follow the prescribed treatment program, failing to follow facility rules and procedures, and exhibiting violent behavior.

End Notes

¹ Department of Transportation. (2008). *Motor Vehicle Traffic Crash Fatality Counts and Estimates of People Injured for 2007* (DOT HS 811 034). Retrieved March 26, 2009, from <http://www-nrd.nhtsa.dot.gov/Pubs/811034.PDF>

² The National Survey of Substance Abuse Treatment Services (N-SSATS) was not administered in 2001.

³ DUI/DWI information reported in the Treatment Episode Data Set (TEDS) is from *Detailed Criminal Justice Referral*, a Supplemental Data Set item. The 33 States and jurisdictions in which this item was reported in 2007—AR, CA, CO, DC, DE, FL, HI, ID, IL, IN, KS, KY, LA, MA, MD, MO, MT, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SD, TX, UT, and WY—accounted for 76 percent of all substance abuse treatment admissions in 2007.

⁴ The reasons for discharge include completed treatment, transferred to another substance abuse program or facility, dropped out, terminated by facility, incarcerated, death, and other (i.e., client left treatment for other specified reasons such as changing residence or being

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Findings from SAMHSA's National Survey of Substance Abuse Treatment Services (N-SSATS).

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The Treatment Episode Data Set (TEDS) and the National Survey on Substance Abuse Treatment Services (N-SSATS) are components of the Drug and Alcohol Services Information System (DASIS). DASIS is an integrated data system maintained by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA).

TEDS data are collected through State administrative systems and are then submitted to SAMHSA. They include information on admissions to substance abuse treatment primarily from facilities that receive some public funding. **The 2007 TEDS data presented in this report are based on data received through October 6, 2008.**

N-SSATS is an annual census of all known substance abuse treatment facilities in the United States. **Information and data for this report are based on data reported to N-SSATS for the survey reference dates of October 1, 2000, March 29, 2002, March 31, 2003–2006, and March 30, 2007.**

Definitions for demographic, substance use, and other TEDS measures mentioned in this report are available in the following publication: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (December 11, 2008). *The TEDS Report: TEDS Report Definitions*. Rockville, MD.

The N-SSATS Report is prepared by the Office of Applied Studies, SAMHSA; Synectics for Management Decisions, Inc., Arlington, Virginia; and by RTI International in Research Triangle Park, North Carolina (RTI International is the trade name of Research Triangle Institute).

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<http://oas.samhsa.gov/dasis.htm>

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