

# The DASIS Report

December 2, 2005

## Facilities with DUI/DWI Programs: 2004

### In Brief

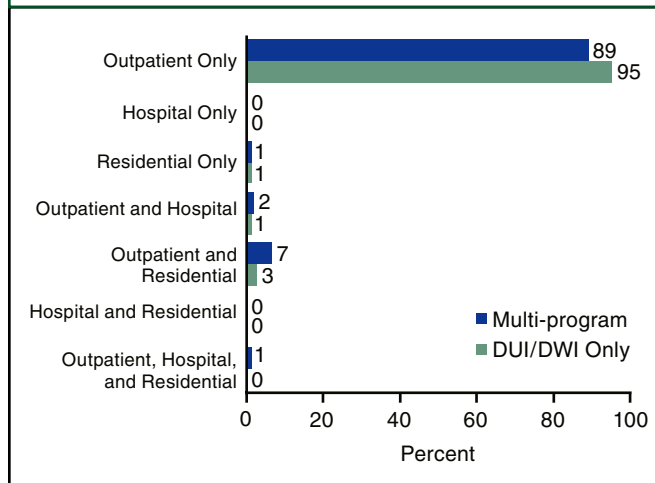
- Of the facilities reporting to the 2004 N-SSATS, 31 percent offered a special program for DUI/DWI or other drunk driving offenders
- Among facilities that offered DUI/DWI programs, most were privately operated (90 percent for DUI/DWI-only facilities, 86 percent for multi-program facilities)
- Multi-program facilities were more likely than DUI/DWI-only facilities to offer urine screening (82 vs. 57 percent) and blood alcohol testing (65 vs. 52 percent)

The National Survey of Substance Abuse Treatment Services (N-SSATS) is an annual survey of all facilities in the United States, both public and private, that provide substance abuse treatment. In 2004, a total of 13,454 facilities responded to N-SSATS. Of those facilities, 4,147 (31 percent) offered a special program for Driving Under the Influence/Driving While Intoxicated (DUI/DWI) or other drunk driving offenders. Of the facilities that offered DUI/DWI programs, 260 (6 percent) served only the DUI/DWI population, while 3,879 (94 percent) served a mixed population including DUI/DWI offenders. This report compares the characteristics of facilities serving only the DUI/DWI population (i.e., DUI/DWI-only facilities) and facilities offering DUI/DWI programs in addition to programs or groups for other types of clients (i.e., multi-program facilities).

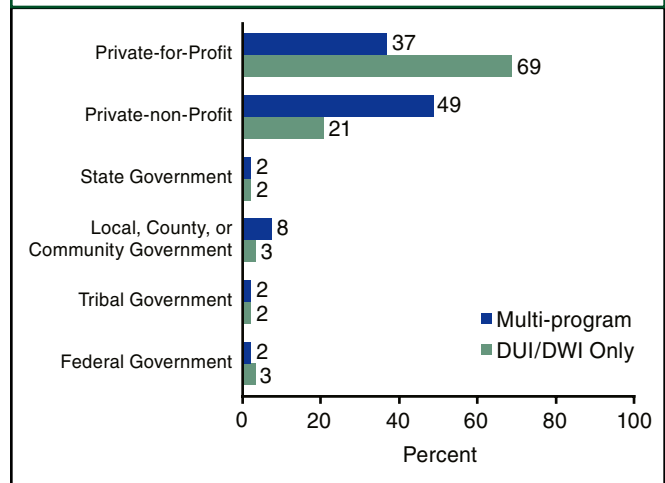
### Primary Focus

Facilities were asked to indicate the primary focus of their services—substance abuse treatment, mental health, a mix of

**Figure 1. Type of Care Offered by Facilities with DUI/DWI Programs, by Whether Facilities Were DUI/DWI Only: 2004**



**Figure 2. Facility Operation of Facilities with DUI/DWI Programs, by Whether Facilities Were DUI/DWI Only: 2004**



Source: 2004 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

mental health and substance abuse treatment, or general health.

Both types of facilities were most likely to report a primary focus of substance abuse treatment (75 percent for DUI/DWI-only facilities, 57 percent for multi-program facilities), followed by a mix of mental health and substance abuse treatment (19 percent for DUI/DWI-only facilities, 35 percent for multi-program facilities).

### Type of Care

Most facilities that had DUI/DWI programs offered only outpatient treatment (89 percent for multi-program facilities and 95 percent for DUI/DWI-only facilities) (Figure 1).<sup>1</sup> Only 1 percent of these facilities offered only hospital inpatient and/or residential treatment with no outpatient treatment.

### Facility Operation

Among facilities that offered DUI/DWI programs, most were privately operated (86 percent

for multi-program facilities, 90 percent for DUI/DWI-only facilities) (Figure 2). However, multi-program facilities were less likely than DUI/DWI-only facilities to be private-for-profit (37 vs. 69 percent) and more likely than DUI/DWI-only facilities to be private-non-profit (49 vs. 21 percent).

### Services

N-SSATS 2004 asked about the variety of services provided at a facility. Multi-program facilities were more likely than DUI/DWI-only facilities to offer a number of these services.

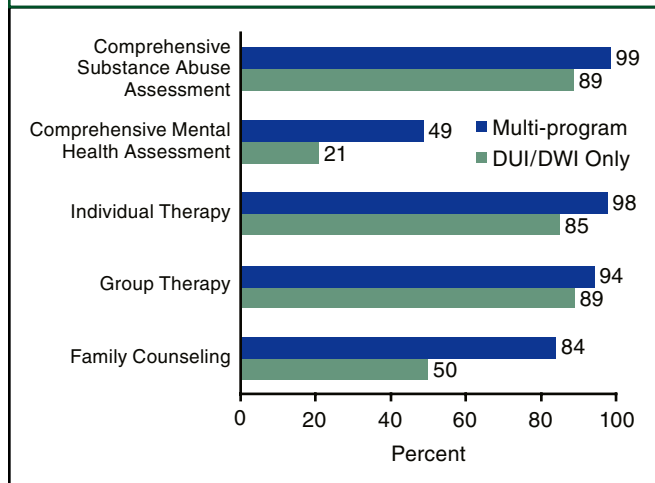
*Assessment and Therapy Services.* Multi-program facilities were more likely than DUI/DWI-only facilities to offer comprehensive substance abuse assessment (99 vs. 89 percent), comprehensive mental health assessment (49 vs. 21 percent), individual therapy (98 vs. 85 percent), and family counseling (84 vs. 50 percent) (Figure 3). A similar

proportion of both multi-program (94 percent) and DUI/DWI-only (89 percent) facilities offered group therapy.

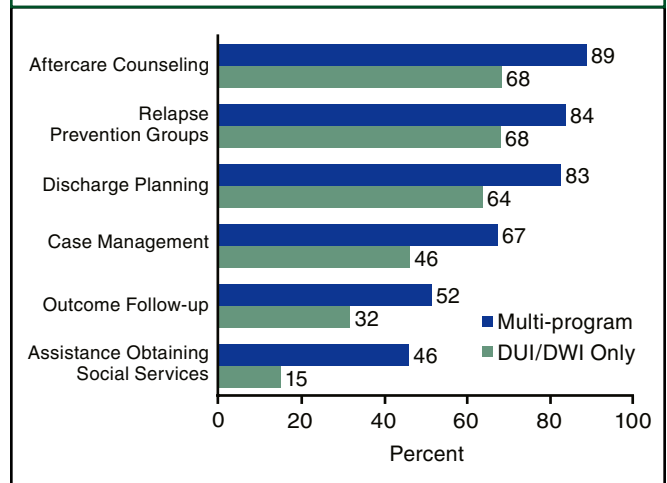
*Transitional and Ancillary Services.* Multi-program facilities were also more likely than DUI/DWI-only facilities to offer various service coordination and post-treatment services such as case management (67 vs. 46 percent), aftercare counseling (89 vs. 68 percent), relapse prevention groups (84 vs. 68 percent), discharge planning (83 vs. 64 percent), and assistance obtaining social services (46 vs. 15 percent) (Figure 4).

*Testing and Pharmacotherapies.* Multi-program facilities were more likely than DUI/DWI-only facilities to offer drug or alcohol urine screening (82 vs. 57 percent) and breathalyzer or other blood alcohol testing (65 vs. 52 percent). Both types of facilities offering special groups or programs specifically for DUI/DWI populations were equally likely to offer one of the pharmacotherapies used in the treatment of alcohol abuse

**Figure 3. Selected Assessment and Therapy Services Offered by Facilities with DUI/DWI Programs, by Whether Facilities Were DUI/DWI Only: 2004\***



**Figure 4. Selected Transitional and Ancillary Services Offered by Facilities with DUI/DWI Programs, by Whether Facilities Were DUI/DWI Only: 2004\***



and dependence; 19 percent of multi-program facilities and 20 percent of DUI/DWI-only facilities reported that treatment with Antabuse<sup>2</sup> was available.

### Treatment Offered in a Language Other than English

Approximately half of both types of facilities offered treatment services in a language other than English (51 percent for multi-program facilities, 55 percent for DUI/DWI-only facilities). The most common language other than English was Spanish, offered by 91 percent of the multi-program facilities and 94 percent of the DUI/DWI-only facilities that provided services in languages other than English. Multi-program facilities (34 percent) were more likely than DUI/DWI-only facilities (15 percent) to offer assistance for the hearing impaired such as sign language.

#### End Notes

<sup>1</sup>The *types of care* are outpatient, non-hospital residential, and hospital inpatient. Outpatient care includes outpatient detoxification, outpatient methadone maintenance, outpatient day treatment or partial hospitalization (20 or more hours per week), intensive outpatient treatment (a minimum of 2 hours per day on 3 or more days per week), and regular outpatient treatment (fewer hours per week than intensive). Non-hospital residential care includes residential detoxification, residential short-term treatment (30 days or less), and residential long-term treatment (more than 30 days). Hospital inpatient care includes inpatient detoxification and inpatient treatment.

<sup>2</sup>Antabuse (disulfiram) was the first drug ever approved for treating problem drinkers. It interferes with the metabolism of alcohol, causing unpleasant side effects when alcohol is ingested. For more information, see <http://dpt.samhsa.gov/antabuse.htm>.

#### Figure Note

\* Note: Facilities may be included in more than one category.

The Drug and Alcohol Services Information System (DASIS) is an integrated data system maintained by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). One component of DASIS is the National Survey of Substance Abuse Treatment Services (N-SSATS), an annual survey of all facilities in the United States, both public and private, that provide substance abuse treatment. N-SSATS was formerly known as the Uniform Facility Data Set (UFDS).

The *DASIS 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 a trade name of Research Triangle Institute).

Information and data for this report are based on data reported to N-SSATS for the survey reference date March 31, 2004.

Access the latest N-SSATS/UFDS reports at: <http://www.oas.samhsa.gov/dasis.htm>

Access the latest N-SSATS/UFDS public use files at: <http://www.oas.samhsa.gov/SAMHDA.htm>

Other substance abuse reports are available at: <http://www.oas.samhsa.gov>



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