



National Association of State Alcohol and Drug Abuse Directors, Inc.

SSA Involvement in Driving Under the Influence (DUI)/Driving While Intoxicated (DWI)

Prepared by:

The National Association of State Alcohol and Drug Abuse Directors
(NASADAD)

With Support From: Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment (SAMHSA/CSAT)

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Driving Under the Influence (DUI)/Driving While Intoxicated (DWI) Inquiry Summary

Executive Summary

Driving Under the Influence (DUI)/Driving While Intoxicated (DWI) is a major public health issue in the United States. In 2009 there were 1,440,409 arrests for driving under the influence (Federal Bureau of Investigation [FBI], 2009). This was only a fraction of self-reported episodes of driving while impaired (Shults, Beck, & Dellinger, 2010). The National Association of State Alcohol and Drug Abuse Directors (NASADAD) and Substance Abuse and Mental Health Services Administration (SAMHSA) developed an inquiry to find out more about the level of involvement of Single State Substance Abuse Authorities, or SSAs, with DUI/DWI offenders.

The inquiry was completed by SSA staff between February-March of 2011. There were 50 total respondents to the inquiry: 48 States and two territories. For the purposes of this summary, the respondents will be referred to as States. Ignition interlock, drinking driver/education programs, and treatment services are the most frequent components used in the States to address DUI/DWI offenses. The agencies SSAs coordinate most frequently with for DUI/DWI cases are the Department of Licensing (46.9% of States) and the Department of Transportation (36.7% of States). The majority (66%) of SSAs have a lead coordinator for DUI/DWI education or treatment. DUI/DWI courts are operating in a slight majority of the States (56%) according to State respondents.

The SSA can play many different roles that range from providing education or treatment services (64% of States), funding (50% of States), training (46% of States), to no involvement at all (8% of States). Ignition interlock is an important deterrent used in the majority of States. However, the SSA does not typically have oversight of this particular prevention/deterrent. Drinking driver/education programs and treatment services are delivered by the county in 40% of States, the State in 28% of States, private providers in 24% of States, local/community based providers in 20% of States, local/community based in 20% of States, additionally several States indicated a combination of providers such as State and county. The service delivery varies for education and treatment, but one commonality amongst States is the topics of the drinking driver/education programs. Virtually all drinking driver/education programs address the following topics: driving impairment due to Alcohol and other drugs (AOD) (100%), AOD consumption and abuse education (100%), impact of AOD on families (98%), prevention (96.1%), blood alcohol content or BAC (96.1%), and the laws and penalties (92.2%).

Drinking driver/education programs occur in nearly all States (98%), and over half of the States' (58%) programs fall under the partial or total oversight of the SSA. In 92% of States a DUI/DWI offender can be required to participate in drinking driver/education programs. It is not typical for the SSA to be the provider of the drinking driver/education program (the SSA is the provider in 10% of the States). It is more typical for the SSA to be involved with other aspects, such as certifying or defining curricula for the DUI/DWI education programs, which occurs in more than half of the States (58%). Many States have multiple levels of intensity for drinking driver/education programs (52.2%) such as first time offender, second time offender, and programs specifically targeted at minors (40% of States). For offenders with three or more offenses it was uncommon to require drinking driver/education programs.

Half of the States have a specific requirement for treatment of DUI/DWI offenders based on regulation or law. The requirements for treatment are set by the SSA in nearly half of States (47.6%), while in the remaining States the requirements are set by other entities such as the legislature, courts, or the treatment provider. Most States require a screening assessment or clinical evaluation to determine the offender's need for treatment (87% of States). Treatment is most commonly provided by private

providers (83.3% of States) followed by county- or city-owned (25% of States), and SSA-owned (14% of States). The level of treatment (inpatient vs. outpatient) is determined by clinical assessment in 72.5% of States. The SSA provides credentialing to DUI/DWI treatment providers in most of the States (68.7%). This is indicative of the varied nature of DUI/DWI interagency responsibility and collaboration.

A State Index was created using five inquiry questions to determine the relevance of certain factors in the level of SSA involvement with DUI/DWI offenders. The factors were questions based on management, receipt of funding, oversight of drinking driver/education programs, credentialing for treatment, and setting requirements for treatment standards. High index States (54% of States) have a greater involvement with DUI/DWI offenders.

DUI/DWI is a critical issue for SSAs who often collaborate with other agencies to provide education and treatment for DUI/DWI offenders. While the role of SSAs is varied by State, over half the States' SSAs (54% high index States) have a significant involvement on DUI/DWI cases.

Context and Background Information

Driving Under the Influence (DUI)/Driving While Intoxicated (DWI) is a major public health and safety issue in the United States. In the United States, “motor vehicle crashes are the leading cause of death among those ages 5-34.”(Center for Disease Control [CDC], 2010). Among motor vehicle crashes, alcohol impaired driving crashes are a significant amount of the total crashes. According to the National Highway Traffic Safety Administration, 10,839 people were killed in alcohol-impaired-driving crashes, fatalities which accounted for 32 percent of total fatalities caused by motor vehicles in the U.S. (Department of Transportation [US], National Highway Traffic Safety Administration [NHTSA], 2009). Thirty-three States saw declines in the number of alcohol-impaired-driving fatalities in 2009 (NHTSA, 2009). Although many States had success in 2009 with the decline in fatalities, the attitudes and behaviors showed a conversely negative trend (NHTSA, 2010).

In 2010, the National Highway Traffic Safety Administration (NHTSA) released a report *National Survey of Drinking and Driving Attitudes and Behaviors*; this report was based on a national survey administered in 2008. According to the survey, there was “an estimate of 85.5 million past-month drinking-driving trips, up from 73.7 million trips in 2004 and reversing a declining trend in such trips since 1995” (NHTSA, 2010). According to the Federal Bureau of Investigation’s 2009 Uniform Crime Report, there were 1,440,409 arrests for driving under the influence in 2009 – 0.3% of the US population (this ratio was based on the US Census Bureau’s 2009 Population Estimates). The arrest rate is “less than one percent of the 147 million self-reported episodes of alcohol-impaired driving among U.S. adults each year” (Shults & Dellinger, 2010). DUI/DWI is consistently a major problem and cause of death in the States. State substance abuse agencies can be impacted through increased enrollment or referral to treatment based on DUI/DWI offenses.

Development of the Inquiry

The National Association of State Alcohol and Drug Abuse Directors (NASADAD), in conjunction with Substance Abuse and Mental Health Services Administration (SAMHSA), developed an inquiry about Driving Under the Influence (DUI)/Driving While Intoxicated (DWI). NASADAD was seeking more information on the SSA’s, role in education and treatment of persons who are drunk, drugged or

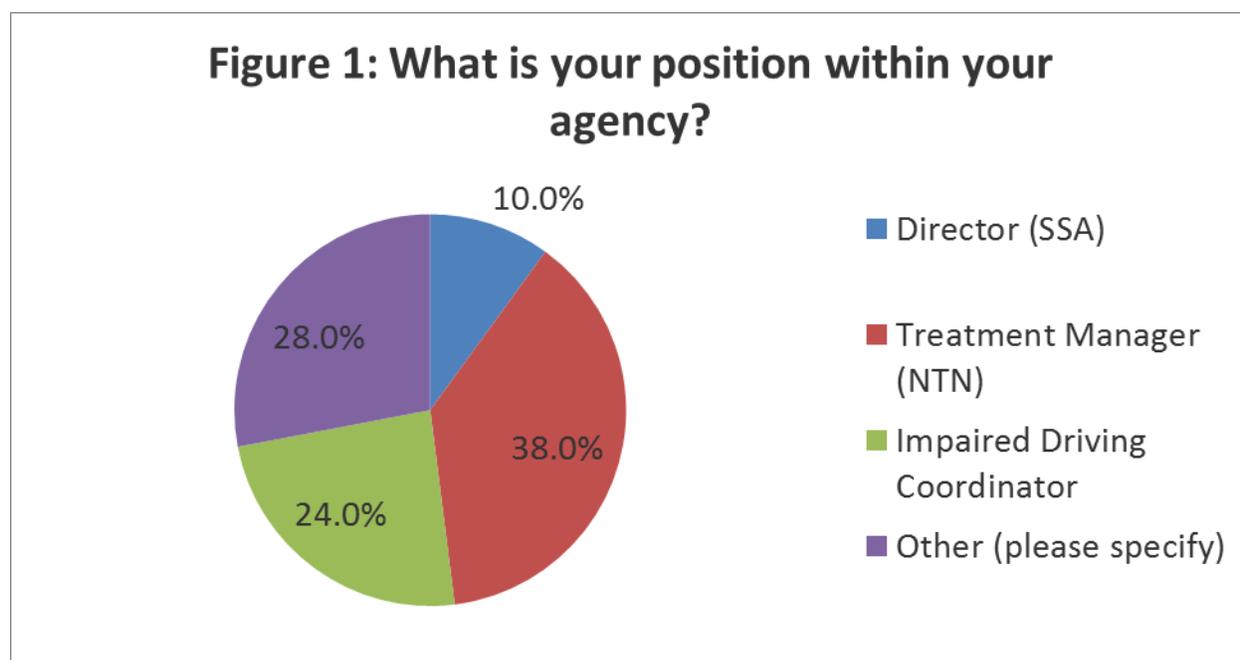
otherwise impaired while operating a moving vehicle. The primary objective was to obtain more information on the SSA’s role with DUI/DWI offenders.

In developing this inquiry, NASADAD staff consulted the NASADAD Research Committee and contacted four States to get more feedback on the inquiry. After these States were consulted, the inquiry was sent to SAMHSA to be reviewed. Comments and suggestions from the States and SAMHSA were taken into consideration before the inquiry was finalized and sent to NASADAD members.

We, together with SAMHSA, hope and believe that the results of this inquiry will be informative and useful for each and all of the States and should provide insights into future efforts in the education and treatment of impaired drivers.

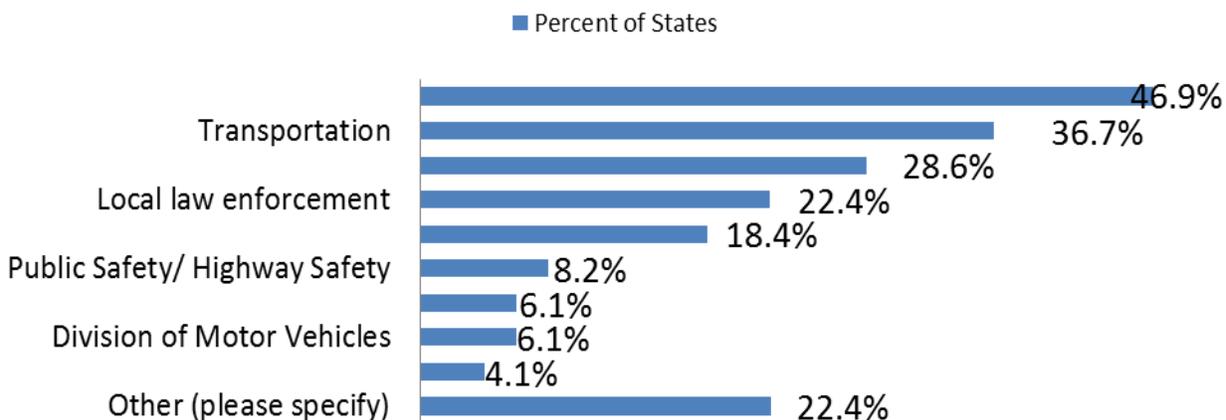
General Findings

The inquiry respondents were: 10% SSA State Directors, 38% Treatment Managers, 24% Impaired Driving Coordinators, 28% Other Titles (see figure 1). Other titles included Administrator, Assistant Director, and Program Manager.



This inquiry specified a variety of agencies that the States work with on DUI/DWI cases (see Figure 2). The agencies include Licensing (46.9%), Transportation (36.7%), Highway Patrol (28.6%), Local Law Enforcement (22.4%), Courts (18.4%), Public Safety/Highway Safety (8.2%), Division of Motor Vehicles (6.1%), and Judicial/Legislature (6.1%).

Figure 2: Which of the following agencies does the SSA work with on DUI/DWI cases? (select all that apply)



Most SSAs (66%) have a lead coordinator on DUI/DWI education or treatment (see figure 3). The SSAs are involved with DUI/DWI offenders through education and treatment services (64%), participation in committees/councils/policy cabinets (58%), credentialing (34%), funding (50%), data analysis and outcomes monitoring (50%), training (46%), referral (42%), management (34%), and other (14.3%). This list alludes to complex interagency coordination in the education and treatment of DUI/DWI offenders (see Figure 4).

Figure 3: Does the SSA have a lead coordinator for DUI/DWI education or treatment services?

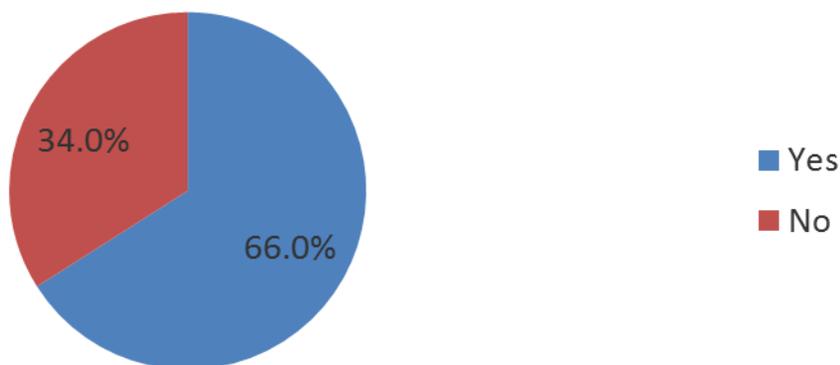
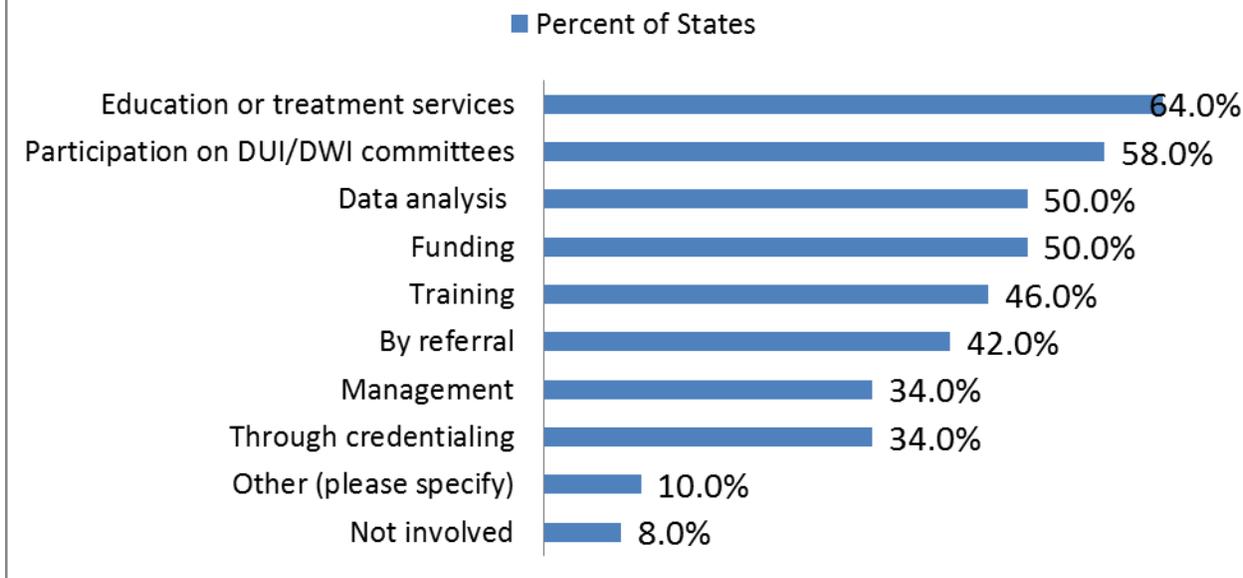


Figure 4: How is the SSA involved with DUI/DWI offenders? (select all that apply)



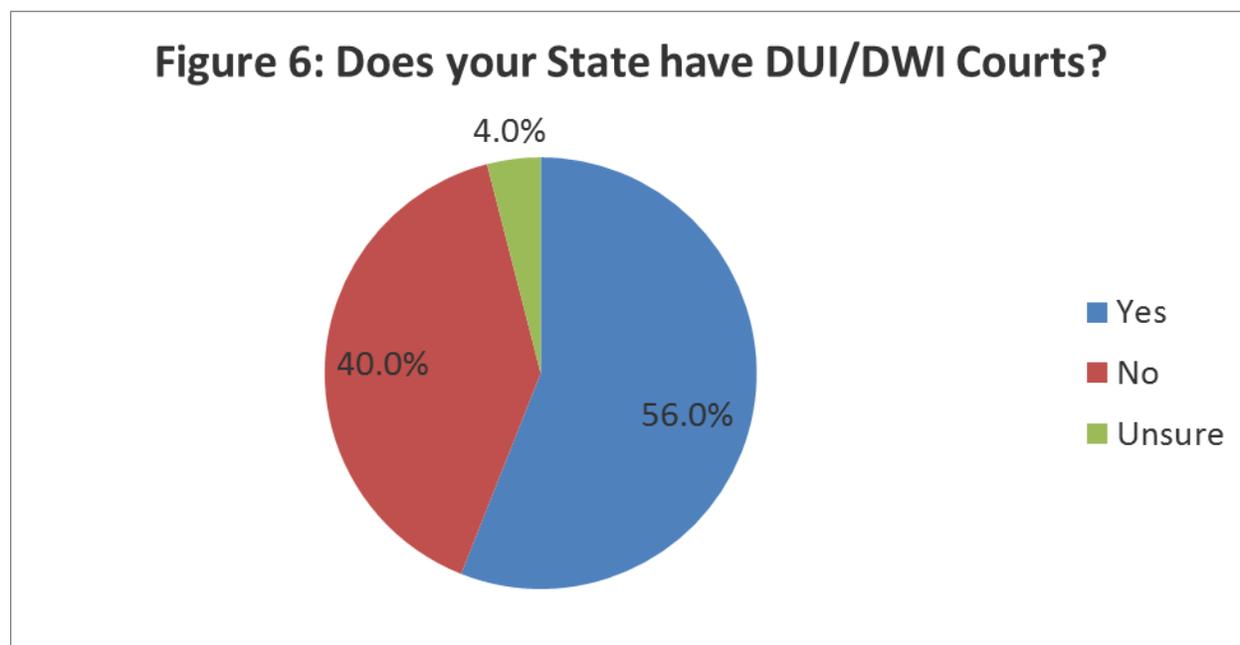
Forty-two percent of States receive funding specifically for their involvement with DUI/DWI offenders. Another variation across States is evident in who is providing education or treatment services. The services are delivered by the county in 40% of States, the State in 28% of States, private providers in 24% of States, local/community based providers in 20% of States, or a combination such as State and county (see Figure 5).

Figure 5: Are the DUI/DWI drinking driver/education programs or treatment services delivered at the State or county level?*



*Please note that these categories are not mutually exclusive

DUI/DWI Courts use the Drug Court model and in some cases are Hybrid Drug/DWI Courts. DUI/DWI Courts take a collaborative approach to: reduce recidivism, increase public safety, get offenders the education and treatment services they might need. Drug courts are in 100% of States, and DUI/DWI Courts are present in over half the States (56%) according to State respondents (see Figure 6). The National Drug Court Institute, NDCI, (2011) note that 62% of States have drug courts. Drug courts have a growing presence in the US: “As of December 2009, there were 354 Hybrid DWI/Drug Courts in operation. (A Hybrid DWI/Drug Court is one that started out as a Drug Court that now also takes DWI Offenders.) In addition, there are another 172 designated DWI Courts bringing the total number of specialized courts dealing with hardcore impaired drivers to 526.” (NDCI, 2011). Drug courts and DUI courts can take place in the same setting when the Court is a Hybrid Drug/DWI Courts. According to the Nation Center for DUI Courts, “A DWI Court is an accountability court dedicated to changing the behavior of the hardcore offenders arrested for DWI” (2009). “Hardcore” offenders are defined as repeat offenders or high BAC offenders. The cause of “hardcore” DUI/DWI’s is often alcohol and other drug dependence or abuse. Therefore a combination of treatment, punishment, and accountability are used in DUI/DWI courts to deter future DUI/DWIs.



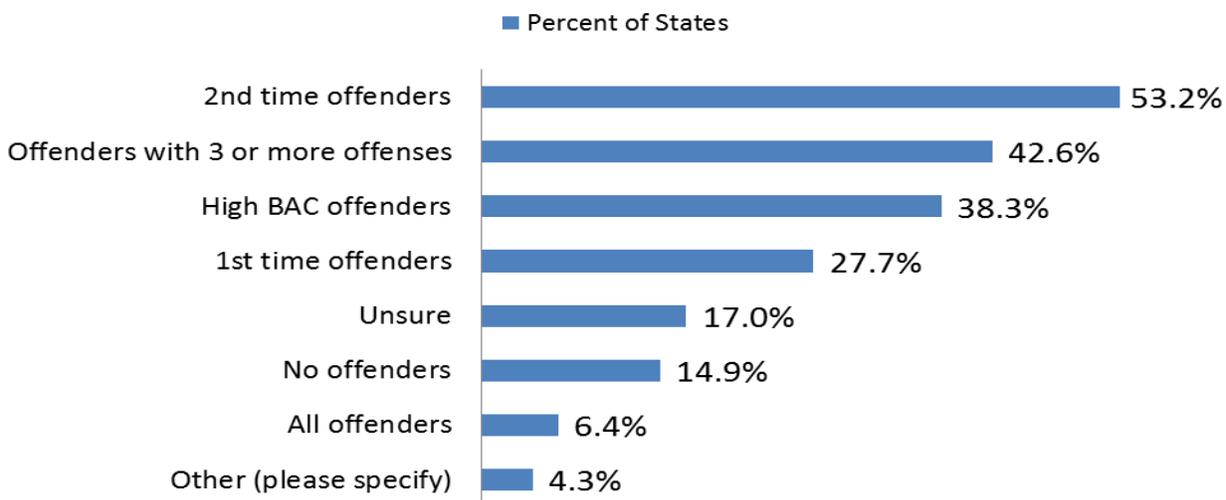
Drugged driving is addressed through laws in 96% of States according to State respondents, and the remaining States were unsure if drug impaired driving laws existed. This information is contradictory to other research on Drug per se laws. Drug per se laws are specific laws for drug impaired driving. The different results could be based on what the State substance abuse professionals know about implementation of drugged driving enforcement in their State, or based on the premise that alcohol is a drug. It is also possible that respondents assumed that drug impaired driving is explicitly addressed and prohibited in the State’s DUI/DWI statute. The National Highway and Traffic Safety Administration states that “Drug per se laws are not quite analogous to the alcohol impaired-driving per se laws now in effect in every State which make it illegal to operate a motor vehicle...Drug per se laws are more analogous to zero-tolerance laws that make it illegal to drive with certain drugs in the system.” (NHTSA, 2010). Fifteen States have drug per se laws according to NHTSA (2010). The Governors Highway Safety Association [GHSA] lists 19 States with strict per se laws, including two States where there are provisions to prohibit drug impaired driving included in the State’s drunk driving statute (GHSA, 2011). GHSA found another

measure to get more information on the enforcement of drugged driving, “47 states, the District of Columbia, and the Northern Mariana Islands have Drug Evaluation Classification (DEC) programs that train law enforcement officers to become certified Drug Recognition Experts (DRE) who can identify indicators of impairment. This training also enables officers to better present evidence of drug impairment in court” (GHSA, 2011). Programs like DEC are an attempt to help with the enforcement of impaired driving. There is a national effort lead by the White House Office of National Drug Control Policy [ONDCP] to make the prevention and enforcement of drugged driving a national priority: “The 2010 National Drug Control Strategy includes a goal of reducing drugged driving in the United States 10% by the year 2015. Specifically, ONDCP aims to make preventing drugged driving a national priority on par with preventing drunk driving” (ONDCP, 2011).

Ignition Interlock

A common method of preventing impaired driving in States is ignition interlock, and “Research shows that ignition interlocks, while installed on an offender’s vehicle, reduce recidivism among both first-time and repeat DWI offenders.” (NHTSA, 2009). Most States (79.6%) use ignition interlock as a penalty for DUI/DWI according to inquiry State respondents, and “Forty eight states have some sort of ignition interlock law” (National Conference of State Legislatures, 2011). The answers provided by State respondents to the question regarding use of ignition interlock may not have been totally accurate because the SSA does not usually have oversight of the ignition interlock program. However, ignition interlock can be an opportunity for collaboration between the SSA and other agencies: “Interlocks can serve as a nexus between criminal justice system sanctions and substance abuse treatment by restricting offender’s driving privileges while giving them the opportunity to learn how alcohol consumption affects behavior (Beirness, 2001). The ignition interlock should be incorporated into a comprehensive offender rehabilitation program to reduce the likelihood of recidivism once the interlock is removed (Beirness et al., 1998).” (NHTSA, 2009). There is great variation across States for the requirement of ignition interlock as a DUI/DWI penalty according to State respondents (see Figure 7). Offenders can be required to use the ignition interlock system in 53.2% of States if they are 2nd time offenders, in 38.3% of States if they are high blood alcohol content (BAC) offenders, in 27.7% of States if they are 1st time offenders, in 25.5% of States if they are an offender with 3 or more offenses, and in 6.4% of States, all DUI/DWI offenders can be required to use ignition interlock as a penalty. Seventeen percent of States answered that they were unsure of the requirements for ignition interlock in their States. Seven States have alternatives to ignition interlock. Alternatives include alcohol monitoring ankle bracelets or electronic monitoring, home confinement, multiple daily check-ins with local law enforcement, and license suspension. No State SSAs supervised the ignition interlock alternative in their State.

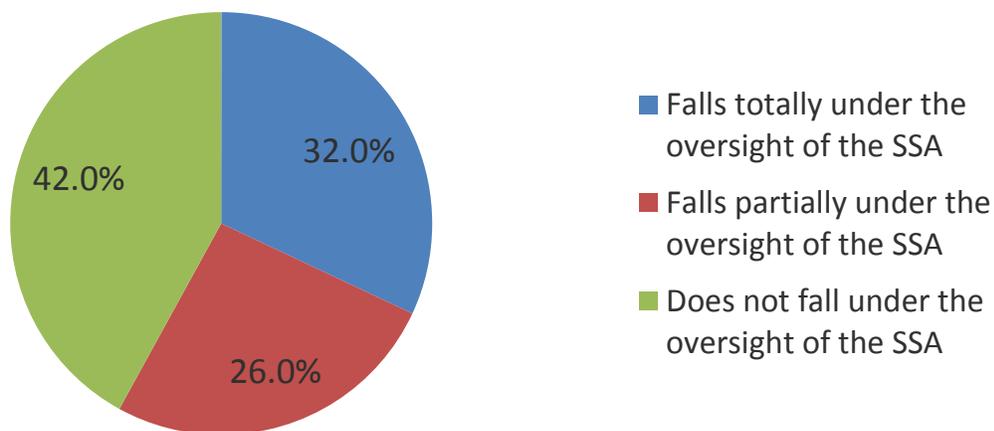
Figure 7: Who is required to get ignition interlock devices in your State? (select all that apply)



Drinking Driver/Education Program

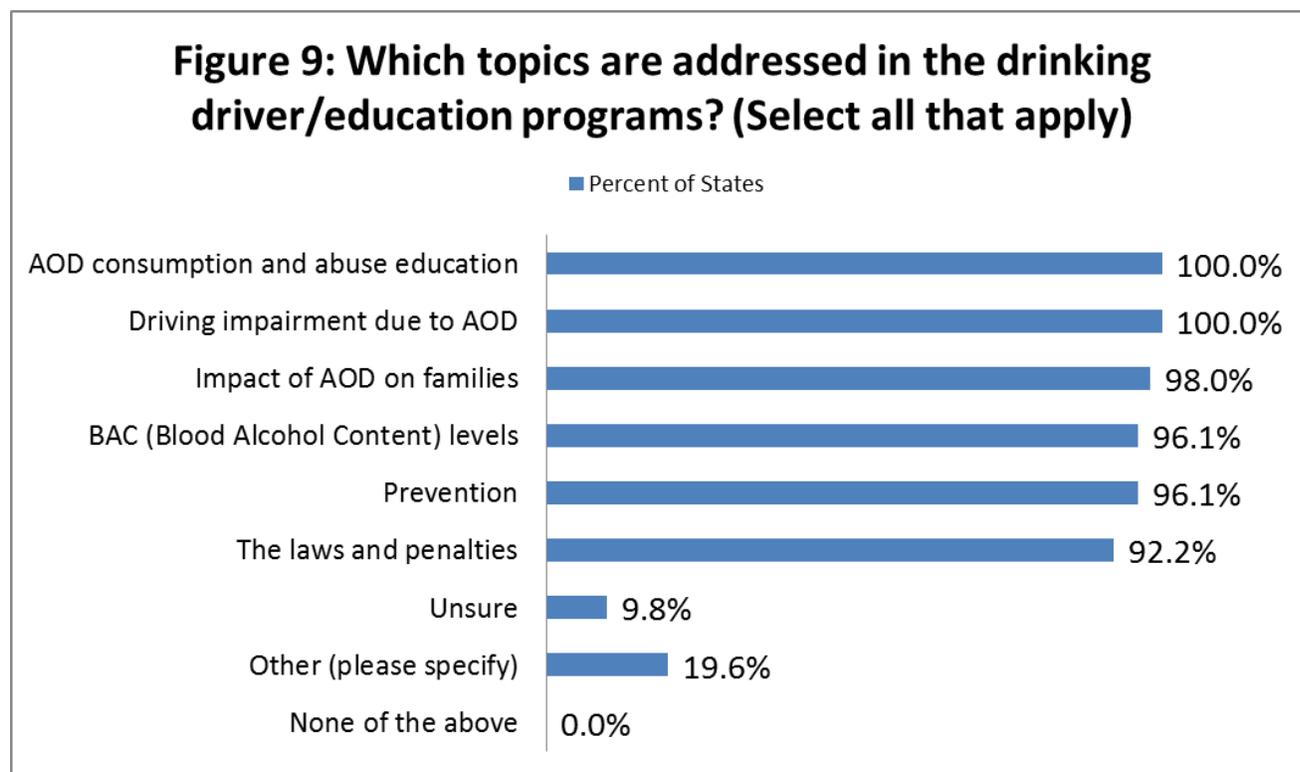
Nearly all States have a drinking driver/education program (98%). In over half the States, the SSA plays a role in drinking driver/education programs. In 58% of States, the drinking driver/education programs fall under the total (32%) or partial (26%) oversight of the SSA, indicating that in 42% of States, these programs do not fall under the SSA’s oversight (see Figure 8).

Figure 8: Which best describes your State’s drinking driver/education program?



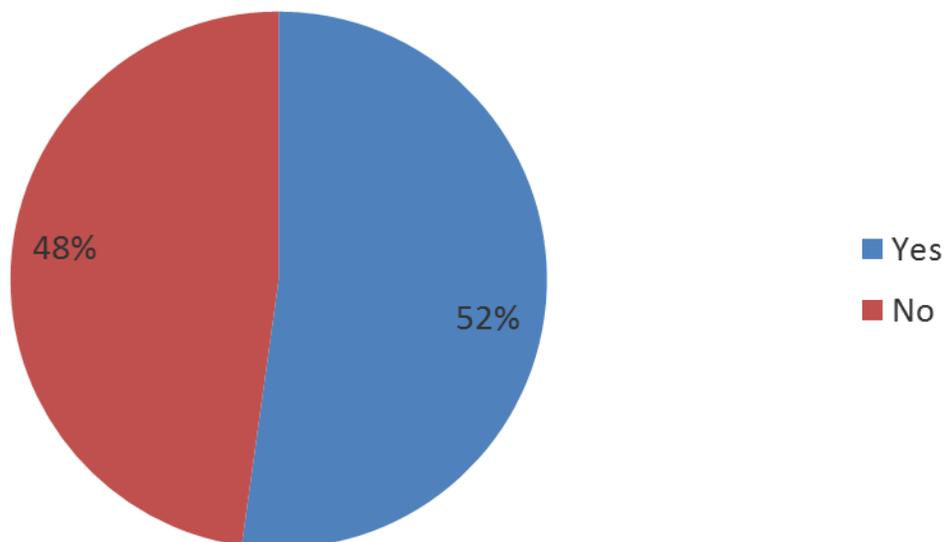
In 92% of States, DUI/DWI offenders can be required to participate in drinking driver/education programs. Seventy-four percent of States have an initial screening to determine if an offender should be enrolled in these programs. Other offenders may be referred to treatment depending on the outcome of the initial screening.

Driving impairment due to alcohol and other drugs (AOD), AOD consumption and abuse education, impact of AOD on families, prevention, BAC levels, and laws and penalties are topics addressed in 76% of State’s DUI/DWI education programs (see Figure 9).



Curriculum is defined or certified by 58% of SSAs. In 10.2% of States, the SSA is the program provider for drinking driver/education programs, whereas in 75.5%, the SSA is not the program provider. There are specific education requirements for drinking driver/education program staff in 73.9% of States. However, the credential varies from Prime of Life certified to Counselor. In 58.4% of States, the SSA credentials (17%) or requires the drinking driver/education program staff to be credentialed (42%). About half (52.2%) of States have multiple levels of intensity for drinking driver/education programs (see Figure 10). This includes 40% of States that have programs for minors, for which the median and mode length of program is 12 hours. Twelve hours is also the length of time of programs for 1st time offenders (median, mode). Drinking driver/education programs for second time offenders tend to average 16 hours (median, mode). For offenders with 3 or more offenses it was not as common for offenders to participate in drinking driver/education programs. Although in some States offenders with 3 or more offenses could potentially participate in drinking driver/education programs. These programs were either the same length as the programs for 2nd time offenders or in a few States there was a large increase in the education program hours.

Figure 10: Does your State have multiple levels of intensity for drinking driver/education programs?

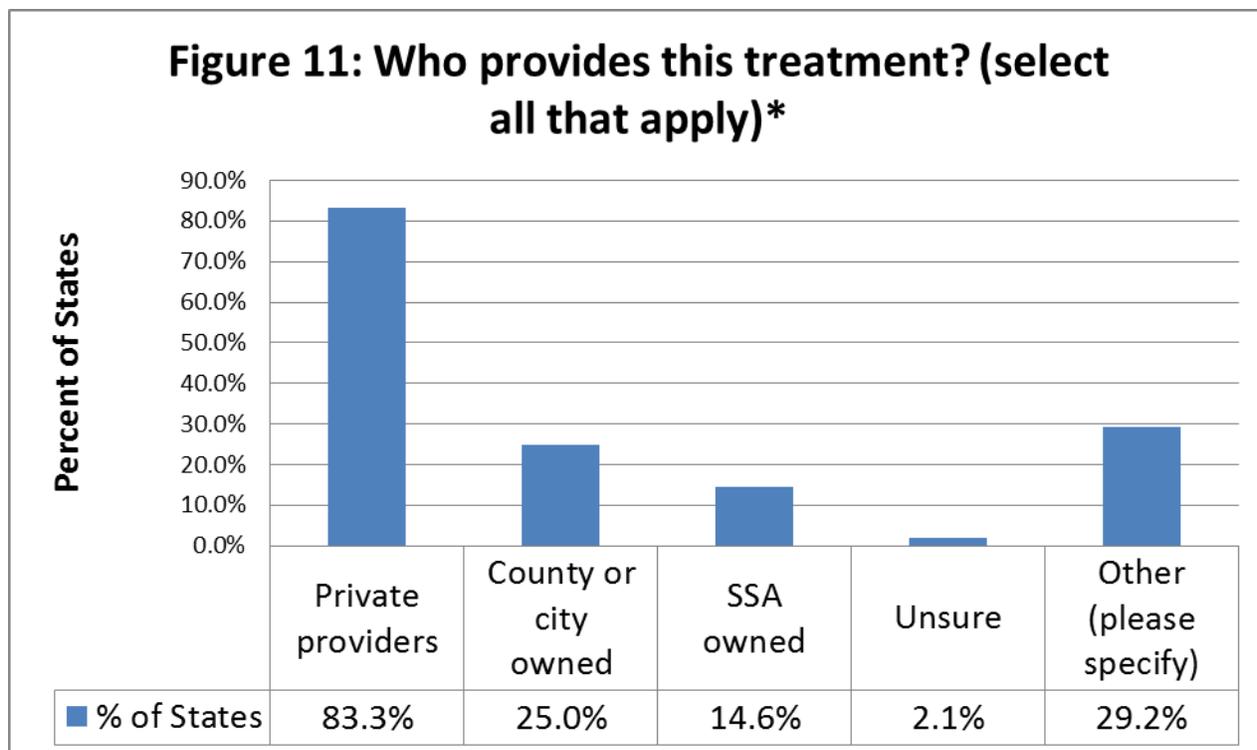


Treatment of DUI/DWI Offenders

Screening assessment or clinical evaluation to determine the need for treatment is a common practice in 87% of the States. Eighty percent of States indicated that clients/offenders pay for the initial screening/assessment, while most of the remaining States will assist a client with payment when he or she cannot pay. Some States indicated use of a sliding fee scale based on need as determined by a clients’ income in relation to the Federal Poverty Line to determine the offender’s payment.

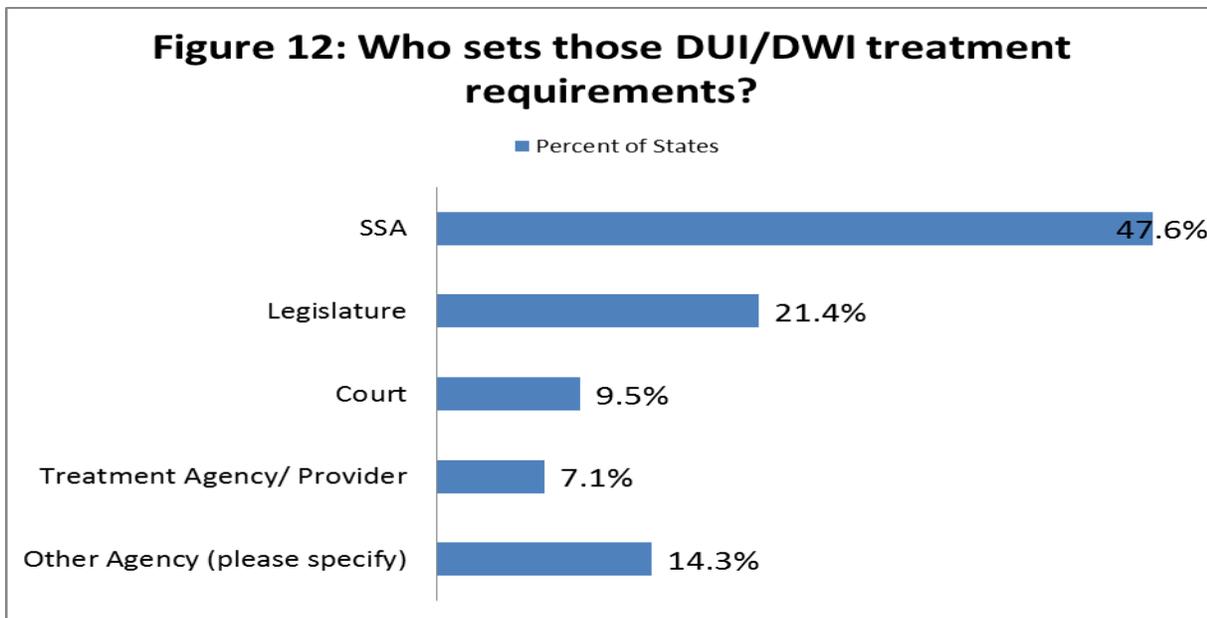
Many States (60.4%) indicated that DUI/DWI offenders can be incentivized into treatment. The incentives were based on court order, need according to assessment, prevention of incarceration, or license reinstatement. The SSA credentials the DUI/DWI treatment providers in 68.7% of States.

In the majority of States, care is delivered through private providers. It is rarely delivered by publicly owned State facilities. Treatment is provided by private providers in most or 83.3% of States (see Figure 11).



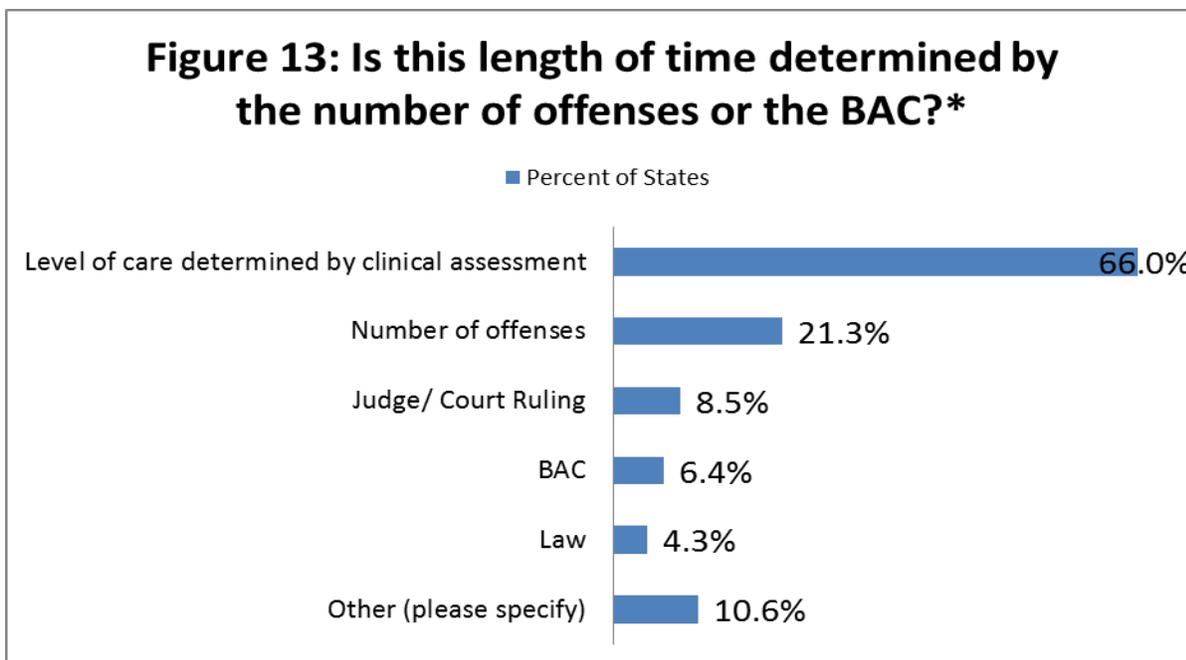
*The other category includes client’s program choice, State monitored or certified community based programs, and the Court.

When an individual is referred to treatment, they are assessed for co-occurring psychiatric disorders or multiple psychiatric conditions in 70.8% of States. Of the remaining 29.2% of States, 18.8% of respondents were unsure about whether this assessment was given to DUI/DWI treatment referrals. However, on a national level it is often common practice to assess for co-occurring disorders. The majority of States said they had specific requirements for DUI/DWI treatment (68.7%). Fifty percent of the States have a specific treatment length required by law or regulation. The other half of the States do not. The requirements for DUI/DWI treatment are sometimes set by the SSA (47.6%), and other agencies set the requirements in 52.4% of the States (see Figure 12). The other agencies that States listed include the Legislature, Court, Department of Transportation, and the Department of Public Safety.



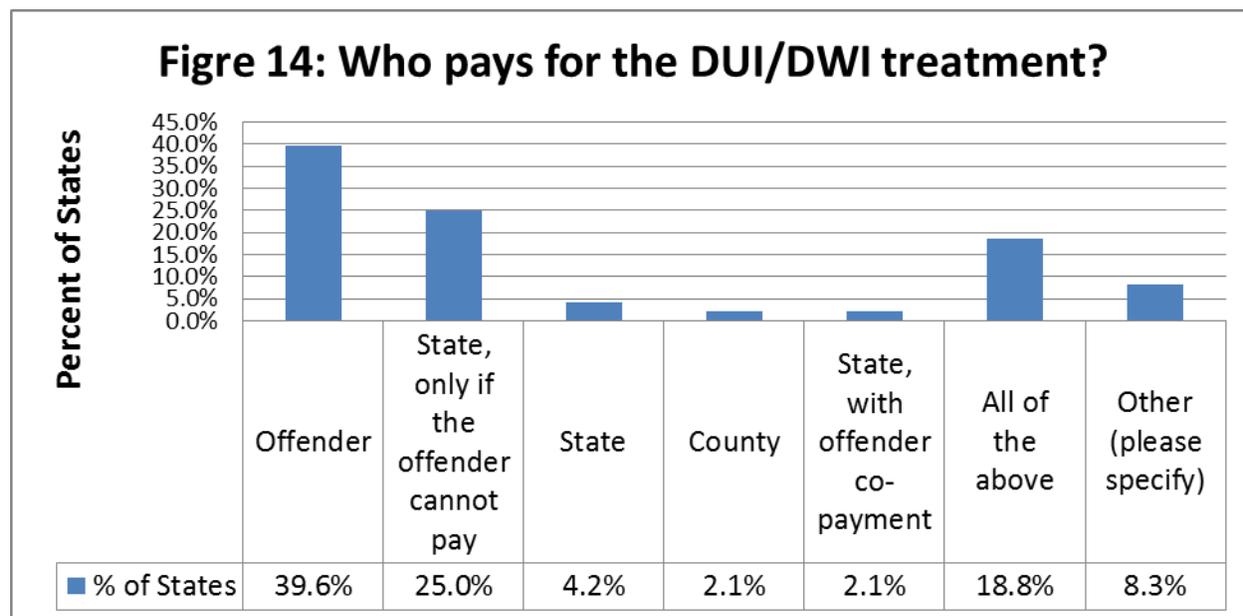
The level of treatment (inpatient vs. outpatient), much like drinking driver/education programs, is determined by clinical assessment in 72.5% of States, compared to 37.3% of States which base referral to treatment on factors such as the number of offenses and the offender’s BAC (see figure 13). More States indicated requirements for level of treatment as the number of offenses increased. As number of offenses increased, so did the likelihood of number of offenses as a determinant for inpatient treatment. High BAC had a greater influence on the inpatient/outpatient treatment requirement than low BAC did.

Length of treatment, much like level of treatment, is most often determined by a clinical assessment in 66.0% of States. Other States consider factors such as number of offenses (21.3%), judge/court ruling 8.5%, BAC (6.4%), and Law (4.3%) in determining the length of treatment for a DUI/DWI offender.



*These items are not mutually exclusive – some States listed clinical assessment and number of offenses; BAC and number of offenses; or law and clinical assessment

Overall, offenders pay for treatment (see Figure 14). The States pay in some cases if the offender is unable to make the payment. Depending on circumstances, treatment is paid for by offenders in 40% of States. Twenty-five percent of States will only pay for treatment if the offender cannot pay. Some States (18.8%) noted that any of these options could apply depending on the situation, which means the offender could pay, the State could pay or the State would pay only if the offender could not pay.



State Index

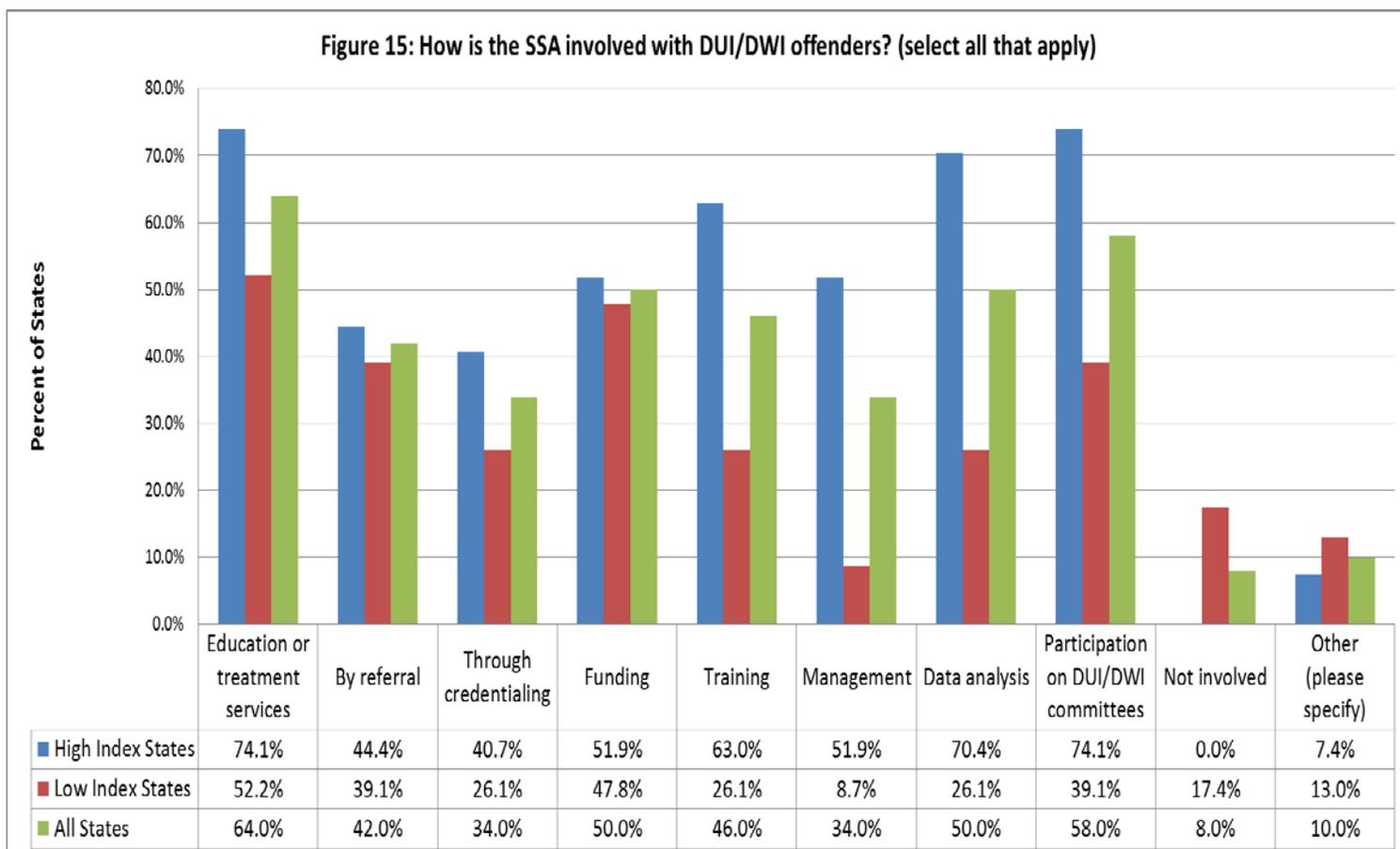
Five questions were chosen to create an index to determine the relevancy of certain factors in the role of the SSA with DUI/DWI offenders. The questions listed below address management, receipt of funding, oversight of drinking driver/education programs, credentialing for treatment, and setting requirements for treatment standards.

- **Does the SSA have a lead coordinator for DUI/DWI education or treatment services?**
- **Does the SSA receive funding specific to its involvement with DUI/DWI offenders?**
- **Which best describes your State’s drinking driver/education program?**
 - Falls totally under the oversight of the SSA
 - Falls partially under the oversight of the SSA
 - Does not fall under the oversight of the SSA
- **Does the SSA credential the DUI/DWI treatment provider or require them to be credentialed by another agency?**

- **Who sets those DUI/DWI treatment requirements?**

The index was separated into two categories based on the States’ answers to the index questions: States that had a score of 0-2 answers, and 3-5 answers. High index States have a greater involvement with DUI/DWI offenders. Forty-six percent of States fell into the 0-2 category or low index, while 54% of States were in the 3-5 or high index States. The States with high index scores had more interagency coordination (see Figure 15). High index States had a greater frequency of DUI/DWI courts (63% of States compared to 47.8% of low index States). Ignition interlock was more prevalent in high index States (92.6% of States compared to 60.9% of low index States). In high index States the SSA certifies or defines the curricula for the drinking driver/education program more often (92.6% of States compared to 17.4% of low index States). High index States are more likely to have requirements for treatment of DUI/DWI offenders (85.2% of high index States, 43.5% of low index States). Laws or regulations to determine treatment requirements were more common in high index States (70.4% of high index States, 21.7% of low index States).

Figure 15: How is the SSA involved with DUI/DWI offenders? (select all that apply)



Summary of Findings

Overall the role of the SSA with DUI/DWI offenders varies. Ignition interlock, drinking driver/driver education programs, and treatment are all common components in working with DUI/DWI offenders. Interagency collaboration is necessary because the SSAs rarely have oversight of all of the common components. The drinking driver/education programs have similar topics in nearly all States. One

resource we were able to accumulate from this inquiry was a list of the screening tests and assessments States use for DUI/DWI offenders. There was overlap in screening and assessment tools, but 26 total programs were used in the States and in some States multiple programs are used depending on the provider's choice (see appendix A). The length of drinking driver/education programs had a similar median and mode among States, but treatment requirements were different. In some States treatment is set through law or regulation, while in other States it can be determined by a clinical evaluation, the number of offenses, the BAC, the court or a combination of factors. The State Index indicated that the high index States that represent a little more than half the States have greater involvement with DUI/DWI offenders than the low index States. DUI/DWI is a critical issue for SSAs, who often collaborate with other agencies to ensure the education and treatment of most of the 1.4 million people arrested for DUI/DWI each year (FBI, 2009).

Appendix A

Resources for SSAs

Screening Assessments for Drinking Driver/Education Program Enrollment

- Addiction Severity Index (ASI) – 6 States
- Adult Substance Use and Driving Survey (ASUDS) – 3 States
- Alcohol Use Disorder Identification Test (AUDIT) – 1 State
- American Society of Addiction Medicine assessment (ASAM) – 3 States
- Bio-psychosocial Assessment – 2 States
- “Car, Relax, Alone, Forget, Trouble” Screening (CRAFT) – 1 State
- “Cut Down, Annoyed, Guilty and Eye Opener” Assessment (CAGE) – 1 State
- Collateral Interviews – 1 State
- Combination of several tools put together by Dr. Brown, University of Alabama, Tuscaloosa – 1 State
- Court Reporting Network Screening – 1 State
- Diagnostic and Statistical Manual of Mental Disorders Criteria (DSM-IV) – 2 States
- Driver Intervention Program – 1 State
- Driver Risk Inventory II (DRI, DRI II) – 4 States
- Driving Under the Influence Evaluation (DUI Evaluation) – 1 State
- Drug Abuse Screening Test (DAST) – 2 States
- Global Appraisal of Need (GAIN) – 1 State
- Michigan Alcohol Screening Test (MAST) – 9 States
- Minnesota Multiphasic Personality Inventory (MMPI) – 1 State
- Mortimer-Filkins Questionnaire – 2 States
- Motivational Interviewing – 1 State
- NEEDS Assessment by ADE, Inc. – 1 State
- Offender Education Program (OEP) – 1 State
- Pre-Sentence Screening Report (PSSR) – 1 State
- Research Institute on Addiction Self Inventory (RIASI) – 1 State
- Simple Screening Instrument for Substance Abuse (SSI-SA) – 1 State
- Substance Abuse Evaluation – 1 State
- Substance Abuse Life Circumstances Evaluation (SALCE) – 2 States
- Substance Abuse Subtle Screening Inventory (SASSI) – 7 States
- Texas Christian University Drug Screen – 1 State
- Triage Assessment for Addictive Disorders (TAAD) – 1 State
- Weekend Intervention Program (WIP) – 1 State
- Wisconsin Assessment for the Impaired Driver (WAID) – 1 State

Assessment Tools Used In Drinking Driver/Education Programs Screening

- Addiction Severity Index (ASI) – 7 States
- Adult Clinical Assessment Profile (ACAP) – 1 State
- Adult Substance Use and Driving Survey (ASUDS) – 1 State
- Alcohol Urge Questionnaire (AUQ) – 1 State
- Alcohol Use Inventory – 1 State
- American Society of Addiction Medicine Assessment (ASAM) – 3 States
- Bio-psychosocial Assessment – 2 States

- “Cut Down, Annoyed, Guilty and Eye Opener” Assessment (CAGE) – 1 State
- Collateral Interviews – 1 State
- Compu 13 and 15 – 1 State
- Court Reporting Network Screening – 1 State
- Defendant Questionnaire – 1 State
- Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) – 2 States
- Driver Risk Inventory II (DRI, DRI II) – 3 States
- Driving Under the Influence Pretest (DUI Pretest) – 1 State
- Michigan Alcohol Screening Test (MAST) – 7 States
- Minnesota Multiphasic Personality Inventory (MMPI) – 1 State
- Mortimer-Filkins Questionnaire – 2 States
- Multidimensional Addiction and Personality Profile (MAPP) – 1 State
- NEEDS Assessment by ADE, Inc. – 3 States
- Prime for Life – 2 States
- Research Institute on Addiction Self Inventory (RIASI) – 4 States
- Simple Screening Instrument for Substance Abuse (SSI-SA) – 1 State
- Stages of Change Model (Prochaska and DiClemente) – 1 State
- Substance Abuse Life Circumstances Evaluation (SALCE) – 2 States
- Substance Abuse Subtle Screening Inventory (SASSI) – 7 States
- Substance Use Disorders Diagnostic Schedule (SUDDS) – 2 States
- Triage Assessment for Addictive Disorders (TAAD) – 1 State

- **Specifically for Minors**
- Adolescent Diversion Education Program (ADEP) – 1 State
- Change Companies
- Hazeldon
- Juvenile Automated Substance Abuse Evaluation (JASAE) for Under 21
- Prime for Life Under 21

Appendix B

NASADAD DUI/DWI Inquiry Questions

- **What is your State, District or Territory? (please specify)**
 - List of States
- **Which of the following agencies does the SSA work with on DUI/DWI cases? (select all that apply)**
 - Director (SSA)
 - Treatment Manager (NTN)
 - Impaired Driving Coordinator
 - Other (please specify)
- **Which of the following agencies does the SSA work with on DUI/DWI cases? (select all that apply)**
 - Director (SSA)
 - Treatment Manager (NTN)
 - Impaired Driving Coordinator
 - Other (please specify)
 - Licensing
 - Highway Patrol
 - Local law enforcement
 - Transportation
 - None of the above
 - Other (please specify)
- **Does the SSA have a lead coordinator for DUI/DWI education or treatment services?**
 - Yes
 - No
- **How is the SSA involved with DUI/DWI offenders? (select all that apply)**
 - Education or treatment services for DUI/DWI cases
 - By referral
 - Through credentialing
 - Funding
 - Training
 - Management
 - Data analysis and outcomes monitoring
 - Participation on DUI/DWI committees, councils, or policy cabinets
 - Not involved
 - Other (please specify)
- **Does the SSA receive funding specific to its involvement with DUI/DWI offenders?**
 - Yes
 - No
 - Unsure

- **Are the DUI/DWI drinking driver/education programs or treatment services delivered at the State or county level?**
 - State
 - County
 - Unsure
 - Other (please specify)

- **Does your State have drug courts?**
 - Yes
 - No

- **Does your State have DUI/DWI Courts?**
 - Yes
 - No
 - Unsure

- **Could an individual in your State who is accused of DUI/DWI be referred to a drug court?**
 - Yes
 - No
 - Unsure
 - Other (please specify)

- **Does your State have laws that address drug impaired driving?**
 - Yes
 - No
 - Unsure

Ignition Interlock

- **Does your State utilize ignition interlock as a penalty for DUI/DWI?**
 - Yes
 - No
 - Unsure

- **Who is required to get ignition interlock devices in your State? (select all that apply)**
 - No offenders
 - 1st time offenders
 - 2nd time offenders
 - Offenders with 3 or more offenses
 - High BAC (Blood Alcohol Content) offenders
 - All offenders
 - Unsure
 - Other (please specify)

- **Does your State have an alternative to ignition interlock?**
 - Yes
 - No
 - Unsure, we do not administer this program

- **Who supervises the ignition interlock alternative?**

- SSA
- Other (please specify)

Drinking Driver/Education Programs

- **Does your State use a drinking driver/education program for DUI/DWI offenders?**

- Yes
- No
- Please tell us more.

- **Which best describes your State’s drinking driver/education program?**

- Falls totally under the oversight of the SSA
- Falls partially under the oversight of the SSA
- Does not fall under the oversight of the SSA

- **Do you know the approximate number of people who are enrolled in the drinking driver/education program per year?**

- Yes
- No
- If yes, please specify.

- **Is there an initial screening assessment to determine if the offender should be enrolled in the drinking driver/education program?**

- Yes
- No
- If yes, please specify the assessment tool(s) i.e. criteria.

- **Can a DUI/DWI offender in your State be required to participate in a drinking driver/education program?**

- Yes
- No
- Unsure
- Please tell us more.

- **Which topics are addressed in the drinking driver/education programs? (Select all that apply)**

- The laws and penalties
- Prevention
- BAC (Blood Alcohol Content) levels
- Driving impairment due to alcohol and drugs
- Alcohol consumption and drug abuse education
- Impact of alcohol and other drugs on families
- All of the above
- None of the above
- Unsure
- Other (please specify)

- **Does the SSA certify or define the curricula for the drinking driver/education program?**

- Yes

- No
- **Is the SSA the drinking driver/education program provider?**
 - Yes
 - No
 - Other (please specify)
- **Is there a specific education requirement for the drinking driver/education program staff?**
 - Yes
 - No
- **What is the specific credential for the drinking driver/education program staff?**
 - Counseling
 - Chemical Dependency Professional
 - No required credential
 - Other (please specify)
- **Does the SSA credential the drinking driver/education program staff or require them to be credentialed by another agency?**
 - SSA credentials them
 - SSA requires them to be credentialed by another agency
 - SSA does not credential them or require credentialing by any other agency
- **Does your State have multiple levels of intensity for drinking driver/education programs?**
 - Yes
 - No
- **How long is the drinking driver/education program for first time DUI/DWI offenders?**
 - Hours
- **Does your State have a separate or distinct drinking driver/education program for minors?**
 - Yes
 - No
 - Please tell us more.
- **How long is the drinking driver/education program for minors?**
 - Hours
- **How long is the drinking driver/education program for 2nd time DUI/DWI offenders?**
 - Hours
- **How long is the drinking driver/education program for offenders with 3 or more DUI/DWIs?**
 - Hours
- **Are there specific assessment tools used in the drinking driver/education programs?**
 - Yes
 - No
 - If yes, please tell us the name of the assessment tool(s).

Treatment

- **Do you know the approximate number and/or proportion of your overall client population who are referred for treatment as a result of a DUI/DWI?**
 - Yes
 - No
 - If yes, please specify.

- **Is there an initial screening assessment or clinical evaluation for DUI/DWI to determine the need for treatment?**
 - Yes
 - No

- **Who pays for the initial screening assessment or clinical evaluation for DUI/DWI to determine the need for treatment?**
 - Open Ended

- **Are there circumstances in which an offender can be incentivized into treatment?**
 - Yes
 - No
 - If yes, what is the criteria?

- **Who provides this treatment? (select all that apply)**
 - SSA owned
 - County or city owned
 - Private providers
 - Unsure
 - Other (please specify)

- **Is there a specialty credential for DUI/DWI treatment providers?**
 - Yes
 - No
 - Unsure
 - If yes, please specify.

- **Does the SSA credential the DUI/DWI treatment provider or require them to be credentialed by another agency?**
 - Yes
 - No

- **Who pays for the DUI/DWI treatment?**
 - Offender
 - County
 - State
 - State, only if the offender cannot pay
 - State, with offender co-payment
 - Other (please specify)

- **Are the individuals who are referred to treatment assessed for co-occurring psychiatric disorders or multiple psychiatric conditions?**
 - Yes
 - No
 - Unsure

- **Are there specific requirements for DUI/DWI treatment?**
 - Yes
 - No
 - Unsure

- **Is there a specific length of treatment time for offenders required either by law or regulation?**
 - Yes
 - No

- **Who sets those DUI/DWI treatment requirements?**
 - SSA
 - Other Agency (please specify)
- **Is there a requirement for DUI/DWI treatment to be inpatient or outpatient?**
 - This question is a matrix
 - Row: 1st offense, 2nd offense, 3rd + offense, Low BAC, High BAC, All
 - Column: Inpatient, Outpatient, Level of care as determined by clinical assessment

- **Is this length of time determined by the number of offenses or the BAC?**
 - Number of offenses
 - BAC
 - Level of care as determined by clinical assessment
 - Other (please specify)

- **What is the expected duration of the treatment for inpatient and outpatient services for first time offenders?**
 - Inpatient Hours/Weeks
 - Outpatient Hours/Weeks

- **What is the expected duration of the treatment for inpatient and outpatient services for repeat offenders?**
 - Inpatient Hours/Weeks
 - Outpatient Hours/Weeks

- **Do you have any additional comments?**

Appendix C

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