

# The N-SSATS Report

July 1, 2014

## Types of Services Provided by Programs for Driving Under the Influence or Driving While Impaired Clients

Approximately 1.3 million people are arrested each year for driving under the influence or driving while intoxicated (DUI/DWI).<sup>1</sup> Studies of this population show that DUI/DWI offenders are at high risk for having comorbid psychiatric disorders, multiple substance abuse problems, and among repeat DUI/DWI offenders, neurocognitive impairments.<sup>2,3,4,5</sup>

DUI/DWI offenders may be diverted to a treatment program either before official judgment or after conviction as a part of sentencing. DUI/DWI treatment programs are generally conducted in an outpatient setting and may be of shorter duration than other outpatient programs.<sup>3,6</sup> Research has demonstrated that DUI/DWI programs that combine educational programs with evidence-based therapeutic approaches—such as cognitive-behavioral therapy, motivational interviewing, and relapse prevention—are effective in facilitating and maintaining behavioral change.<sup>6,7,8,9</sup> Understanding the characteristics of DUI/DWI programs and the services they offer can assist those responsible for evaluating the availability of and the need for services in addressing this public health problem.

The National Survey of Substance Abuse Treatment Services (N-SSATS), an annual survey of all known substance abuse treatment facilities, both public and private, can be used to describe facilities that offer special programs for particular substance abuse conditions or populations, such as DUI/DWI programs. N-SSATS first asks if facilities offer a specially designed program or group intended exclusively for DUI/DWI or other drunk driver offenders. The facilities that do so are then asked if they serve only DUI/DWI clients. These questions were combined to yield three categories for analysis in this report:

- facilities that have a specially designed program for DUI/DWI clients and serve only DUI/DWI clients (hereafter referred to as “facilities that serve DUI/DWI clients only”);
- facilities that have a specially designed program for DUI/DWI clients and serve both DUI/DWI and other clients (hereafter



### IN BRIEF

Of the 10,144 outpatient-only substance abuse treatment facilities in 2012, 1 percent served driving under the influence or driving while impaired (DUI/DWI) clients exclusively, 36 percent served both DUI/DWI and other clients, and 63 percent did not have a specially designed DUI/DWI program.

Thirty percent of facilities serving DUI/DWI clients only provided screening for mental disorders compared with 71 percent of facilities that served DUI/DWI and other clients and 71 percent of facilities without a specially designed DUI/DWI program.

The majority of outpatient-only facilities provided transitional services, including aftercare/continuing care and discharge planning, but these services were offered less frequently by facilities that served DUI/DWI clients only.

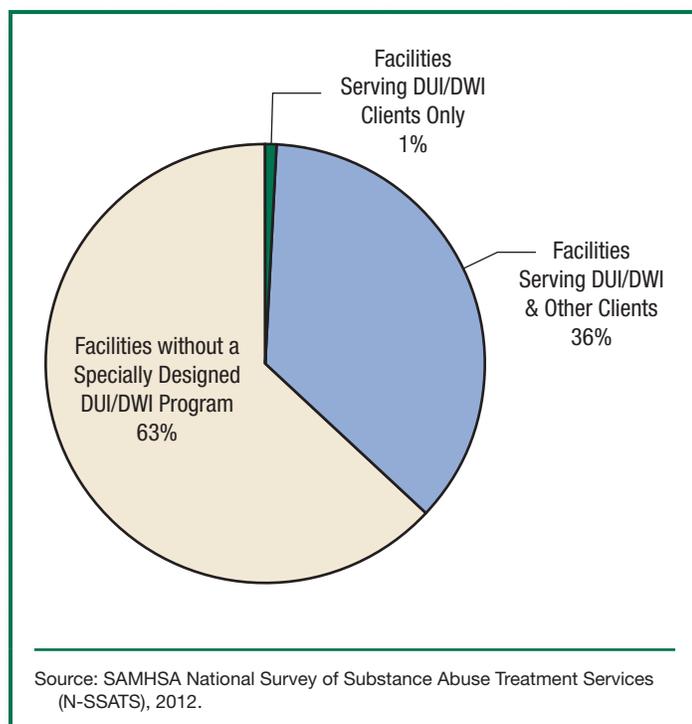
referred to as “facilities that serve DUI/DWI and other clients”); and

- facilities that do not have a specially designed program for DUI/DWI clients<sup>10</sup> (hereafter referred to as “facilities without a specially designed DUI/DWI program”).

The goal of this report is to describe the types of clinical/therapeutic approaches and services provided in facilities with special programs for DUI/DWI clients and to compare these facilities with ones that do not have programs for DUI/DWI clients. Because approximately 9 out of 10 DUI/DWI programs (91percent) are offered by outpatient-only facilities,<sup>11</sup> the analyses were restricted to such facilities.

Note that N-SSATS is a census of all known substance abuse treatment facilities in the United States. Because N-SSATS involves actual counts rather than estimates, statistical significance and confidence intervals are not applicable. The differences mentioned in the text of this report have Cohen’s h effect size  $\geq 0.20$ , indicating that they are considered to be meaningful.

**Figure 1. Outpatient-Only Substance Abuse Treatment Facilities, by Driving Under the Influence or Driving While Impaired (DUI/DWI) Program Type: 2012**



## Overview

There were 10,144 outpatient-only substance abuse treatment facilities in 2012, and 37 percent offered a specially designed program intended to address the needs of DUI/DWI clients. Of the 10,144 outpatient-only facilities, 1 percent served DUI/DWI clients exclusively, 36 percent served both DUI/DWI and other clients, and 63 percent did not have a specially designed DUI/DWI program (Figure 1).

## Clinical/Therapeutic Approaches

N-SSATS asks facilities to report the frequency with which specific, widely recognized evidence-based clinical or therapeutic approaches were used during treatment. Across the three comparison groups of outpatient-only facilities, the evidence-based approaches used most commonly on an “always or often” basis were substance abuse counseling (ranging from 91 to 96 percent), relapse prevention (ranging from 66 to 84 percent), and cognitive-behavioral therapy (ranging from 54 to 74 percent) (Table 1).

Almost all facilities that served DUI/DWI clients only used substance abuse counseling always or often (95 percent), and one half to two thirds provided relapse prevention (66 percent) or cognitive-behavioral therapy (54 percent) always or often (Table 1). Relapse prevention was used always or often by four out of five facilities without a specially designed DUI/DWI program (82 percent) or those serving DUI/DWI and other clients (84 percent), whereas cognitive-behavioral therapy was used always or often by more than two thirds of these facilities (69 and 74 percent, respectively). Compared with facilities without specially designed DUI/DWI programs or that also served other clients in addition to DUI/DWI clients, a smaller percentage of facilities that served DUI/DWI clients only reported that they always or often provided motivational interviewing, anger management, and trauma-related counseling.

## Pre-treatment and Assessment Services

The assessment and pre-treatment services most commonly provided by all outpatient-only facilities were substance abuse screens (ranging from 91 percent of facilities serving DUI/DWI clients only

to 99 percent of facilities serving DUI/DWI and other clients) and comprehensive substance abuse assessment or diagnosis (ranging from 72 percent of facilities serving DUI/DWI clients only to 97 percent of facilities serving DUI/DWI and other clients)

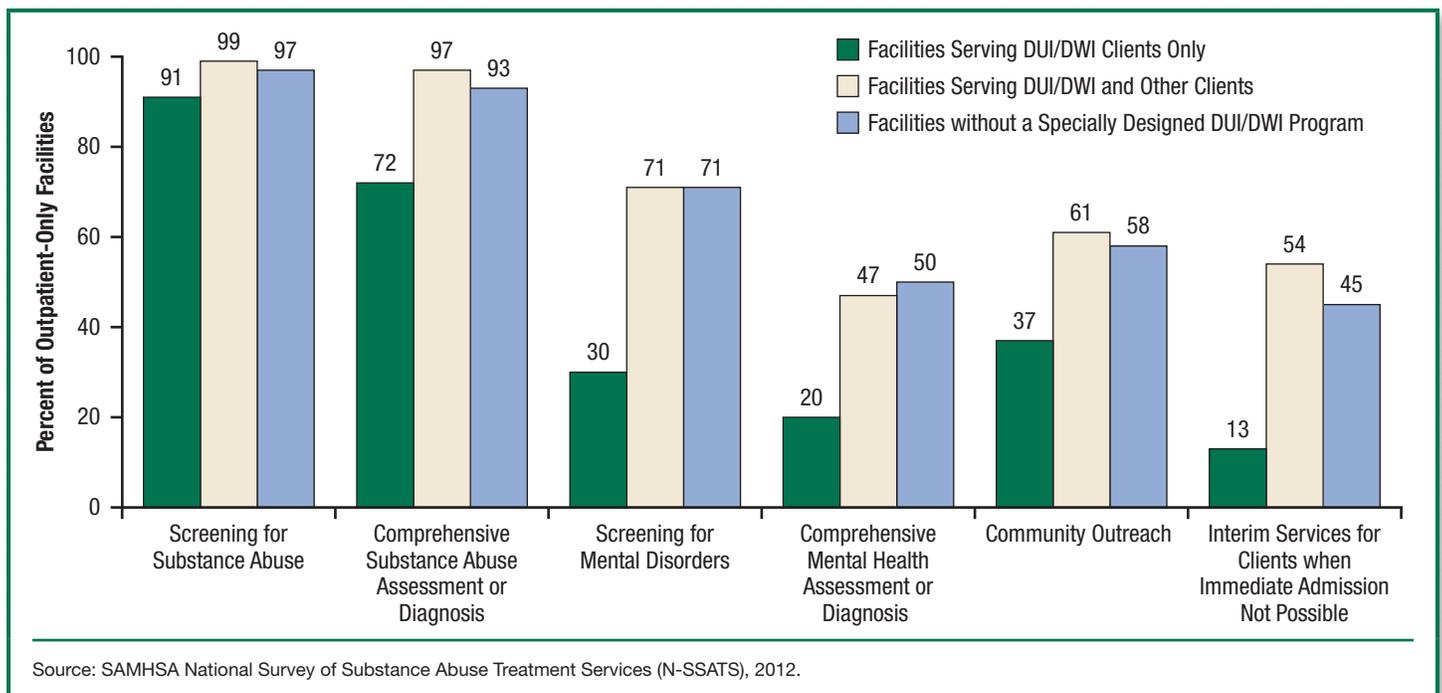
(Figure 2). Thirty percent of facilities serving DUI/DWI clients only provided screening for mental disorders compared with 71 percent each of facilities that served DUI/DWI and other clients and those without a specially designed DUI/DWI program.

**Table 1. Clinical/Therapeutic Approaches Used “Always or Often” in Outpatient-Only Substance Abuse Treatment Facilities, by Driving Under the Influence or Driving While Impaired (DUI/DWI) Program Type: 2012**

Clinical/Therapeutic Approach	Facilities Serving DUI/DWI Clients Only (Percent)	Facilities Serving DUI/DWI and Other Clients (Percent)	Facilities without a Specially Designed DUI/DWI Program (Percent)
Substance Abuse Counseling	95	96	91
Relapse Prevention	66	84	82
Cognitive-Behavioral Therapy	54	74	69
Motivational Interviewing	49	63	62
12-Step Facilitation	30	43	39
Anger Management	23	35	34
Brief Intervention	13	33	35
Contingency Management	23	23	24
Trauma-Related Counseling	13	23	27
Matrix Model	6	21	17
Rational Emotive Behavioral Therapy	15	18	15
Community Reinforcement Plus Vouchers	4	4	3

Source: SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS), 2012.

**Figure 2. Selected Pre-treatment and Assessment Services Provided by Outpatient-Only Substance Abuse Treatment Facilities, by Driving Under the Influence or Driving While Impaired (DUI/DWI) Program Type: 2012**



Source: SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS), 2012.

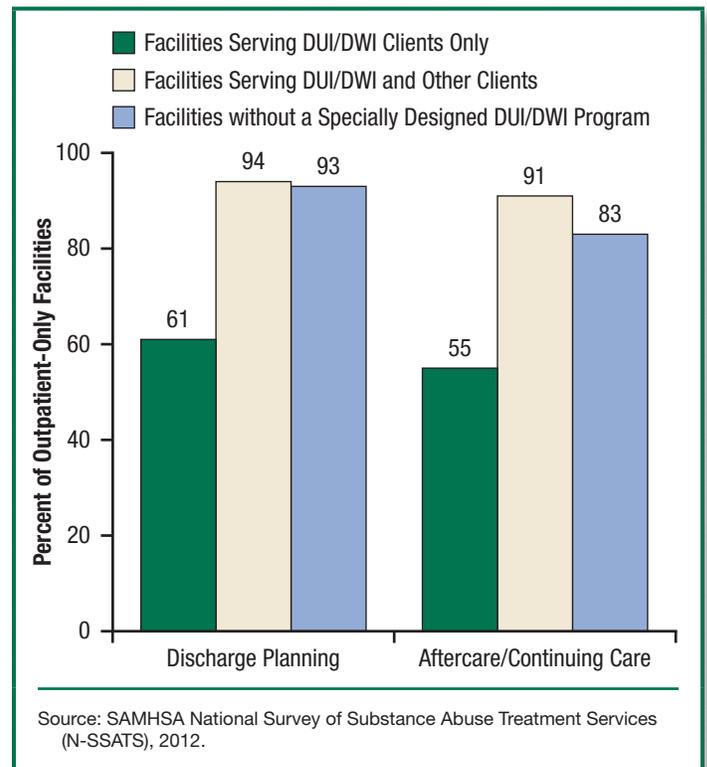
### Transitional Services

The majority of outpatient-only facilities provided transitional services including aftercare/continuing care and discharge planning, but these services were offered less frequently by facilities that served DUI/DWI clients only (Figure 3). Discharge planning was offered by more than half (61 percent) of facilities that served DUI/DWI clients only but was reported by 93 percent of facilities without a specially designed DUI/DWI program and 94 percent of facilities that served DUI/DWI and other clients. Similarly, aftercare/continuing care was provided by about half (55 percent) of facilities serving DUI/DWI clients only compared with 83 percent of facilities without a specially designed DUI/DWI program and 91 percent of facilities serving DUI/DWI and other clients.

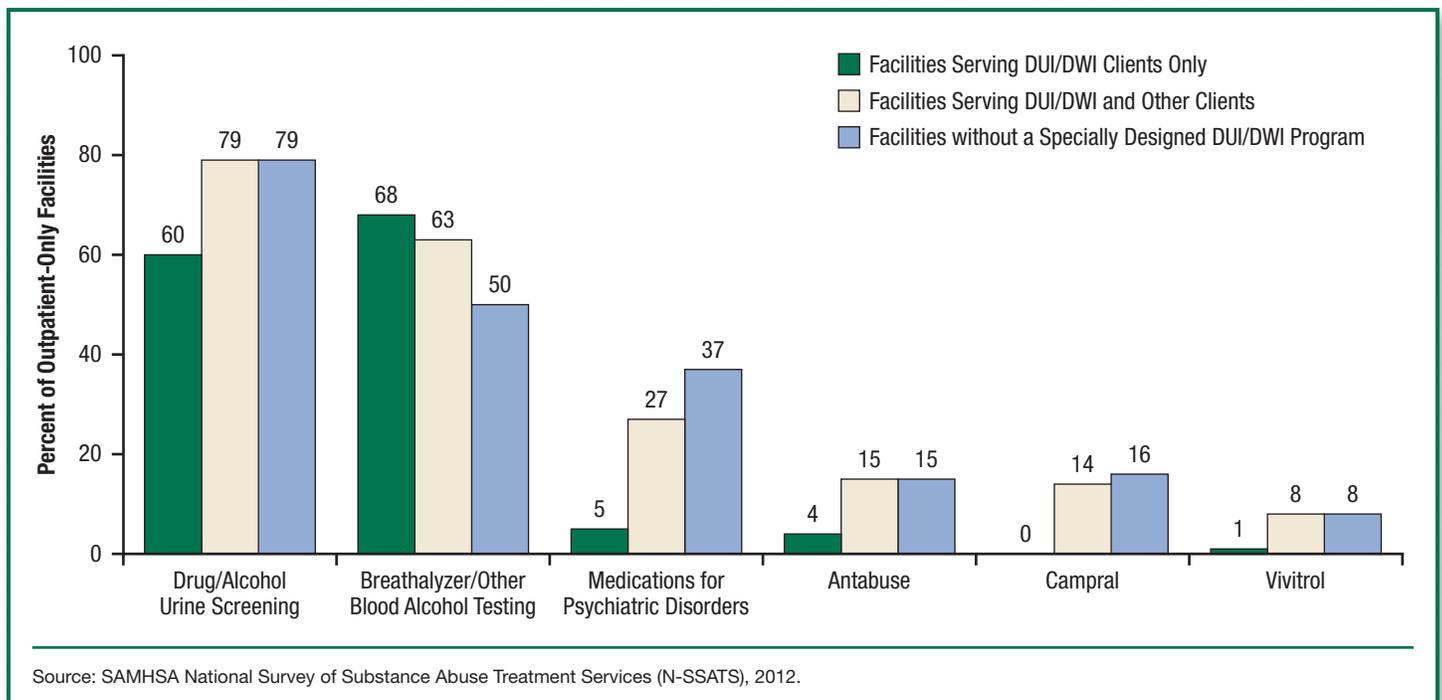
### Testing Services and Pharmacotherapies

More than half of all outpatient-only facilities provided drug or alcohol urine screens (ranging from 60 to 79 percent) and half to two thirds provided breathalyzer or other blood alcohol testing (ranging from 50 to 68 percent) (Figure 4). A larger percentage of facilities that served DUI/DWI and other clients compared

**Figure 3. Transitional Services Provided by Outpatient-Only Substance Abuse Treatment Facilities, by Driving Under the Influence or Driving While Impaired (DUI/DWI) Program Type: 2012**



**Figure 4. Selected Pharmacotherapies and Testing Services Provided by Outpatient-Only Substance Abuse Treatment Facilities, by Driving Under the Influence or Driving While Impaired (DUI/DWI) Program Type: 2012**



to facilities without a specially designed DUI/DWI program provided breathalyzer or blood alcohol testing (63 vs. 50 percent). More than two thirds (68 percent) of facilities that served DUI/DWI clients only provided breathalyzer or blood alcohol testing.

Selected pharmacotherapies—including medications for psychiatric disorders and medications used to treat alcoholism, such as Campral, Vivitrol, and Antabuse—were provided by about one third (37 percent) of all outpatient-only facilities. Facilities that served DUI/DWI clients only provided the smallest percentage (9 percent) of any of these three pharmacotherapies (Figure 4). Medications for psychiatric disorders were provided by a higher proportion of facilities without a specially designed DUI/DWI program (37 percent) than facilities serving DUI/DWI and other clients (27 percent) or facilities serving DUI/DWI clients only (5 percent).

## Discussion

The persistence of drunk and drugged driving as a public health hazard underscores the importance of prevention and education initiatives. Providing treatment services to DUI/DWI offenders may help facilitate behavioral changes that may reduce recidivism and prevent loss of life. This report shows that the majority of outpatient-only facilities provided some of the therapeutic approaches and services, including substance abuse counseling, cognitive-behavioral therapy, relapse prevention, and testing services, which are effective for treating alcoholism or alcohol abuse and DUI/DWI offenders.<sup>7,8,9</sup> Because one third of DUI/DWI offenders recidivate,<sup>12</sup> it is notable that the majority of outpatient-only facilities also provide discharge planning and aftercare services, which can facilitate posttreatment stability and recovery.

However, when compared with the other facility groups, lower percentages of facilities serving DUI/DWI clients only offered assessment and pre-treatment, transitional, testing, and pharmacotherapy services, which could be beneficial for treating those with DUI/DWI histories and those with alcohol problems. For example, DUI/DWI offenders have high rates

of undiagnosed mental problems, but 30 percent of facilities serving DUI/DWI clients only provided mental disorder screens compared with 71 percent for both of the other types of outpatient-only facilities. These findings suggest that programs serving DUI/DWI clients only might consider adding services that identify and address mental health issues.<sup>3,4,13</sup>

Not all therapeutic approaches are designed for alcohol treatment or DUI/DWI clients, and some variation is expected across different types of facilities depending on the populations served. Treatment providers looking to develop, refine, or customize programs for DUI/DWI offenders may consider implementing or increasing their array of evidence-based therapies known to be effective with DUI/DWI and alcohol treatment populations. Additional information on evidence-based therapeutic approaches may be found at the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-Based Programs and Practices (NREPP) at <http://www.nrepp.samhsa.gov/>.

## End Notes

1. Federal Bureau of Investigation. (2012). *Table 29: Estimated number of arrests, United States, 2012* (Uniform Crime Reports). Retrieved from <http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2012/crime-in-the-u.s.-2012/tables/29tabledatadecpdf>
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11. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2013, December 19). *National Survey of Substance Abuse Treatment Services (N-SSATS), 2012* (ICPSR34968-v1). Ann Arbor, MI: Inter-university Consortium for Political and Social Research. doi:10.3886/ICPSR34968.v1
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### Suggested Citation

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The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

The National Survey of Substance Abuse Treatment Services (N-SSATS) is an annual survey designed to collect information from all facilities in the United States, both public and private, that provide substance abuse treatment. N-SSATS provides the mechanism for quantifying the dynamic character and composition of the United States substance abuse treatment delivery system. The objectives of N-SSATS are to collect multipurpose data that can be used to assist SAMHSA and state and local governments in assessing the nature and extent of services provided and in forecasting treatment resource requirements, to update SAMHSA's Inventory of Behavioral Health Services (I-BHS), to analyze general treatment services trends, and to generate the Substance Abuse Treatment Facility Locator [<http://findtreatment.samhsa.gov/>].

N-SSATS is one component of the Behavioral Health Services Information System (BHSIS), maintained by the Center for Behavioral Health Statistics and Quality (CBHSQ), SAMHSA. N-SSATS collects three types of information from facilities: (1) characteristics of individual facilities such as services offered and types of treatment provided, primary focus of the facility, and payment options;

(2) client count information such as counts of clients served by service type and number of beds designated for treatment; and (3) general information such as licensure, certification, or accreditation and facility website availability. In 2012, N-SSATS collected information from 14,311 facilities from all 50 states, the District of Columbia, Puerto Rico, the Federated States of Micronesia, Guam, Palau, and the Virgin Islands. **Information and data for this report are based on data reported to N-SSATS for the survey reference date March 30, 2012.**

*The N-SSATS Report* is prepared by the Center for Behavioral Health Statistics and Quality, SAMHSA; Synectics for Management Decisions, Inc., Arlington, VA; and RTI International, Research Triangle Park, NC.

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