
**DRIVING WHILE IMPAIRED (DWI) SUBSTANCE ABUSE
SERVICES REPORT
G.S. 122C – 142.1**

Prepared for:

**NORTH CAROLINA GENERAL ASSEMBLY
JOINT LEGISLATIVE COMMISSION ON
GOVERNMENTAL OPERATIONS**

February 2010

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Mental Health, Developmental Disabilities and Substance Abuse
Services**

**DRIVING WHILE IMPAIRED (DWI)
SUBSTANCE ABUSE SERVICES REPORT:
July 1, 2008 – June 30, 2009**

INTRODUCTION:

This is an annual report to the North Carolina General Assembly, initiated in the 1995 Legislative Session, and required thereafter to be submitted to the Joint Legislative Commission on Governmental Operations. The objective of the report is to provide an overview of Substance Abuse Services provided to individuals with Driving While Impaired (DWI) offenses, which is a major component of the State's response to the problem of impaired driving.

The report is a summary of data from the DWI substance abuse services Certificate of Completion (DMH-508-R) forms submitted within the fiscal year ending June 30, 2009. The data for this report includes: 1) forms submitted for persons who completed the mandated clinical substance abuse assessment and 2) forms submitted for persons who completed the mandated clinical substance abuse assessment as well as the education or treatment of a substance use disorder, in order to have their license re-instated. The total number submitted was 48,571. This is a 10% increase from last year with over 4500 additional assessments completed.

BACKGROUND:

North Carolina has had laws targeting DWI behavior since 1909 and statewide programs aimed at identifying and intervening with this population since 1980. Evaluations of this effort over the past twenty years have resulted in the refinement of the State statutes and the development of program standards and rules for service providers (effective September 1994). A review and revision of the rules governing providers of substance abuse services to individuals with DWI offenses was conducted in State Fiscal year 2000. These revised rules became effective on April 1, 2001.

The results of two recent Legislative Study Commissions, in 2004 and 2005, led to changes in the law related to efforts to improve DWI service delivery statewide. House Bill 35 directed the NC Department of Health and Human Services to increase fees for Alcohol and Drug Education Traffic School (ADETS) (from \$75.00 to \$160.00 effective October 1, 2006), increase the instruction from 10 hours to 16 hours, and reduce the class size from 35 to 20. It also directed an increase in staff qualifications for providers of ADETS. As of January 1, 2009, Certified ADETS instructors must at least hold a Certified Substance Abuse Counselor (CSAC) credential with the North Carolina Substance Abuse Professional Practice Board.

In addition, the bill established an outcomes evaluation study on the effectiveness of DWI services beginning with an initial report to the Joint Legislative Commission on Governmental Operations in December 2007. The second report was completed this year.

House Bill 1356 increased staff qualifications for persons completing substance abuse assessments, requiring minimally, certification as a Substance Abuse Counselor, by October 1, 2008. It also increased the fee paid by individuals with DWI offenses for substance abuse assessments from \$50.00 to \$100.00. This represents the only increase in those fees since 1987.

THE WEB-BASED REPORT PROCESS:

This report is based on information received through a web-based, electronic Certificate of Completion (DMH-508-R) system for the fiscal year ending June 30, 2009.

The electronic version of the Certificate of Completion (DMH-508-R) forms was initiated in October 2006. This is a significant improvement for the system. It improves the quality and efficiency of the verification process completed by the DWI Services office. The electronic system allows for increased monitoring of providers and those they serve. It also improves our research and reporting capabilities.

The original paper DMH-508-R form was established in 1987 and was updated in 1996 and 2006. A copy of this form is included with this report as **Attachment A**. This form is used to verify completion of substance abuse services and facilitate the removal of the “stop” that is entered on an individual’s driving record by the Division of Motor Vehicles. If there are no further issues on the driving record, the person may be considered for driver’s license reinstatement.

Upon completion of required services, an authorized DWI provider forwards the Certificate of Completion (DMH-508-R) electronically to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS). It is reviewed by the DWI Services Office for accuracy, completeness and compliance with statutes and administrative rules. Once approved, it is forwarded electronically to the Division of Motor Vehicles for further processing.

Attachments to the report (**Attachment B1**) highlight the demographic characteristics of individuals with DWI offenses with numbers and percentages for gender, race, marital status, education, employment and age. Additional attachments (**Attachments B2 and B3**) indicate the number of individuals completing services by the county of arrest and the numbers of individuals in state and out of state. In **Attachment C** the services recommended and completed are shown by totals and percentages of individuals referred to each of the defined service levels:

1. Education-Alcohol and Drug Education Traffic School (ADETS)
2. Short-term Outpatient Counseling
3. Long-term Outpatient Treatment
4. Day/Intensive Outpatient Treatment
5. Residential/Inpatient Treatment with Continuing Care
6. Special Service plans for persons whose circumstances prevent participation in one of the other programs.

Attachment D provides additional data such as alcohol content and number of priors. **Attachment E** contains the list of active facilities organized by DWI facility code. Fees paid to providers by individuals with DWI offenses are compiled and shown as averages for the levels of service is outlined in **Attachment F**.

DEMOGRAPHICS:

Attachment B1 documents the demographic characteristics of individuals with DWI offenses for fiscal year 2008-2009. The majority of individuals completing substance abuse services after a DWI offense are single, white, young, employed males. Highlights from the demographic data are as follows:

- 78% Males
- 75% White
- 19% African American
- 52% Never married
- 41% Completed high school or GED
- 14% Ages 15 to 20
- 43% Ages 21 to 34
- 7% Hispanic Ethnicity*
- 41% No Health insurance
- 70% Employed Full Time

* Attachment B1- DWI-508R Form Demographics: Ethnicity is collected as a separate category from racial categories.

Attachment B2 lists the number and percent of individuals completing substance abuse services by county of arrest. The larger, more densely populated counties have the highest numbers of individual cases.

Attachment B3 shows that 5% of the cases for this period are for individuals with a license in another state.

G.S. 122C – 142.1 (i) defines the information to be included in this report on substance abuse services for those convicted of Driving While Impaired or Driving While Less Than 21 Years Old After Consuming Alcohol Or Other Drugs. That information is as follows:

(1) The number of persons required to obtain a certificate of completion during the previous fiscal year as a condition of restoring the person's driver's license under G.S. 20-17.6.

The following data was obtained from the NC Judicial Branch - Administrative Office of the Courts Management and Information Services - for individuals convicted of impaired driving offenses during the 2008-2009 State fiscal year. There were 72,660 impaired driving charges reported. Of those, the total number of individuals convicted for an impaired driving offense was 44,832. This is a significant increase from last year when the convictions were 42,071. The percentage of cases convicted in this report is about

62%. The remaining 27,828 cases, or 38%, were not convicted either by being found not guilty; no probable cause; voluntary dismissal by the prosecutor; voluntary dismissal with leave; or guilty of a charge other than impaired driving (**Attachment G**).

Of those convicted of an impaired driving offense, 397 cases were convicted as “Habitual” DWI. Although a Certificate of Completion is not required to verify a substance abuse assessment and intervention has been completed for these Habitual convictions, a 2009 amendment to North Carolina law will allow individuals with Habitual convictions to be considered for re-licensure after a ten year period without traffic or criminal convictions. The number of cases requiring a Certificate of Completion during the previous fiscal year as a condition of restoring their driver's license is 44,435. This number excludes the habitual convictions.

CONVICTIONS SFY 2008-2009	
DWI (Levels 1-2)	10,112
DWI (Levels 3-5)	30,358
DWI (aid and abet)	28
Driving after consuming under age 21	3901
DWI (commercial vehicle)	36
Habitual DWI*	397
TOTAL	44,435

*excluded from total cases requiring a Certificate of Completion (DMH-508-R).

(2) The number of substance abuse assessments conducted during the previous fiscal year for the purpose of obtaining a certificate of completion.

During this report period, 48,571 Certificate of Completions (508s) were submitted to verify that a clinical substance abuse assessment was completed as required by North Carolina law. **Attachment C**, Substance Abuse Assessments, indicates that 48% of these assessments were completed pre-trial.

(3) Of the number of assessments reported under subdivision (2) of this subsection, the number recommending attendance at an ADET school, the number recommending treatment for a substance use disorder and, for those recommending treatment, the level of treatment recommended.

There are six (6) levels of service identified for individuals with DWI offenses. The first level is a substance abuse educational intervention. North Carolina has a substance abuse educational intervention program known as Alcohol Drug Education Training School (ADETS) for those who do not have a substance use disorder or other indicators that may require treatment. ADETS Instructors are trained in an evidence-based, standardized curriculum, known as PRIME for Life, by Prevention Research Institute. It is pending review with the federal Substance Abuse Mental Health Services

Administration's (SAMHSA) National Registry of Evidence based Programs and Practices (NREPP).

Of the 48,571 assessments reported, 8,456 or 17% recommended an ADET school, and the remainder recommended treatment (**Figure 1**).

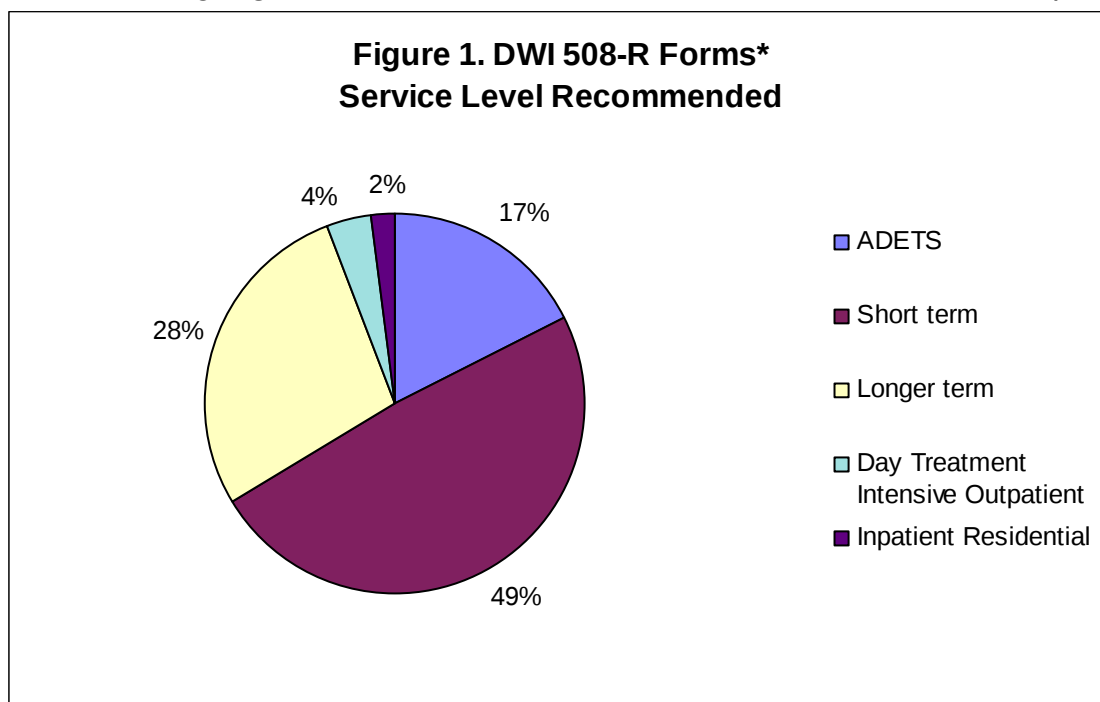
Short term outpatient treatment is primarily for those individuals with a substance abuse diagnosis. Longer term outpatient, day/intensive outpatient treatment, and residential/inpatient services are typically for those with a substance dependence diagnosis.

For those assessments that resulted in a treatment recommendation, the number recommended for each level is as follows:

- Short term outpatient -23,816
- Longer term outpatient -13,498
- Intensive outpatient – 1,805
- Residential services - 995

Over 82% of individuals with DWI offenses were recommended to attend treatment services for a substance use disorder. Approximately 28% of individuals assessed had a diagnosis of substance dependence. The most common diagnoses were alcohol abuse and alcohol dependence. However, many other substances were included in diagnoses categories of either abuse or dependence. Approximately 13% of cases had other drug abuse or dependence other than alcohol. This is an increase from last year's 7%. The most common substance after alcohol was cannabis. Other common substances included: cocaine and opiates.

In the following **Figure 1**, the recommended service levels are reflected in percentages.



(4) Of the number of persons recommended for an ADET School or treatment for a substance use disorder, under subdivision (3) of this subsection, the number who completed the school or treatment.

28,697 individuals who were assessed actually engaged in treatment or education. **Figure 2**, on the following page, shows the number of persons who completed education (ADETS) or treatment in percentages. The majority of individuals were engaged in substance abuse services within 3 to 4 months of the assessment.

Almost 20,000 individuals or 41% of those assessed did not complete the recommended substance abuse services during this period. Some of these may be in the process of completing substance abuse services currently, while many others may be waiting for sentencing by the court before moving forward with any further requirements. Over 80% of these individuals have been identified to be in need of treatment for a substance use disorder, with 34% also being convicted of repeat offenses. The average number of prior convictions is two. Many of these individuals will not complete substance abuse treatment services.

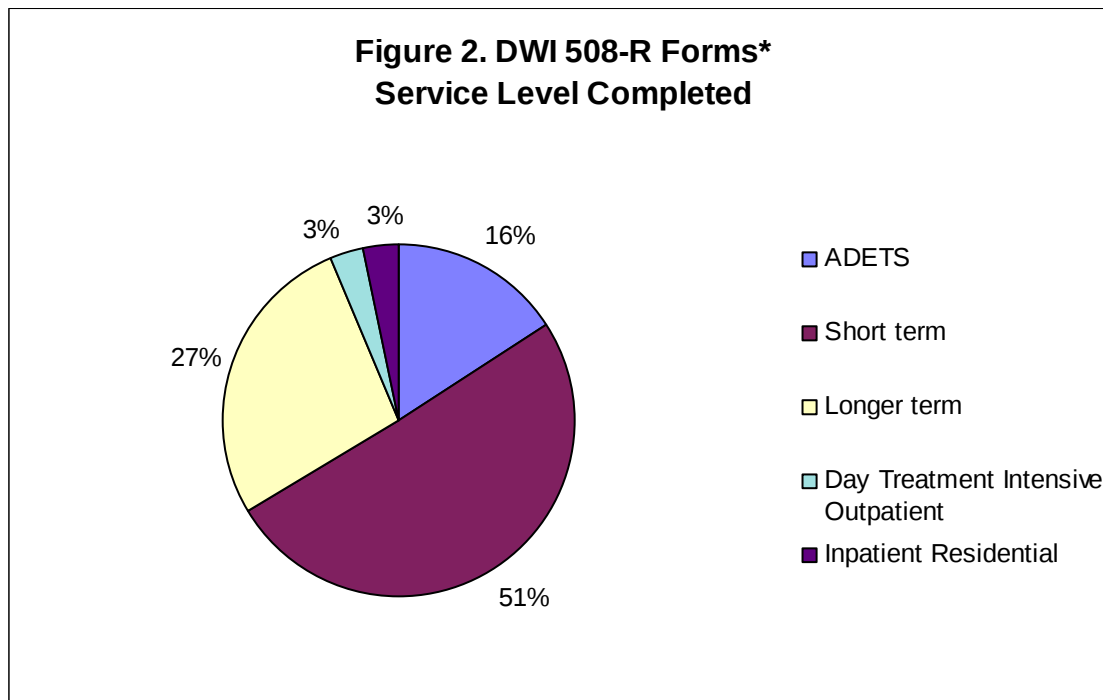
The number of persons who completed education (ADETS) or treatment is as follows:

- ADETS – 4,523 (16%)
- Short term treatment -14,539 (51%)
- Long term treatment – 7,814 (27%)
- Day or Intensive outpatient treatment - 849 (3%)
- Residential or Inpatient treatment followed by continuing care - 972 (3%)

The above levels of substance abuse services are based upon nationally recognized patient placement criteria developed by the American Society of Addiction Medicine (ASAM). Most substance abuse treatment today is provided on an outpatient basis.

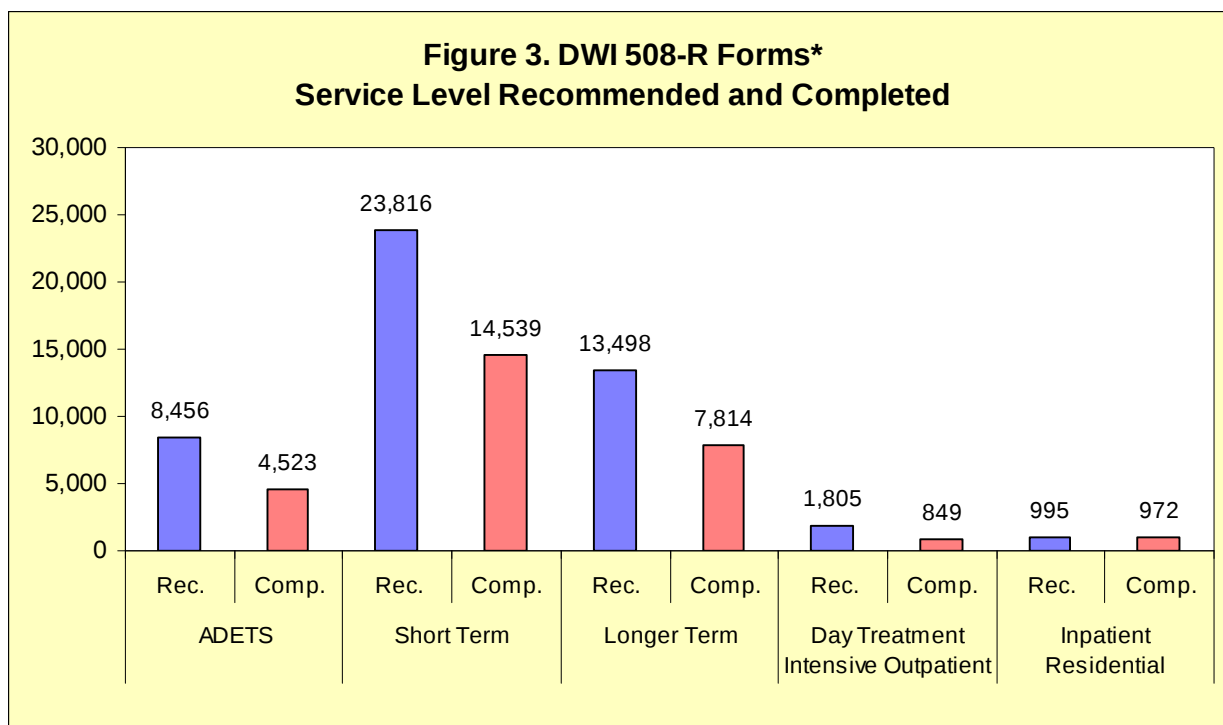
Substance abuse services for individuals with DWI offenses are also based upon minimum formulas of hours and days. For example, the minimum service plan accepted for “short term” treatment is twenty hours of counseling extending over at least thirty days. These minimum “length of stay” formulations apply to each of the treatment levels. “Special Service Plans” may be developed for persons with disabilities, language barriers or other special circumstances that may prevent them from completing traditional services.

Figure 2 shows the number of persons who completed the recommended levels of service in percentages.



The majority of individuals completed services over a period of 4-8 weeks, on an outpatient basis. Although outpatient services have been proven to be effective, in many instances, the individuals do not remain in treatment long enough for successful outcomes. Research supports at least 3 months of treatment for significant improvement (Principles of Drug Addiction Treatment, National Institute of Drug Abuse (NIDA), 2000).

A comparison of the recommendations for services with the actual services delivered is shown on the next page in **Figure 3**. The majority of individuals completed the level of service that was originally recommended. In some instances, services recommended are not available in their area and individuals may attend another level of care.



Some key factors to consider about the total group of individuals served in fiscal year 2009 are:

- The highest breath alcohol concentration (BAC) found in this group is .29.
- This group has an average BAC of .16 (double the *legal* definition of impairment (.08%) in North Carolina).
- 16,512 or 34% had an average of two prior impaired driving convictions.
- 5% had more than one substance diagnosis.
- 15% refused the breathalyzer.

(5) The number of substance abuse assessments conducted by each facility and, of these assessments, the number that recommended attendance at an ADET school and the number that recommended treatment for a substance use disorder.

Attachment E is an accounting of DWI assessments conducted by each authorized facility in FY 2008-2009 and their recommendations to ADETS or treatment for a substance use disorder. The list is organized by the facility authorization code assigned by DMHDDSAS – DWI Services.

(6) The fees paid to a facility for providing services for persons to obtain a certificate of completion and the facility's costs in providing those services.

The DWI substance abuse assessment fee is \$100.00. The fee for the standardized ADETS program is \$160.00. Both fees are set by Statute. For those attending

treatment for a substance use disorder, a minimum payment of \$75.00 is also established by Statute. Service providers may charge additional fees for treatment; however, public providers may not delay nor deny services due to an inability to pay. Providers are allowed, however, to hold the Certificate of Completion (DMH-508-R) pending the receipt of fees which the client has agreed to pay. The average amount of fees charged and received is documented in **Attachment F**. The average cost for short term outpatient treatment for substance use disorders is \$350.00 at \$18.00 per hour; this service is usually 20 hours of counseling. The average cost for longer term treatment is \$600.00 for forty hours of counseling; this reflects a rate of \$15.00 per hour. Day treatment is provided at around \$10.00 an hour.

SUMMARY / IMPLICATIONS:

- The majority of individuals with DWI offenses completing mandated assessments and education or treatment for substance use disorders are single, white, young, employed males. According to the National Highway Traffic Safety Administration (NHTSA), drivers between the ages of 21 and 34 are involved in 50% of the alcohol related highway fatalities annually. This age group makes up 43% of the individuals with DWI offenses in this report.
- Over one third of the individuals with DWI convictions who completed a clinical substance abuse assessment had an average of two prior driving impaired convictions (34%). The highest number of priors reported was 15. The average BAC was .16, twice the legal limit.
- 28,697 individuals with DWI offenses who were assessed actually engaged in substance abuse treatment or educational intervention. Of those, the majority of individuals had engaged in substance abuse services within 3 to 4 months of the assessment.
- Approximately a third of individuals with DWI offenses who completed services had a substance dependence diagnosis and received “long term” treatment or more. Substance dependence is a chronic, relapsing condition similar to other diseases such as heart disease, high blood pressure, and diabetes that require lifelong attention and a variety of interventions based on the severity of the condition and overall health.
- Over 20,000 individuals or 41% of those completing a clinical substance abuse assessment did not complete any other substance abuse services during this period. This is an increase from last year when the percentage was 35%. Over 80% of individuals assessed have been identified to be in need of treatment for a substance use disorder and of those; approximately 34% are individuals who have an average of two prior impaired driving convictions. Many of these will not complete treatment even though they have a substance use disorder. Major barriers exist for follow up for those who are not convicted but have a substance use disorder. These include: stigma, cost of services born by the individual and lack of availability/access in rural areas. Without mandated requirements tied to the driver’s license, thousands of individuals would not receive services that have been found to make a significant

difference in addressing the underlying issues that often lead to recidivism with impaired driving offenses and other impairment problems within our communities. Ensuring immediate and consistent compliance with mandated services related to DWI offenses will continue to have a positive impact on the health and safety of our communities.

- Around 52% of individuals with DWI offenses are delaying the completion of a clinical substance abuse assessment until conviction, which may be years after the arrest. This percentage is up by 3% from last year. This is a missed opportunity for early identification of those who have a substance use disorder. Early identification and intervention has been proven to enhance successful outcomes in the area of substance abuse services.