

Clinical Evaluation & Substance Abuse Treatment for DUI Intervention Program The Requirements of the Teenage & Adult Driver Responsibility Act of 1997

A First DUI offenders or DUI offender who get convicted of a second or subsequent DUI within a ten-year period are required, as a condition of license reinstatement, to get a clinical evaluation and, if indicated by the evaluation, complete a substance abuse treatment program. These requirements, effective July 1, 2008, are in addition to all other existing requirements for license reinstatement including completion of the risk reduction program (DUI School). Under this law, the Department of Behavioral Health & Developmental Disabilities is responsible for approving clinical evaluators and treatment providers, maintaining registries of approved providers, and establishing regulations for implementing the requirements of the law. The regulations adopted by DBHDD specify the process which offenders must follow for license reinstatement.

The Process

In order to comply with the requirements pertaining to clinical evaluation and treatment, an offender must complete the following steps.

1. **DUI Alcohol or Drug Risk Reduction Program.** This consists of two components, standardized screening instrument and an education/intervention course. The screening instrument is the Substance Abuse Life Circumstance Evaluation the NEEDS Assessment each one being a questionnaire which measures an individual's level of involvement with alcohol and other drugs. An evaluation of the risk reduction program by Emory University's School of Medicine supports the validity of the NEEDS Assessment and reports that agreement between NEEDS Assessment summary scores and clinically oriented questions is good, and that NEEDS Assessment summary scores are associated with a person's risk of recidivism.

The education/intervention course consists of a highly structured curriculum designed to prevent alcohol and drug abuse and dependence by changing attitudes and behaviors. It offers "therapeutic education" for people who make high-risk drinking choices. The curriculum serves those offenders who do not have alcoholism or other substance abuse dependence through its prevention message, while still reaching offenders with dependence with its non-threatening pre-treatment content. The Emory evaluation has found the curriculum to be effective.

During their attendance at the risk reduction program, multiple offenders will be informed in writing about the clinical evaluation and treatment requirements. Once an evaluator is chosen from the registry of approved providers and a release of information is signed, an offender's NEEDS Assessment results are forwarded to the clinical evaluator.

2. Clinical Evaluation. The clinical evaluation consists of a clinical interview, a review of the offender's NEEDS Assessment results, and any other assessment instruments or measures deemed appropriate by the evaluator. The information obtained from the evaluation must be sufficient to diagnose or rule out a substance-related disorder according to nationally-recognized (DSM) criteria and to recommend an appropriate level of service based on the American Society of Addiction Medicine Patient Placement Criteria (ASAM). The law requires an independent clinical evaluation. That is, the same person cannot evaluate and treat the same offender. The Emory study suggests that approximately 84% of multiple offenders are in need of clinical referral for substance abuse treatment. If the evaluation results in a referral to treatment, the clinical evaluator will provide the client with a list of approved treatment providers. If an evaluator determines that an offender is not in need of substance abuse treatment, the evaluator will submit the case presentation to DBHDD for approval. If approved DBHDD will provide the client with documentation "Requirement Met" Certificate, indicating that no referral to treatment is required which can be submitted to the Department of Driver Services for license reinstatement.

3. Treatment. Offenders must choose a treatment provider that offers the ASAM level of service specified by the clinical evaluator. Levels of treatment services in ASAM's Patient Placement Criteria range in intensity from outpatient services through residential services to medically-managed intensive inpatient services. The least intensive ASAM Level of treatment service is Level I – Short Term Program (a minimum of eighteen hours within 6-12 wks) or level I outpatient services of nine hours or less per week. DBHDD requires that ASAM Level I services offered to multiple DUI offenders include a minimum of three hours of treatment services per week. Also, all offenders who are referred to treatment must participate in treatment for a minimum of 120 days (17 consecutive weeks). No offender who has complied with a treatment plan can be required to remain in treatment more than one year.

When treatment is completed, the treatment provider will give the offender with documentation of treatment completion which can be submitted to the Department of Driver Services for license reinstatement. In addition, persons otherwise eligible for license reinstatement who are enrolled in treatment can apply for a limited driving permit.

Questions About the Process

For the most part, the process and the specific sequence identified above must be followed in order to meet the requirements for license reinstatement. Several questions have been asked about the process and the specified sequence.

Can someone begin the process before conviction?

Yes. In fact, persons should be encouraged to begin the process as soon as possible after arrest for at least two reasons. First, research shows that consequences that closely follow arrest are more effective than those that are delayed. Second, a person who begins the process before trial will, most likely, shorten the length of time between conviction and eligibility for license reinstatement.

Can someone avoid the DBHDD 120 day to one year length of treatment requirement by going through a shorter period of treatment prior to conviction?

In most cases, no. A person who seeks treatment outside the process, but who is ultimately convicted, will still be required to attend a risk reduction program and have a clinical evaluation. The clinical evaluator will, of course, take an offender's prior participation in treatment into consideration and will make a determination about whether there is need for further treatment. If the clinical evaluator recommends that no further treatment is needed, that recommendation will be reviewed by DBHDD. If the clinical evaluator determines that further treatment is indicated, then the offender will have to enroll in treatment with an approved treatment provider which offers the appropriate ASAM level of service.

There is a growing body of research that shows that length of time in treatment is highly correlated with successful outcomes. That is, the longer a substance abuse client stays in treatment the better the outcome. This is true for clients who are mandated into treatment as well as voluntary clients. Much of this same research shows that treatment lasting less than 90 days is generally ineffective. The Emory study finds and national research confirms that the incidence of serious substance abuse and dependence problems is quite high in this population of multiple offenders. Therefore, for many offenders, treatment of less than 120 days will not prevent a referral to treatment by the clinical evaluator. In fact, many of these offenders will need and be required to complete a great deal more than 120 days of treatment.

It is important that persons who are considering enrolling directly in treatment make an informed decision and that they understand that there is certainly no guarantee that this will prevent a subsequent referral to treatment under the new law. It is almost certain that in some instances, offenders who attempt to avoid mandated treatment will wind up spending more time in treatment, more money and take longer to get their licenses back than if they had followed the process in the first place.

What if someone wants to follow the process but needs to go immediately into treatment?

There will be times when a person has an acute problem and needs to go immediately into treatment. Problems of this intensity will usually necessitate detoxification or residential treatment. We recommend that, if at all possible, the person seek treatment from an approved treatment provider on the DBHDD registry. In these instances the treatment provider will coordinate with DBHDD to ensure that other steps in the process, attendance at risk reduction and clinical evaluation, are completed when appropriate.

Conclusion

According to the National Highway Traffic Safety Administration and the National Institute of Alcohol Abuse and Alcoholism in AA Guide to Sentencing DUI Offenders two generalizations can be made about treatment effectiveness. First, treatment that combines strategies, such as education in conjunction with therapy and aftercare, appears to be the most effective. Second, the more severe the substance abuse problem, the more intensive should be the treatment. Both of these generalizations have been incorporated into the development of the process outlined above. So, while following the process is necessary for license reinstatement, it also makes sense from a clinical point of view.

Questions

For more information about the requirements for clinical evaluation and substance abuse treatment for multiple DUI offenders please contact the DUI Intervention Program Unit at the following:

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