

**Drug and
Alcohol
Service
Providers
Organization of
Pennsylvania**

***HOUSE OF REPRESENTATIVES
JUDICIARY COMMITTEE TASK FORCE***

DRIVING UNDER THE INFLUENCE

**August 18, 1998
Deborah Beck, President**

Good morning, Mr. Chairman, members of the Committee. Thank you for allowing me to testify on the important issue of Driving Under the Influence.

I am here on behalf of the Drug and Alcohol Service Providers Organization of Pennsylvania (DASPOP). DASPOP is a coalition of drug and alcohol prevention and treatment practitioners, programs and drug and alcohol associations organized for advocacy on behalf of individuals and families in need of drug and alcohol prevention, education, intervention and treatment. We represent more than 365 organizations, programs and clinics, 1,900 certified addiction professionals, 1,200 student assistance professionals and others throughout the Commonwealth. Our members represent the full continuum of services, including prevention, education, inpatient hospital detoxification and rehabilitation, inpatient non-hospital detoxification and rehabilitation, outpatient, intensive outpatient, and halfway houses.

We commend the Committee for holding hearings to re-examine the DUI laws in our state.

A number of years ago, many of us worked to support revisions to the DUI law.

During the debate over revisions and the understandable outcry for accelerating penalties, we were afraid that a critical opportunity for an additional life-saving intervention might be lost.

Already every first time DUI was required to complete a screening questionnaire on drug/alcohol use. This first cut screening instrument is often referred to as the CRN. (Court Reporting Network).

Years ago, Pennsylvania developed the CRN and began a process that was later duplicated by other states.

The questionnaire provides an organized means of identifying people with “moderate” and “severe” alcohol problems.

Early in the use of the CRN, around 70% of those arrested for DUI were screening out to be moderate to severe problem drinkers.

Penndot’s latest data on DUI from 1997 finds that of 2,738 people, 2,263 or 82% are moderate to severe problem drinkers.

These types of numbers are to be expected. Getting picked up for DUI isn’t all that easy - unless you are doing a fair amount of drinking and driving and in a fashion to attract attention to yourself. However, this is precisely what people with drinking problems and alcoholism do.

For the reasons reflected in the data, policy in this area must address two quite different populations: social drinkers and people already in need of treatment for an alcohol problem.

Education, fines, penalties, public embarrassment, danger to job security and fear of loss of driving privileges – all or any of these work to keep social drinkers from a repeat DUI. But for someone who has developed an addiction to alcohol, none of these is likely to have much effect.

People with “moderate” to “severe” drinking problems will need to be fully assessed and sent to whatever addiction treatment is appropriate in addition to any other proposed remedy or sanction.

Considering this issue, then Senator John Shumaker amended the pending DUI bill to require that on second and subsequent offenses, a full drug and alcohol assessment be completed and that where appropriate, referral to drug/alcohol

treatment occur. Completion of the assessment and treatment became necessary conditions to be fulfilled before restoration of driving privileges.

This is a sound approach. However, we are concerned that this may not be happening on a routine basis in all counties across the Commonwealth. In fact, we have been unable to find data speaking to compliance with these critical provisions of the existing law.

The assessment, referral and treatment pieces of the law are potentially life saving components for the public as well as for the untreated alcoholic and his/her family. Over the years, I have heard from many families who were relieved when their loved one got stopped for DUI. The opportunity for outside intervention was seen by some as a gift from the deity – particularly in homes battered into silence by domestic violence.

These components of the law are life saving measures – let's make sure they work.

RECOMMENDATIONS

1. Request that the Legislative Budget and Finance Audit Committee take on the task of reviewing the implementation of Act 122 of 1990. Some of the questions that need to be addressed:
 - How many people are involved in second and subsequent DUI offenses?
 - Are alcohol and drug assessments being completed on all second and subsequent offenses? (This is a full assessment beyond the CRN screen.) How many receive this assessment?
 - Who is doing the assessments and what are the credentials required to perform this task?
 - Is everyone assessed to be in need of alcohol/drug treatment, sent to treatment?
 - How many are being sent?
 - How many are going to each level of care?
 - How long are they staying in treatment?
 - Are the alcohol/drug treatment programs licensed by the state?
 - Is there a mechanism in place to ensure reporting on treatment compliance, completion or failure and to ensure that licenses are not restored until completion occurs?

2. Amend the DUI law to assure that when the court orders treatment, individuals are not barred from coverage for treatment due to the intervention of the court. Presently, some managed care plans deny drug and alcohol treatment coverage required under Act 106 of 1989 if the referral for treatment is the result of an encounter with the criminal justice system. The state of New York just added this language to its managed care law. (See attached.) This would not require any new coverage by

the health plan. It would simply ensure access to coverage already purchased.

3. Support House Bill 669. This proposed law would require people with three or more offenses – in addition to criminal penalties - to complete treatment and provides for a longer period of parole supervision. Failure to complete treatment could result in imposition of additional time in jail. This proposal combines protecting the public safety with creating an incentive to engage in treatment and work for recovery.
4. Open up the case of the man with multi DUIs in Pittsburgh and examine it with the Shumaker amendment in mind. This may have involved a very unusual man but on the other hand, there may be much to learn about the system we've set up from this case. Let's get the data and examine what happened here. I have a suspicion that this case may reflect the very kind of break-down in the implementation of the law suggested in the testimony.
5. Support moving the .10 to .08 to be considered driving under the influence and support administrative license revocation. Both of these steps would have the effect of providing earlier intervention for people with alcohol and drug problems.

Thank you for your time.

NEW YORK'S MANAGED CARE LAW
SECTION 364-j OF THE SOCIAL SERVICES LAW

(4)(r) A managed care provider, comprehensive HIV special needs plan and mental health special needs plan shall provide services to participants pursuant to an order of a court of competent jurisdiction, provided however, that such services shall be within such provider's or plan's benefit package and are reimbursable under title xix of the federal social security act.