

## **Enrolling and Beginning ADSAP**

### **Beaufort Office:**

**Human Services Building  
1905 Duke St, Suite 270  
Beaufort, SC 29902  
Ph: 843-255-6000**

### **Bluffton Office:**

**Myrtle Park Professional Center  
4819 Bluffton Pky, Suite 303  
Bluffton, SC 29910  
Ph: 843-255-6020**

### **REQUIRED ITEMS:**

The initial step in beginning your ADSAP is to schedule an orientation and assessment appointment. To schedule your assessment appointment, you will need to do the following:

- Secure a copy of your 10 year driving record from the Highway Department
- Bring your 10 year driving record and a photo ID to the Beaufort County Alcohol and Drug Abuse Department (BCADAD) office
- Complete initial paperwork; secure your homework assignment, then schedule an appointment for an Assessment to determine if ADSAP or Treatment is required
- You will need to bring \$250.00 to the Assessment appointment.

### **ADSAP FEES**

- \$500 minimum for PRI Education:

Persons enrolling and completing re-licensing requirements through the Level .5 PRI Education Program will be assessed the minimum charge of \$500. This includes \$250.00 for the down payment on the for the PRI Education Group Service.

- \$2500 Maximum for PRI Education plus Treatment:

Persons meeting re-licensing requirements through education plus other service levels (IOP, Adult Treatment or Aftercare) will be assessed additional charges not to exceed a maximum of \$2500 for education and treatment services per enrollment period.

If necessary, upon demonstrated need, a payment plan of \$75.00 at enrollment and the balance can be negotiated with the patient's case manager after the case has been staffed for the appropriate level of care.

- Any persons demonstrating the inability to pay for services will be rendered a financial assessment to determine ability/inability to pay for services. Upon determination of inability to pay, the patient will be afforded the opportunity to engage in community service to offset the cost of treatment.

### **PLEASE NOTE:**

*No completed paperwork will be forwarded to the South Carolina Department of Public Safety indicating successful completion of ADSAP for reinstatement of driver's license until all fee requirements are satisfied.*

## INFORMATION FACTS

### What is ADSAP?

ADSAP is a program to assist persons in assessing their choices and behaviors regarding alcohol and/or drug use and in choosing new behaviors and choices that will reduce the risk of incurring future problems with alcohol and drugs.

### Who Needs to Enroll in ADSAP?

1. A licensed SC Driver convicted of DUI in SC
2. A licensed SC Driver convicted of a DUI out-of-state
3. A licensed out-of-state driver receiving a DUI in SC. Before ever getting a driver's license in SC ADSAP must be completed. Out-of-state requirements may also apply, as well as compliance with SR-22 insurance laws
4. Driver's under the age of 21 charged with "Violation of Zero Tolerance" law. \*A hearing may be requested with the SC Department of Public Safety as provided by law s174. You must also enroll in ADSAP within 30 days of receiving the violation charge (This does not excuse you from other related court dates)
5. Any driver with a license revocation by the arresting officer for registering a BAC of .15 or greater. \*It is your right to request a hearing with the Department of Public Safety as provided by law s174. You must also enroll in ADSAP within 30 days of receiving the violation charge (This does not excuse you from other related court dates)

*\*If SC Public Safety upholds the charges, you must attend other scheduled court dates and complete ADSAP to have driving privileges fully reinstated.*

### ASSESSMENT & TREATMENT TEAM DECISION

Following the Assessment, the counselor will meet with the BCADAD Treatment Team to review the Assessment. Recommendations for needed treatment focus or education are determined at that meeting.

### TREATMENT PLAN

After the Treatment Team decision, a follow-up appointment with a counselor to develop a Treatment Plan and receive information as to when services will begin; i.e. dates, times, frequencies, length, etc.

### ADSAP/PRI:

Many persons enrolling in ADSAP will be referred to a 16-hour educational program. This program will assist in identifying attitudes and behaviors to help them reduce the risk of obtaining future DUI violations.

Depending on the Assessment and diagnostic criteria, there may be additional services required or recommended by the Treatment Team to demonstrate risk reduction for successful completion of the ADSAP.

ADSAP Enrollees need to be aware that for successful completion, the following criteria MUST be met:

- Demonstrating risk reduction in attitudes, behaviors and lifestyle choices
- Based on Assessment, the Treatment Team recommendations for services must be completed.

**Schedule of Groups and Classes:**

- Groups or classes will not begin until after the Assessment and Treatment Plan have been completed
- A notification letter will be sent 10 -14 days prior to the start of scheduled group
- It is required that you attend each scheduled session in consecutive order as scheduled. (If you miss a session, based on documented personal illness or death in the immediate family, approval for a make-up session will be arranged. If a session is missed for any other reason, you will be dropped from the group and will be rescheduled to begin with a new group when it begins).

**Provisional Driver's License:**

A person is eligible to secure a provisional driver's license that will enable them to drive while they are enrolled in the ADSAP if the answers to the following questions are yes:

- Is the DUI offense a first offense?
- Is the suspension for the DUI the last suspension on the driving record? There are no other suspensions on the license record following the DUI?
- At the time of the DUI, did you possess a valid driver's license?

If the answer to all of the above questions is yes, after enrolling in ADSAP and, where applicable, requesting your insurance company to file SR-22, the Highway Department will authorize you to receive a Provisional Driver's License.

A Provisional Driver's License (PDL) will permit you to drive anytime, anyplace for a period of time up to six months. You are expected to complete your ADSAP within the six-month period that you have the PDL. If you do not do so and the PDL expires, a PDL is not renewable. You will be without a license until such time as you complete ADSAP.

The above information is for the purpose of assisting you to understand both the legal requirements associated with ADSAP and regaining your driver's license as well as the operational procedures of the Beaufort County Alcohol and Drug Abuse Department. We recognize that it is not possible to anticipate every question someone may have. Therefore, if you have additional questions, please make note of them, and your counselor will be glad to respond.

**How long does ADSAP last?**

ADSAP enrollment is valid for a twelve-month period, and determination of your completion status- either successful or unsuccessful- has to be made within twelve months of your date of entry. Regardless of the program level to which you are referred in order to meet your ADSAP, you can reasonably expect to complete within your enrollment period provided you meet your scheduled appointments.



**SELF-HARM/OTHER DANGEROUS BEHAVIORS**

Do you feel like you are in danger of harming yourself or others? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe those thoughts: \_\_\_\_\_

**MENTAL HEALTH**

Have you suffered/still suffer from depression, anxiety, or other mental health problems in the past Yes \_\_\_ No \_\_\_\_\_. If yes, describe those mental health issues: \_\_\_\_\_

**GAMBLING**

Do you gamble? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you gambled in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever thought you have a problem with gambling? Yes \_\_\_\_\_ No \_\_\_\_\_

Has anyone ever told you they thought you had a problem with gambling? Yes \_\_\_\_\_ No \_\_\_\_\_

**INSURANCE**

Do you have insurance or Medicaid? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify (copy of the card will be needed): \_\_\_\_\_

**PRIORITY POPULATIONS**

(check what applies)

Pregnant  IV Drug User  HIV  Court Ordered  Medical Issues

**AUDIT**

1. How often do you have a drink containing alcohol?

- Never
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day when drinking?

- 1 or 2
- 3 or 4

- 5 or 6
- 7 to 9
- 10 or more

3. How often do you have six or more drinks on one occasion?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

4. During the past year, how often have you found that you were not able to stop drinking once you had started?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

5. During the past year, how often have you failed to do what was normally expected of you because of drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

6. During the past year, how often have you needed a drink in the morning to get yourself going after a heavy drinking session?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

7. During the past year, how often have you had a feeling of guilt or remorse after drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

8. During the past year, how often have you been unable to remember what happened the night before because you had been drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

- No
- Yes, but not in the past year
- Yes, during the past year

10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?

- No
- Yes, but not in the past year
- Yes, during the past year

**DAST-10**



## DAST(10) Questionnaire

These Questions Refer to the Past 12 Months			
1.	Have you used drugs other than those required for medical reasons?	Yes	No
2.	Do you abuse more than one drug at a time?	Yes	No
3.	Are you unable to stop using drugs when you want to?	Yes	No
4.	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5.	Do you ever feel bad or guilty about your drug use?	Yes	No
6.	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7.	Have you neglected your family because of your use of drugs?	Yes	No
8.	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10.	Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?	Yes	No

Source: Yudko et al., 2007

**WITHDRAWAL SYMPTOM HISTORY**

- Sweating/Tachycardia       Flu-Like Symptoms       Psychomotor Agitation/Retardation
- Depressed/Dysphoric Mood       Hallucinations       Restlessness
- Diarrhea       Increased/Decreased appetite       Runny Nose       Irritability, Anger, or Aggression
- Seizures       Difficulty Concentrating       Fatigue       Muscle Aches or Stomach Cramps
- Fevers or Chills       Nervousness or Anxiety       Sleep Difficulty (Insomnia/Disturbing Dreams)

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## PLEASE TAKE THIS SHEET WITH YOU

### HOMework REQUIREMENTS

#### Assignment #1:

Write a one-page narrative about your DUI event. Begin by thinking back to a period about 10 hours prior to being stopped and charged. Address the following questions:

- the setting and the occasion; where and why you were drinking
- how you were feeling
- what you were drinking
- about how many drinks do you recall drinking
- any other drugs you were using at the time
- what caused you to be noticed and stopped by law enforcement
- how your DUI has caused problems for you and/or your family
- what alcohol uses behavior do you feel made you getting a DUI a high probability.

*If this is a 2<sup>nd</sup> or multiple offense DUI, what do you feel you need to change about your relationship to alcohol?*

#### Assignment #2

Write a short paragraph entitled “My Motivation for Enrolling in ADSAP”. Include a statement detailing:

- What you would personally like to gain from your ADSAP program participation
- What behaviors or risks about your alcohol or drug use would you like to change
- What benefits for your life can you envision from making that changes you identify?

