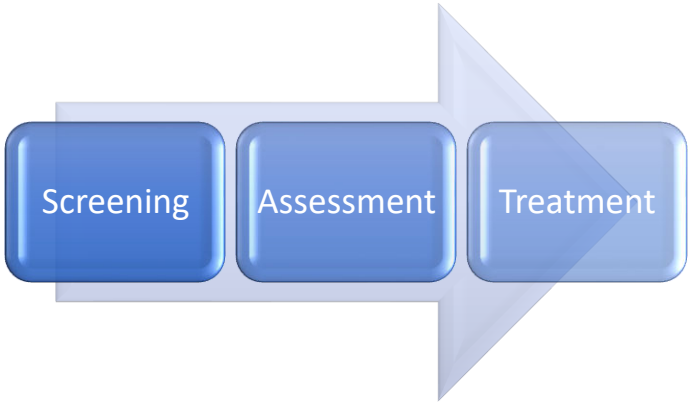
FOUNDATION FOR ADVANCING ALCOHOL RESPONSIBILITY

Screening and Assessment for *ALL* Impaired Drivers

The use of comprehensive screening and assessment in the criminal justice setting is necessary to identify DUI offenders who have substance use and/or mental health disorders that require further intervention. Assessment findings can provide direction to practitioners and inform release, sentencing, supervision, and treatment decisions. The information obtained from screening and assessment is of vital importance to determine individual risk level (i.e., likelihood of re-offending or being non-compliant with conditions), specific treatment needs, and other criminogenic needs/risk factors. Absent the accurate identification of the presence of these disorders, practitioners miss an opportunity to address an underlying cause of offending and, subsequently, reduce recidivism and change behavior.

Screening is the first step in the process of determining whether a DUI offender should be referred for treatment. At this stage, offenders who do not have substance or mental health issues are identified and those who are at-risk of meeting these criteria can be referred for a more in-depth assessment. Essentially, screening is a way to strategically target limited resources by separating offenders into different categories - i.e., those who do not have a substance use or mental health problem and those who likely do have these issues. The screening process in and of itself can also serve as a brief intervention as it requires the individual to begin to think about their use patterns and whether they are problematic.



After the screening process is completed, offenders who show signs of substance dependence or mental health disorders can be referred for an assessment. An assessment tends to be more formal than screening and these instruments are standardized, comprehensive, and explore issues in-depth. In contrast with screening, a formal assessment process takes longer to complete (it can take several hours) and is typically administered by a trained clinician or professional. This second step is meant to evaluate not only the presence of a substance use disorder (alcohol and/or drugs) but its extent and severity.

Ideally, screening and assessment should occur at the beginning of the criminal justice process (such as during the pre-trial stage). The findings can then be used to inform release decisions, sentencing decisions, case management plans, supervision strategies, and treatment referrals. While early assessment is ideal, this process can and should be repeated at multiple junctures throughout an offender's involvement in the criminal justice system to identify progress and determine whether modifications to existing plans are necessary.

Specialized vs. Generic Tools

A significant challenge practitioners face when handling DUI clients is selecting appropriate screening and assessment tools. In recent years, it has become apparent that generic tools fail to accurately capture the risk level and criminogenic needs of impaired drivers. The realization that many DUI offenders were being inaccurately classified as low risk coupled with knowledge that co-occurring mental health disorders were frequently unidentified led to the development of new instruments that are specifically validated for the impaired driver population.

Among justice-involved populations, DUI offenders are a unique group. Due to a number of factors, using generic risk assessments to inform decision-making is ill-advised. For example, DUI offenders frequently:

- Have more protective factors than most individuals who are involved in the justice system.
- Lack extensive criminal histories/records (beyond prior DUIs and other traffic-related offenses).
- Are more highly educated, employed at higher rates, and function at a higher level than other types of offenders.
- Have higher socioeconomic status than other justice-involved individuals.
- Have relatively stable social networks and pro-social peers.
- Do not view themselves as criminals; this can be difficult to address in treatment and it is a blockade to behavior change.
- Have unique needs and can be highly resistant to change on account of limited insight into their behavior.
- Have behavioral health needs beyond alcohol use disorder, including polysubstance use and co-occurring mental health disorders.

Failure to use instruments that are validated specifically for the impaired driver population has negative consequences. If the tools that are used cannot accurately capture risk level, then practitioners might unknowingly place high-risk offenders on banked caseloads when they should be subject to intensive supervision. Moreover, if the outcomes of risk assessment dictate placement in specific programs such as DWI courts, relying on generic instruments to determine eligibility can impact program participation rates and funding. Unfortunately, this problem is pervasive and only recently have tools been made available that are validated for DUI offenders. Now, practitioners have several tools at their disposal which will provide an accurate risk assessment and insight into criminogenic and treatment needs.

The two assessment instruments that practitioners should strongly consider integrating within their programs are the Computerized Assessment and Referral System (CARS) and the Impaired Driving Assessment (IDA). Both tools are available free of cost and are validated for the population. CARS was developed by Cambridge Health Alliance, a teaching affiliate of Harvard Medical School, and is designed to be used by every facet of the criminal justice system (e.g., pre-trial, courts, treatment courts, community supervision, treatment, etc.). CARS is the only instrument that provides detailed information about specific treatment needs including both substance use and mental health disorders as well as an indication of risk and matched referrals to treatment providers in the community. The IDA was developed by the American Probation and Parole Association (APPA) with the goal of providing community supervision agencies with a tool that accurately captures DUI risk level to inform case management plans and treatment referrals. IDA, therefore, is primarily a risk assessment but it also provides preliminary information about whether a client needs further assessment related to substance abuse or mental health needs.

Research Highlights:

Impaired driving offenders have significant behavioral health needs. But practitioners cannot address what is not identified. Therefore, it is imperative to use tools that not only accurately capture risk level to inform supervision strategies but also identify the underlying causes tied to criminal behavior.

Alcohol dependence:

- Approximately two-thirds of convicted DUI offenders are alcohol dependent (Lapham et al., 2001).
- High-risk/repeat DUI offenders are more likely to suffer from severe alcohol use disorders than first offenders. Nearly all repeat offenders qualify for lifetime disorders and past year rates of alcohol use

disorders are elevated (C'De Baca et al., 2009; Shaffer et al., 2007). Studies have found that the lifetime rate of alcohol dependence among repeat DUI offenders was 41% and the past-year rate was 31% compared to rates of 7% and 2% among the general population.

- Rates of alcohol dependence are slightly higher among men as 91% of male and 83% of female DUI offenders have met the criteria for alcohol abuse or dependence at some point in their lives (Lapham et al., 2000). In addition, 44% of men and 33% of women qualified for past-year disorders.
- Repeat offenders and those with high BACs at the time of arrest are more likely to score high on measures of alcohol use problems than offenders with only one offense or relatively low BACs at the time of arrest (Hubicka et al., 2008).
- Research has found that as the number of DUI offenses increases so do the rates of alcohol dependence. There is an inverse relationship between the number of prior offenses and the age of onset of alcohol dependence (i.e., the more severe the offending, the more likely that substance use problems developed at an earlier age) (McCutcheon et al., 2009).

Drug dependence and polysubstance use:

- Data increasingly reveals that many alcohol-impaired drivers use multiple substances at once. In 2016, 50.5% of fatally-injured drug-positive drivers (with known drug test results) were positive for two or more drugs and 40.7% were found to have alcohol in their system (FARS as cited in Hedlund, 2018).
- Approximately 11-12% of impaired drivers are multiple drug users who report significant involvement in drugs other than alcohol or marijuana (Wanberg et al. 2005).
- Rates of drug use are similar for men and women as 38% of male and 32% of female DUI offenders have met the criteria for drug abuse/dependence at some point in their lives (Lapham et al., 2001).
- In a study that examined primarily first offenders, Lapham et al. (2001) found that 30-40% qualified for a lifetime drug use disorder and 10-20% qualified for past-year drug use disorders.
- Rates of drug use are higher among repeat DUI offenders than first offenders with 40-70% qualifying for a lifetime drug use disorder (C'De Baca et al., 2009; Lapham et al., 2006; Shaffer et al., 2007).

Mental health disorders:

- Repeat offenders have higher rates of lifetime prevalence of alcohol abuse and dependence, drug abuse and dependence, and psychiatric co-morbidity (Nelson and Tao, 2012).
- In a study of repeat DUI offenders, it was found that 44% had a lifelong major mental disorder; almost 30% qualified for a past-year disorder other than substance use (Shaffer et al, 2007).
- Female offenders suffer from higher rates of mental illness as 33% of men and 50% of women with an alcohol use disorder also had at least one other psychiatric disorder (Lapham et al., 2001).
- Additional research has confirmed that female DUI offenders appear to have significantly higher psychiatric comorbidity relative to their male counterparts (LaPlante et al. 2008) with diagnoses of anxiety, depression, and bipolar disorder being common.
- Extensive histories of trauma (e.g., post-traumatic stress disorder) are also present among female impaired drivers (Peller et al., 2010; Robertson et al., 2013). These studies have also linked psychiatric profiles among this population to recidivism.
- Studies have found that repeat DUI offenders often suffer from cognitive impairments and the severity of the impairment is related to the frequency of DUI behavior (Ouimet et al., 2007). The most common types of cognitive impairment relate to decision-making and executive functioning (Brown et al., 2009). Repeat offenders who display these deficits have difficulty processing information, exhibit short-term memory loss, and have difficulty planning ahead and adhering to supervision or programming requirements. These deficits create challenges for engaging in treatment as offenders have limited ability to process and retain information or learn new skills.

- DUI offenders – both first and repeat - display personality and psychosocial characteristics that lead them to engage in risky behavior. These characteristics which include agitation, irritability, aggression, thrill-seeking, impulsiveness, external locus of control (blaming others for actions), social deviance, non-conformity, and anti-authoritarian attitudes (Wanberg et al., 2005), occur more commonly among young males which is the largest demographic of impaired drivers.

Practitioner Considerations

When selecting screening and assessment instruments, practitioners should consider the following:

- Which tool is best for your court/agency?
- Is the tool validated through independent research?
- Is the tool validated among the population being targeted (i.e., was it validated among impaired drivers)?
- Is the tool reliable?
- Is the tool standardized?
- Is the tool easy to use?
- What level of training is required to administer the tool?
- Who will be responsible for administering the tool?
- Will the tool be administered pre- or post-sentence?
- Will the tool be used with all offenders or repeat offenders?
- Will the tool be useful in assisting decision-making (i.e., will the findings/results of the screening/assessment provide the practitioner with useful information)?
- Are there cost considerations (i.e., is it free to use or are there licensing fees)?
- What policy changes (if any) are needed prior to administering a new tool?
- What key stakeholders need to be advised?

Responsibility.org Position:

Responsibility.org believes that effective screening and assessment for alcohol, drugs, and mental health issues is imperative when managing impaired drivers. Absent the identification and treatment of substance use and co-occurring disorders, long-term behavior change is unlikely for these offenders. In order to prevent recidivism, and subsequently, save lives, the underlying causes of DUI offending must be addressed. To ensure this is done, appropriate tools must be relied upon which means that agencies should only use instruments that are validated among the impaired driving population. Furthermore, we believe that screening and assessment should occur as early in the criminal justice process as possible as this provides practitioners with the insight and findings necessary to make informed sentencing, supervision, and treatment decisions. We strongly support utilizing an individualized approach to justice that tailors interventions based upon offender risk and needs; this approach is driven by assessment.

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