Mental Health and Substance Use Disorder Screening and Assessment for All Impaired Drivers

Responsibility.org Position:

Responsibility.org is dedicated to eliminating all forms of impaired driving. We believe that effective mental health and substance use disorder screening and assessment is essential to identifying alcohol use, other drug use, and mental health conditions that contribute to impaired driving. Long-term behavior change is unlikely for these offenders without identifying and treating substance use and co-occurring disorders. The underlying causes of driving under the influence (DUI) and/or driving under the influence of drugs (DUID) offenses must be addressed to prevent recidivism and save lives. To achieve this, agencies should use screening instruments that are designed specifically for the impaired driver population.

Additionally, we believe that screening and assessment should occur as early in the criminal justice process as possible to provide practitioners with the insight and findings necessary to make informed sentencing, supervision, and treatment decisions. We strongly support using an individualized approach to justice that tailors interventions based upon the specific risks and needs of each offender; this approach involves an assessment of each offender and creating a customized intervention plan based on their situation.

This paper includes the most current and relevant data for this position as of May 22, 2026.

Overview:

The use of comprehensive mental health 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 intervention. Assessment findings can provide direction to practitioners, such as judges, prosecutors, and probation officers, 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. **Without accurately identifying underlying and contributory disorders, practitioners miss the opportunity to address underlying causes of offending, ultimately hindering efforts to reduce recidivism and change behavior.**

The Screening and Assessment Process:

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 use or mental health diagnoses are identified through screening and those who screen positive for these disorders can be referred for a more in-depth assessment. Screening is also a method to strategically allocate limited resources by separating offenders into different categories - i.e., those who likely do not have a substance use or mental health problem and those who likely do have these issues - to ensure resources can be focused on those who would benefit the most. The screening process in and of itself can also serve as a brief intervention as it requires the individual to consider their alcohol and/or drug consumption patterns, whether these patterns may be concerning, and whether they struggle with their mental health.

After the screening process is completed, offenders who show signs of substance use disorder or mental health disorders can be referred for a full mental health diagnostic assessment. The purpose of screening is to identify individuals who would benefit from further evaluation. An assessment tends to be more comprehensive than screening, because it identifies the extent and history of the disorder and other co-occurring experiences and problems. 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.

Both screening and assessment instruments should be standardized (i.e., the same questions are asked with the same logic governing the pathway through questions for each individual) and validated for the population with which they are being used (i.e., known to measure what they are meant to measure within that specific population).

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 considerations, 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 working with these clients is selecting screening and assessment tools that effectively address the specific characteristics of the impaired driving offender. Generic tools often fall short in accurately identifying the recidivism risk levels and criminogenic factors of these individuals. This deficiency has become increasingly evident as many impaired driving offenders have been misclassified as low risk, and co-occurring mental health disorders have gone undetected. In response, new instruments have been developed and designed specifically for the impaired driver population, ensuring a more accurate and tailored approach to assessment and intervention.

Because impaired driving offenders are a unique group, using generic risk assessments to inform decision-making throughout the criminal justice process is ill-advised. For example, DUI offenders frequently (Bowler & Robinson, 2016; Bureau of Justice Statistics, 1999):

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

Using instruments that are not designed specifically for the impaired driver population has negative consequences. If these tools do not accurately capture risk level, then practitioners might unknowingly place high-risk offenders under less supervision when they need more intensive monitoring. Additionally, if risk assessments dictate placement in specific programs such as Accountability Courts, which can operate under various titles (e.g., DUI Courts, Sobriety Courts), relying on generic instruments can affect who participates and how much funding these programs receive. Unfortunately, this problem is pervasive and only recently have tools been made available that are intended specifically for the impaired driver population, ensuring practitioners have more tools at their disposal for a more accurate and tailored approach to assessment and intervention.

The two assessment instruments that practitioners should strongly consider integrating within their programs are the Computerized Assessment and Referral System (CARS Connect) and the Impaired Driving Assessment (IDA). These two cloud-based tools are available free of cost and are designed for the DUI offender population. CARS Connect was developed by Cambridge Health Alliance, Division of Addiction, a teaching affiliate of Harvard Medical School, with funding from Responsbility.org, 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 Connect is the only instrument that provides customized, 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 offender's community. A 2021 study examined the accuracy of the CARS screener and found that it has a high sensitivity and specificity for bipolar, intermittent explosive, depressive, and post-traumatic stress disorders as well as panic attacks and social phobia (Nelson et al., 2021).

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 tool, but it also provides preliminary information about whether a client needs further assessment related to substance use or mental health needs.

See Responsibility.org's Implementation and Process Evaluation on the CARS tool for more information on previous CARS pilot sites and their outcomes. Also see research snapshots developed by the Division and funded by Responsbility.org that highlight key studies that informed the development of CARS.

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?
- Is there a cost associated with the tool? Who pays for any associated costs?
- What measures does the tool include to protect confidential information and ensure compliance with any established data protection policies?
- 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?

Prevalence:

Screening and assessment for all impaired driving offenders should occur as early as possible in the criminal justice process to guide timely intervention and treatment. While implementation varies by state, some such as Minnesota, Nevada, and New York require all, or certain impaired driving offenders to undergo substance use disorder screening and/or assessment, sometimes under different titles, at designated stages of a DUI investigation. Some local jurisdictions in

Minnesota have incorporated their own screening approach separate from the state mandate. Other jurisdictions without statewide requirements have also acted independently; for example, El Paso County, Texas uses screening and assessment to identify substance use disorders and mental health issues.

- Minnesota (Minn. Stat. § 169A.70) requires each county board to establish, or contract with, a regional alcohol safety program to provide chemical use assessments for individuals convicted of certain offenses, including impaired driving. The administering county agency must submit the report to the court handling the case and the Department of Public Safety. Each report must include details such as a diagnosis of the offender's alcohol and chemical involvement and recommendations for appropriate care. If a preconviction assessment meets these standards, the court may accept it in place of a postconviction assessment.

  Some local jurisdictions in Minnesota also use Screening, Brief Intervention, and Referral to Treatment (SBIRT) as an early intervention to identify individuals with substance use disorders or those at risk of developing them. The approach combines three components: Screening to identify risk, Brief Intervention to raise awareness of risks and motivate change, and Referral to Treatment to connect high-risk individuals with appropriate care.

  The Minnesota Office of Traffic Safety funded a project from January 2014 to June 2015 to integrate SBIRT into DWI courts in Duluth, Minnesota for first-time DWI offenders. The project required participants to undergo the SBIRT process within a few weeks of arrest. The project led to faster case processing and follow up interviews indicated positive behavioral changes among participants, with no repeat DWI offenses reported at the time of interview (Institute for Clinical Systems Improvement, 2015).

  Additional research on Duluth's program shows that SBIRT participants screened between 2014 and 2016 had fewer DWI arrests compared to those arrested between 2012 to 2014 and 2015 to 2023 who did not participate in the SBIRT model (NPC Research, 2024).

- Nevada (NRS 484C.300) requires the court overseeing a DUI case, including specialty courts, to order an evaluation before sentencing to determine whether a potential felony DUI offender has an alcohol or substance use disorder and whether they can be successfully treated. The evaluation must be conducted by a qualified professional such as a licensed alcohol and drug counselor, or a certified physician or psychologist, and submitted to the Director of the Department of Corrections or to the specialty court with jurisdiction over the offender. First-time DUI offenders may also apply to their assigned court to undergo treatment for an alcohol or other substance use disorder to reduce other penalties associated with their offense (NRS 484C.320).

- New York (NY Veh & Traf L § 1198-A) requires mandatory screening by an alcohol or substance use professional for first time DUI offenders with a BAC under .15 or for those charged with related offenses such as refusal to submit to chemical testing. The screening determines whether an individual has an alcohol or substance use issue and may benefit from treatment and must be ordered at arraignment or before sentencing. Mandatory assessment is required if the initial screening indicates substance use or dependency, if the offender has a BAC of .15 or higher, or if the individual has subsequent DUI convictions, or offenses of vehicular manslaughter that have occurred once in the past five years, or twice in the past 10 years.

  The law also requires the Office of Addiction Services and Supports (OASAS) to maintain a list of agencies and professionals authorized to provide screening, assessment, and treatment services for DUI offenders (OASAS, n.d.).

- El Paso County, Texas operates a DWI Drug Court Intervention and Treatment Program, the first of its kind in the state. The program provides treatment for court-involved individuals with a history of alcohol and/or substance use, mental health disorders, trauma, military service, or DWI charges on federal reservations. As of January 2025, 720 individuals have graduated from the court over the past 20 years, with a recidivism rate of 10% (Martin, 2025). The program can be completed in 18 months and is structured into five required phases (El Paso County Criminal Court at Law Number Two, 2021). Participants are assessed using the CARS screening and assessment tool to identify substance use disorders and/or mental health issues.

Research Highlights:

Many 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. Existing research on alcohol and drug use disorders and how they intersect with mental health disorders can inform such efforts.

Alcohol use disorders:

- 62% of first-time convicted offenders and 63% of repeat convicted offenders have experienced an alcohol use disorder in the past year (Keating et al., 2019).
- 80% of first-time convicted offenders and 94% of repeat convicted offenders have experienced an alcohol use disorder in their lifetime (Keating et al., 2019).
- About one out of every 100 DUI episodes results in arrest (NHTSA, 2023).
- According to NHTSA, in 2023, an estimated 1,354 (or 2.3%) drivers involved in a fatal crash had a prior DUI offense in the past five years. Among these repeat offenders involved in a fatal crash, 50% had a BAC of .08 or higher at the time of the crash, including 37% who had a BAC of .15 or higher (NHTSA, 2025).

- Male and female DUI offenders have similar rates of alcohol use disorders, but female DUI offenders have higher rates of certain mental health disorders and are more likely to be experiencing multiple mental health disorders (Robertson et al., 2019; LaPlante et al., 2008).
- 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; Keating et al., 2019).
- 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. In other words, those with more severe offenses such as repeat offenses, likely started experiencing substance use problems at an earlier age (McCutcheon et al., 2009).

Drug Use Disorders:

- In 2023, 59% of driver fatalities involved a driver who tested positive for drugs but not alcohol and 41% were positive for both alcohol (BAC=.01+) and at least one other drug. Additionally, 33% of drug-positive driver fatalities involved an alcohol-impaired driver (NHTSA, 2025).
- A 2024 survey on substance use and mental health matters revealed that 46.3 million (17.7%) individuals aged 18 and over had a substance use disorder in the past year, including 2.8% (nearly 7.3 million) who had both an alcohol and drug use disorder. Among those with a substance use disorder, 16% had both an alcohol and drug use disorder, 43% had an alcohol use disorder only, and 41% had a drug use only disorder (Substance Abuse and Mental Health Services Administration's 2024 National Survey on Drug Use and Health, 2025).
- 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).
- According to Keating et al., 16% of first-time DUI offenders and 36% of repeat offenders meet criteria for a lifetime drug use disorder, while 10% and 14%, respectively, meet criteria for a past-year disorder.

Mental health disorders:

- A study of repeat DUI offenders revealed that 44% of repeat DUI offenders have a lifetime history of mental health disorders, such as anxiety disorder or PTSD, in addition to alcohol or drug use disorders (Shaffer et al., 2007). Additionally, the study showed that almost 30% qualified for a past-year disorder other than substance use.
- Repeat offenders have higher lifetime rates of alcohol use disorder, drug disorders, and other mental health disorders (Nelson and Tao, 2012).
- A study found that repeat DUI offenders screened positive for an average of 6.3 mental health disorders in their lifetime compared to 3.7 for first-time offenders (Keating et al, 2019).

- 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. Research has also confirmed that female DUI offenders appear to have significantly higher psychiatric comorbidity relative to their male counterparts with diagnoses of anxiety, depression, and bipolar disorder being common (LaPlante et al. 2008).
- 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.
- Researchers tracked repeat DUI offenders with assessed psychiatric disorders for five years after their admissions to a DUI treatment program. They found that offenders with certain patterns of psychiatric disorders like alcohol dependence or PTSD were more likely to commit a criminal offense during the five-year follow-up. Additionally, those with attention deficit disorder were more likely to commit motor vehicle related offenses during this period. The study suggests that DUI is often part of a broader pattern of criminal behavior, and psychiatric disorders increase the risk of re-offense (Nelson et al., 2015).
- 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.
- A study using the CARS screener module to compare psychiatric comorbidity among repeat and first-time DUI offenders found that for 16 of 19 psychiatric disorders, such as alcohol use disorder, repeat DUI offenders were more likely than first-time offenders to screen positive during their lifetime. Additionally, repeat offenders were more likely to screen positive for 11 of 16 assessed psychiatric disorders in the past year. More research is needed to determine if psychiatric comorbidity among first-time offenders predicts re-offense. If so, mental health screening of such offenders could provide information about how to best allocate resources (Keating et al., 2019).
- 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.
- Researchers have found varied offender profiles that suggest that earlier, more comprehensive screening could better allocate resources to target subtypes of DUI offenders effectively. The study identified three different primary repeat DUI offender subtypes:
    - Type I: Offenders whose DUI is associated with mood and anxiety problems.

- Type II: Offenders whose DUI is associated with a pattern of criminal behavior and substance use.
- Type III: Offenders whose DUI is not tied to these other behavioral and mental health problems (Nelson et al., 2019).

Established in 1991 as a national not-for-profit organization, Responsibility.org has led the fight to eliminate impaired driving and underage drinking.

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