



Screening and Assessment for *ALL* Convicted Drunk 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. Without the accurate identification of the presence of these disorders, practitioners miss an opportunity to address an underlying cause of offending and, subsequently, reduce future recidivism.

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 may have issues can be sent 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 an alcohol or mental health problem and those who likely do have an alcohol or mental health problem. 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 alcohol or mental health issues can be referred for an assessment. An assessment tends to be more formal than screening and these instruments are standardized, comprehensive, and explore individual 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 would occur at the beginning of the process (such as during the pre-trial stage). The results can then be used to inform sentencing decisions, case management plans, supervision levels, and treatment referrals/plans. It is important to note that assessments can be repeated at multiple junctures throughout an offender's involvement in the criminal justice system to identify progress and to inform changes to existing plans as needed.

Research Highlights:

- Approximately two-thirds of convicted DUI offenders are alcohol dependent (Lapham et al., 2001).
- 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.
- 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).
- 38% of male and 32% of female DUI offenders have met the criteria for drug abuse or dependence at some point in their lives (Lapham et al., 2001)
- 33% of men and 50% of women with an alcohol use disorder also had at least one other psychiatric disorder (Lapham et al., 2001).

- 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).

Responsibility.org Position:

The Foundation for Advancing Alcohol Responsibility believes that effective screening and assessment for alcohol, drugs, and mental health issues are essential for DUI offenders. 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 future instances of drunk driving, and subsequently, save lives, the underlying causes of DUI offending must be addressed. We also believe that the sooner that screening and assessment occurs in the criminal justice process the better as it provides practitioners with the information they need to make appropriate sentencing, supervision, and treatment decisions. In addition, we strongly support matching individuals with appropriate treatment interventions and accompanying levels of supervision based upon the outcome of risk/needs assessments.

References

Lapham, S., Skipper, B., Hunt, W., & Chang, I. (2000). Do risk factors for re-arrest differ for female and male drunk driving offenders? *Alcoholism: Clinical & Experimental Research*, 24(11), 1647-1655.

Lapham, S., Smith, E., C'de Baca, J., Chang, I., Skipper, B., & Baum, G. (2001). Prevalence of psychiatric disorders among persons convicted of driving while impaired. *Archives of General Psychiatry*, 58, 943-949.

Nelson, S., & Tao, D. (2012). Driving Under the Influence: Epidemiology, Etiology, Prevention, Policy, and Treatment. In: H. Shaffer, D. LaPlante, and S. Nelson (Eds.), *APA Addiction Syndrome Handbook: Vol.2. Recovery Prevention, and Other Issues*.

Shaffer, H., Nelson, S., LaPlante, D., LaBrie, R., & Albanese, M. (2007). The epidemiology of psychiatric disorders among repeat DUI offenders accepting a treatment sentencing option. *Journal of Consulting and Clinical Psychology*, 75(5), 795-804.

Wanberg, K., Milkman, H., & Timken, D. (2005). *Driving With Care; Education and Treatment of the Impaired Driving Offender*. New York: Sage Publishing.