

SUBSTANCE ABUSE CARE:

From the Clinic
to the Courtroom



PHYSICIANS, ESPECIALLY THOSE IN PRIMARY CARE SETTINGS, CAN PLAY AN IMPORTANT ROLE IN IDENTIFYING AND TREATING ALCOHOLISM EARLY, BEFORE A PATIENT'S HEALTH IS GRAVELY IMPACTED OR THE RISKY BEHAVIOR ASSOCIATED WITH ALCOHOL USE CAUSES INJURY OR DEATH. HOWEVER, ASSESSING PATIENTS FOR EXCESSIVE ALCOHOL USE AND ADDRESSING THE PROBLEM AS PART OF A PRIMARY CARE VISIT CAN BE DIFFICULT OR INEFFECTIVE.

IN 2014, MORE than 25,250 arrests for driving while intoxicated (DWI) were made in Minnesota. The Institute for Clinical Systems Improvement has gathered data that demonstrates two out of three first-time offenders don't get another DWI. For those who do, the risk of injuries or deaths increases with each subsequent arrest. The likelihood of the repeat offender developing addiction or substance abuse disorders also increases.

In most jurisdictions, first-time DWI offenders are given nearly the same sentence — fines, jail and/or probation. Yet we know that not all those arrested for the same offense have the same treatment needs.

Might there be a way to assess the first-time DWI violator to identify whether he or she is likely to repeat the offense, steer him or her toward help, and potentially prevent a second DWI? Could the courts provide such services without over-responding to those who are not likely to repeat the offense?

To find out, Minnesota's 6th Judicial District Court in Duluth launched a program modeled after the Screening, Brief Intervention and Referral to Treatment (SBIRT) approach to early intervention. Designed to help break the DWI cycle in its earliest stages, the initiative equips those at risk for repeated offenses with important information and coaching.

The SBIRT model consists of screening to identify risk for developing substance abuse disorders; brief intervention to raise awareness of risks and consequences, motivate for change, and help set healthier goals; and referral to treatment to aid access to treatment and coordinate services for people with high risk and/or dependence.

With funding from the Minnesota Department of Public Safety, consulting from the Institute for Clinical Systems Improvement and unique partnerships with several community organizations, a demonstration project was created and implemented in 2014. St. Louis County Health and Human Services, the Center for Alcohol and Drug Treatment, Arrowhead Regional Corrections, Court Administration, public defenders, and law enforcement collaborated to create this program.

HOW THE PROGRAM WORKS

Anyone arrested for a first-time DWI in Duluth is summoned to court within a few weeks of arrest. Immediately after going before the judge, the client meets with an interventionist who walks him or her through a screening tool to assess the amount and frequency of alcohol use. The interventionist talks with clients about their results. Clients set goals for changing their

behavior and are referred to treatment, if necessary. The interventionist contacts clients approximately one month later to see how they're doing, as well as to evaluate the need for an additional referral to treatment.

The information about clients' screening and goal setting is confidential between them and the interventionists and is not part of their court file. There is value in creating a space in which clients can speak freely and set their own goals. The court knows the process is happening, that the client is being referred when needed and that the interventionist will follow up. Confidentiality supports the process.

PROMISING RESULTS

We don't yet know the full impact of incorporating the SBIRT model into the court process for first-time DWI clients, and it's too early for recidivism data. Not surprisingly, the majority of clients fall into the low-risk category. A few have scored as higher need, with either harmful or dependent alcohol use. They have been referred to services, and the interventionists are following up.

Many participants are reporting changes in their behaviors in response to goal setting, including drinking less frequently, drinking less on occasions when they do drink and changing their decision making around alcohol and driving.

"There's a normalcy surrounding drinking in Minnesota," one client says. "I'm so glad there's a program like this in place that educates people on their alcohol use. I had no idea how easy it is to get to a [blood-alcohol concentration of] .08 percent."

Word has spread, and we actually have people coming to court looking forward to talking with an interventionist. They've heard about it from friends, who viewed it as a positive experience. Also, as surprising as it seems given the level of information available, we see a lot of people who really need education on alcohol and driving.

"This was amazing," one client says. "I thought I could have four drinks and still drive. This stuff should be taught in high school."

"This wasn't the first time I had driven drunk, but it was the first time I'd been caught," another client says. "I believe I have a problem, and now I am starting to face it."

Might this client have been one of the roughly 33 percent likely to reoffend? Could this intervention make a difference in his trajectory? That's our hope and the impetus behind this program.

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