NTLC NATIONAL TRAFFIC LAW CENTER NDAA

BETWEEN THE LINES

Volume 34, Issue 5 | May 2026

UPCOMING TRAININGS & CONFERENCES

A full list of NDAA's virtual learning sessions is available at
➤ learn.ndaa.org

NDAA's Mastering Masking Digital Course/ On Demand Training (CLE Available)
➤ learn.ndaa.org/products/mastering-masking

NDAA's Human Trafficking and the Impact on Commercial Driver's Licenses/On Demand Training
➤ learn.ndaa.org/products/human-trafficking-and-the-impact-on-commercial-drivers-licenses

NDAA's Prosecuting DUI Cases Online Course/ On Demand Training (CLE Available)
➤ learn.ndaa.org/products/prosecuting-dui-cases

NDAA's Investigation and Prosecution of Drug-Impaired Driving Cases Online Course/On Demand Training (CLE Available)
➤ learn.ndaa.org/products/investigation-and-prosecution-of-drug-impaired-driving-cases

NDAA's Admissibility of 3D Evidence: Legal Standards & Defensibility (Live Webinar)
June 2, 2026 @ 1:00 p.m. ET ➤ WEBLINK

NDAA's 2026 Commercial Driver's License Violations Conference: Enforcement, Prosecuting, and Reporting
June 8–10, 2026 Orlando, FL ➤ WEBLINK

NDAA's NDAA's Trial Advocacy Academy 101 Series—Maintaining Professionalism (Ethics) (Live Webinar)
June 25, 2026 @ 2:00 p.m. ET ➤ WEBLINK

RESOURCES

Impaired Driving Resources
➤ www.ndaa.org/impaired-driving-and-other-traffic-safety-topics

CDL-Related Resources
➤ ndaa.org/cdl

NDAA STAFF

Executive Director
Nelson O. Bunn, Jr.

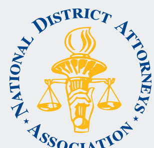
THE NATIONAL TRAFFIC LAW CENTER

Director
Erin Inman einman@ndaajustice.org

Senior Attorneys
Jill Bennett jbennett@ndaajustice.org
Jim Camp jcamp@ndaajustice.org
Stacy Graczyk sgraczyk@ndaajustice.org
Bella Truong btruong@ndaajustice.org

Coordinator, Education & Engagement
Hannah Garbee hgarbee@ndaajustice.org

The National Traffic Law Center is a division of the National District Attorneys Association. This document was prepared under Cooperative Agreement Number 693JJ91950010 from the U.S. Department of Transportation National Highway Traffic Safety Administration. Points of view or opinions in this document are those of the authors and do not necessarily represent the official positions or policies of the Department of Transportation or the National District Attorneys Association.



SBIRT and Impaired Driving: A New Opportunity for Early Intervention in the Justice System

By Julie Seitz, LGSW, MSW, LADC, Project Director, Impaired Driving Solutions (IDS), a division of All Rise

For decades, impaired driving systems have largely focused on legal accountability after the fact: arrest, prosecution, sentencing, supervision, and, in some cases, treatment. While these interventions remain critical for public safety, many jurisdictions are beginning to ask an important question: What if we intervened earlier?

Screening, Brief Intervention, and Referral to Treatment (SBIRT) offers one possible answer.

Originally developed within healthcare and public health systems, SBIRT is an evidence-based approach designed to identify risky alcohol and drug use before more severe substance use disorders develop. Increasingly, traffic safety professionals, courts, and public health partners are exploring how SBIRT may serve as an early intervention strategy for individuals charged with first-time impaired driving offenses.

At Impaired Driving Solutions (IDS), a division of All Rise, this question has become central to an emerging national conversation: How can impaired driving systems incorporate evidence-based behavioral health interventions without overburdening courts or expanding unnecessary system complexity?

What Is SBIRT?

SBIRT stands for:

- Screening
- Brief Intervention
- Referral to Treatment

The model begins with the use of validated screening tools to identify risky alcohol or drug use patterns. For impaired driving populations, this often includes:

- the Alcohol Use Disorders Identification Test (AUDIT) for alcohol use, and
- the Drug Abuse Screening Test (DAST) for other drug use.

Following screening, individuals participate in a short, structured conversation typically lasting 15 to 20 minutes, grounded in motivational interviewing principles. The purpose is not punishment or interrogation. Instead, the brief intervention is designed to increase awareness, encourage reflection, and explore readiness for change.

Not every individual charged with impaired driving requires intensive clinical intervention, but many may benefit from a structured opportunity to reflect on substance use and associated risk behaviors before those patterns escalate.

When higher-risk patterns emerge, individuals may be referred for further assessment or other support services through existing community referral pathways.

Importantly, SBIRT is not treatment, nor is it intended to replace existing court responses. It is a public health intervention designed to occur early, often shortly after arrest or during initial court involvement.

Why Impaired Driving Systems?

The impaired driving field is uniquely positioned for early intervention work because a DWI arrest often creates what behavioral health professionals refer to as a “teachable moment.” Individuals who may never otherwise engage in conversations about alcohol or drug use suddenly become more aware of the legal, financial, and personal consequences associated with impaired driving behavior.

At the same time, many first-time impaired driving offenders do not meet criteria for severe substance use disorders. Some may simply exhibit risky or hazardous substance use patterns that have never been identified or addressed. SBIRT was designed specifically for this population: individuals whose behaviors may not yet require intensive treatment, but who could benefit from brief intervention and increased awareness. This distinction matters.

Historically, justice systems have often struggled with the challenge of balancing accountability with proportionality. Not every individual charged with impaired driving requires intensive clinical intervention, but many may benefit from a structured opportunity to reflect on substance use and associated risk behaviors before those patterns escalate. SBIRT offers a framework for doing precisely that.

Minnesota's Emerging Pilot Work

In Minnesota, jurisdictions have begun piloting SBIRT models within impaired driving systems through partnerships among courts, public health agencies, and community stakeholders. One of the earliest and most closely studied implementation efforts emerged in the Sixth Judicial District in St. Louis County (Duluth, Minnesota), where justice and public health partners collaborated to integrate SBIRT into first-time DWI workflows.

Rather than creating a large new court program, the St. Louis County model focused on simplicity and early intervention:

- identifying eligible first-time DWI participants,
- referring them for a brief SBIRT session shortly after court involvement,
- utilizing validated screening tools such as the AUDIT and DAST,
- and limiting information returned to the court to completion status only.

The results have been promising. Early implementation data showed strong participation and increasing system efficiency over time as workflow barriers were identified and reduced. Among eligible participants initially scheduled to appear in court, the project estimated that approximately 80% would complete screening successfully after process improvements were implemented. Follow-up data also suggested a meaningful behavioral impact. Among participants who completed follow-up appointments, 96% reported taking positive steps toward personal goals, approximately 54% reported reducing the frequency of alcohol use, and 51% reported reducing the number of drinks consumed when they did drink.

> Participants who received SBIRT were rearrested for impaired driving at lower rates than comparable non-SBIRT groups

More significantly for traffic safety systems, independent evaluations conducted by NPC Research found that participants who received SBIRT were rearrested for impaired driving at lower rates than comparable non-SBIRT groups. NPC Research also found that AUDIT screening scores accurately predicted future DWI recidivism risk and that participants who engaged in follow-up services were even less likely to incur subsequent DWI arrests.

The St. Louis County pilot also demonstrated that meaningful outcomes could be achieved without significant system expansion or high cost. According to NPC Research, the program costs approximately $85 per participant while generating an estimated $3,143 in savings per participant through improved outcomes, equating to approximately $37 in taxpayer savings for every dollar invested. Since implementation began in 2014, the estimated cumulative savings associated with the project have approached $4.9 million.

More recently, Hennepin County, Minnesota, has begun implementing its own SBIRT model for first-time DWI cases, further reinforcing the potential value of early screening approaches. Initial year-one outcomes suggest the model can efficiently identify individuals with elevated clinical need without overwhelming systems or overutilizing treatment resources. During the first year of implementation, peer recovery specialists completed 1,122 SBIRT screenings, with approximately 39% of individuals referred for further clinical assessment. Importantly, the majority of participants screened as low risk and did not require additional intervention, helping ensure more intensive resources remained targeted toward individuals with moderate or high-risk substance use patterns. Less than 6% of all screened first-time DWI participants fell into the high-risk category, while approximately 20% demonstrated moderate-risk patterns warranting additional attention.

These early Minnesota initiatives suggest that SBIRT may offer impaired-driving systems a practical framework for introducing evidence-based behavioral health screening and intervention at the earliest possible stages of justice involvement, without substantially increasing court workload or creating unnecessary system complexity.

The Promise of System Change

Perhaps the most promising aspect of SBIRT is not the intervention itself, but what it represents for the future of impaired-driving systems.

Traditionally, many justice responses have focused heavily on downstream interventions after patterns have become chronic or high-risk. SBIRT introduces a different possibility: early identification, brief engagement, and connection before deeper system involvement occurs.

Equally important, SBIRT demonstrates that meaningful behavioral health interventions do not necessarily require large new infrastructures or substantial court expansion. In most models, the intervention is delivered outside the courtroom by trained public health or behavioral health professionals. Courts are not expected to become treatment providers. Instead, they serve as partners in creating pathways to early intervention. This distinction significantly reduces implementation burden.

One of the most common concerns raised by jurisdictions exploring SBIRT is workload. Courts, probation departments, prosecutors, and coordinators are already operating within resource constraints. Early pilot efforts, however, have shown that SBIRT can be integrated into existing workflows with relatively minimal disruption when implementation remains focused and streamlined. The lesson emerging from early adopters is clear: jurisdictions should resist the temptation to overbuild the model.

SBIRT works best when it remains:

- brief,
- targeted,
- confidential,
- and operationally simple.

Early pilot efforts have shown that SBIRT can be integrated into existing workflows with relatively minimal disruption when implementation remains focused and streamlined.

Looking Ahead

As impaired-driving systems continue to evolve, there is increasing recognition that public safety and public health are not competing priorities. In fact, they are deeply interconnected.

SBIRT offers an opportunity to strengthen that connection by introducing evidence-based early intervention in justice settings in a practical, scalable, and responsive way to local community needs.

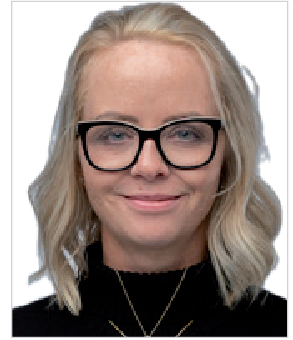
For jurisdictions exploring impaired-driving innovations, the question may no longer be whether behavioral health interventions belong within traffic safety systems, but rather how to implement them thoughtfully, proportionately, and effectively.

The work emerging in Minnesota and through national conversations led by organizations such as Impaired Driving Solutions suggests that SBIRT may become an increasingly important part of that future.

And perhaps most importantly, it offers a reminder that meaningful system change does not always begin with sweeping reform. Sometimes it begins with a simple conversation, at the right time, with the right person, in the right setting.

Jurisdictions across the country are increasingly exploring how SBIRT may fit within impaired-driving systems, DWI courts, and broader traffic-safety initiatives. As this work continues to evolve, collaboration among courts, public health agencies, treatment providers, and traffic safety partners will remain critical to successful implementation. For questions about SBIRT implementation in impaired driving settings, jurisdiction-level pilot development, training opportunities, or technical assistance, please contact Julie Seitz, Project Director for Impaired Driving Solutions, a division of All Rise, at jseitz@allrise.org.

About the Author



Julie Seitz, LGSW, MSW, LADC, is a Project Director with Impaired Driving Solutions (IDS), a division of All Rise, providing national training and technical assistance to treatment courts and justice-system partners. With more than 25 years of experience, her work spans clinical practice, community-based program development, and systems transformation.

Julie is an adjunct MSW faculty member at The College of St. Scholastica and an editor and contributor with the American Society of Addiction Medicine (ASAM), supporting national guidance related to the ASAM Criteria and evidence-based clinical standards. She is a frequent national and international presenter and is known for helping systems move beyond one-size-fits-all approaches toward individualized, measurable, and effective practice.

MASTERING MASKING

Legal and Ethical Consequences of Plea Negotiations Involving Commercial Driver's Licenses

Click here to register!

August 12, 2026

Renaissance Columbus Downtown Hotel

50 North 3rd Street
Columbus, OH 43215