

HIGHWAY TO JUSTICE

SUMMER 2020

From The ABA with support from the National Highway Traffic Safety Administration

SPECIAL PANDEMIC PROBLEMS IN RURAL JURISDICTIONS: A TIME FOR JUDICIAL OUTREACH

*By Judge J. Matthew Martin
American Bar Association Tribal Court Fellow
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The SARS-CoV-2 virus has upended court systems across the country. Rural courts are uniquely affected because the virus struck when our rural communities were already under great strain. In this article, I illustrate some of those strains and how they have been insidiously increased by the pandemic. Finally I suggest some ways in which traffic court judges—or any judge interested in wellness and prevention—might consider some new ideas about how we can conduct outreach to those users of judicial services as well as the rural communities at large.

When the SARS-CoV-2 virus became a worldwide pandemic, rural America was already in the midst of an epidemic: the opioid crisis. From drug-impaired driving to burglaries to international crime syndicates, numerous rural communities were at risk of losing their very identities to painkillers. This didn't change with the onslaught of the virus; it simply was no longer news. The cases and the suspects/defendants/offenders/clients are still there. How to provide them with due process, jury trials and appropriate monitoring are now all the more complicated.

First, a backlog of cases is growing. As chief justices and other supervisory adjudicators across the country have vastly reduced court schedules and virtually eliminated jury trials, the pending matters on our dockets increase daily. Tackling the backlog, as we must, will necessarily take away judicial hours for outreach activities, and will present additional challenges in the monitoring of treatment court participants. We simply are going to have less available time.

Monitoring treatment court participants is significantly harder in the pandemic. It is commonly known that rural areas lack broadband connectivity. While we may have the capability to use web applications for judicial supervision and monitoring of treatment court participants, or even holding court, it becomes much more challenging when the

community is not served with the necessary infrastructure or if the population is unable to afford or access it.

This lack of connectivity may lead to a breakdown in peer-to-peer recovery support in our treatment court settings. As judges we rely on these networks as part of a participant's supervision plan to facilitate successful outcomes and adhere participants to individuals who have experienced successful outcomes.

Rural housing stock—tenuous for the court-involved population in the best of times—may become even more problematic. Homelessness, which has long masqueraded in popular media as an urban phenomenon, may increase in the countryside. Should these offenders become more peripatetic, additional resources will be necessary to keep tabs on them for the court.

The economic collapse and unprecedented increase in unemployment may lead to food scarcity and hunger, as it has already done in several urban settings. Increased poverty, hunger, and other economic barriers can only further damage the health of the treatment court population, who have already intersected the judicial branch by way of substance addiction disorders, and, in many instances, co-occurring mental health diagnoses.

These factors may lead more of the court-involved population into the rural health care system, a system which, prior to the pandemic, was groaning under the weight of the opioid epidemic. The spectre of a homeless, unhealthy, substance-abusing population, unable to access healthcare, can only mean more intersections with the criminal justice system and the local jails.

A parallel collapse in state revenues has mirrored the unprecedented rise in unemployment. As states look to trim their budgets, past evidence suggests that they will look to the judicial branches for draconian cuts. We have no lobbyists.

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We would like to hear from other judges. If you have an article that you would like to share with your colleagues, please feel free to submit it for inclusion in the next edition of *Highway to Justice*.

To submit an article, please send it to the editor, Hon. Neil E. Axel neilaxel49@gmail.com with a copy to the staff liaison, Kennedy.Green@americanbar.org. Please contact Ms. Green for editorial guidelines.

The deadline for submission of articles for the Summer issue is August 26, 2020.

SPECIAL PANDEMIC PROBLEMS IN RURAL JURISDICTIONS: A TIME FOR JUDICIAL OUTREACH continued from page 1

How can we, as rural judges interested in judicial outreach, whether that is to our fellow judges, or to the populations we serve, come up with creative ideas to address some of these issues? Of course, we are constrained by our canons of judicial conduct and our local rules. But, if this pandemic has shown us anything, it is that our court systems have rapidly become flexible.

First, necessity can truly be the mother of invention. As I write this, Judge Neil Harris is holding court outside in Mississippi. Judge Mary Jane Knisely is preparing with a colleague to conduct two jury trials in a civic arena in Billings, Montana. Court internet centers, like those already in use in the Leech Lake/Cass Itasca Counties Joint Jurisdiction Courts can bridge vast distances and give people who would not otherwise be able to travel to the courthouse, access to judicial services. While the Joint Jurisdiction Courts involve partnerships between the state and a Tribal nation, the concept is easily replicated. Simply place a broadband terminal at a police substation or other government facility and let locals access the court from there, rather than trying to find a ride over long distances to the court itself.

Second, as leaders in our communities, judges have significant power to mobilize the court family. We can harness the collective power of prosecution and defense attorneys, probation, staff, and law enforcement to ensure that no one slips through the cracks. Each scenario is different, but this is within our grasp.

Third, judicial outreach is needed now more than ever; not only for the population we adjudicate and serve but also for our judiciaries. Our colleagues are thirsting for ideas on how best to address their local challenges. We need to be prepared to volunteer to present on webinars and otherwise share resources and ideas. In that spirit, here is the link to the Office of National Drug Control Policy's Rural Resource Guide to Help Address Substance Abuse Disorder and Opioid Misuse: <https://www.rd.usda.gov/files/RuralResourceGuide.pdf>

Fourth, those of us who know our legislators must, within the strictures of our governing canons and rules, explain to our lawmakers that the rule of law will suffer if massive cuts are imposed on our judicial systems. As judges, we can explain the impact of these revenue reductions to our executive and judicial branches and to the members of our respective bar associations who are as invested as we are in maintaining constitutional equilibrium.

Finally, as judges, we must take care of ourselves. Regardless of whether your judicial philosophy makes you a strict adjudicator or an agent of change, we all are givers. We give ourselves to our communities because we all believe in equal justice under law. However, we are not always great at looking after our own wellbeing. You do no one any good if you are ill. We have a duty to take care of each other, and not be afraid to say to a colleague, "Judge, you need to go home and get some rest." Similarly, we should allow ourselves and our colleagues to speak freely when one among us needs a helping hand. Our country is in this together and so are we. I salute each and every one of you because you are all rising to the occasion. I couldn't be prouder to be one of your number.

Judge Martin is the American Bar Association's first Tribal Court Fellow

CASE NOTE: ADMISSIBILITY OF DRUG RECOGNITION EXPERT TESTIMONY IN IMPAIRED DRIVING CASES

By Judge Leon Burns
Tennessee State Judicial Outreach Liaison
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Introduction

Earlier this year, Tennessee joined a number of other states which have accepted into evidence trial testimony from a drug recognition expert (DRE) in impaired driving cases. The case, *State v. Benjamin Scott Brewer*, 2020 WL 1672958 (TN Crim.Ct.App. April 6, 2020), represents the first Tennessee appellate court opinion to hold that a properly trained, experienced and certified law enforcement officer may testify as an expert and give his/her opinion of one's drug impairment. The Public Defender has indicated they will be seeking permission to appeal to the Tennessee Supreme Court.

Generally, drug recognition expert testimony is evidence offered at trial by a specially trained police officer who administers an established and standardized 12-step protocol to a suspected drug-impaired driver. The protocol was developed to help determine whether a suspect is impaired, whether their impairment is caused by drugs or a medical condition, and due to drugs, what category of drugs likely caused the impairment. The protocol was established in the 1970's by the Los Angeles Police Department in collaboration with physicians, researchers and other medical professionals and is in use in all 50 States.

When admitted into evidence, DRE testimony is one piece of evidence to be considered by the trier of fact along with all other evidence of impairment or lack of impairment. This would include observations made of the defendant's driving, any post-stop observations, statements made by, and evidence seized from, the defendant or his/her vehicle, and any blood and breath test results.

State v. Brewer

The evidence in this case indicated that the Defendant was driving a semi-truck on I-75 in a construction zone near Chattanooga when he crashed into multiple vehicles from the rear. He was travelling approximately 78 to 82 miles per hour, and the resulting crash scene spanned 453 feet. As a result of the crash, six people were killed and four were injured. At the police station, the Defendant submitted to a breath test that showed no alcohol in his system. Chief Brian Hickman of the Collegedale Police Department was called and evaluated the Defendant for drug impairment using the drug recognition protocol. As a result of the Defendant's performance on the tests and visual observations, Chief Hickman opined that the Defendant was likely under the influence of both a depressant and a stimulant. The Defendant voluntarily submitted to a blood test, the results of which were positive for methamphetamine, a stimulant, but negative for the presence of a depressant.

The Defendant was indicted for and subsequently convicted of six counts of vehicular homicide by intoxication, four counts of reckless aggravated assault, driving under the influence and speeding.

The Defendant objected to the testimony of Chief Hickman as a drug recognition expert and argued that his knowledge and procedures failed to satisfy the criteria necessary for admitting expert testimony as adopted by the Tennessee Supreme Court in *McDaniel's v. CSX Transp., Inc.*, 955 S.W. 2d 257, 265 (Tenn. 1997). He also contended that the DRE protocol and its results lacked trustworthiness and reliability.

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Dates to Remember

July – September
Heatstroke Awareness



July 4
Fourth of July
Impaired Driving
Drug-Impaired Driving



August 19 – September 7
Drive Sober or Get Pulled Over



September 20 – 26
Child Passenger Safety Week
September 26
National Seat Check Saturday

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CASE NOTE: ADMISSIBILITY OF DRUG RECOGNITION EXPERT TESTIMONY IN IMPAIRED DRIVING CASES

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In a pre-trial hearing, Chief Hickman reviewed his experience, training and qualifications to become a DRE. He explained the educational component and the supervised evaluation process of preparing for the final examination to become certified. He testified that he has been certified as a DRE since 2004 and recertified every two years. He described the 12 step protocol involved in the DRE evaluation and how the steps are performed. He explained the field validation studies that were conducted in developing the DRE tests and the accuracy rates.

The trial court considered the testimony and evidence presented, noting the accuracy of the field tests and the methods and data used during the development of those field tests. The trial court described the field studies as “appropriate and exhaustive,” and commented that Johns Hopkins University followed the development of the DRE field test with “extensive studies.” The court determined that Chief Hickman followed the DRE procedure and that his training, education, background, certification and experience qualified him to testify as an expert. The court further concluded that the evidence offered “would substantially assist the trier of fact” as required by Tennessee Rules of Evidence 702 and 703 and should be admitted into evidence as expert testimony.

On appeal, the Court of Criminal Appeals commented on the requirements for admissibility as set forth in Rules 702 and 703 and referenced the five nonexclusive factors to be considered in assessing the reliability of expert testimony as enumerated in *McDaniel’s*:

1. whether scientific evidence has been tested and the methodology with which it has been tested;
2. whether the evidence has been subject to peer review or publication;
3. whether the potential rate of error is known;
4. whether the evidence is generally accepted in the scientific community; and
5. whether the expert’s research in the field has been conducted independent of litigation.

Then quoting from *State v. Davidson*, 509 S.W.3d 156, 208 (Tenn. 2016), the court pointed out that a trial court “must assure itself that the [expert’s] opinions are based on relevant scientific methods, processes, and data, and not upon an expert’s mere speculation.”

Based upon its review of the record, the court concluded that the trial court had complied with Tennessee Rules of Evidence 702 and 703 in its findings and had aptly considered the development of the test and its reliability when determining whether to admit the testimony. In affirming the trial court’s decision and denying the defendant relief on this issue, the court relied upon the field tests, the testing methodology, the review of the methodology used by Johns Hopkins University, the rate of error, and the number of experts certified in the State of Tennessee.

Conclusion

Although the Court’s decision in *Brewer* is the first appellate decision in Tennessee, appellate courts around the country have similarly held DRE testimony admissible and have done so based on a number of different theories.¹ Some courts have found the testimony admissible under the scientific evidence admissibility standards set forth in *Frye*² and *Daubert*³; some have done so as “lay” testimony from a witness with special knowledge; some have done so based on Federal Rule of Evidence 702 and comparable State Rules of Evidence; and others have used a combination of theories. Both Maine and North Carolina allow DRE opinion evidence based on express statutory authority.

In 2016, the Supreme Court of Wisconsin in *Chitwood v. State*, 369 Wis.2d 132 (2016) quoting from the case of *State v. Daly*, 278 Neb. 903 (2009) noted that every court to have considered the issue has concluded that testimony based upon the DRE protocol is admissible into evidence.

Since *Chitwood*, the author is not aware of any reported appellate decisions around the country that have held opinion testimony from a drug recognition expert fails to meet the admissibility standards under *Frye*, *Daubert*, or local rules of evidence.

1. See e.g. *State v. Klawitter*, 518 N.W.2d 577 (Minnesota 1994); *State v. Daly*, 278 Neb. 903 (2009); *U.S. v. Everett*, 972 F.Supp. 1313 (D. Nev.1997); *State v. Aleman*, 145 N.M. 79 (2008); *State v. Sampson*, 167 Or.App. 489 (2000); *State v. Rambo*, 250 Or.App. 186 (2012); *State v. Chitwood*, 369 Wis.2d 132 (2016); *State v. Kanamu*, 107 Haw. 268 (2005); *Williams v. State*, 710 So.2d 24 (Fla. Dist. Ct. App. 1998); *State v. Baity*, 140 Wash.2d 1 (2000); *Mace v. State*, 328 Ark. 536 (1997); *Burton v. State*, 300 S.W.3d 126 (Kentucky 2009); *Commonwealth v. Ferola*, 72 Mass.App.Ct. 170 (2008); *Richter v. State*, 482 S.W.3d 288 (Ct. App. Tex. 2015); *Wooten v. State*, 267 S.W.3d 289 (Ct.App.Tx 2008); *State v. Layman*, 953 P.2d 782 (Utah 1998). See also *People v. Benner*, 185 Cal.App.4th 791 (2010); *Poole v. State*, 249 Ga.App. 409 (2001); *State v. Lesley*, 133 Idaho 23 (1999); *Warwick v. State*, 179 So.3d 1069 (Mississippi 2015).
2. *Frye v. United States*, 293 F. 1013 (1923).
3. *Daubert v. Merrell Dow Pharmaceuticals*, 509 U.S. 579 (1993); and on remand at 43 F.3d 1311 (9th Cir. 1995).

ABA Judicial Outreach Liaison (JOL) Program:
The JOL program consists of a network of active and retired judges who serve as resources and educators on highway safety issues. To access these resources in your jurisdiction, contact any of the following:

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THE CRITICAL NEED TO INVOLVE FAMILIES IN TREATMENT COURT

*By Judge Robert Anchondo
County Criminal Court at Law No. 2
El Paso, Texas DWI Court & Treatment Program
ABA Regional Judicial Outreach Liaison (Region 6)*

A Mother's Desperate Call

Hello, Judge Anchondo? This is Miguel's mom. Judge, I need your help! My son graduated from your program 2 years ago—do you remember him? He's in the hospital right now because he spent the weekend binge drinking. He's not gonna make it, Judge—he's not expected to recover! They are asking me if I want them to pull the plug because he's brain dead! Judge, please tell me what to do . . . What should I do, Judge?

I knew it was imperative to begin including families in our treatment court program after I received this call on a Monday morning 10 years ago. At that time, we had always included families in our treatment court by providing resources to use along with our participants. But, that day, I decided that the families of participants had to be more meaningfully included in our court by also receiving our programming. And today, our treatment court in El Paso uses a multidisciplinary collaborative team approach to treat the family as well as the individual in order to break the generational patterns from further affecting family members. It only makes sense that if the Bio-psychosocial, CARS and ACE assessment tools ask questions about substance abuse, trauma, mental, and health issues within the family, treatment should extend to family members whenever possible.

People call alcoholism a “family” disease. Indeed, the symptoms of alcoholism are never limited to just the individual struggling with addiction. Studies demonstrate a genetic precursor to addiction, thus causing this DIS-EASE to repeat itself within some families. Research further shows that the effect of substance abuse does not limit itself to the user but extends to the entire family and to the larger society. To address the relationship between our participants and their families, our treatment court contracts with *El Paso's 2love1 Life Center* to provide family treatment for our participants and their families.

Although one size does not fit all, several treatment strategies are currently implemented such as Parenting Skills Classes, Adolescent Development, Couples Enrichment and Sesame Street, which provides materials to assist with parent/child bonding. Basic skills like English as a Second Language and School Intervention with at risk children of participants are offered as well. Through our treatment court partnership with *2love1*, approximately 40% of our participants are involved with family, parenting or couples' sessions.

Today, our treatment court continues to adapt to reflect the increased needs of our participants and their families in a pandemic. For, although COVID-19 did not create difficult family issues, it has magnified participant issues that were already in need of treatment. From a family/relationship perspective, COVID-19 can either allow these groups to bond because of the shelter in place policy *OR* can fracture them further because the family unit does not have the integrity to withstand this much time together. Thus, since the shelter-in-place policy took effect, we now categorize about 15% of our family, parenting, and couples' issues as high risk and high need. This compels treatment providers to laser focus on areas not detected in the past to begin to heal relationships. Also, due to the pandemic, most all of *2Love1's* services are now available via ZOOM. Although empirical data is not available comparing individual vs. family treatment, our DWI court has less than a 5% recidivism rate. A reasonable assessment is that family treatment does reduce the participant recidivism rate.

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THE CRITICAL NEED TO INVOLVE FAMILIES IN TREATMENT COURT

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The following vignette shows how our court implemented family treatment through “School Intervention” for one of the children of our participants by guiding her as she learns to tutor her child at home.

Ernesto & His Mom

Ernesto, his 3 siblings and his mom (our Court participant) have just moved into a homeless shelter. They escaped an alcoholic grandfather and a total of 9 people living in a small house. Ernesto is 9 years old. He has just begun to adjust to an alternative school where he has been sent due to fighting in his original school. While conditions at the shelter are better, children have not been allowed to play outside since the start of COVID-19. Through our treatment court’s partnership with 2Love 1 Life Center, Ernesto’s Mom was matched with a Parent Involvement Specialist.

The Center’s Parent Involvement Specialist, a former teacher, attends the official school transfer meeting with Ernesto’s mom to provide support and a deeper understanding of school policies and mom’s rights. Soon after, Ernesto’s new school then closes, as do most schools throughout the country. While sporadic instruction will be provided virtually by the school, shelter residents are rarely allowed to use the Internet. He was already getting behind his grade level, and now precious instructional time will be lost.

After learning that Ernesto was lagging behind academically, our Parent Specialist stepped in to work alongside our participant to support both her and Ernesto. Via ZOOM on Ernesto’s mom’s cell phone the Parent Involvement Specialist instructs our participant on how to implement some basic reading and writing strategies to help her son. In a short time, these strategies have already sparked changes for Ernesto’s creativity and his studies. Our participant even shared recently that she had no idea her son liked to write so much. Together as mother and son, they have now written their first book, entitled *The Squirrel That Ate the Wires* about a squirrel that got under the hood of a car, looking for warmth on a freezing winter day in New England. Ernesto dedicated his little book to his siblings and is now in the process of illustrating it.

Research demonstrates that 12.3 million children age 17 or less live with a parent who deals with a substance abuse disorder.¹ Furthermore, according to the National Center for Substance Abuse, the damaging influence of Adverse Childhood Experiences (ACE) puts children of users particularly at risk when it comes to their health, well-being, and use of tobacco, alcohol or drugs. Parents’ substance abuse has been associated with a decline on how they monitor their children. This in turn affects their ability to provide a safe and nurturing home environment in negative ways.² Instability with respect to employment, family structure, housing, childcare and household finances has also been shown to occur with parental substance abuse with consequences that extend far beyond the family environment.³

A common problematic phenomenon for a child growing up around substance abuse is the repeated inability to communicate effectively, which takes the form of a “rule of silence”.⁴ This stunts the child’s ability to open up and discover phases related to their cognitive and/or emotional knowledge and understanding. When the adult denies the substance abuse, the whole family and the community follow. Our

treatment court is close to the border, a mere 10-minute walk from the international bridge that divides the United States and Mexico. Thus, over 90% of our participants are of Mexican decent. This tendency to not “air our dirty laundry” is prevalent in Mexican culture, which often emphasizes norms that children are to be seen and not heard, lest it be interpreted as a sign of disrespect and shame to the family.

Because most often our participants themselves were children who came from highly stressful environments or traumatic family settings, their neural development usually causes serotonin and cortisol imbalances. These in turn lead to other issues which can contribute to illicit drug and alcohol use/abuse later in life. It is critical to assess and treat these issues to help the “adult child” that surfaces after years of trauma within the family. The intent of treatment with appropriate tools and assessments is to assist him/her cope. Additionally, and most importantly, the need to involve our families in the recovery process is critical. We invite the family into our courtroom in person and on ZOOM.

We begin by introducing ourselves and explaining the role we play in the recovery process. Often, to meet the linguistic and cultural needs of our population, our bilingual team addresses the families in Spanish. We do this in a very informal, relaxed and non-threatening setting. Two of our probation officers have spent numerous hours at the onset of COVID-19 training all our participants and some family members of participants on how to use ZOOM. In this way, participants and their families are still empowered to be a part of treatment court proceedings. Support for and from the family is the norm for us. It is vital to our program as is the unique supportive position of our Peer Coach—someone who has walked in their shoes.

The phone call I received that Monday morning strongly affirms the idea that substance abuse disorder is a family disease and affects all relationships in the family unit. When we implement a family-focused approach, we identify the needs of the participant and the family, address any trauma issues, promote safer communities, enhance public safety, and ultimately provide a stronger family unit.

Treat the Family—Heal Relationships—Break the Cycle

Suggested Readings

National Survey on Drug Use and Health. (April 16, 2009). Children Living with Substance-Dependent or Substance-Abusing Parents: 2002-2007.

Transitioning to a Family Centered Approach: Best Practices and Lessons Learned from Three Adult Drug Courts (2017).

1. Kuppens, S., Moore, S., Gross, V., Lowthian, E. and Siddaway, Andy P. (2019). The enduring effects of parental alcohol, tobacco, and drug use on child well-being: a multilevel meta-analysis. *Development and Psychopathology*: Cambridge University Press, 1-14.
2. Barnard, M. & McKegancey, N. (2004). The impact of parental problem drug use on children: what is the problem and what can be done to help? *Addiction*; Volume 99, Issue 5, 552-559.
3. Berger, L.M., Paxson, C., & Waldfogel, J., (2009). Income and Child Development. *Science Direct: Children and Youth Services Review*, Volume 31, Issue 9, 978-989.
4. Tedgard, E., Rastom, M., & Wirtberg, I., (2019). An upbringing with substance-abusing parents: Experiences of parentification and dysfunctional communication. *Nordic Studies on Alcohol and Drugs*: Volume 36 (3), 223-247.

REFLECTIONS OF A TREATMENT COURT PEER COACH: ANOTHER FORM OF FAMILY

In my culture, as a person born and raised in Mexico, addiction recovery was not a common occurrence in anyone's life—but alcoholism was definitely a huge part of my father's side of the family.

I viewed my oldest cousins, all with cocaine and alcohol abuse problems, as the example to follow. Throughout my community, my role models were drug traffickers that appeared to be the Robin Hoods of my hometown. Treatment was not in any way a part of anyone's life, nor were making changes viewed as a way to better one's self.

Moving forward, I lived 25 years of ups and downs with my addiction to cocaine and alcohol: crimes committed, open CPS cases, and a looming divorce. Then, El Paso County's Drug Treatment Court became the blessing of a lifetime for my family and me. Once I started the program, my dad was the first one to get involved by coming to stay with me for a while, leaving my mom and his responsibilities behind in Mexico. I was beginning to understand what this new language of recovery was all about:

"My son is not an addict. My son does not have a problem! My son is a good person. Why is he being treated as some kind of criminal? His ex-wife is the problem!"

Most families do not understand the difference between *caring and enabling*. While there is a huge difference between the two, many families simply do not seem to have the ability to grasp this idea. Families who enable their loved ones prevent them from facing the consequences of their drug/alcohol abuse. Enabling not only promotes a permissive attitude toward drug/alcohol abuse, but it also fosters no desire for the participant to respect or accept the treatment offered by the court. This program helped me to:

- Earn my parents' trust
- Respect my children and more importantly, myself
- Re-gain custody of my children (they were in foster care for 2 years)
- Create healthy boundaries with respect towards my recovery
- Choose a partner who could see the better person I was destined to be

When my partner eventually accepted my proposal of marriage, she also committed to helping me raise my children correctly. She went to parenting classes to be a better stepparent and later became a wonderful mom to our own child. She was there as a friend and supporter who gave me rides to probation appointments, anger management classes, and to court reporting days. All the way to my graduation, she was there. We are now a family of five; we are happy and enjoying the fruits of the hard work that recovery and sobriety entails. Thanks to this program, my kids and my family now know how not to enable my negative behaviors. Life, of course, is not perfect but I definitely have a better relationship with my loved ones and more importantly, with myself.

Today, as a peer coach for the very program that made my recovery possible, it is easy to identify with what my peers are going through because I have been there. It is my honor and privilege to be there in whatever capacity I am needed. Because many do not have the support of family, I am there to provide that kind of support as best I can. We now meet via ZOOM, as early as 5:00 a.m. three times a week in addition to the other times I hold meetings. For many of our participants, our time together becomes equivalent to time within a healthy family.

As always, my eternal gratitude to El Paso County's DWI Drug Treatment Program and to the Honorable Judge Robert Anchondo and the team for including my loved ones in my journey of recovery.

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UPCOMING NATIONAL JUDICIAL COLLEGE COURSES

DUI in Indian Country

Tuesday, June 23, 2020

10:00 a.m. PST | Online Webcast | Tuition: FREE

This webcast will address the various aspects of handling Tribal Court DUI cases to build and enhance competency and skills of Tribal Judges. Topics to be covered include complaint filing procedures, discovery and pretrial procedures, setting the case for trial, evidentiary issues, and sentencing options.



Access to Justice in Impaired Driving Cases—Costs of Pre-Trial Conditions

Wednesday, August 19th, 2020

10:00 a.m. PST | Online Webcast | Tuition: FREE

This webcast will focus on the delicate balancing act of imposing pre-trial conditions on impaired drivers in traffic courts and the obstacles they often face in complying. This course will explore innovative and creative approaches to these cases while in the pre-trial stage and ways to avoid often crippling legal financial obligations and cost prohibitive conditions before final adjudication. This course will also address some of the practical challenges presented in imposing some conditions.

Whom should I contact for more information?

For more information, please contact the NJC Registrar's Office at (800) 255-8343 or registrar@judges.org.

For members of the ABA Judicial Division, scholarships are available for NJC in-person meetings. To learn more contact njc-scholarships@judges.org or call (800) 25-JUDGE.

DON'T FORGET

Resources for responding to the COVID-19 pandemic:

- **Sample set of Frequently Asked Questions (FAQs) guidance by Substance Abuse and Mental Health Services Administration (SAMHSA) on COVID-19 and Opioid treatment Programs**
<https://www.samhsa.gov/sites/default/files/sample-otp-covid-19-faqs.pdf>
- **SAMHSA's COVID-9 Guidance for Opioid Treatment Programs**
<https://www.samhsa.gov/medication-assisted-treatment>
- **Drug Enforcement Administration's Guideline on Use of Telemedicine While Providing Medication Assisted Treatment (MAT)**
<https://www.samhsa.gov/sites/default/files/sample-otp-covid-19-faqs.pdf>
- **Up-to-Date Information for the Substance Use Disorder Treatment field from SAMHSA**
<https://www.samhsa.gov/>

Valuable resources for traffic court judges can be found at:

- **National Highway Traffic Safety Administration**
www.nhsta.gov/risky-driving
- **American Bar Association/Judicial Division/NCSCJ**
www.americanbar.org/groups/judicial/conferences/specialized_court_judges/NHTSA.html
- **Highway to Justice - Archives**
www.americanbar.org/groups/judicial/publications/judicial_division_record_home/highway-to-justice/
- **National Judicial College**
www.judges.org
- **Governors Highway Safety Association: Alcohol Impaired Driving**
www.ghsa.org/issues/alcohol-impaired-driving
- **AAA Foundation for Traffic Safety**
www.aaafoundation.org/
- **National Center for State Courts**
home.trafficresourcecenter.org/