

HIGHWAY TO JUSTICE

FALL 2023

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

ONE SIZE DOES NOT FIT ALL—THE IMPORTANCE OF SCREENING AND ASSESSING TO DETERMINE APPROPRIATE INTERVENTIONS FOR IMPAIRED DRIVERS

*Julie Seitz, Project Director
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Impaired driving represents a complex problem, one that cannot solely be punished or incarcerated away. The characteristics of individuals involved in this habitual behavior show that fatal crashes involving impaired drivers often include higher blood alcohol concentration (BAC), are more likely to have prior impaired driving convictions and involve more than one impairing substance. These behaviors often point to an underlying symptom: addiction, resulting in high-risk/high-need individuals who pose a significant risk to public safety. Additionally, this population experiences a higher incidence of co-occurring mental health disorders. The complex problem of impaired driving requires a diverse solution, including accountability and individualized treatment. Historically, the justice system has focused on accountability while downplaying or outright ignoring the treatment piece.

Substance use disorder (i.e., addiction) is a complex and multifaceted condition that uniquely affects individuals. Therefore, it remains essential to provide individualized treatment that addresses the specific needs of that individual. Screening and assessment are critical to determining the individual's risk level and treatment needs. To effect long-term change for this population, every individual who enters the system for impaired driving should be screened and/or assessed for co-occurring disorders to ensure that all behavioral health needs are identified and addressed.

Screening and assessment represent two essential processes with key differences, while serving a similar purpose. The primary purpose of screening focuses on identifying individuals who may be at risk or potentially have a substance use disorder. Screening instruments are brief, and the preliminary process seeks to determine if further assessment is needed; *it does not provide a definitive diagnosis*. Various professionals can conduct screenings in many settings, including the courts.

One example of innovative integration of screening with impaired drivers is a program in Duluth, MN. The Sixth Judicial District Court conducted a Screening, Brief Intervention, and Referral to Treatment (SBIRT) pilot project on all first-time DWI arrests. Partnering with the local Department of Human Services and a treatment center, all first-time DWI arrestees were referred at arraignment to meet with an SBIRT screening navigator for a validated screening. Results of the pilot determined that much like the national data for repeat impaired drivers, about 2/3 of those screened demonstrated low-risk for having a substance use disorder, and thus were offered a brief intervention and no further recommendations. The screening of approximately 1/3 found risky substance use and were referred for further clinical assessment. A recently completed five-year evaluation, the publication of which remains in production, shows promising results, including a reduction in recidivism, demonstrating the importance of early screening and intervention. If the screening uncovers potential problems, an assessment must be done to understand those problems fully.

The assessment gathers comprehensive information about substance use patterns, related behaviors, and problems. Completed by professionals with specialized training and qualifications, a comprehensive clinical assessment provides a diagnosis, which informs treatment planning. The evaluation involves utilizing validated tools to examine substance use history, co-occurring mental health disorders, biomedical conditions, continued use potential, recovery environment, and motivation to change.

In addition to comprehensive screening and assessment, addressing substance use and mental health disorders requires clinical placement that meets the individual's complex needs. Moving away from "one size fits all" models of care to an individualized approach recognizes the need to match treatment settings, service, and intensity based on the individual's clinical needs. Substance use disorder occurs on a spectrum; treatment intervention necessitates a continuum of care.

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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. Kate Huffman at ohiojohuffman@gmail.com with a copy to the staff liaison, lisa.yoon@americanbar.org. Please contact Ms. Yoon for editorial guidelines.

The deadline for submission of articles for the Winter 2024 issue is November 30, 2023.

ONE SIZE DOES NOT FIT ALL—THE IMPORTANCE OF SCREENING AND ASSESSING TO DETERMINE APPROPRIATE INTERVENTIONS FOR IMPAIRED DRIVERS

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Effective treatment recognizes the Transtheoretical Stages of Change model (TTM). The TTM framework, developed by James Prochaska and Carlo DiClemente, describes the process individuals experience when making behavior changes. The six-stage model recognizes that change is not a linear process but a series of individual stages. For treatment to be effective, it is essential to tailor the interventions to meet the individuals where they are in their change process.

The high-risk, high-need impaired driving population has demonstrated a high degree of compliance-driven change. In other words, with the discontinuation of supervision and accountability of probation or programming, individuals return to use/problem behaviors. Adherence, on the other hand, lies in finding what intrinsically motivates the client to change, meeting them where they are at in their stage of change, and creating a meaningful and lasting change plan for the client, something they will continue to employ after the programming ends. Moving from program and time-driven treatment planning to individual outcome-driving treatment planning effectively aids in the process of change.

Time-driven treatment frequently represents an arbitrary practice, and the requirements refer to criteria or guidelines lacking in evidence-based practices. The requirements of time-driven treatment often promote subjectivity and lack validity resulting in treatment agencies and courts employing program-driven care (a certain number of hours, modules, etc.). This approach fails to consider the complexity of substance use disorder and the need for comprehensive assessments to determine clinical needs and placement.

The research supports that, while treatment works, not all interventions work for everyone. One of the best predictors of positive outcomes in treatment remains a solid therapeutic alliance, the collaborative relationship between a therapist or treatment provider and the client. Alliance factors promote client engagement, collaboration, empowerment, and treatment adherence. When clients feel heard, understood, and agree on goals, they are more likely to adhere to their treatment plans. To understand if a therapeutic alliance exists, using validated tools is vital, as relying on the therapist's interpretation alone often demonstrates bias. Several methods can be employed when measuring therapeutic alliance, varying from client self-report to therapist-rated measures. While no single tool captures the complexity of substance use disorders and therapeutic alliance, effective treatment must integrate these practices when working with all individuals in clinical practice.

Historically, treatment for substance use disorders stemmed from the acute care model. In other words, periods of brief intervention followed by cessation of services. The traditional model may work well in an emergency room although impractical for substance use and mental health disorders. Substance use disorders represent chronic illnesses like diabetes or hypertension. Effective treatment requires long-term involvement, continued care, regular check-ups, and linkage to community resources.

The success of the justice system focusing on the accountability piece for impaired drivers fails to recognize the need adapt the system to those who present with treatment needs, a necessity if the systemic goal adjusts to a genuine desire to make an impact on all segments of the impaired driving population. Treatment reform aims to decrease barriers to persons seeking substance use disorder treatment, ensuring that people have timely access to the continuum of needed services. Good outcomes depend on individualized treatment plans and adequate treatment length. Said differently, outcomes improve when an individual participates in the right treatment for the right amount of time.

DRIVING CHANGE—EXPLORING MICHIGAN’S TREATMENT COURTS: COURT PROFESSIONALS LEAD DISCUSSION AT THE DETROIT AUTO SHOW

Judge Karen Khalil
Region 5 JOL
Redford Township, Michigan

On Wednesday, September 13th, as a part of the Mobility Global Forum during Media and Technology Days connected to the North American International Auto Show (the Detroit Auto Show), a panel of Michigan treatment court professionals participated in a discussion entitled “Driving Change: Exploring Michigan’s Treatment Courts.”

The Michigan Supreme Court’s Liaison to the state’s 207 problem-solving courts, Justice Kyra H. Bolden, served as the moderator. The panelists included Judge Shannon Holmes, Judge Karen Khalil, and Jamaine Atkins, all members of the Board of Directors of the Michigan Association of Treatment Court Professionals, which provides leadership and training for these specialty courts.

“Problem-solving courts exemplify how we are working to increase public trust and confidence in the judiciary through collaboration and compassion,” said Justice Bolden. “Year after year, we have shown that the PSC graduates are able to get treatment that improves their quality of life and entire communities across Michigan are made safer as recidivism rates drop.”

The forum allowed these court professionals to explain to industry insiders what treatment courts are and how they serve in their communities. “Why are we at the Detroit Auto Show?” asked Judge Karen Khalil who leads a Veterans Treatment Court in Redford Township, Michigan. “We are here to let the industry know that we are interested in establishing partnerships for those we serve and specifically to enhance the ways in which we all work to promote public safety,” she said. Khalil noted that “in some way, each of the big three played a part in assisting with the startup of a non-profit organization that provides assistance to the veterans in her program,” which has provided for training and assisting veterans where necessary.

“It’s important to understand that many of the participants in the treatment courts we serve are auto workers or are in some way related to the automotive industry, so it’s very important that we deliver this message to those who lead the industry,” stated Jamaine Atkins who serves as a Certified Peer Recovery Coach through Growth Works, Inc. in Washtenaw County, Michigan.

Khalil also addressed the overriding mission to decrease recidivism in drunk/impaired driving cases which make up a large portion of the cases that lead people to the treatment court world. She explained how treatment courts address substance use disorders in a different way than traditional probation and incarceration.

The Detroit Auto Show is considered one of the most influential annual automotive events in the world and a showcase for emerging technologies.

Dates to Remember

October
Pedestrian Safety Month

October 31
Halloween

IMPAIRED DRIVING
Buzzed Driving Is Drunk Driving



November 23
Thanksgiving

OCCUPANT PROTECTION
Buckle Up. Every Trip. Every Time.



November 22 - 26
Thanksgiving Holiday Travel

IMPAIRED DRIVING & DRUG-IMPAIRED DRIVING
If You Feel Different, You Drive Different

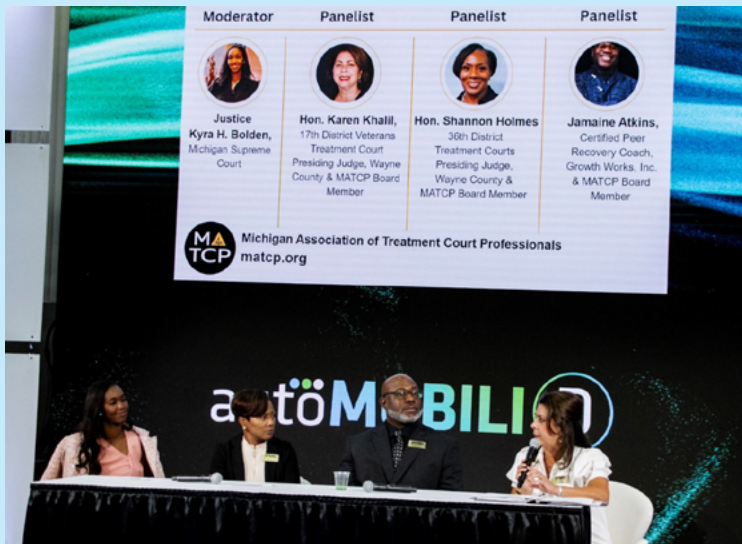
**IF YOU FEEL DIFFERENT
YOU DRIVE DIFFERENT**

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DRIVING CHANGE—EXPLORING MICHIGAN’S TREATMENT COURTS: COURT PROFESSIONALS LEAD DISCUSSION AT THE DETROIT AUTO SHOW

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(Photos courtesy of David Wallace, MATCP Board Vice President)



INHALANTS AND IMPAIRED DRIVING

*Patrick Carroll, retired judge
Ohio Judicial Outreach Liaison
Lakewood, Ohio*

On August 10, 2019, shortly after Donna Wine arrived at an open-air farmer’s market, James Woetzel drove his pickup truck through the street barricades and into the market area. Tables were smashed with vegetables and fruits strewn on the street. While two others were injured, Donna Wine was hit and dragged by the truck for almost four blocks; she died at the scene.

Lacking any memory of driving through the barricades or into the market, Woetzel claimed he blacked out, unaware he dragged Donna Wine with his truck. Officers observed Woetzel mumbling at the scene, but fully alert and oriented by the time he arrived at the hospital. The police found a used air duster can on the passenger seat of Woetzel’s truck along with a receipt showing the purchase an hour earlier. He tested negative for alcohol and illicit drugs at the scene, but the results of a blood test were positive for difluoroethane (DFE), an ingredient in aerosol products, including air dusters.¹

Air dusters, designed to clean computer keyboards and other devices, represent common intoxicating inhalants, but only one of many. More than a thousand common household or business products could qualify as a harmful intoxicant. Readily available harmful intoxicants include everyday items, such as nail polish remover, paint thinner, glue, gasoline, many aerosol products, spray paint, and even canned whipped cream. Unlike alcohol, the age restrictions placed on purchasing or obtaining alcohol, or the prescription requirement to obtain a controlled

substance, most items that can be used as a harmful intoxicant are readily available for legal purchase by anyone, at any age and without a record of purchase. Although some retailers enforce policies restricting the sale of harmful intoxicants to minors, the same products remain available for purchase online, with no age or purchase quantity restrictions, and potentially deliverable within hours.

Impact of harmful intoxicants

Harmful intoxicants or inhalants provide an immediate, intense euphoric feeling or high for a very brief period unless prolonged by continued use. Chemical vapors are inhaled, either by “huffing” an inhalant-soaked rag or bag, as with spray paint, or directly from the can with keyboard dusters, thereby inducing mind-altering effects.² Various inhalants work in different ways, but produce the same overall intoxicating effect. Inhaled substances such as DFE, found in spray dusters, and toluene, found in paint thinner, rapidly absorb into the brain and affect the central nervous system.³ Another common inhalant, nitrous oxide, used for medical and dental purposes (laughing gas) and as a propellant in food sprays such as whipped crème canisters, by contrast, dilate and relax blood vessels. Abusers typically shoot nitrous oxide typically into a balloon and inhale it by mouth from the balloon. Immediate effects include dizziness or drowsiness, slurred speech, lack of coordination, and sometimes blackouts, similar to the effects of alcohol. The duration of the effects from harmful intoxicants varies, largely due to the enormous array of potentially harmful substances,

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To learn more about judicial outreach in your State and Region, please contact one of the following:

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Tribal Courts Fellow:

Hon. J. Matthew Martin: abajudicialfellow@gmail.com

Regional Judicial Outreach Liaisons:

Below is the contact information for the network of active and retired judges who serve around the country as resources and educators on highway safety issues:

Vacant, Region 1 (Maine, Massachusetts, New Hampshire, Vermont, and Rhode Island)

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Hon. Karen Khalil, Region 5 (Minnesota, Wisconsin, Illinois, Indiana, Michigan, and Ohio): region5jol@gmail.com

Hon. Robert S. Anchondo, Region 6 (Texas, New Mexico, Louisiana, Oklahoma, Mississippi, and Indian Nations): rsanchondo@aol.com

Hon. Alan Blankenship, Region 7 (Iowa, Missouri, Arkansas, Kansas, and Nebraska): Alan.Blankenship79@gmail.com

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Vacant, Region 9 (Arizona, California, Hawaii, and Pacific Territories)

Hon. Mary Jane Knisely, Region 10 (Montana, Idaho, Oregon, Washington, and Alaska): maryjaneknisely@gmail.com

their potency and concentration, and method of use. Other factors include frequency and prolonged use, tolerance, age, and weight.

State regulation and classification

Although state laws prohibit operating a motor vehicle while intoxicated from inhalants, along with alcohol or drug impaired driving, the laws vary as to the definition of an intoxicating substance. Washington defines an inhalant by its results,⁴ while Oregon sets out twenty-three separate chemical compounds that qualify as inhalants.⁵ Ohio defines harmful intoxicants by result of substance use, specific products, and three other primary chemical categories.⁶

The specific definition is critical. In *State v. Torbeck*,⁷ a Wisconsin court affirmed the dismissal of a third offense DUI charge on the grounds that DFE was not an intoxicant within the meaning of the Wisconsin statute for impaired driving.⁸ In *State v. Carson*,⁹ a Minnesota court reversed an impaired driving conviction, finding that DFE was not listed in the applicable statute as a hazardous substance that could support a driving-while-impaired conviction.¹⁰

While a statute must be sufficiently specific to describe the illegal conduct, the definitional terms applicable to impaired driving offenses must be broad enough to cover *all* forms of intoxicating substances. Crafting legislative definitions of impairing or intoxicating substances represents a challenge for legislatures, and for courts when interpreting a statute, because of the ever-changing legal products and chemicals on the market with potentially intoxicating contents. Legislatures must also respond to new trends in the abuse of products made for legitimate and legal purposes and not intended for direct, human consumption.¹¹

Detection of harmful intoxicants

Detection of the chemicals found in inhalants in a person represents a challenge for medical providers as well as law enforcement. Unlike alcohol or drugs of abuse, harmful intoxicants generally dissipate from the body at a faster rate than other intoxicating substances. Thus, while a breath, blood, or urine test taken hours after signs of impairment may demonstrate the presence and level of alcohol or drugs in a person, the immediate effects of harmful intoxicants resolve comparatively quickly. As an example, in *State v. Bloom*,¹² the defendant was described as disoriented and incoherent immediately after the collision but was functioning normally within five minutes. Additionally, in *State v. K.F.*,¹³ a student found passed out with duster cans awoke disoriented but returned to normal and clear headed a few minutes later.

The frequent inability to detect harmful intoxicants results not only from the limited duration of the substance in the body, but also the type of screening or testing utilized by police.¹⁴ Inhalants will go undetected by a breathalyzer. While extended use of intoxicants such as inhalants may be detected from elevated laboratory results or gas chromatography on blood or tissue testing, valid testing methods are not readily available to law enforcement, especially on short notice from the time of arrest or investigation of a crash scene. Lack of eye convergence may indicate inhalant use, but as with other field sobriety tests, an effective test requires immediate performance by the officer at the scene.

While a blood draw proves effective in showing traces of the chemicals associated with inhalants, sufficient evidence to support probable cause to obtain a search warrant may be lacking because the quick restoration of the driver's normal speech and conduct. Many times inhalants emerge as a means of suspected intoxication only upon later investigation. To present a credible case for prosecution, police must rely on witness statements¹⁵ or other evidence at the scene or in the driver's car, if readily observable, such as empty or cold aerosol cans, receipts showing time of purchase, balloons, or spray paint remnants on the driver's clothes or face.¹⁶ Unlike other criminal investigations, inhalants and harmful intoxicants on the surface appear both innocuous and legal to possess.

Harmful Intoxicants and Traffic Safety

While this article focuses primarily on the intentional abuse of inhalants, negligent use of harmful inhalants may also support a DUI conviction when driver impairment results from exposure to the harmful intoxicating substance. In *State v. Apple*,¹⁷ the driver impairment resulted from inhaling sprayed lacquer at work without the appropriate mask and in *State v. Zemljic*,¹⁸ the impairment resulted from using flea treatment chemicals without proper ventilation.

While the number of reported impaired driving cases resulting from the use of inhalants remains relatively small, many cases escape detection because of the nature of the intoxicating substance involved and the quick dissipation of signs of impairment. Inhalant abuse, however, is on the rise, especially among adolescents. Lack of existing research, data, standardized tests, per se limits, and measurements of substance levels contribute to the incorrect classification of cases. The inclusion of harmful intoxicants for DUI offenses recognizes the risk of harm posed by an impaired driver, regardless of the substance contributing to the impairment. A person operating a vehicle under the influence of a harmful intoxicant, however, creates a situation equally as serious and potentially as deadly as an operator under the influence of alcohol or drugs of abuse.¹⁹

1. *State v. Woetzel*, 2020 N.J. Super. Unpub., Lexis 777, 2020 WL 20366399.
2. Cleveland Clinic Report on Inhalant Abuse, clevelandclinic.org/health/diseases/15742-inhalant-abuse.
3. Journal of Pharmacy & BioAllied Sciences, (Jan-Mar, 2016). www.ncbi.nlm.nih.gov/pmc/articles/PMC4766772/.
4. A substance that "exhibits the effects of having inhaled or ingested any chemical, whether or not a legal substance, for its intoxicating or hallucinatory effects." Washington Code 46.61.5249.
5. Oregon Code Sec. 801.317. "Inhalant" means any glue, paint, cement or other substance that is capable of causing intoxication and that contains one or more specific chemical compounds. The Oregon statute contains a twenty-fourth, catchall provision - "Any other solvent, material, substance, chemical or combination thereof having the property of releasing toxic vapors or fumes."
6. "Any compound, mixture, preparation, or substance the gas, fumes, or vapor of which when inhaled can induce intoxication, excitement, giddiness, irrational behavior, depression, stupefaction, paralysis, unconsciousness, asphyxiation, or other harmful physiological effects, and includes, but is not limited to, any of the following: . . ." Ohio Rev. Code Sec. 2925.01.
7. 344 Wis. 2d 299, 821 N.W.2d 414 (2012).
8. The legislative omission was later addressed with "hazardous inhalants" added as an intoxicant. *State v. Duewell*, 369 Wis. 2d 72, 879 N.W. 2d 808 (2016).
9. 902 N.W. 2d 441 (2017).
10. The NHTSA Manual recognizes inhalants of one of the seven categories of drugs that cause impairment but the manual does not have the force of law.
11. Some aerosol products, including air dusters, include a bitterant additive to give the product a bad taste to discourage inhalant abuse.
12. 273 Wisc. 2d 785, 680 N.W. 2d 832 (2004).
13. Ct. App., 2010-Ohio-734.
14. See *Commonwealth v. Boone*, 179 A3d 546 (2017)(negative blood test due to time lapse.)
15. *Hopkins v. State*, 2019 WY 77, 445 P.3d 582 (2019)(neighbor watched driver stop home briefly and left with air duster can. The driver worked as a psychiatric addiction specialist who was using an air duster to offset alcohol withdrawal symptoms.)
16. Gold and silver spray paint are typically most common as they contain the highest levels of toluene. The NHTSA Manual emphasizes looking for traces of gold paint when inhalants are suspected.
17. Ct. App., 2002-Ohio-6731.
18. Ct. App., 2021-Ohio-2181.
19. *Commonwealth v. Parker*, 2016 Pa. Sup. No. 1032 MDA 2015, Lexis 1786, 2016 WL 2962603, (Head-on collision killing other driver while impaired by keyboard duster), *State v. Bloom*, supra. (Crossing centerline to hit oncoming car after huffing aerosol duster.)

State Judicial Outreach Liaisons:

Below is the contact information for the network of active and retired judges who serve around the country as resources and educators on highway safety issues:

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The Tribal Traffic Safety Bulletin

The American Bar Association Judicial Division's Judicial Outreach Liaison and Judicial Fellows Program is producing a new publication: *The Tribal Traffic Safety Bulletin*. This newsletter will be shared twice a year, and will feature pieces written by Judicial Outreach Liaisons, Judicial Fellows, judges, and other program stakeholders. The newsletter will be focusing on highway safety matters in native lands. The Judicial Outreach Liaison and Judicial Fellows program is producing this newsletter because of the increased interest in impaired driving, seatbelt use, and motor carrier safety issues on native lands. We are excited to share this new way for our team to communicate news and other information our valued partners and stakeholders on this topic.

If you are interested in being on the listserv, please reach out to ABA Project Manager, Lisa Yoon at lisa.yoon@americanbar.org

Visit link for previous issues: <https://www.americanbar.org/groups/judicial/publications/tribal-traffic-safety-bulletin/>

ALL RISE EXPANDS TREATMENT COURT MODEL TO LEAD COMPREHENSIVE JUSTICE SYSTEM REFORM: NADCP REBRAND REFLECTS THE ORGANIZATION'S EXPANSION OF PROGRAMS AND PARTNERSHIPS ACROSS EVERY INTERCEPT OF THE JUSTICE SYSTEM

Christopher Deutsch
AllRise Director of Communications

After nearly 30 years of leading the treatment court movement, the National Association of Drug Court Professionals (NADCP) announced in June that the organization has rebranded as *All Rise* to better reflect its impact across the justice system. This transition represents one of the most important moments in the organization's history and reinforces All Rise's commitment to expand evidence-based and promising interventions for people impacted by substance use and mental health disorders across every intercept point from first contact with law enforcement, to pretrial, to probation, and to reentry.

All Rise works in every U.S. state and territory and in countries throughout the world. Since 1994, the organization has trained over 800,000 justice and treatment professionals and helped lead the establishment of over 4,000 treatment courts across the United States, impacting millions of lives. Research has proven that a more humane, evidence-based approach to substance use and mental health disorders is more effective and less expensive than traditional sentencing.

"With three decades of experience in building, sustaining, and expanding the treatment court movement, All Rise is uniquely positioned to help lead the next generation of justice reform," said the Hon. Karen Freeman-Wilson (ret.), outgoing Chair of the Board of Directors, All Rise. "Treatment courts prove that the justice system can, and should, play a role in treating substance use and mental health disorders, repairing lives, reuniting families, and helping communities thrive. I'm so proud of all we have accomplished over the last 30 years, and excited for all we will do together as All Rise."

All Rise also announced a new structure to execute its vision to impact every intercept point of the justice system. Going forward, the organization will operate through four divisions:

- **The Treatment Court Institute** leads training, technical assistance, and research dissemination for more than 4,000 treatment court programs in the United States. Formerly known as the National Drug Court Institute, the Institute's expertise spans all treatment court models and ensures that treatment courts adopt and retain evidence-based practices and best practice standards.
- **Impaired Driving Solutions** leads a comprehensive approach to solve one of the greatest threats to public safety in the U.S. by implementing evidence-based and promising legal and clinical interventions. Formerly known as the National Center for DWI Courts, Impaired Driving Solutions provides cutting-edge training and targeted support to communities to implement, expand, and improve impaired driving treatment court programs (i.e., DWI courts) and other interventions.
- **Justice for Vets** transforms the way the justice system identifies, assesses, and treats our veterans by ensuring that no veteran is left behind. Justice for Vets provides training and technical assistance to help communities bring together local, state, and federal resources to directly serve veterans involved in the justice system due to substance use and mental health disorders.
- **The Center for Advancing Justice** serves as an incubator for emerging justice system innovations, leads strategic partnerships, and works internationally. A new division for All Rise, the Center for Advancing Justice identifies, assesses, and implements programs at every intercept of the justice system, with a focus on evidence-based and promising interventions for people impacted by substance use and mental health disorders.

"All Rise has built the most diverse coalition of public health and public safety professionals and broad partnerships across the entire justice system," said Carson Fox, Chief Executive Officer, All Rise. "Our vision is to continue growing treatment courts, while applying the same blueprint of collaboration and

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ALL RISE EXPANDS TREATMENT COURT MODEL TO LEAD COMPREHENSIVE JUSTICE SYSTEM REFORM: NADCP REBRAND REFLECTS THE ORGANIZATION'S EXPANSION OF PROGRAMS AND PARTNERSHIPS ACROSS EVERY INTERCEPT OF THE JUSTICE SYSTEM

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individualized response to other crucial intercepts. We will work every day to ensure people impacted by substance use and mental health disorders receive treatment and support, no matter where in the system they find themselves.”

The new All Rise brand was on display in Houston, Texas from June 26-29 during the organization's annual conference, RISE. RISE23 convened more than 7,000 public health and public safety professionals - from judges and attorneys to treatment providers and case managers to law enforcement and probation officers. With over 250 sessions and 350 speakers, RISE is now considered the preeminent conference on addiction, mental health, and justice reform.

While RISE23 reflected All Rise's continued focus on treatment courts, sessions explored other critical issues related to addiction and recovery. General sessions included an examination of justice interventions for people with substance use disorder from prearrest to reentry, supporting justice-involved people who are unhoused, and including children and families in the recovery process.

RISE24 will be held in Anaheim, California from May 22-25.

Writing in the Houston Chronicle, outgoing board chair Hon. (ret.) Karen Freeman-Wilson captured the transition to All Rise and the future of the organization's work:

“When the justice system responds to one of the most pressing issues of our time, when communities embrace a more human approach, and when just one person rises out of addiction and finds recovery, we All Rise.”

About All Rise



All Rise is the leading training, membership, and advocacy organization for advancing justice system responses to individuals with substance use and mental health disorders. All Rise impacts every stage of the justice system, from first contact with law enforcement to corrections and reentry, and works with public health leaders to improve treatment outcomes for justice-involved individuals. Founded as the National Association of Drug Court Professionals (NADCP) in 1994, All Rise has been at the forefront of justice system transformation for nearly three decades. Through its four divisions—the Treatment Court Institute, Impaired Driving Solutions, Justice for Vets, and the Center for Advancing Justice—All Rise provides training and technical assistance at the local and national level, advocates for federal and state funding, and collaborates with public and private entities. All Rise works in every U.S. state and territory and in countries throughout the world. For more information, visit www.allrise.org.

The ABA Judicial Outreach Liaison (JOL) Program

The ABA Judicial Outreach Liaison (JOL) Program began in 1998 as part of the ABA Judicial Division's outreach efforts to provide trial judges with access to current and evidence-based practices that would assist them in their work on the bench. The program consists of two National Judicial Fellows and Regional and State Judicial Outreach Liaisons (JOLs) throughout the country. Judicial Fellows and JOLs are active or retired judges who work to improve the administration of justice in impaired driving and other traffic safety matters through education, communication, community outreach activities and collegial and ethical collaboration with judges, and traffic safety stakeholders, locally, regionally, and nationally. While remaining independent and impartial, the JOLs and Judicial Fellows serve as a resource for the judiciary and other members of the highway safety community. This assistance takes the form of peer to-peer judicial education, court case interpretations, guidance, and acting as a liaison between the judiciary and the highway safety community. The JOLs and Judicial Fellows help supplement and support on-going efforts by judicial educators around the country to provide essential information to judges in a number of important areas including evidence based sentencing practices for at-risk populations, DUI Treatment Courts, and reliable substance use and mental health assessments. Through the work of the American Bar Association JOL Program, judges throughout the country can gain a broader foundational understanding of the issues that they face in handling their fast-paced traffic related dockets. Currently 32 active and retired judges serve as JOLs and Judicial Fellows around the country, covering 47 of the 50 States, the District of Columbia, Native Nations, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa and the Commonwealth of the North Mariana Islands. This program is supported by a grant from the National Highway Traffic Safety Administration.

UPCOMING WEBINARS AND NJC COURSES



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JUDICIAL COLLEGE

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NJC's Impaired Driving Case Essentials

Nov 13-16, 2023 - Reno, NV (This course is offered at no cost to eligible participants. Please contact the registrar's office for eligibility.)

This course provides you with an overview of sentencing practices and evidence-based options for impaired driving traffic offenses including those committed by younger drivers, older drivers, and hardcore DUI defendants. After this course, you will be able to analyze circumstances providing a legal basis for stops, searches, seizures, arrests, and the admissibility of testimonial or physical evidence.

Register here: [Impaired Driving Case Essentials - The National Judicial College \(judges.org\)](https://judges.docebosaas.com/learn/course/external/view/elearning/39/dwi-court-enhancement-training-a-web-based-self-study-course)

NJC's DWI Court Enhancement Training: A Web-Based Self-Study Course

Instructors: Charisse Abbie & Christin Folsom

This FREE online self-study web course takes the new or seasoned DWI Court professional through basic DWI Court information. You will become acquainted with the Guiding Principles for DWI Courts, DWI Court target population, case management techniques such as clinical assessment, treatment, community supervision and many more elements directly related to their day-to-day court activities.

You will have 60 days to complete the online study modules, which take approximately 16 hours to complete. A Certificate of Completion issued by NJC/NDCI is available when you successfully complete a final online assessment.

Register here: <https://judges.docebosaas.com/learn/course/external/view/elearning/39/dwi-court-enhancement-training-a-web-based-self-study-course>

NJC's The Drug Recognition Expert (DRE): Training and Protocol

Welcome to this FREE recorded webcast, originally aired on June 6, 2018, and the result of a generous grant from the National Highway Traffic Safety Administration (NHTSA). According to NHTSA statistics, every state has drug recognition experts as part of their traffic law enforcement team. The DRE is trained to detect and identify persons under the influence of drugs and to identify the category or categories of drugs causing driving impairment. However in the courtroom, the DRE's testimony on an individual's impairment is under scrutiny.

This webcast will look at the DRE's training and review of the protocol DRE's use in the field.

After this recorded webcast, participants will be able to:

1. Recount the training a law enforcement officer goes through to become a DRE; and
2. List the steps in the DRE's protocol for determining impairment and drug category.

Register here: <https://judges.docebosaas.com/learn/course/external/view/elearning/188/the-drug-recognition-expert-training-and-protocol>

DON'T FORGET

Resources:

- **SAMHSA's Guidance for Medication-Assisted Treatment (MAT) Opioid Treatment Programs**
<https://www.samhsa.gov/medication-assisted-treatment>
- **Up-to-Date Information for the Substance Use Disorder Treatment field from SAMHSA**
<https://www.samhsa.gov/>
- **Centers for Disease Control and Prevention**
<https://www.cdc.gov/>

Valuable resources for traffic court judges can be found at:

- **National Highway Traffic Safety Administration**
<https://www.nhtsa.gov/>
- **American Bar Association/Judicial Division/NCSCJ**
https://www.americanbar.org/groups/judicial/conferences/specialized_court_judges/

- **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**
<https://www.ncsc.org/>
- **National Center for DWI Courts**
<https://www.dwicourts.org/>