

2024 • Issue 4

from the desk of the **SJOL**

JUDGE JOHN W. GRINSTEINER (RETIRED)

Welcome to the JOL Newsletter for North Dakota 2024, Issue 4:


Last quarter, this newsletter's theme was effective sentencing. Given the positive feedback and conversations that resulted, I am staying with that theme for this quarter. My momma didn't raise no fool! Let's jump right back in.

"Every judge understands that with more information about an offender's circumstances, a sentence can be better tailored to the person to help ensure he or she doesn't repeat the offense." – David Wallace, Former Senior Director for the National Center of DWI Courts (NCDC) at the National Association of Drug Court Professionals (now known as All Rise) in Alexandria, Virginia.

"Screening, assessment and treatment are evidence-based practices, that lead to more information about an offender, which in turn leads to more effective sentencing. There is scientific evidence that these procedures reduce the risk of recidivism. Screening is a foundational practice. Assessment is the first treatment step, and treatment enables behavioral change. We screen to see who we need to assess. We assess to see if and what we need to treat." – the late Hon. Jules D. Edwards III, Louisiana SJOL and Lafayette City Court Judge.

In sum, screening leads to assessment which leads to treatment, which, when coupled with monitoring (judicial or otherwise), leads to behavioral change and reduces recidivism. Voila, we have the formula for effective sentencing!
Screening + Assessment = Treatment + Monitoring = Treatment Court.

In North Dakota we know them as drug courts, hybrid dui courts, tribal wellness courts, veteran's treatment courts, and soon mental health courts. Treatment courts are considered the most successful justice intervention for people with substance use and mental health disorders. For three decades, treatment courts have proven that a combination of treatment and compassion can lead people with substance use and/or mental health disorders into lives of stability, health, and recovery. This is a public health approach to justice in which treatment providers ensure individuals before the courts receive personalized, evidence-based treatment, and they work as a team with law enforcement, community supervision, defense, prosecution, and the judge to provide ongoing support and recovery services. For more information, visit [All Rise](#)

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As the State's JOL, John brings you access to current and evidence-based practices that will assist you in your work and help promote more effective outcomes in impaired driving and other traffic related cases. With the help of the ABA's Judicial Division and its partnerships with various organizations (NHTSA, National Judicial College, NCSC, AllRise), John works to provide education, training, and technical assistance to judges and court staff throughout ND.



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Adult Treatment Court Best Practice Standards: New Changes at a Glance

Jessica Lange, MBA, Project Director All Rise Impaired Driving Solutions

What's Changed? While no provision from the first edition has been retracted or found to be erroneous in subsequent studies, some recommendations or benchmarks have been modified. Following are brief summaries of the major revisions to Standards I-VI, VIII, and X.

I. Target Population

Treatment courts are most effective and cost-efficient when they serve high-risk and high-need persons who require an intensive combination of treatment and supervision. This finding has been reported in all treatment court models examined to date. The definition of high need has, therefore, been broadened to apply to all adult treatment courts and includes not only a compulsive substance use disorder but also a serious and persistent mental health or trauma disorder and other significant treatment or social service needs, such as traumatic brain injury, insecure housing, or compulsive gambling.

Treatment courts are also discouraged from imposing unwarranted admissions requirements that do not improve outcomes or protect public safety and disproportionately exclude members of some sociodemographic or sociocultural groups.

II. Equity and Inclusion

Ensuring equitable access, services, and outcomes for all sociodemographic and sociocultural groups is a critical obligation of treatment courts. Research conducted in the past decade provides substantial guidance for treatment courts to monitor and rectify unwarranted cultural disparities. Examples of effective practices include removing invalid eligibility restrictions that needlessly exclude some cultural groups, engaging in proactive and culturally congruent outreach efforts, delivering culturally proficient treatments and complementary services, and avoiding monetary or other resource requirements that do not improve outcomes or protect public safety.

III. Roles and Responsibilities of the Judge

Research underscores the critical impact of the judge in all treatment court models and for all sociodemographic groups examined thus far. Although biweekly court status hearings (every 2 weeks) produce superior outcomes in the first phase of adult drug courts, new evidence suggests

that weekly hearings may be required in the first phase for participants needing greater structure and consistency, such as persons with a co-occurring mental health and substance use disorder or those lacking stable social supports. Studies of procedural fairness also offer updated guidance to help treatment court judges enhance participants' motivation for change, provide needed support and encouragement, avoid shaming, stigmatizing, or retraumatizing participants, and enhance sociocultural equity.

IV. Incentives, Sanctions, and Service Adjustments

Delivering fair, effective, and safe responses for participant performance is critical for successful outcomes in treatment courts and one of the most difficult challenges for staff. Careful guidance is provided to help staff classify the difficulty level of participants' goals, and to deliver incentives or sanctions to enhance their attainment of achievable (proximal) goals and service adjustments to help them develop the skills and resources needed to achieve difficult (distal) goals. Cautious advice is provided to help treatment courts avoid serious negative side effects from the misapplication of high-magnitude sanctions, especially jail detention, and practical suggestions are offered to help programs deliver a creative range of low-cost incentives to maximize success. Finally, an example of an evidence-based phase structure with appropriate phase advancement criteria is provided to help treatment courts avoid placing premature demands on participants and address their goals in a manageable and effective sequence.

V. Substance Use, Mental Health, and Trauma Treatment and Recovery Management

Treatment courts serve high-need persons with serious and persistent substance use, mental health, and/or trauma disorders. Achieving successful outcomes for these individuals requires treatment courts to deliver services that are desirable and acceptable to participants and adequate to meet their validly assessed treatment needs. This includes:

- Collaborative, person-centered treatment
- Psychiatric medication and medication for addiction treatment (MAT)

Recovery management interventions should be core components of the treatment court regimen and delivered when participants are motivated for and prepared to benefit from the services.

VI. Complementary Services and Recovery Capital

Complementary services are strengths-based and help participants to develop the personal, familial, social, cultural, financial, and other recovery capital needed to help them sustain indefinite recovery and enhance their overall quality of life.

Treatment courts should routinely assess participants' recovery capital and deliver desired complementary services to enhance their long-term adaptive functioning and life satisfaction. Importantly, complementary services also include health-risk prevention measures that are proven to reduce overdose and death rates, transmission of communicable infections, and other serious health risks.

Treatment courts should not interfere with participant access to statutorily authorized and evidence-based health-risk prevention measures, which may include safer-sex education and training on and distribution of condoms and other safer-sex products, naloxone

overdose-reversal kits, fentanyl and xylazine test strips, and unused syringes.

VIII. Multidisciplinary Team

A dedicated multidisciplinary team of professionals brings together the diverse expertise, resources, and legal authority required to improve outcomes for high-risk and high-need participants. Team members coordinate their roles and responsibilities to achieve mutually agreed-upon goals, practice within the bounds of their expertise and ethical obligations, share pertinent and appropriate information, and avoid crossing boundaries and interfering with the work of other professionals. Reliable and sustained backing from governing leadership and community stakeholders ensures that team members can sustain their commitments to the program and meet participants' and the community's needs.

X. Program Monitoring, Evaluation, and Improvement

The treatment court continually monitors its adherence to best practices, evaluates its outcomes, and implements and assesses needed modifications to improve its practices, outcomes, and sociocultural equity. A competently trained and objective evaluator employs scientifically valid methods to reach causal conclusions about the effects of the program on participant outcomes. ■

Welcome – cont. from page 1

Treatment courts are proven to provide effective sentencing, but unfortunately not everyone has access to one. The good news is that many of the best practices can be implemented into a regular court docket, increasing the chances your sentences will be effective.

In this issue of the newsletter you will find an article about the updated adult treatment court best practice standards (**Adult Treatment Court Best Practice Standards – All Rise**), one on medication for addiction treatment, which is quickly becoming a best practice, and finally an article on alternatives to treatment courts. I will provide some strategies to help implement treatment court standards into your regular court docket. I also have included updates on the Veteran's Treatment Court and the two proposed treatment courts currently in the planning stages. The usual crash statistics, case law, resources, and training sections are also included. If you have effective sentencing ideas or practices that are working in your court, please share them! ■



The Role of Medication for Addiction Treatment in the Judicial System: Addressing Addiction with Evidence-Based Solutions

Julie Seitz, LADC, LGSW, Project Director All Rise Impaired Driving Solutions

Substance use disorders, including those involving alcohol, opioids, and other drugs, are complex medical conditions that significantly impact individuals, families, and communities. The judicial system frequently encounters individuals with substance use disorders, as these conditions often intersect with criminal behavior, child custody issues, and civil proceedings like involuntary commitments. The integration of Medication for Addiction Treatment (MAT) into the judicial system marks a shift towards therapeutic jurisprudence, which focuses on the rehabilitative potential of the law. Courts are increasingly recognizing that incarceration or probation without access to appropriate treatment may not address the underlying addiction that contributes to criminal behavior. Additionally, the Americans with Disabilities Act (ADA) provides protections for individuals with disabilities, including those with substance use disorders (SUD). The ADA classifies individuals participating in MAT as protected when they are using legally prescribed medications as part of a treatment program. MAT offers an evidence-based solution that aligns with the goals of treatment courts, diversion programs, and probation requirements.

While traditional treatment approaches such as counseling, peer support, and behavioral therapies remain integral to recovery, medications have emerged as essential tools in helping individuals manage cravings, reduce withdrawal symptoms, and prevent recurrence. Medication for Addiction Treatment is a term used for the medications used to treat substance use disorders; primarily opioid use disorder (OUD) and alcohol use disorder (AUD). The medications FDA approved for these conditions help stabilize brain chemistry, reduce cravings, prevent withdrawal symptoms, and reduce risk of recurrence. Decades of research has shown medications also reduce the risk of overdose and death, involvement in criminal legal system, and disease rates.

The FDA has approved three medications for opioid use disorder (MOUD): methadone, buprenorphine, and naltrexone.

- **Methadone**, a long-acting opioid agonist, reduces withdrawal symptoms and cravings without producing the euphoria associated with opioid use. It is dispensed through specialized Opioid Treatment Program (OTP) clinics.
- **Buprenorphine**, a partial opioid agonist, similarly reduces cravings and withdrawal symptoms. It can be prescribed by qualified healthcare providers in office-based settings.
- **Naltrexone**, an opioid antagonist, blocks the effects of opioids and is available in an extended-release injectable form (Vivitrol), making it useful for individuals who have already detoxified from opioids.

For AUD, three medications are widely used: disulfiram, naltrexone, and acamprosate.

- **Disulfiram** deters drinking by causing unpleasant physical reactions when alcohol is consumed.
- **Naltrexone**, in both oral and injectable forms, reduces cravings and the pleasurable effects of alcohol.
- **Acamprosate** helps maintain abstinence by stabilizing brain chemistry affected by long-term alcohol use.

Appropriate dosing and the length of treatment for medications in addiction care are individualized to balance safety, efficacy, and the unique needs of each patient. The initial dose is carefully determined by a healthcare provider, considering factors like the severity of the addiction, patient history, and any potential for medication interactions. For instance, methadone dosing in opioid use disorder may begin at a lower dose and gradually increase to prevent withdrawal while minimizing overdose risk, whereas naltrexone for alcohol use disorder typically follows a standard dosing protocol based on body weight and other health factors. The duration of MAT can vary significantly: some individuals may benefit from short-term use to assist with initial withdrawal symptoms, while others may require long-term or even lifelong MAT to maintain recovery. Studies show that discontinuing MAT too soon can increase

the risk of recurrence, so ongoing assessments help determine when, or if, it is appropriate to taper off. Ultimately, dosing and treatment length are guided by the individual's progress, needs, and risk factors, and determined with their healthcare provider.

In 2005, the World Health Organization added methadone and buprenorphine to its list of essential medicines. These are defined as medicines that should be "consistently available in functioning healthcare systems, in sufficient quantities, appropriate dosage forms, with guaranteed quality, and at a price affordable to both individuals and the community."

Although not as widely used, or FDA approved, there are medications also being explored for treating stimulant use disorders (e.g., cocaine or methamphetamine), often as part of off-label use or in clinical trials.

Judicial Application of Medication for Addiction Treatment

Courts, probation services, and correctional facilities are increasingly recognizing the ADA's role in protecting individuals receiving MAT. However, barriers remain, especially in settings where MAT may be limited or restricted due to stigma or a lack of resources. Historically, many jails and prisons have been reluctant to provide MAT, particularly agonist medications like methadone and buprenorphine. However, recent legal challenges have led to court rulings requiring facilities to provide access to MAT, citing ADA protections and the Eighth Amendment, which prohibits cruel and unusual punishment. Denying MAT may be seen as neglecting necessary medical care for a recognized disability. Individuals on probation or parole may face restrictions on MAT, though the ADA prohibits blanket bans on MAT participation. Courts are gradually adjusting policies to allow individuals to engage in MAT or continue their prescribed treatment, acknowledging the ADA's stance against discrimination based on medical necessity.

In 2011, the All Rise (formerly NADCP) board of directors offered a unanimous resolution, explicitly stating treatment courts should not have a blanket prohibition on medications. Restricting blanket prohibitions on medications in treatment courts is essential to ensure individuals receive evidence-based care that addresses their specific medical needs. Such restrictions are often rooted in stigma or misconceptions about MAT, viewing it as a "substitution" for addiction rather than a legitimate

medical intervention. Removing these prohibitions allows treatment courts to tailor approaches based on clinical assessments, ensuring that participants receive the most effective and individualized support possible, which aligns with public health goals and respects the rights of those in recovery. For three decades, treatment courts have proven that a combination of treatment and compassion can lead people with substance use and/or mental health disorders into lives of stability, health, and recovery.

Best Practices for Integrating MAT into Judicial Settings

To improve the effectiveness of MAT within the judicial system, several best practices should be considered. Judges and legal professionals should be trained on the medical and legal aspects of MAT. This training should include information on understanding substance use disorders, the benefits of MAT, addressing common misconceptions, and understanding how MAT can be used to reduce recidivism and improve public health outcomes. Courts should collaborate with healthcare providers to ensure proper assessment, medication management, and follow-up care for justice-involved individuals. This collaboration can help address the individual treatment needs. Courts should advocate for policies that increase access to MAT, such as in carceral settings or increasing funding for treatment programs in underserved areas.

Conclusion

Medications for addiction treatment provide an effective, evidence-based approach for managing substance use disorders. The ADA's protections are vital for individuals receiving MAT, as they ensure access to employment, housing, public accommodations, and judicial fairness. As addiction is increasingly recognized as a chronic disease requiring whole-patient treatment, MAT represents a critical component of recovery, backed by federal protections. Although challenges persist, recent legal precedents and a growing understanding of MAT's role in recovery signal progress towards full ADA compliance and a more supportive approach to addiction treatment. Through education, policy reform, and consistent enforcement, the ADA can continue to protect the rights of those receiving MAT, promoting recovery and reducing discrimination. ■

Treatment Courts Sound Great, but What if I Don't Have One?

Judge John Grinsteiner (retired), SJOL for North Dakota

Why are treatment courts successful and how can we duplicate that success in areas without a treatment court?

We know some defendants will self-correct and therefore are not likely to reoffend. Others have and will continue to reoffend until the reasons for their continued criminal activity is properly addressed. These individuals will generally only change with the proper treatment and support. Properly identifying these individuals by screening and assessing them, can help us marshal our limited resources efficiently. We can do this by taking the treatment court principles and the evidenced-based strategies employed by treatment courts and use them in our regular dockets.

Proper screening and assessment to identify the target population is a best-practice standard of treatment courts. Treatment courts are most effective and cost-efficient when they serve high-risk and high-need persons who require an intensive combination of treatment and supervision. Research shows that assessing offenders for risks and needs and matching them with appropriate interventions leads to more effective sentences and increased public safety.

This is why doctors order tests before treating a patient. A diagnosis comes before a prognosis. How do you know what to treat unless you first diagnose? In fact, it could be considered malpractice if we treat without diagnosing first. Some states require screening and assessment prior to imposing a sentence. Whether required or not, you, as the judge, have the ability and authority to order appropriate screening and assessment in your cases. This means you should know what is available in your area and that may require some homework. The mere fact that you are asking questions about services in your area will start to send the right message about your court.

Treatment courts use a team approach with members who have the ability to identify and overcome barriers to success. This can be a probation officer, case manager, treatment counselor, defense attorney, states/city attorney, law enforcement, and the judge. These same members can be called upon by the judge in a regular docket to identify and overcome barriers of the people appearing before you. The

attorneys, especially defense attorneys, often have this information already. Don't be afraid to ask for the reasoning behind sentencing recommendations. Is what is being recommended something the defendant can complete? Needs to complete? Will benefit from? Is this justice? In other words, are there barriers to this sentence being effective?

Treatment courts use evidence-based practices. Delivering fair, effective, and safe responses for a participant's performance is critical for successful outcomes. It should be no different in your regular docket. We want to identify a person's responsibility needs, then their criminogenic needs, and their maintenance needs last. The higher the need, the more intensive the treatment/intervention and vice versa, the lower the need, the less intensive the treatment/intervention. You will want to make sure your normal court-ordered intervention and treatment is following the same evidenced-based practices that treatment courts use. Following up with the programs you sentence people to, ensuring that these principles are part of their programming, is judicial leadership and can go a long way in making your sentences more effective.

Treatment courts use close supervision and accountability through frequent court review hearings with ongoing judicial interaction and encouragement through sanctions and incentives. While you may not have the docket space for weekly or bi-weekly review hearings, could you bring your higher-risk, higher-needs individuals in more frequently than just when the revocation petition is filed? Sure you can. Once you have properly identified those individuals, maybe you could have them come back once per month and reassess their situations. Tighten that timeline up to bi-weekly if they are not doing well (encourage with sanctions) and extend the time period between hearings if things are going well (encourage with incentives). Incorporating random drug/alcohol testing into the reporting requirements with swift and fair corrective action can significantly increase the accountability effect and is a best practice. The staggered sentencing model from last quarter's newsletter is a good example of this.

Treatment courts have made great strides with the concept of judicial interaction. Five to Seven minutes

with the judge is ideal, but this can be as little as three minutes with each participant. It's the quality of the interaction that matters. I have long considered "connection" to be the secret sauce to recovery. A connection to someone on the team usually results in a treatment court participant being successful. Unfortunately, connection is a hindsight kind of thing. You can usually see what your connection with someone is once it's established, but it is a guessing game as to what will make that connection happen in the first place. To further confound, what connects us to one person, won't necessarily connect us to the next and, in fact, seldom does. It's more magic than formula, but make no mistake, connections are what can truly change things for people. Taking a few minutes with each participant allows you to see each defendant as a person with unique strengths and weaknesses. It gives you a better understanding of what may drive their behaviors and gives you a chance to positively affect them through encouragement, understanding, and compassionate accountability. It might just be the first time someone in a place of authority has listened to them. While it is imperative to avoid shaming, stigmatizing, or retraumatizing the people in front of you, judges who take a few minutes with each person can enhance their motivation for change and provide needed support and encouragement that can lead to more effective outcomes.

Treatment courts foster close coordination between treatment and supervision. This is something you can easily encourage in your regular docket. It reminds me of my favorite quote, "the single biggest problem with communication is the illusion that it has taken place." Make it clear that both treatment and supervision are part of the sentence and that you expect team members to communicate with each other for the benefit of their client. Don't be afraid to set expectations. This is a perfect place to exhibit judicial leadership in your communities.

As you can readily see, most if not all, of the treatment court best practice standards can be modified or simply applied to your regular docket with little to no cost with the exception of your time. You may find that, in the end, you actually save time because there will be fewer order to show cause hearings, fewer revocations, and ultimately, less recidivism. That sounds like effective sentencing to me!

I will leave you with a concrete example of an alternative to treatment court, that uses many of the same principles and evidenced-based strategies. Grand Forks County currently operates a problem-solving monitoring style court model for its domestic violence cases. Details can be found here: [North Dakota Court System–Domestic Violence Court](#) ■

North Dakota 2024 Fatal Crash Statistics as of 10/29/2024



Fatalities: 76

Crashes: 70
 Operators Tested Positive BAC: 11
 Operators Tested Negative BAC: 17
 Operators Not Tested: 1
 Fatalities from Alcohol Crashes: 13
 No Seat belt (for seat belt eligible vehicles) 22
 Speed-related fatalities: 17

Pedestrian fatalities: 3
 Motorcycle fatalities: 16
 Fatal Crash Involved Lane Departure: 48
 Fatal Crash Involved a Younger Driver(s) 14-20 years old: 6
 Fatal Crash Involved an Older Driver(s) 65+ years old: 21
 Fatal Crash Involved a Train: 0
 Fatal Crash Involved a Commercial Motor Vehicle(s): 17
 Holiday Fatalities: 2

For a full look at the Fatal Crash Stat Board and how the numbers compare to 2023 and 2022, visit: [2024 Fatality Spreadsheet.xlsx \(nd.gov\)](#). Note that 42 crashes are currently under investigation and are not yet categorized. You can also find a link to the 2023 North Dakota Crash Summary here: [NDDOT_2023CrashSummary_Final_WEB1.pdf](#)

Update on the Newest Treatment Courts in North Dakota

Judge John Grinsteiner (retired), SJOL for North Dakota

Veterans Treatment Court (VTC) is not a new initiative nationwide. Since 2008, more than 600 such courts have been created, leaving North Dakota as one of the few remaining states without a court to address significant concerns that many veterans struggle with that can be attributed to military service. The establishment of a VTC in Grand Forks is the culmination of interested parties listening to various stakeholder groups in the justice community, veterans, and those representing the community's views. The culmination of this effort was realized on April 19, 2022, when the Grand Forks/Nelson County VTC was formally approved by the ND State Supreme Court – AR 60 Committee, and a formal opening took place in May 2023.

The Grand Forks VTC currently has nine active participants (which includes its first female participant). Two of these participants will be graduating – one in November and one in December. Two previous participants graduated – one in December 2023 and one in August 2024. Participants are from several of the military branches (Army, Air Force, Navy, and Marine). While most of the participants reside in Grand Forks County, there is one participant from each of the following counties: Ramsey, Griggs, McHenry, and Cass. The court has fielded requests for admission from 50 other persons who didn't meet the eligibility requirements and are contacted regularly by attorneys from other counties such as Burleigh or Ward. There is a need for additional

Veterans Treatment Courts in ND, and we are excited about Cass County beginning theirs. (Submitted by: Kim Higgs, Grand Forks VTC).

As Master Sargent Higgs indicates, a second VTC has begun formation in Cass County under the leadership of Judge Constance L. Cleveland. For more information on North Dakota's VTCs: [North Dakota Court System–Veterans Treatment Court](#)

Also, in the planning and formation stages, a Mental Health Court is being established in Burleigh and Morton Counties under the leadership of Judge Bobbi Weiler. People with mental illnesses often cycle repeatedly through courtrooms, jails, and prisons that are ill-equipped to address their needs and, in particular, to provide adequate treatment. One of the most popular and promising responses to emerge has been the mental health court, which combines court supervision with community-based treatment services, usually in lieu of a jail or prison sentence. Mental health courts generally share the following goals: to improve public safety by reducing criminal recidivism; to improve the quality of life of people with mental illnesses and increase their participation in effective treatment; and to reduce court- and corrections-related costs through administrative efficiencies and often by providing an alternative to incarceration.

[Mental Health Courts Program | Overview | Bureau of Justice Assistance](#) ■

Recent Court Opinions of Note

("A little late-night reading") – Alexander J. Bott, UND School of Law

The court opinions are a special contribution of my friend and colleague Earl G. Penrod, Senior Judge, Indiana Judicial Outreach Liaison, and Judge in Residence, National Judicial College

Chewing Gum and Breath Test Results

The North Carolina Court of Appeals found that the defendant had failed to show prejudice from the trial court's error in failing to exclude the results of the chemical test for intoxication administered on the Intoximeter EC/ER II. Prior to administering the second test, the analyst did not observe the defendant for the mandatory 15-minute observation time after directing the defendant to remove chewing gum from his mouth. The Statute requires the analyst to observe the defendant to make sure the defendant has not ingested alcohol or other fluids, regurgitated, vomited, eaten, or smoked in the 15 minutes. Although gum chewing is NOT on the prohibited activity list, the Court of Appeals determined that the intent of the statute and the rules from the North Carolina Department of Health and Human Services is to ascertain accurate BAC results and to keep foreign objects out of the mouth, including chewing gum. Despite finding that the chemical analysis should not have been admitted in this case, the Court of Appeals found that the defendant did not show the error was prejudicial in view of the other evidence supporting the defendant's guilt.

State v. Forney, 2024 N.C. App. LEXIS 52 (2024 WL 157836)

Roadside Drug Dog Sniff Upheld

The United States Court of Appeals for the 7th Circuit upheld the District Court's finding that the search of the defendant's vehicle was supported by probable cause based on the alert of a drug dog. The Court of Appeals noted that securing a defendant in a police vehicle may be reasonably incidental to a traffic stop, and because the defendant did not challenge the drug dog's reliability, the drug dog alerts provided sufficient probable cause to search, which was conducted without a warrant pursuant to the automobile exception to the warrant requirement. The Court noted that the legitimacy of a drug dog sniff was clarified in *Rodriguez v. U.S.*, 575 U.S. 348 (2018), in which it was held that the relevant inquiry is whether the stop was prolonged beyond its permissible length, which is determined based on the mission of the police in making the stop. It was found that the stop, in this case, was prolonged NOT by the drug dog sniff but by the officer's discovery the vehicle would have to be impounded and an inventory search conducted.

U.S. v. Johnson, 2024 U.S.App. LEXIS 3582 (decided February 15, 2024)

Useful Resources and Links

1. Impaired Driving Solutions – A Division of All Rise (formerly NADCP)

Impaired Driving Solutions leads a comprehensive approach to solve one of the greatest threats to public safety in the United States by implementing evidence-based and promising legal and clinical interventions.

Formerly known as the National Center for DWI Courts, Impaired Driving Solutions partners with federal agencies, state highway safety offices, and leaders in the private sector to provide 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 that provide treatment and accountability based on research-driven best practices.

Click here for access: [Impaired Driving Solutions – All Rise](#)

Click here for best practice standards: <https://allrise.org/publications/standards/>

2. The National Judicial College (NJC)

The NJC serves state trial court judges, administrative law judges, limited jurisdiction judges, military judges, tribal judges, even commissioners of licensing bodies.

Click here for access: [The National Judicial College | NJC \(judges.org\)](#)

3. ABA Publication *Tribal Traffic Safety Bulletin*

The *Tribal Traffic Safety Bulletin* is produced by the ABA Judicial Division through a project funded by a grant from the National Highway Traffic Safety Administration. 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.

Click here for access: [Tribal Traffic Safety Bulletin \(americanbar.org\)](#)

4. ABA Publication *Highway to Justice*

Highway to Justice is produced through a joint project with the American Bar Association Judicial Division and the National Highway Traffic Safety Administration. This complimentary publication is designed to be a source for updates on national traffic safety news.

Click here for all issues: [Highway to Justice \(americanbar.org\)](#)

5. Countermeasures That Work for Rural Communities: NHTSA

This report is an introduction to behavioral traffic safety countermeasures for rural stakeholders who want to build capacity, form partnerships, and address problems in their communities.

Click here: [Countermeasures That Work: An Introductory Resource For Rural Communities \(bts.gov\)](#)



AMERICANBARASSOCIATION

Judicial Division

Upcoming Trainings/Events/Webinars

*This is not an exhaustive list and is geared toward impaired driving

Rise25 Conference Future Dates

- Rise25, May 28–31, 2025 (Wed.–Sat.), Kissimmee, Florida. RISE25 will be held at the Gaylord Palms Resort and Convention Center.
- Rise26, July 20-23, 2026 (Mon.–Thur.), Nashville, Tennessee. RISE26 will be held at the Gaylord Opryland Resort and Convention Center.
- Rise27, July 19-22, 2027 (Mon.–Thur.), National Harbor, Maryland. RISE27 will be held at the Gaylord National Resort and Convention Center.
- [Adult Treatment Court Best Practice Standards – All Rise](#)

November 18-20, 2024

National Alliance to Stop Impaired Driving (NASID) Conference 2024 to be held in Arlington, Virginia. [NASID Conference 2024 – National Alliance to Stop Impaired Driving](#) Registration is open.

NJC Upcoming Free Webinar & Programs

▶ NJC Traffic Programs Online Courses

Wednesday, December 4, 2024, at 3 PM (Eastern)

Speaker: Hon. Neil Axel

Title: "Impaired Driving in 2024: Where Are We?"


Register here: [Impaired Driving 2024: What's New?](#)

▶ NJC Traffic Programs, Reno, NV

November 4-7, 2024 (Mon.-Thur.) "The Traffic Case: A Course for Nonlawyer Judges."

Register here: [The Traffic Case: A Course for Nonlawyer Judges – The National Judicial College](#)

Up to \$1,500 available for travel reimbursement. Please contact the Registrar's Office Monday-Friday 8:00am-4:00pm (PST) at (800) 255-8343 or registrar@judges.org

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Upcoming Trainings/Events/Webinars (cont.)

*This is not an exhaustive list and is geared toward impaired driving

ABA JOB Webinars

▶ ON-DEMAND

Title: "Behind the Uniform: Military Personnel and Impaired Driving."

Speaker: Colonel Tara Osborn, U.S. Army (Ret.), Moderator: Hon. Kate Huffman

Link: <https://www.americanbar.org/events-cle/ece/ondemand/443751095/>

▶ ON-DEMAND

Title: "But It's Just Weed! Understanding the Effects of Cannabis Use on Justice-Involved Adults and Adolescents."

Speaker: Dr. Kara Marciani, Moderator: Hon. Kate Huffman

Link: <https://www.americanbar.org/events-cle/ece/ondemand/444312633/>

▶ ON-DEMAND

Title: "Borderlands: America's 21st Century Range Wars"

Speakers: Hon. Rod Ring, Robert O. Saunooke, Prof. John D. Loftin, Mod: Prof. Danielle Finn

Link: [Borderlands: America's 21st Century Range Wars \[CC\] \(americanbar.org\)](#)



This quarter's issue again centered around sentencing, highlighting treatment courts and their effectiveness. What sentencing techniques do you employ? What is it you are trying to accomplish in sentencing a defendant? Do you know if there is a correlation between what you want to accomplish and the techniques you employ? I stand as a resource for each of you, so don't hesitate to reach out. If you have an issue that is somehow connected to impaired driving (think seven degrees of Kevin Bacon), I'll do my best to help. If it's not, I'm still happy to listen and help if I can. I know how isolating the position can be at times, so you have a friend in me.

Until next time, peace on your heart and strength for your fight, no matter how big or small!

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