



**Center for
Advancing Justice**

How To Address Substance Use From the Bench: A CRIMINAL DOCKET BENCH CARD



INTRODUCTION

This bench card is designed to assist judges in effectively addressing substance use disorders (SUDs) from the bench. Its purpose is to help courts balance accountability with access to treatment, ensuring both community safety and the fair administration of justice. Judges play a critical role in shaping the court experience for individuals with SUDs and can promote recovery by applying evidence-based practices and thoughtful judicial discretion. When presiding over cases involving SUDs, judges are encouraged to:

- Maintain a neutral and supportive tone, avoiding adversarial or stigmatizing language
- Recognize that abstinence is not immediately expected and that early recovery often involves recurrence of use
- Impose the least restrictive conditions necessary to ensure community safety and court appearance
- Acknowledge statutory limits based on their jurisdictions (e.g., bail/pretrial release rules, sentencing guidelines, and probation authority)
- Stay informed of local treatment and supervision options, updating referral resource lists annually and engaging in resource mapping where possible
- Apply 42 CFR Part 2 and HIPAA standards when receiving updates from treatment or supervision agencies; limit information shared to what is essential for court monitoring
- Ensure that supervision or pretrial services representatives are present and available at the docket
- Avoid imposing blanket prohibitions (e.g., prohibitions on alcohol or substances) unless directly tied to public safety

The bench card is organized into three practical sections:

- 1. Initial Appearance**
- 2. Review and Revocation Hearings**
- 3. Glossary for Judges**

By integrating the principles presented here into daily practice, judges can promote accountability while supporting treatment and recovery for individuals with SUDs.

SECTION 1: INITIAL APPEARANCE

Addressing Needs Related to Substance Use Disorder

Substance use disorder (SUD) and mental health needs can be difficult to identify during an initial appearance, especially when limited information is available. Judges play a critical role in asking brief, neutral questions and tailoring release conditions that protect community safety while promoting access to treatment.

QUICK REFERENCE

This overview summarizes the key judicial actions that help identify potential substance use disorders early, ensure appropriate referrals, and promote safe, supportive conditions for recovery. The following pages provide deeper guidance, including questions to ask and recommendations for each step.

1. Observe and identify

Note observable indicators of potential SUD during the initial appearance. Consider screening results, appearance or demeanor, current charge, criminal history, prior failures to appear, or technical violations as possible indicators—not evidence of diagnosis.

2. Ask neutral questions

Seek clarification in a nonadversarial, trauma-informed manner. Invite brief input from counsel, community supervision, and the defendant regarding treatment history, stability, and supports.

3. Refer for screening and assessment

When indicators are present, refer the individual promptly for clinical screening or assessment. Ensure that confidentiality protections and nonpunitive intent are communicated clearly to all parties.

4. Set supportive release conditions

Tailor conditions of release or supervision to promote engagement in treatment or recovery supports. Avoid punitive or unrealistic conditions that may increase the risk of continued substance use or noncompliance.

5. Highlight opportunities for treatment or diversion

Identify diversion programs, treatment courts, or community-based services that may be appropriate given the defendant's circumstances. Emphasize voluntary participation and treatment as a pathway to stability and accountability.

6. Document observations and actions

Record substance use concerns and judicial actions in the record. Avoid diagnostic labels or formal findings; document only observable indicators and referrals made.

GATHER INFORMATION

Start by determining whether there are indicators of an SUD issue—for example, physical appearance and demeanor, current charge, criminal history (failure to appear, technical violations), any information about behavioral health, history of substance use, or criminogenic needs. Screening results, withdrawal risks, and stability factors help guide appropriate release conditions.

Questions to ask counsel or probation/jail staff:	Judicial recommendations:
<ul style="list-style-type: none">Has the individual received any type of screening?If yes, what were the results?If no, can a jail medical unit, probation officer, or local community behavioral health provider conduct a screening?Is there a risk of withdrawal (especially alcohol withdrawal, which can be life-threatening)?Are there indications of medicine for addiction treatment (MAT) needs (e.g., history of opioid or alcohol dependence, withdrawal symptoms)?Does the individual have a safe, stable place to live?	<ul style="list-style-type: none">Request immediate screening if not completed. Even a brief screen can flag needs early, allowing faster connection to treatment and reducing risk of overdose or relapse.Ensure continuity of MAT if indicated. Abrupt discontinuation of MAT in jail can increase medical risks and heighten the potential for overdose after release.Ask local agencies to map available resources annually. An updated referral list (community mental health, treatment providers, housing) ensures that judges know who can screen and where to send individuals quickly.

IDENTIFY INDICATORS

If there are indicators of an SUD issue, judges may ask neutral questions of counsel or community supervision.

Questions to ask counsel or probation:	Judicial recommendations:
<ul style="list-style-type: none">Have there been any recent drug or alcohol test results?Does the probable cause statement or police report mention substance involvement?Does the individual have prior charges related to substance use?Is there any known treatment or compliance history?Are there concerns about housing, employment, or family stability?	<ul style="list-style-type: none">Flag potential substance use or mental health concerns for follow-up assessment. Even if limited evidence is available, noting concerns helps keep treatment options open at later stages.Tailor conditions to the observed risks. Avoid imposing burdensome conditions (e.g., extensive testing without knowing of a diagnosed SUD) unless they are necessary for public safety or compliance.

SECTION 1: INITIAL APPEARANCE

INQUIRE DIRECTLY (if concerns are raised)

Judges may ask a few neutral, supportive questions directly of the defendant if substance use is suspected. Responses should not be used for prosecution but may guide referrals. These questions should be limited and nonadversarial.

Questions to ask the defendant:	Judicial recommendations:
<p>Begin with an introduction to the questions: "I'd like to ask you a couple of quick questions to help the court understand whether support or services might be useful to you. Your answers won't be used to get you into any trouble."</p> <ul style="list-style-type: none">• Have you ever tried to get help to stop using drugs or alcohol?• Are you currently taking any prescribed medication?• Are you feeling unwell because you have not been using drugs or alcohol?• Would you like to talk to someone about getting help or support?	<ul style="list-style-type: none">• Record inquiries carefully. Note that the question was asked but avoid quoting clinical details due to confidentiality protections under 42 CFR Part 2.• Frame inquiries as supportive. Neutral language helps reduce stigma and build trust, even in a brief interaction.

REFER FOR SCREENING AND ASSESSMENT

A positive screen or clear indicator of SUD should lead to immediate referral for further assessment. Delays in referral may increase risk of continued use or overdose.

Questions to ask counsel or probation/jail staff:	Judicial recommendations:
<ul style="list-style-type: none">• Can a jail medical provider conduct an assessment quickly?• Are there local treatment providers who accept immediate referrals?• Has a previous provider worked with this individual before?• Are there barriers to accessing assessment or treatment (transportation, housing, insurance)?	<ul style="list-style-type: none">• Order screening or assessment promptly. This ensures that the individual is connected to the right level of care early, rather than waiting weeks for a full evaluation.• Authorize referral to treatment upon a positive screen. Allowing treatment to start quickly supports stabilization and reduces recidivism risk.

SECTION 1: INITIAL APPEARANCE

SET SUPPORTIVE RELEASE CONDITIONS

Release conditions should be individualized, realistic, and limited to what is necessary for safety and compliance. Overly burdensome conditions can undermine success and increase technical violations.

Questions to consider:	Judicial recommendations:
<ul style="list-style-type: none">• What is the minimum supervision necessary for this case?• What conditions would support treatment access without overwhelming the individual?• What specific conditions would help this individual succeed on release without creating unnecessary barriers?• Does the individual have reliable transportation or other supports to enable them to attend required appointments, testing, or court hearings?	<ul style="list-style-type: none">• Require check-ins with supervision or court staff if appropriate. Regular contact helps identify issues early and provides accountability without excessive restrictions.• Order drug or alcohol testing only if necessary. Testing should support accountability, but judges should recognize that substance use may occur or continue before early remission and avoid punitive responses.• Consider curfew or home detention only if tied to specific safety concerns. Conditions unrelated to risk can create unnecessary barriers to stability.• Use electronic or alcohol monitoring only when clearly justified. These tools should be reserved for higher-risk cases to avoid oversupervision.

SECTION 1: INITIAL APPEARANCE

SUGGEST DIVERSION OR PROGRAM REFERRALS

Even at the initial appearance, judges can highlight opportunities for treatment or diversion that support recovery and reduce future court involvement.

Questions to ask counsel:	Judicial recommendations:
<ul style="list-style-type: none">• Is the individual eligible for a diversion program, specialty court (e.g., treatment court), or community-based support program?• Are there community-based support services (such as peer recovery groups, outpatient counseling, or family services) that this individual could access immediately, even if they are not eligible for diversion or a specialty court?• Has the defense counsel or prosecutor discussed possible diversion or treatment options with the individual and their family?• What programs in the jurisdiction currently have openings and can accept this individual quickly?	<ul style="list-style-type: none">• Inform the defendant of possible eligibility for diversion or specialty court. Early awareness may encourage defendants and counsel to explore alternatives that focus on treatment over punishment.• Encourage voluntary engagement in treatment. Even if formal diversion is not an option, judges can recommend that defense counsel and families explore available community-based treatment.

SECTION 2: REVIEW AND REVOCATION HEARINGS

Addressing Needs Related to Substance Use Disorder

Review and revocation hearings provide judges with an opportunity to balance accountability with recovery support. The focus should be on identifying whether alleged violations create public safety concerns or are related to the normal challenges of early recovery, and on tailoring responses that reinforce progress while addressing risks.

QUICK REFERENCE

This overview summarizes key judicial actions to promote fairness, accountability, and continued engagement in treatment and recovery during review or revocation hearings.

1. Identify the alleged violation

- Distinguish between a new offense and a technical violation (e.g., missed appointments, positive drug test, or curfew violation).
- Confirm the basis of the allegation and ensure that all parties understand the nature of the violation.

2. Understand the circumstances

- Explore the context of the behavior, including potential barriers such as transportation, housing instability, mental health symptoms, or challenges related to treatment engagement.
- Seek input from counsel, probation officers, and treatment providers to ensure a full picture of the participant's situation.

3. Reinforce positive progress

- Acknowledge improvements and efforts toward compliance (e.g., consistent attendance, employment, participation in treatment).
- Recognize incremental progress to reinforce accountability and motivation.

4. Consider adjusting conditions before revocation

- Evaluate whether modifications, such as more frequent check-ins or drug testing, or enhanced supervision, may address concerns without full revocation.
- Prioritize interventions that maintain treatment continuity and public safety.

5. Apply the least restrictive sanction if necessary

- If a sanction is warranted, ensure that it is proportionate, consistent, and designed to support behavioral change.
- Document the rationale for all decisions, linking them to treatment and recovery goals rather than punishment.

IDENTIFY THE ALLEGED VIOLATION

Clarify whether the alleged violation is a new criminal offense or a technical violation (e.g., missed appointment, positive drug test). This distinction informs the decision as to whether revocation is appropriate or whether service adjustments may be sufficient.

Questions to ask probation:	Judicial recommendations:
<ul style="list-style-type: none">• What is the specific alleged violation?• Is it a new criminal offense or a technical violation?• Has probation considered or attempted less restrictive responses before filing for revocation?	<ul style="list-style-type: none">• Ensure clear policy guidance. Courts should have consistent criteria for when revocation is filed versus when probation officers can use graduated responses. This avoids unnecessary incarceration for technical violations.• Distinguish between new or continued substance use and new criminal conduct. A positive drug test may reflect early recovery challenges and should not automatically trigger revocation.

SECTION 2: REVIEW AND REVOCATION HEARINGS

UNDERSTAND THE CIRCUMSTANCES

Consider mitigating or exacerbating factors to put the violation in context. Review compliance, treatment engagement, and potential barriers before making decisions.

Questions to ask probation:	Questions to ask the defendant:	Judicial recommendations:
<ul style="list-style-type: none">Where is the individual in treatment or recovery (early engagement, early remission, maintenance)?Is the behavior consistent with SUD symptoms (e.g., risk of return to use) rather than willful noncompliance?Has the individual complied with other conditions?Are there barriers or responsibility needs such as transportation, housing, or childcare?How are drug and alcohol tests conducted and monitored?What supports or incentives have been used to reinforce progress?How do you think the court can best support the defendant?	<ul style="list-style-type: none">What's working well for you right now?What do you need to stay on track or get back on track?How can the court support your success?	<ul style="list-style-type: none">Evaluate behavior in context. Missed appointments, changes in physical appearance, or sudden disengagement may indicate return to use, health problems, or stress rather than willful noncompliance.Focus on barriers. Transportation and childcare issues often drive technical violations and can be addressed with supportive adjustments. Ensure that responsibility needs have been identified with an assessment and that supervision has a plan to address those needs.Use treatment responses. If the behavior is consistent with SUD symptoms, it may not be willful noncompliance.

SECTION 2: REVIEW AND REVOCATION HEARINGS

REINFORCE POSITIVE PROGRESS

Recognize compliance and progress where it exists. Judicial acknowledgment can strengthen engagement and reinforce accountability.

Questions to ask probation:	Questions to ask the defendant (if appropriate):	Judicial recommendations:
<ul style="list-style-type: none">What progress has the individual made in treatment or compliance?Have there been recent successes (e.g., negative drug tests, steady attendance, employment)?	<ul style="list-style-type: none">What changes or accomplishments are you most proud of since your last court appearance?Who or what has been most helpful to you in staying on track?	<ul style="list-style-type: none">Offer praise and positive reinforcement. Acknowledging progress promotes motivation and builds trust, even if setbacks have occurred.Use incentives when possible. Small adjustments, such as reducing the frequency of check-ins or lifting curfew, can reinforce compliance and progress (see the judicial scripts below for guidance).

USING INCENTIVES TO REINFORCE POSITIVE PROGRESS

Reducing Frequency of Check-ins as an Incentive

When a person has demonstrated consistent compliance and accountability, the judge can acknowledge that progress by reducing the frequency of required check-ins as a positive incentive.

Judicial Script:

- Judge (to participant):**

- I want to take a moment to recognize the progress you've made. You've been consistent with your check-ins and have met all of your supervision and treatment requirements. That kind of follow-through shows real effort, and it deserves acknowledgment.*

- Judge (to probation officer):**

- Officer [Last Name], please adjust [participant's name]'s supervision schedule to reflect this progress. Let's reduce the number of weekly check-ins from [two to one / three to two] for the next review period. If that continues to go well, we can consider further adjustments.*

- Judge (to participant, closing the loop):**

- Keep up the good work. When you stay consistent like this, it gives us the opportunity to ease some of those restrictions. You've earned this step forward.*

SECTION 2: REVIEW AND REVOCATION HEARINGS

Allowing Reporting by Phone or Text as an Incentive

When a person has reliably met all supervision requirements, the judge can recognize that progress by allowing check-ins to occur by phone or text instead of in person as a convenience-based incentive.

Judicial Script:

- **Judge (to participant):**

- *You've shown that you're taking your supervision seriously. Your reports have been on time, and there haven't been any issues since our last hearing. That consistency shows responsibility and accountability.*

- **Judge (to probation officer):**

- *Officer [Last Name], let's modify [participant's name]'s reporting schedule so that, for the next review period, they can check in by phone or text instead of in person. Please confirm the schedule and reporting instructions before they leave today.*

- **Judge (to participant, closing):**

- *This change is a way of recognizing your progress. Keep up this level of compliance, and you'll continue to earn more trust and flexibility. If things stay on track, we can look at additional adjustments next time.*

Authorizing Early Release From Electronic Monitoring as an Incentive

When a person has maintained stability and full compliance over a sustained period, the judge can acknowledge that progress by authorizing early removal from electronic monitoring as an incentive.

Judicial Script:

- **Judge (to participant):**

- *You've shown real stability over the past several weeks by meeting all supervision requirements, maintaining employment, and avoiding any violations. That level of consistency shows you're taking this seriously.*

- **Judge (to probation officer):**

- *Officer [Last Name], given [participant's name]'s sustained compliance, please move forward with removing electronic monitoring at the earliest appropriate date and document the change in the supervision plan.*

- **Judge (to participant, closing):**

- *This is a significant step and one you've earned. Keep doing what you're doing. Showing continued responsibility will help you maintain this progress and build even more trust with the court.*

ADJUST CONDITIONS IF APPROPRIATE

If there is no imminent public safety risk, service adjustments are preferable to revocation. Adjustments should be individualized to support recovery and accountability.

Questions to ask probation:	Questions to ask the defendant (if appropriate):	Judicial recommendations:
<ul style="list-style-type: none">What service adjustments have been tried so far?Are community-based supports available that could address the current challenges?Would reassessment of treatment needs be appropriate at this stage?	<ul style="list-style-type: none">What changes in your supervision or treatment would help you follow through more consistently?Are there supports or services that might make it easier for you to stay on track?	<ul style="list-style-type: none">Order service adjustments before revocation. Options include increased or decreased check-ins, field visits, curfew modifications, electronic monitoring, or journaling assignments.Encourage treatment reassessment. If return to use occurs, the individual may need to have their treatment plan adjusted rather than having a sanction applied. MAT or other supports may improve outcomes.Connect to peer or housing supports. Referral to peer recovery support or sober living can stabilize high-risk situations without jail.

APPLY SANCTIONS IF NECESSARY

If the violation involves a new crime or poses a clear public safety risk, more restrictive conditions or sanctions may be required. Sanctions should still be proportional and should consider both short-term compliance and long-term recovery.

Questions to ask probation:	Judicial recommendations:
<ul style="list-style-type: none">What public safety concerns are present?Has the individual demonstrated a pattern of violations despite prior service adjustments?What progress has the individual made with their case plan?What does the treatment provider report about engagement or disengagement?What are your recommendations for this individual?	<ul style="list-style-type: none">Use the least restrictive sanction necessary. Home detention, day reporting, or electronic monitoring may be preferable to jail when safety can still be assured.Apply jail only when necessary. Incarceration may disrupt treatment and stability; it should be reserved for significant new criminal conduct or imminent public safety threats.Balance short-term compliance with long-term recovery. Overly punitive responses can destabilize progress, while measured responses can sustain engagement.

SECTION 2: REVIEW AND REVOCATION HEARINGS

SECTION 3: GLOSSARY FOR JUDGES

This glossary provides judges with clear, concise definitions of key terms related to substance use disorders (SUDs), mental health, risk assessment, and recovery. The goal is to promote consistent understanding and reduce reliance on stigmatizing or adversarial language in the courtroom. By using accurate, evidence-based terminology, judges can make more informed decisions, communicate more effectively with court participants, and reinforce approaches that balance accountability with support for treatment and recovery.

Screening and Assessment Tools

Screening and assessment tools help courts identify potential substance use, mental health, and criminogenic risk factors. Judges benefit from knowing which tools may be in use locally and how the results inform decisions about supervision, treatment, and release.

- **Screening:** Brief, early check to flag possible issues; determines need for assessment.
 - Screenings typically produce yes-or-no responses, where an answer of yes leads to an assessment, which determines the level of care needed.
- **Assessment:** In-depth evaluation to guide treatment/supervision.
- **Criminogenic risk screen:** Quick tool to screen for risk factors linked to criminal behavior (e.g., RANT, COMPAS, LSI-R:SV).
- **Criminogenic risk assessment:** Evidence-based tool estimating likelihood of reoffending (e.g., ORAS, LS/CMI, IDA, VRAG-R).
- **Clinical screen:** Brief process to flag possible SUD or mental health concerns (e.g., CAGE-AID, AUDIT-C, ASSIST).
- **Clinical assessment:** In-depth evaluation for diagnosis and level of care (e.g., ASAM Criteria, DSM-5, ASI, GAIN).

Levels of Care (ASAM Framework)

The American Society of Addiction Medicine (ASAM) defines levels of care to match individuals with the appropriate intensity of treatment. Understanding these levels helps judges interpret treatment recommendations and order conditions that are realistic and evidence based.

Level	Description	Example Services
0.5	Early intervention	Brief counseling, education
1	Outpatient services	1 to 9 hours per week; group/individual therapy
2.1	Intensive outpatient (IOP)	9+ hours per week; structured treatment
2.5	Partial hospitalization (PHP)	20+ hours per week; daytime treatment
3.1	Clinically managed low-intensity residential	Structured sober living; 24/7 support
3.3	Clinically managed medium-intensity residential	For those with cognitive/functional impairment
3.5	Clinically managed high-intensity residential	24/7 care; for those with behavioral instability
3.7	Medically monitored intensive inpatient	24/7 nursing care; physician oversight
4	Medically managed intensive inpatient	Hospital-based detox/treatment

SECTION 3: GLOSSARY FOR JUDGES

Core Substance Use and Mental Health Terms

These terms describe the medical and behavioral aspects of SUDs and mental health conditions. Familiarity helps judges use accurate, nonstigmatizing language and better understand reports from treatment providers.

- **Substance use disorder (SUD):** Medical condition involving loss of control, risky use, tolerance, and withdrawal.
- **Craving:** Strong urge to use substances, a diagnostic symptom of SUD.
- **Co-occurring disorders:** Both an SUD and a mental health disorder.
- **Tolerance:** Needing more of a substance to achieve the same effect.
- **Withdrawal:** Physical and psychological symptoms after reducing or stopping use; may be life-threatening in specific circumstances.

Terms That Describe Recovery Stages and Outcomes

Recovery is a process that unfolds over time, with stages marked by risk of return to use or stabilization. Judges who recognize these stages can respond appropriately to continued use, reinforce progress, and set expectations consistent with early remission and long-term recovery.

- **Early recovery:** The first 90 days to 12 months after stopping use; high relapse risk.
- **Early remission:** 90 days to 12 months without SUD criteria except cravings.
- **Sustained remission:** 12+ months with no symptoms except craving.
- **Abstinence vs. recovery:** Abstinence means no use; recovery is a broader term that includes stability, wellness, and meeting goals.

Recovery (as defined by the Substance Abuse and Mental Health Services Administration [SAMHSA])

[SAMHSA]: A process of change toward health, self-direction, and reaching full potential.

- **Recurrence, relapse, return to use:** Return to use is a neutral term; relapse indicates compulsive use; recurrence is a clinical term that is less stigmatizing.

Treatment and Support Approaches

Courts interact with a range of treatment and support strategies, from medication and Health and safety strategies to trauma-informed supervision. Knowing these approaches allows judges to make referrals and set conditions that align with best practices and promote stability.

- **Medication for addiction treatment (MAT), medication for opioid use disorder (MOUD):** Methadone, buprenorphine, naltrexone. Note: Judges can encourage but not order MAT or any other treatment except as recommended by a clinician.
- **Health and safety strategies:** Narcan, MAT, clean syringes, education.
- **Person-centered approach:** Prioritizes individual goals, strengths, and choices.
- **Trauma-informed care and supervision:** Care and supervision that avoid retraumatization and promote safety.
- **Psychosocial stability:** A condition characterized by the presence of consistent housing, income, support, and emotional regulation.
- **Service adjustments:** Modified supervision or treatment responses (e.g., curfew change, increased testing, peer support, increasing or reducing the level of care, or changing the reporting schedule).

SECTION 3: GLOSSARY FOR JUDGES

Risk and Responsivity Concepts

Risk and responsivity principles are central to understanding which individuals are most likely to reoffend and how their services should be tailored. Judges can use these concepts to balance supervision, accountability, and treatment in a way that reduces future risk.

- **Criminogenic needs:** Risk factors linked to criminal behavior (e.g., criminal thinking, antisocial peers, unstable housing, substance misuse).
- **Risk-need-responsivity (RNR) framework:**
 - **Risk:** Match supervision to risk level.
 - For example, higher-risk individuals receive more frequent check-ins or judicial reviews to decrease recidivism, while lower-risk individuals require minimal supervision to avoid overintervention to decrease recidivism.
 - **Need:** Target underlying causes of criminal behavior.
 - Provide programming and services that address criminal thinking, antisocial peers, unstable housing, substance misuse.
 - **Responsivity:** Tailor services to the individual's traits and needs.
 - Adjust programming based on learning style, mental health conditions, access to services, or motivation.
- **Risk-need-responsivity assessments:** Evidence-based tools used to evaluate an individual's likelihood of reoffending, identify the underlying factors driving their behavior, and determine the most effective ways to engage them in services. These assessments help courts and supervision agencies individualize supervision intensity and treatment plans based on each person's risk level, criminogenic needs, and personal characteristics.

Stigmatizing Language

Stigmatizing language reinforces shame, discourages individuals from seeking help, and can influence judicial and public perceptions of people with SUDs. Using person-first, medically accurate, and recovery-oriented language helps promote dignity, supports engagement in treatment, and aligns with the understanding that addiction is a chronic, treatable medical condition.

- **Addict, junkie, drug abuser, alcoholic:** These labels define a person by their disorder rather than recognizing them as an individual with a medical condition.
- **Clean, dirty (referring to drug test results):** These terms moralize substance use, implying that a person is good or bad rather than describing medical outcomes. Use "tested negative" or "tested positive" instead.
- **Substance abuse, drug habit:** "Abuse" and "habit" imply choice or moral failure. The preferred term is "substance use disorder" or "substance use."
- **Relapse, slip-up (used judgmentally):** These words can sound punitive; "recurrence of use" or "return to use" is more neutral and recognizes recovery as a process.
- **User:** Reduces a person to a behavior rather than recognizing the complexity of their condition.
- **Noncompliant, resistant:** These terms imply willful defiance; instead, use "not yet engaged in treatment" or "experiencing barriers to engagement."
- **Failure, failed treatment:** Suggests moral weakness or hopelessness; use "treatment not yet effective" or "treatment not successful at this time."

SECTION 3: GLOSSARY FOR JUDGES



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