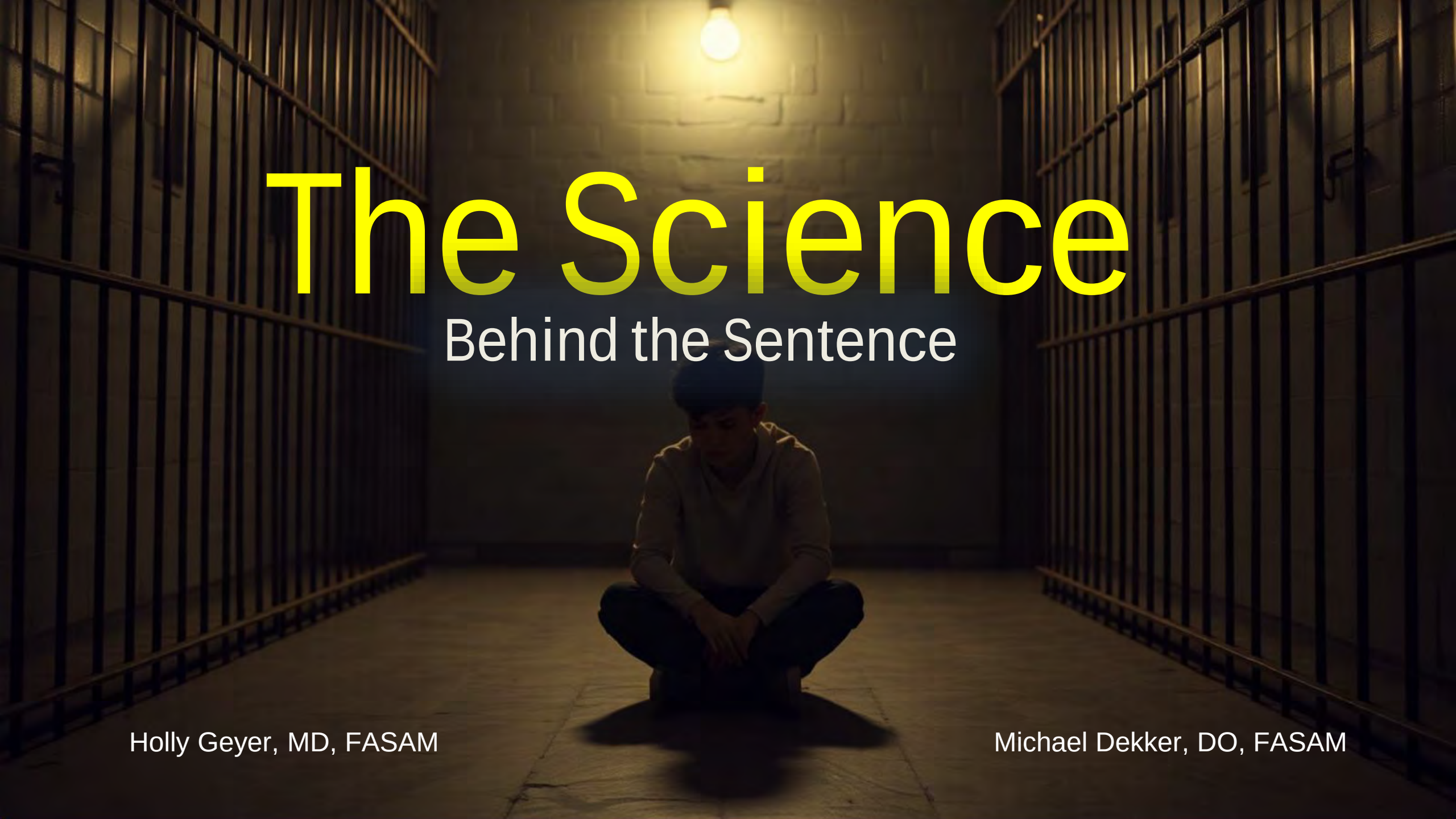
AZ JUDICIAL CONFERENCE

The Science Behind the Sentence: The Addiction, Adolescent Brain Development and Youth Justice

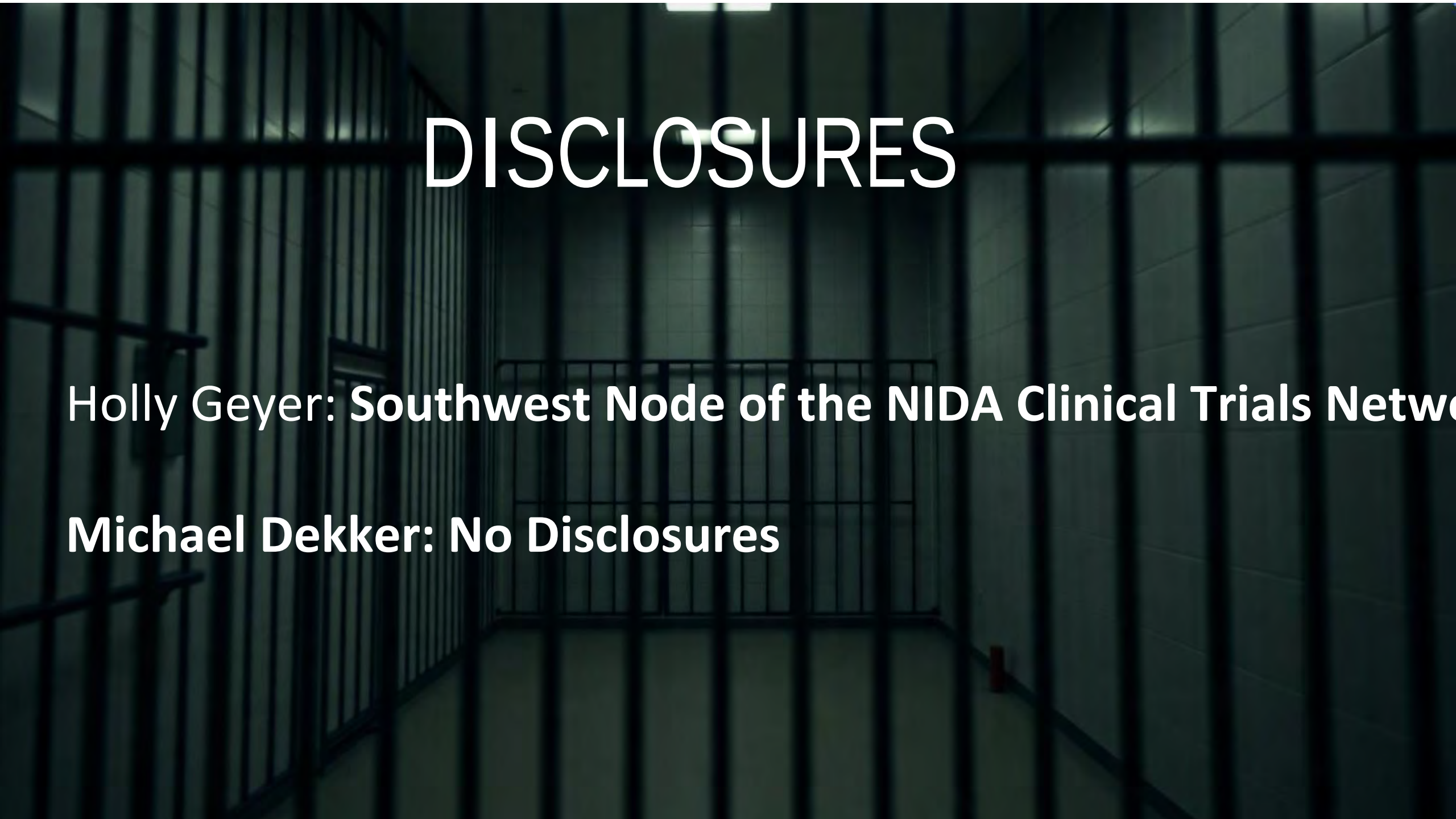


The Science

Behind the Sentence

Holly Geyer, MD, FASAM

Michael Dekker, DO, FASAM



DISCLOSURES

Holly Geyer: **Southwest Node of the NIDA Clinical Trials Netwo**

Michael Dekker: No Disclosures

WHAT IS ADDICTION?


What IS THIS?
PSYCHOLOGICAL
SOCIAL
SPIRITUAL
PHYSICAL

Let's Learn How to Diagnose!

Mrs. Johnson

ANSWERS:

ANSWERS:

1. High dose cisplatin

ANSWERS:

1. High dose cisplatin
2. Abdominal Radiation

ANSWERS:

1. High dose cisplatin
2. Abdominal Radiation
3. Bowel resection

ANSWERS:

1. High dose cisplatin
2. Abdominal Radiation
3. Bowel resection
4. **HOLY MOLY Lady, are you CRAZY!!! you DON'T** HAVE A **DIAGNOSIS!!**

Johnny

Johnny


Bad Attitude
Late for School
Not sleeping
Aggitated
Withdrawn
Shaky at the Dinner Table
Drug Paraphanalia in Drawer

What do we order?

What do we order?

1. Labs

What do we order?

~~1. Labs~~

What do we order?

~~1. Labs~~

2. Brain Biopsy

What do we order?

~~1. Labs~~

~~2. Brain Biopsy~~

What do we order?

~~1. Labs~~

~~2. Brain Biopsy~~

3. MRI or CT Head

What do we order?

~~1. Labs~~

~~2. Brain Biopsy~~

~~3. MRI or CT Head~~

What do we order?

~~1. Labs~~

~~2. Brain Biopsy~~

~~3. MRI or CT Head~~

4. Lunch?

Back in the Day

Addictive Behaviors
Overdoses
Withdrawals
High Tolerance

RECOMMEND THEY FIND A

BEHAVIORAL HEALTH TREATMENT PROGRAM

Medical Field

- Evidence-Based
- Objective Features
- Diagnostics Dependent
- Reproducible
- Standardized

Behavioral Health Field

- +/- Evidence-Based
- Subjective Features
- Limited Diagnostics
- +/- Reproducible
- +/- Standardized


WHEN THAT
ALL CHANGED

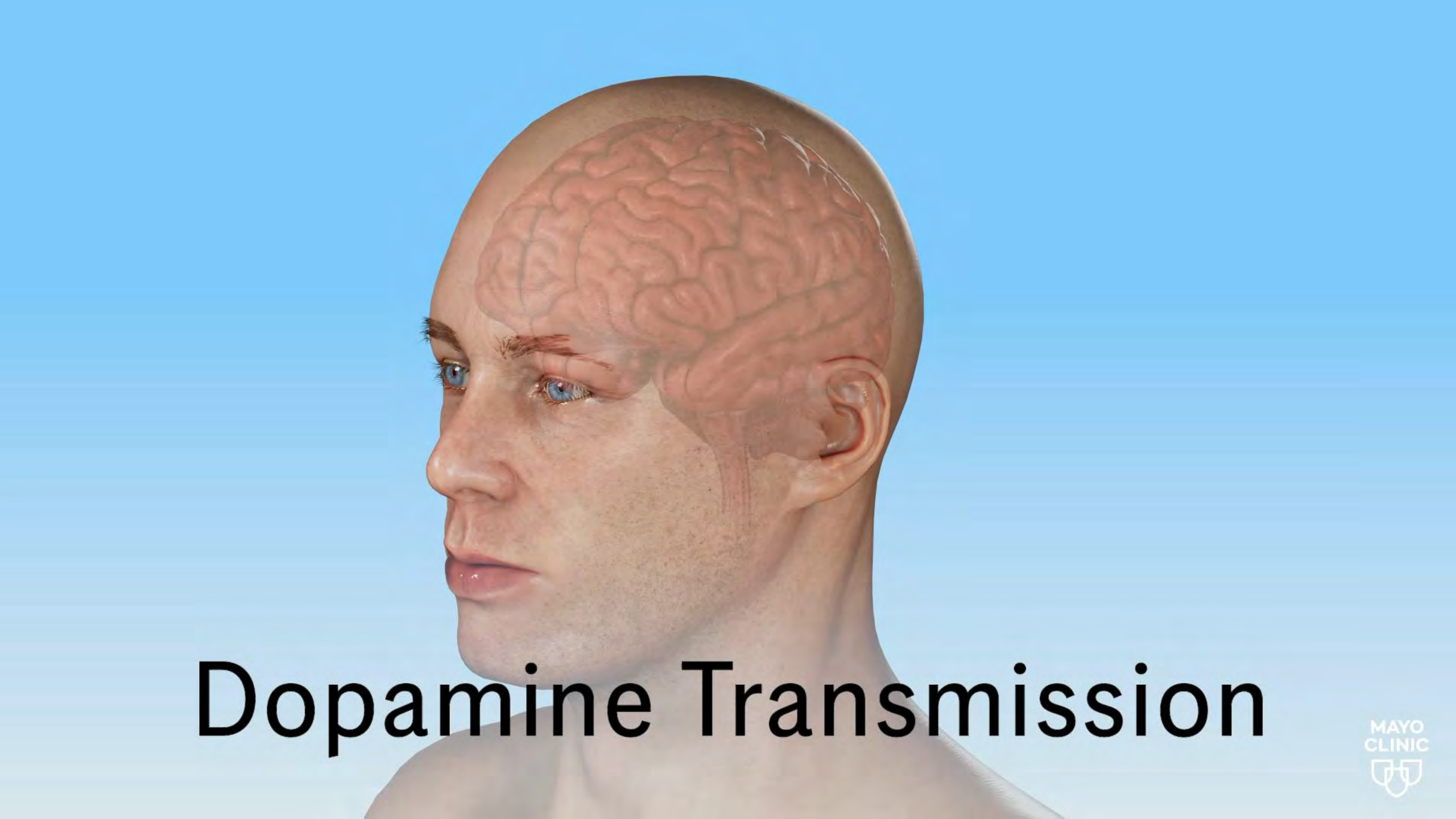

ENTER:
the
OPIOID EPIDEMIC

Addiction Is

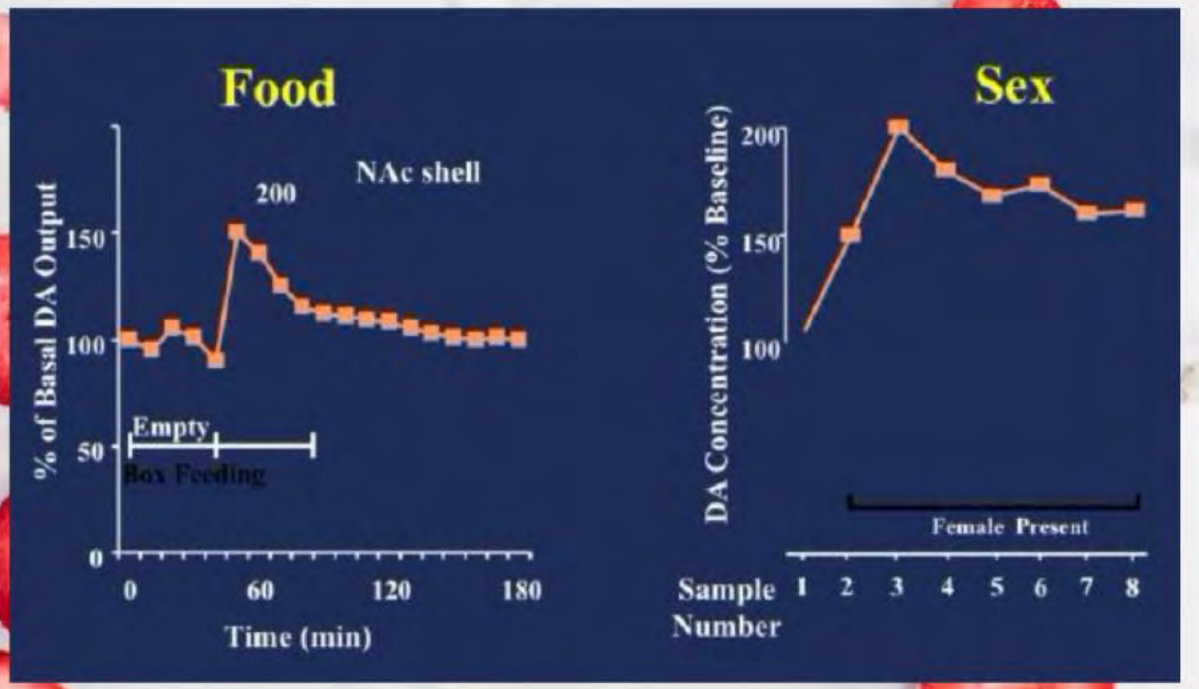
Addiction Is

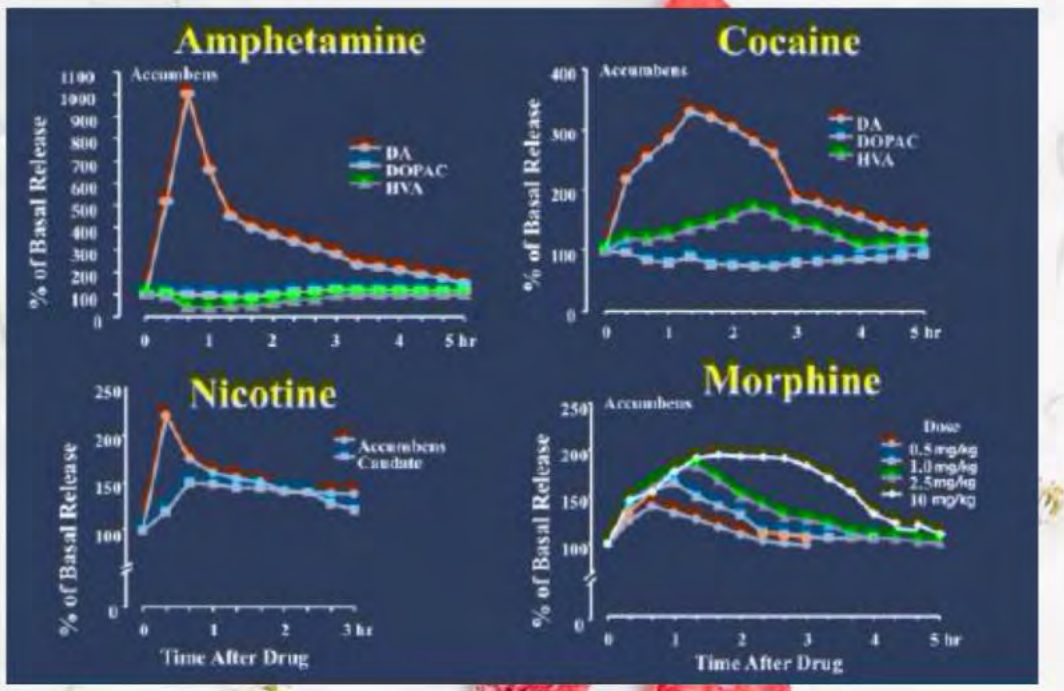
A DISEASE

Let's Talk Brain

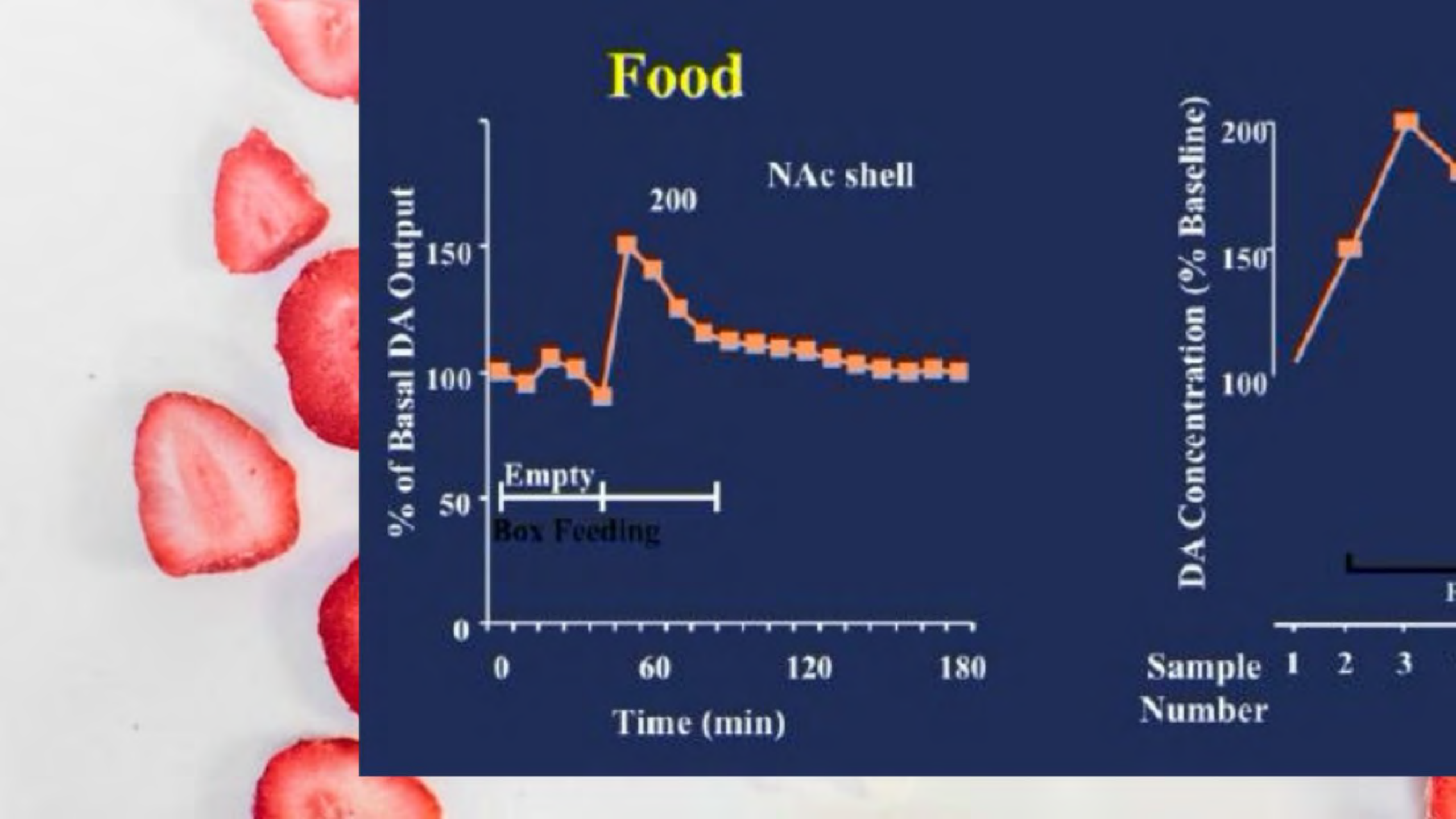

Dopamine Transmission
MAYO CLINIC

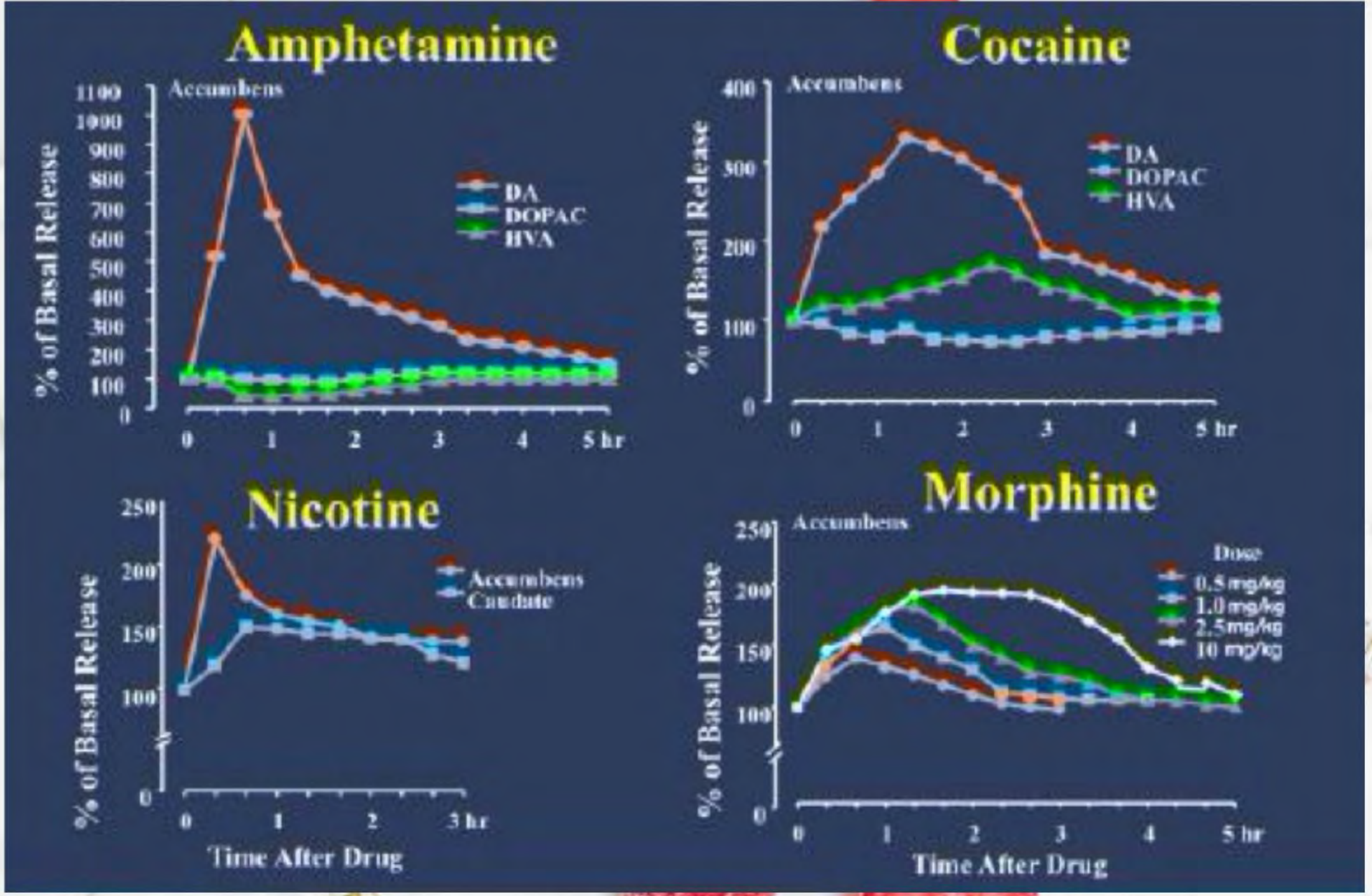
Dopamine, the 'Happy' Chemical





Di Chiara G: Eur J Pharmacol. 1999 June 30;375(1-3):13-30
Di Chiara G: Proc Natl Acad Sci USA. 1988;85(14):5274-5278


Food
NAc shell
200
150
100
50
0
% of Basal DA Output
Empty
Box Feeding
0
60
120
180
Time (min)
DA Concentration (% Baseline)
200
150
100
Sample Number
1
2
3


Amphetamine
Accumbens
% of Basal Release
1100
1000
900
800
700
600
500
400
300
200
100
0
DA
DOPAC
HVA
0
1
2
3
4
5 hr
Cocaine
Accumbens
% of Basal Release
400
300
200
100
0
DA
DOPAC
HVA
0
1
2
3
4
5 hr
Nicotine
% of Basal Release
250
200
150
100
0
Accumbens
Caudate
0
1
2
3 hr
Time After Drug
Morphine
Accumbens
% of Basal Release
250
200
150
100
0
Dose
0.5 mg/kg
1.0 mg/kg
2.5mg/kg
10 mg/kg
0
1
2
3
4
5 hr
Time After Drug

The Brain Adapts!

Opioids Warp

- Reward prediction
- Stimulus-response
- Approach behavior
- Learning (conditioned too)
- Decision making

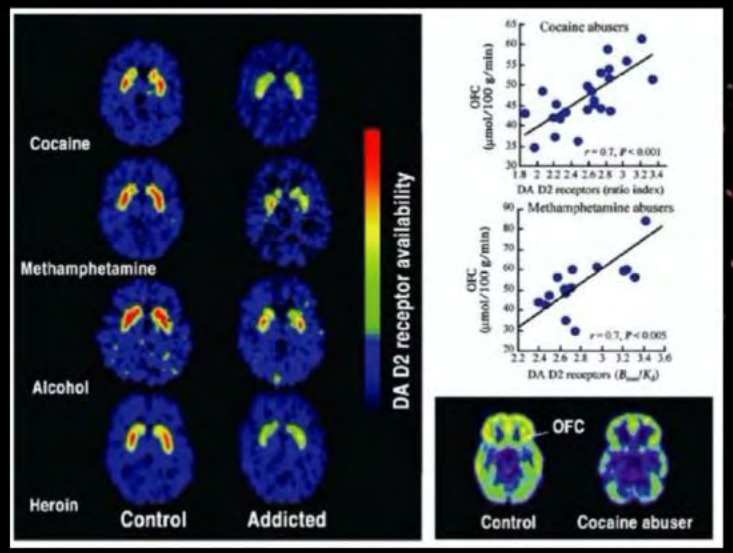
Nucleus Acumbens Dendrite

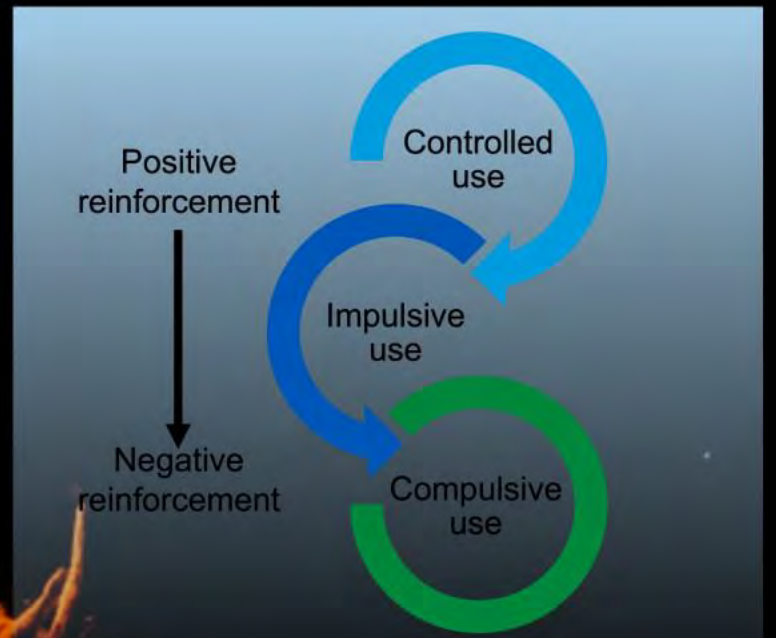
AKA: Pleasure Center Nerve

Saline Amph

Robinson ET, Kolb B: J Neurosci. 1997 Nov 1;17(21):8491-7

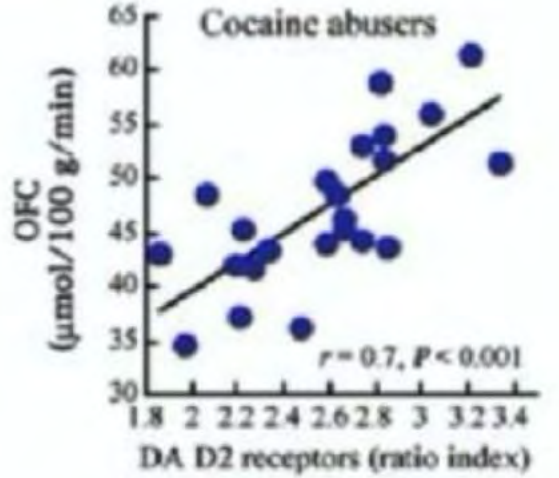
And Burns Out

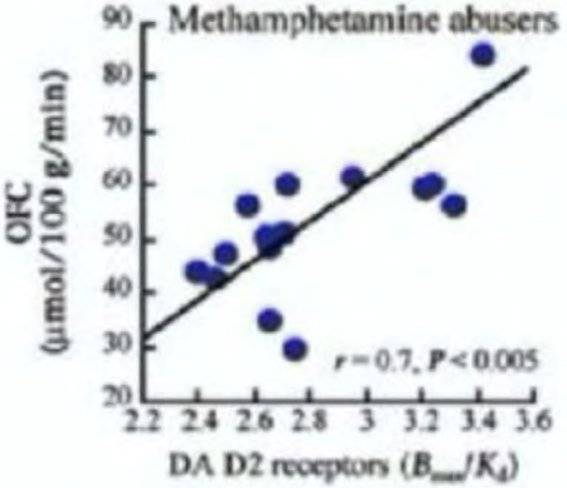


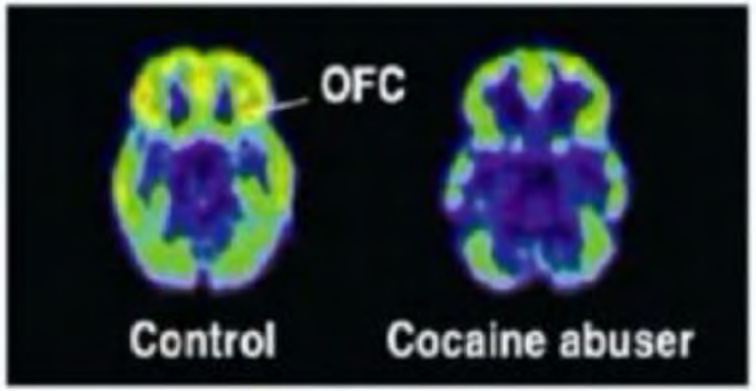


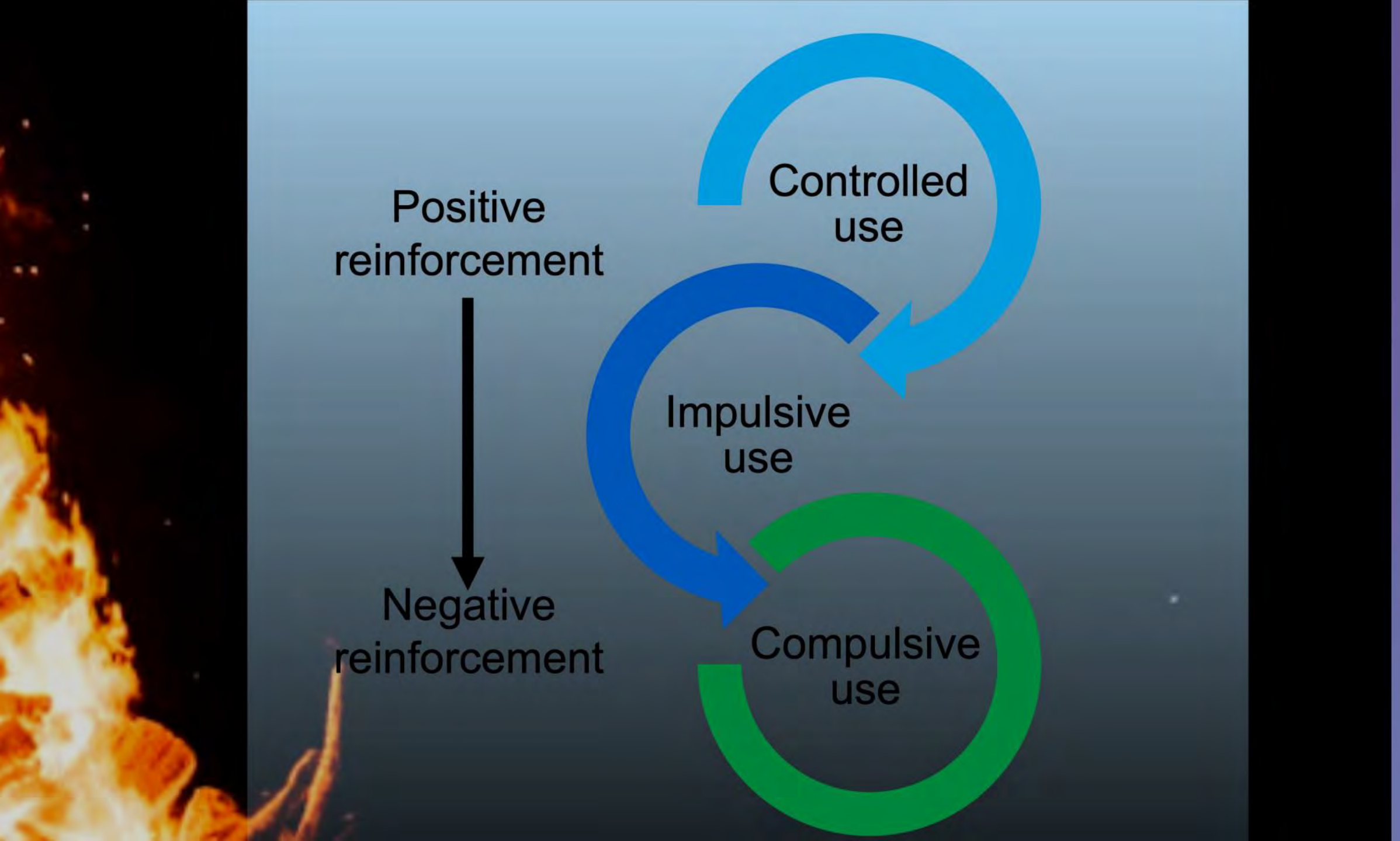
Volkow ND, Wise RA: Nat Neurosci.2005 May;8(5):555-60


Cocaine
Methamphetamine
Alcohol
Heroin
Control
Addicted
DA D2 receptor availability

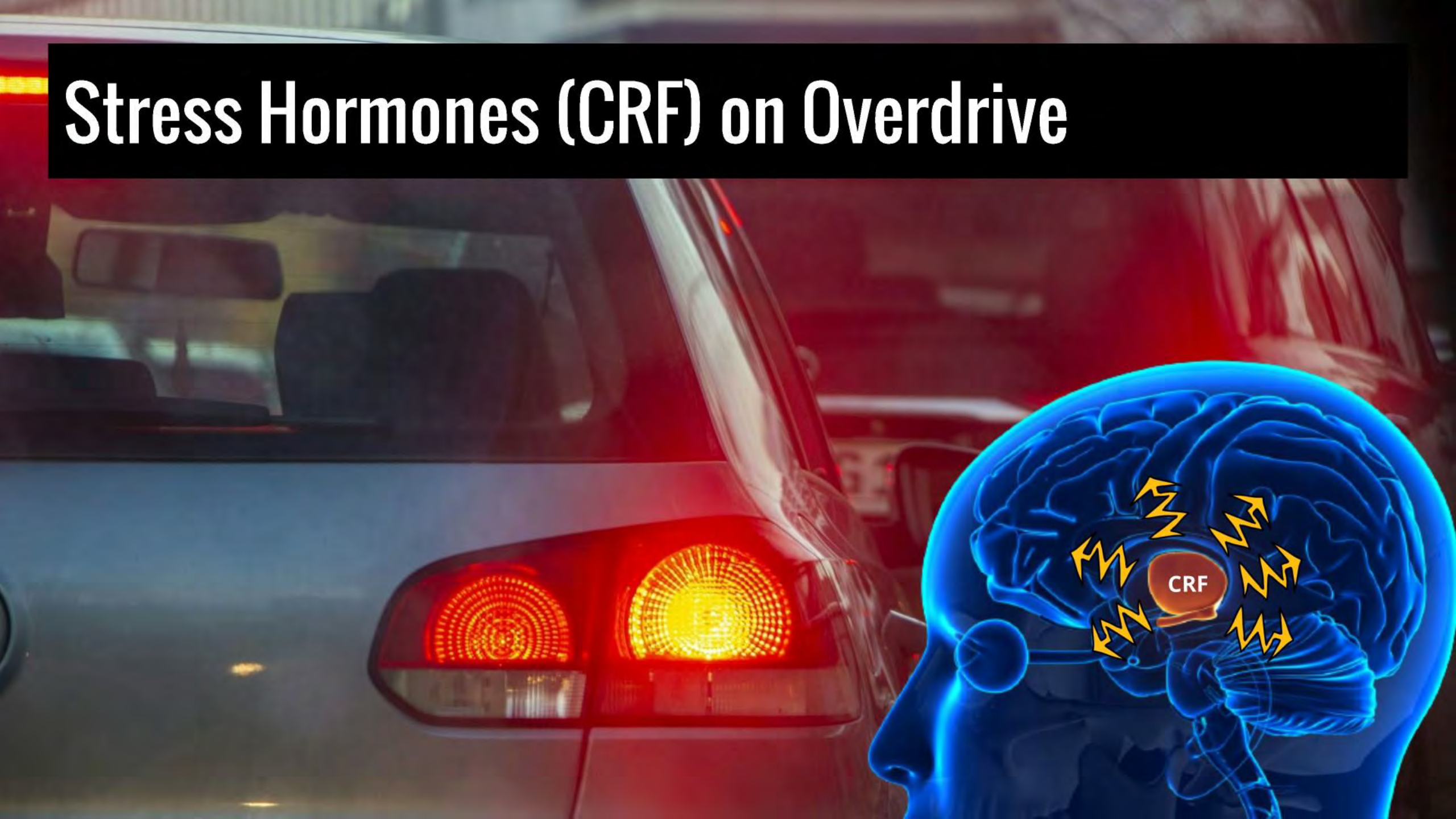

Cocaine abusers
OFC (μmol/100 g/min)
r = 0.7, P < 0.001
DA D2 receptors (ratio index)

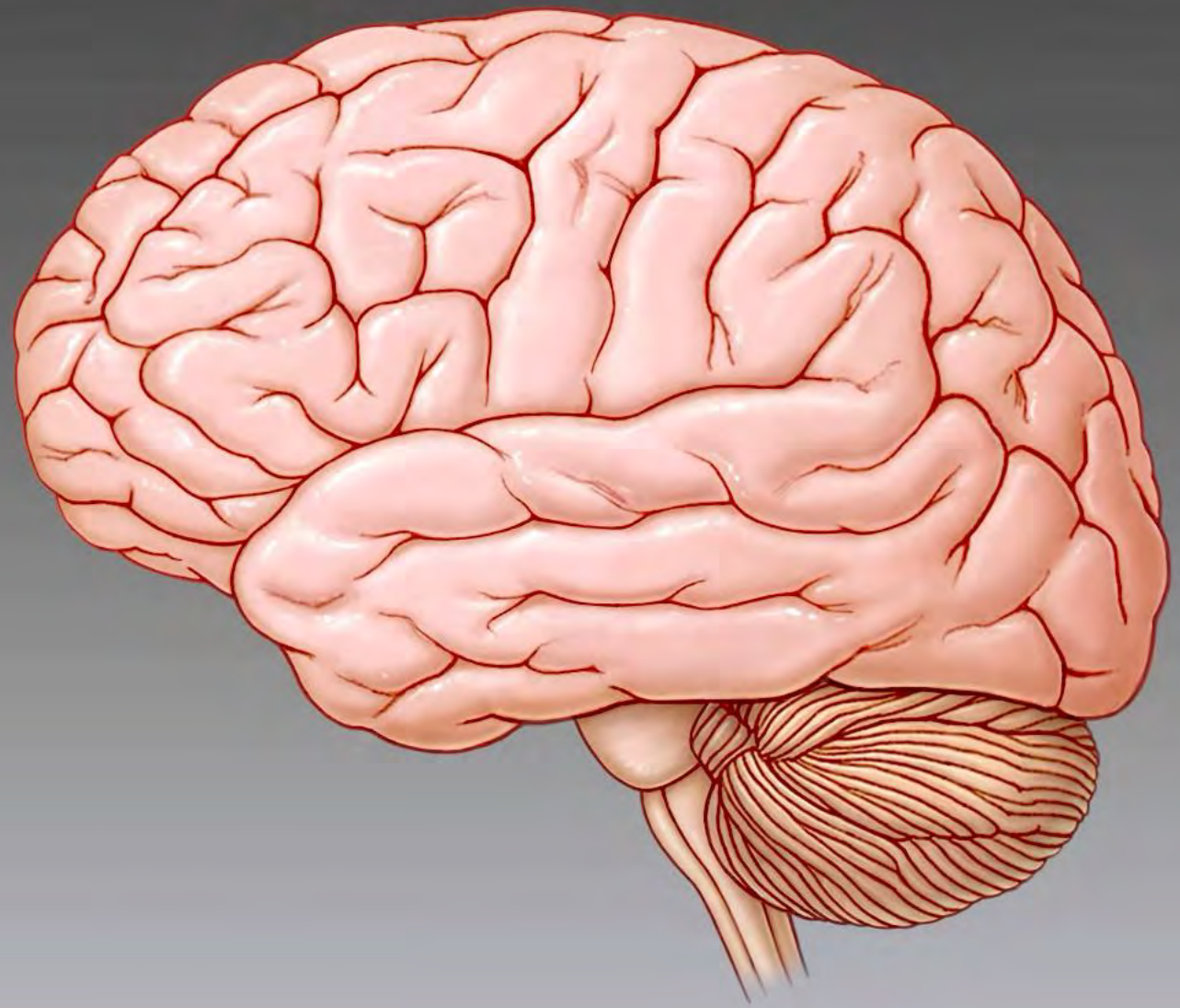

Methamphetamine abusers
OFC (μmol/100 g/min)
r = 0.7, P < 0.005
DA D2 receptors (Bmax/Kd)


OFC
Control
Cocaine abuser


Positive reinforcement
Negative reinforcement
Controlled use
Impulsive use
Compulsive use

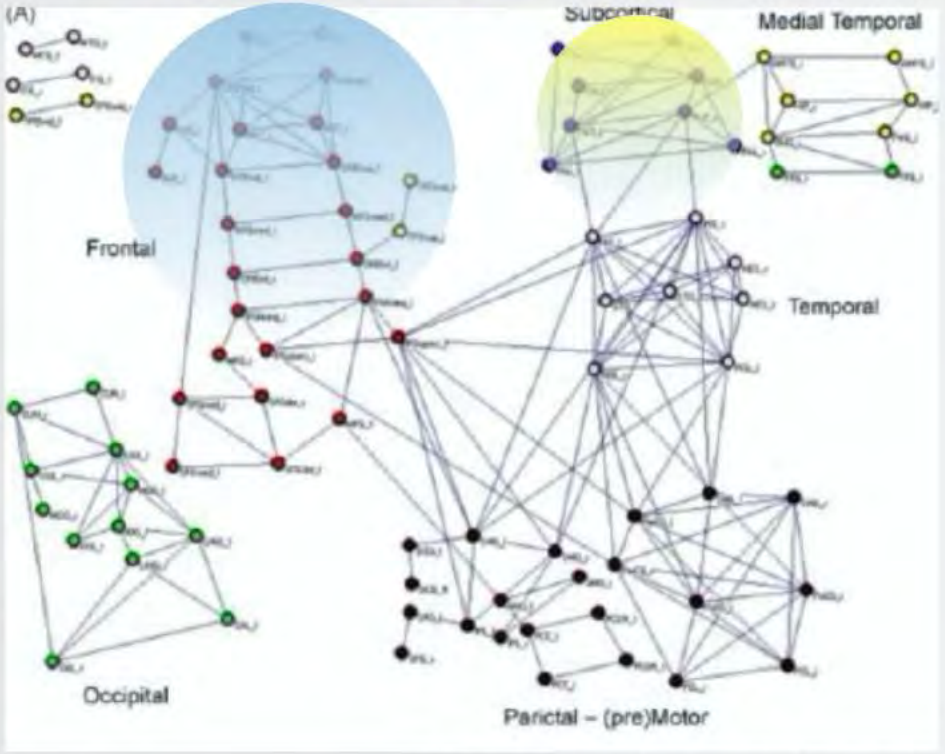
Stress Hormones (CRF) on Overdrive



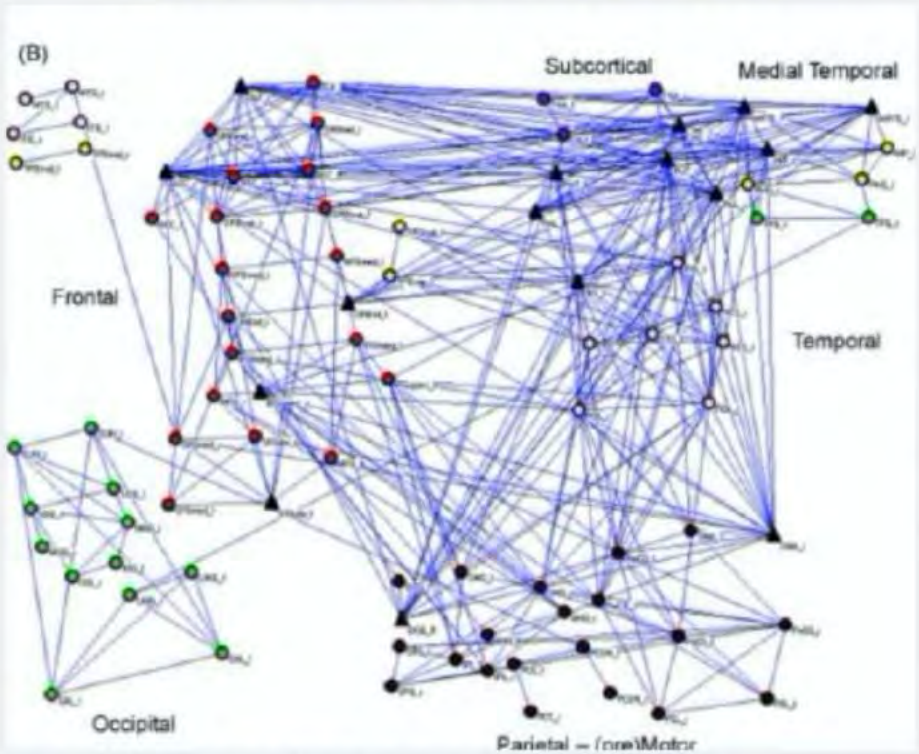


And Rewires

Non-Drug User



Chronic heroin user



Comparison of non-drug users and the chronic heroin users' brain functional networks during the resting state

Liu J et al: PLoS one.2011;6(10):e23098

The Mind Becomes a Prison

Addiction Is

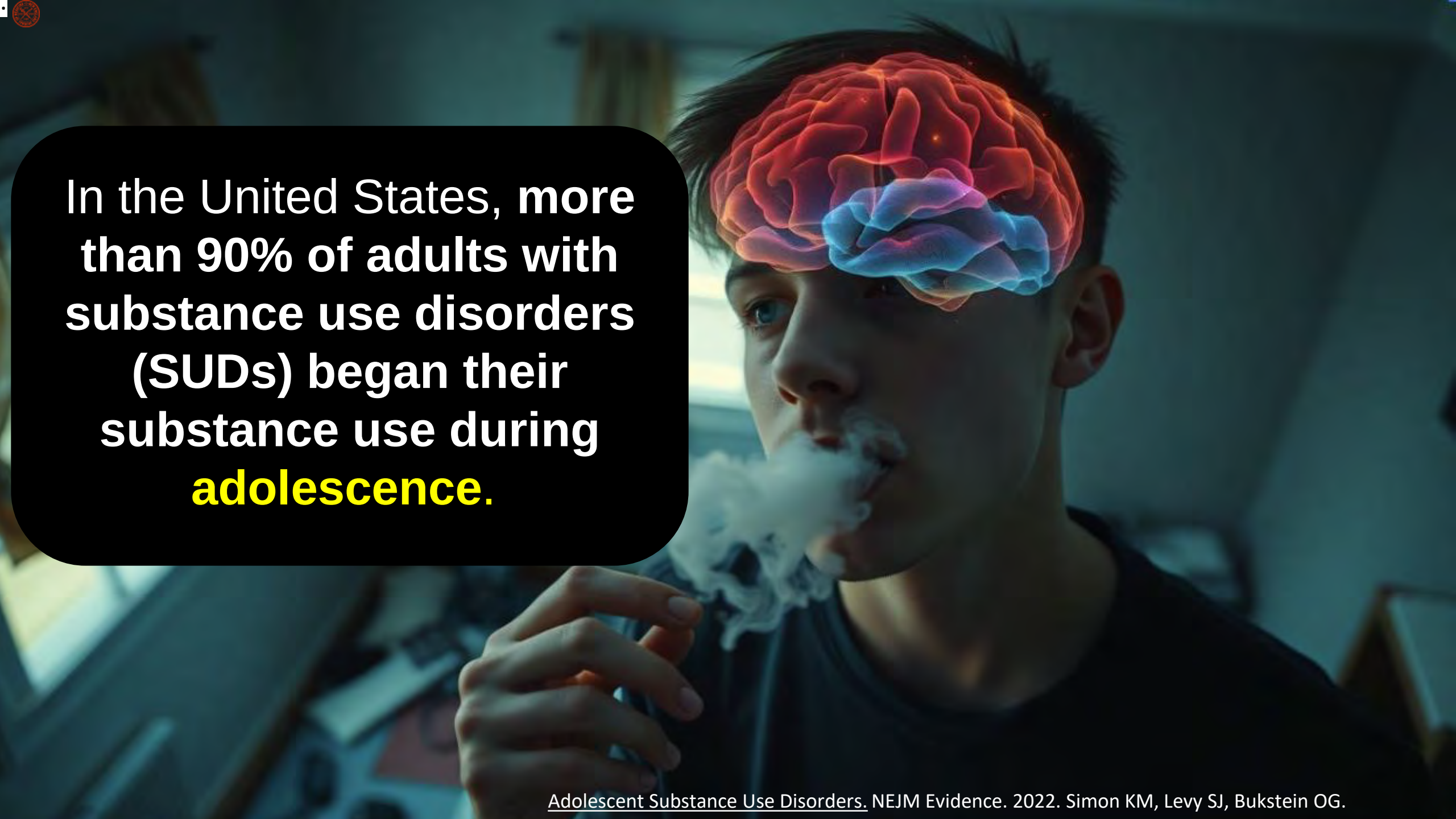
A DISEASE


NO ONE
CHOOSES
ADDICTION
WHO WOULD?!

What is Addiction?

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

-ASAM



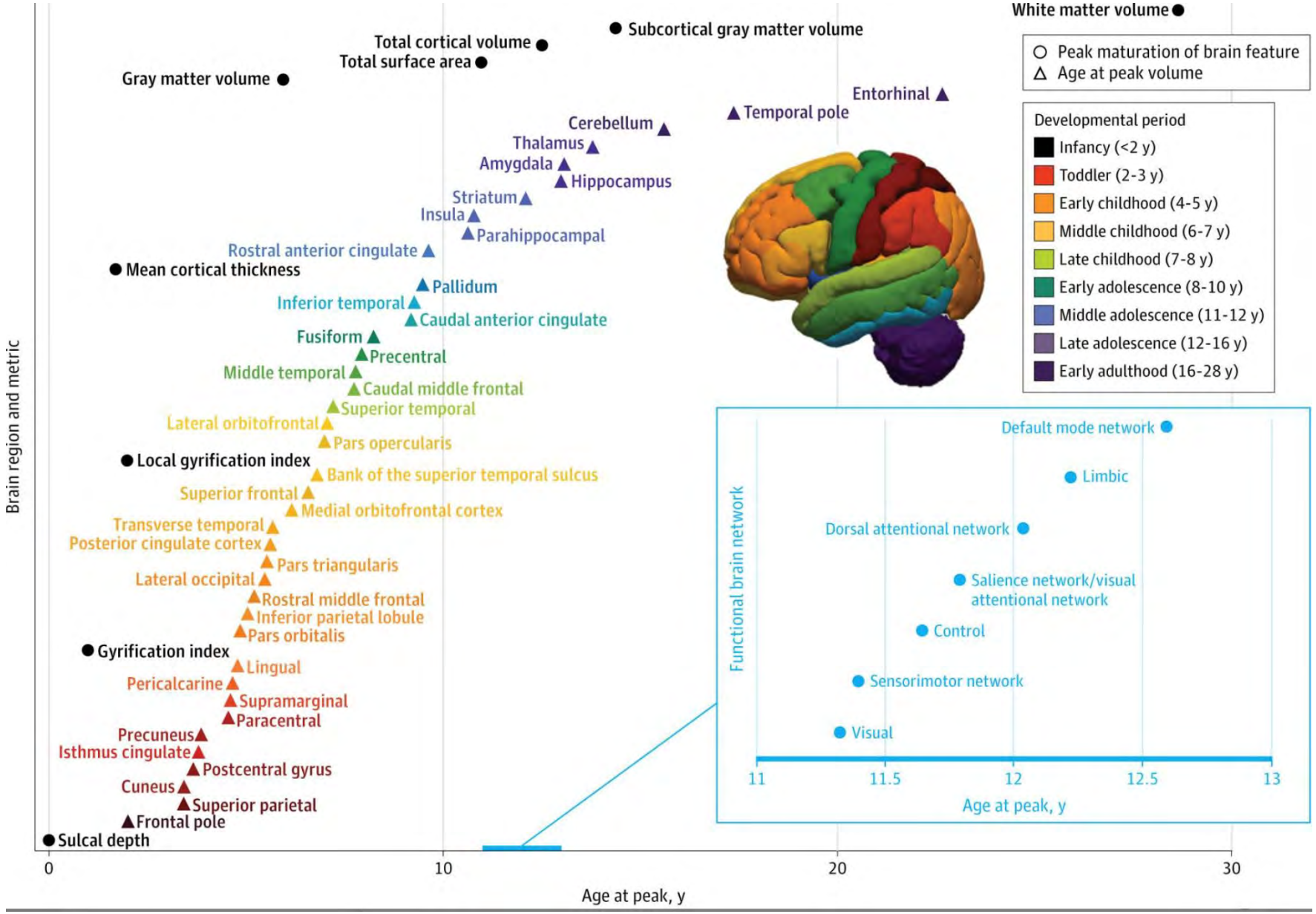
Adolescent Substance Use Disorders. NEJM Evidence. 2022. Simon KM, Levy SJ, Bukstein OG.

ARE YOUTH BRAINS **DIFFERENT?**


YES.
Yes, they are.

THE POINT:

The human brain does not fully form until **mid-20's**



The adolescent brain is uniquely vulnerable to addiction due to a fundamental **maturational imbalance** between **reward** and **cognitive control systems**.

WHY?

1. They are hardwired to act on impulse

- The limbic structures governing **emotional responsivity and reward** (nucleus accumbens and striatum) **mature earlier** than the prefrontal cortical regions responsible for judgment, decision-making, and impulse control.

1. Adolescent Substance Use Disorders. NEJM Evidence. 2022. Simon KM, Levy SJ, Bukstein OG.
2.Neurobiology of the Adolescent Brain and Behavior: Implications for Substance Use Disorders. Journal of the American Academy of Child and Adolescent Psychiatry. 2010. Casey BJ, Jones RM.

2. Their ‘highs’ are *VERY HIGH*

- Adolescents possess more dopamine receptors than adults, producing a **heightened neurochemical response** to psychoactive substances.

Neurobiology of the Adolescent Brain and Behavior: Implications for Substance Use Disorders.
Journal of the American Academy of Child and Adolescent Psychiatry. 2010. Casey BJ, Jones RM.
3.Meta-Analysis and Review of Functional Neuroimaging Differences Underlying Adolescent Vulnerability to Substance Use.
NeuroImage. 2020. Tervo-Clemmens B, Quach A, Calabro FJ, Foran W, Luna B.

THE RESULT:

When substances are introduced during this critical developmental window, they do not merely produce transient intoxication. They **disrupt the ongoing trajectory of brain maturation** itself.

Heavy alcohol use during adolescence is associated with ***accelerated decreases in gray matter volume, slowed white matter growth, and poorer white matter integrity,*** *with these effects being significantly more pronounced in younger adolescents than in older ones (4-5).*

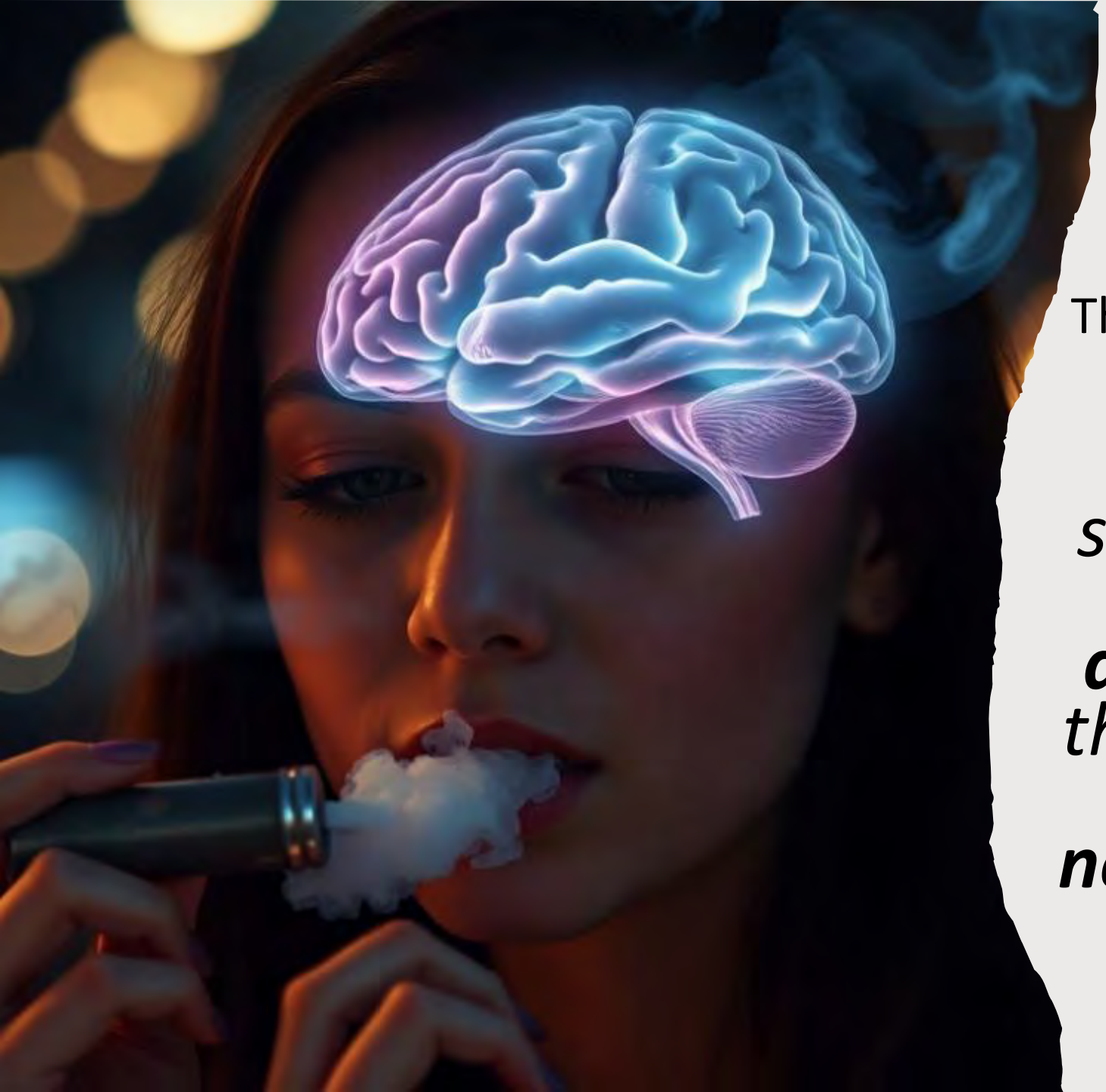
Cannabis use ***accelerates cortical thinning*** *in regions rich in CB1 receptors that are already undergoing the most dramatic developmental changes. [6]*

Nicotine, opioids, and psychostimulants similarly ***alter the development of the prefrontal cortex and mesolimbic dopamine pathways****, modifying reward systems, socioemotional processing, and cognition in ways that persist into adulthood. [7-8]*

EFFECTS ARE

POWERFUL AND FREQUENTLY PERMANENT

Alcohol and Cannabis Use and the Developing Brain. Alcohol Research : Current Reviews. 2021. Lees B, Debenham J, Squeglia LM.
Association of Heavy Drinking With Deviant Fiber Tract Development in Frontal Brain Systems in Adolescents. JAMA Psychiatry. 2021. Zhao Q, Sullivan EV, Honnorat N, et al.
Association of Cannabis Use During Adolescence With Neurodevelopment. JAMA Psychiatry. 2021. Albaugh MD, Ottino-Gonzalez J, Sidwell A, et al.
Adolescent Drug Exposure: A Review of Evidence for the Development of Persistent Changes in Brain Function.Brain Research Bulletin. 2020. Salmanzadeh H, Ahmadi-Soleimani SM, Pachenari N, et al.
Adolescent Neurodevelopment and Substance Use: Receptor Expression and Behavioral Consequences.Pharmacology & Therapeutics. 2020. Thorpe HHA, Hamidullah S, Jenkins BW, Khokhar JY.



The adult brain, **while still susceptible to addiction**, does not face the compounding problem of

substances simultaneously ***derailing the developmental processes*** *that would otherwise* ***build the very neural circuits needed for self-regulation****.*

The Stats

The youth overdose crisis has reached **alarming** levels.

3rd

Leading cause of death in adolescents

2x

Doubling of monthly overdose fatalities (ages 10-19) from mid-2019 to 2021

300%

Increase in adolescent overdose fatalities between 2019 and 2022

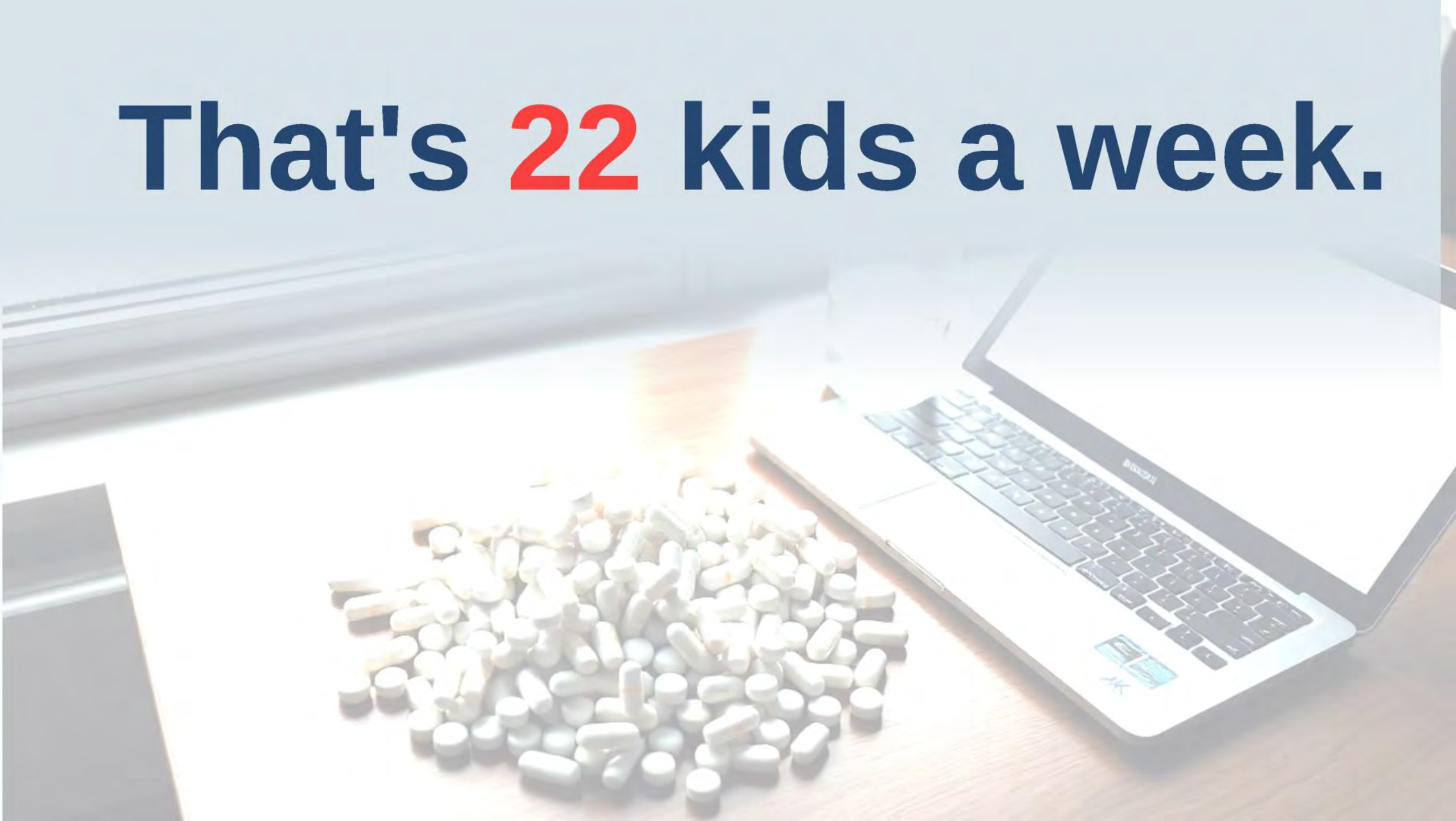
1500%

Increase in adolescent overdoses reported to Poison Control (2015-2023)

Palamar JJ, Cottler LB, Black JC. Nonfatal pediatric fentanyl exposures reported to US poison centers, 2015-2023. Am J Drug Alcohol Abuse. 2025;51(3):339-348. doi: 10.1080/00952990.2025.2457481. Epub 2025 Mar 7.

Planalp C. During the pandemic, drug overdoses became the third leading cause of death for US adolescents. SHADAC. https://www.shadac.org/news/adolescent-drug-overdose-deaths-pandemicthird- leading-cause-death. Published 2025. Accessed August 18, 2025.

That's 22 kids a week.




HOW DO WE TREAT
ADDICTION

How do we Treat Addiction?

It depends…

Are you targeting the

DISEASE or the PATIENT

Neurotransmitter abnormalities
Receptor deficits
Hormonal changes
CNS rewiring
Medical complications
Withdrawals

A loved-one
A community member
A bread-winner
A tax payer
A citizen
A whole body
A soul

Exp: MOUD

Everything else!

Healing Takes a Village

BIOLOGICAL

MOUD (buprenorphine, methadone, naltrexone);
Withdrawal medications, Antidepressants,
Antianxiety, Sleep, Comorbidities

PSYCHOLOGICAL

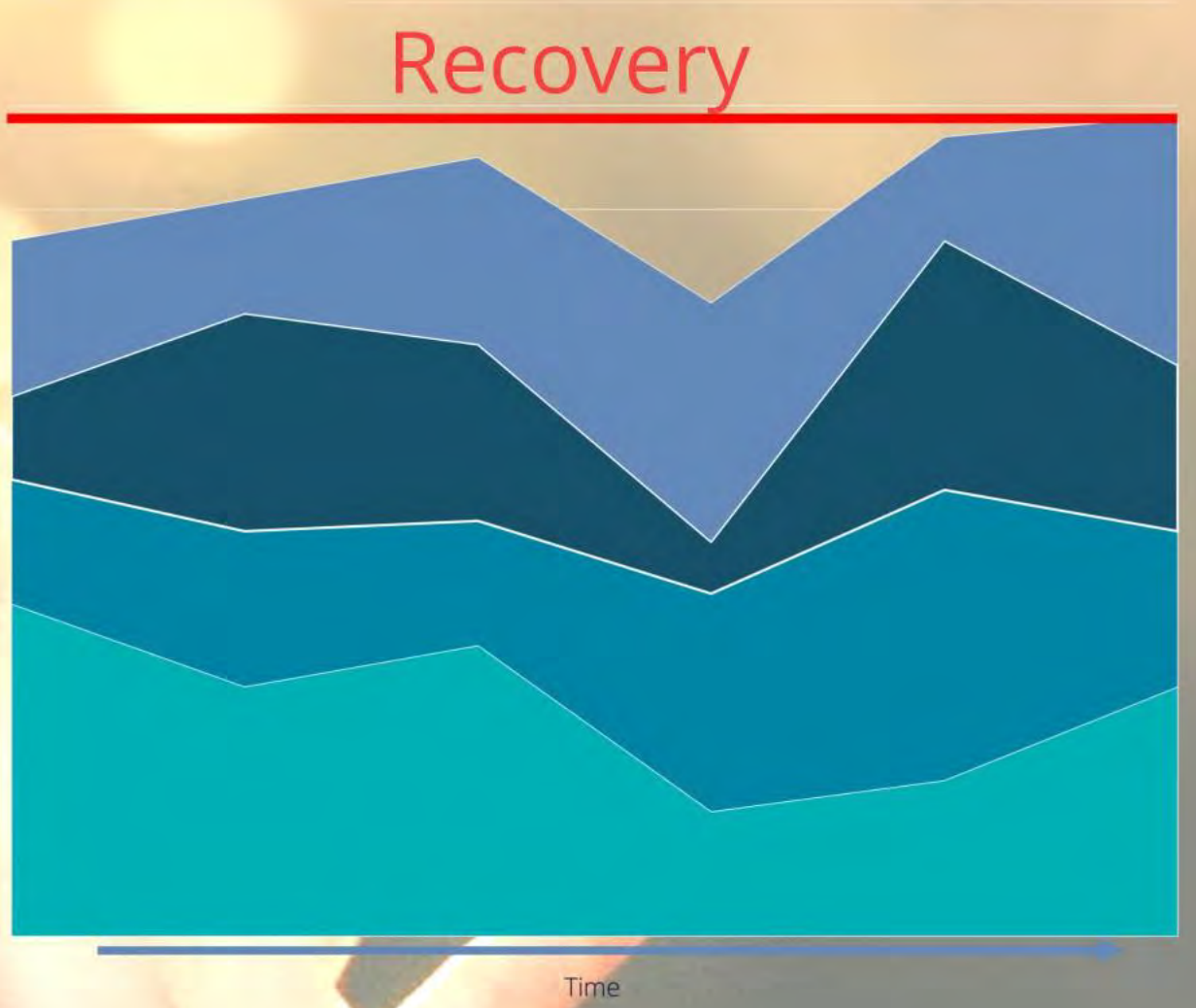
Mental health assessments, Counseling,
Grief, Trauma, Relationships

SOCIAL

Relationships, Financial, Vocational, Legal,
Living Conditions, Parental Rights

SPIRITUAL

Shame, Guilt, Moral Failures, Restoration to
Higher Power, Purpose



What Is MOUD?

MOUD: Medications for Opioid Use Disorder
~~**MAT: Medication Assisted Treatment**~~

BUPRENORPHINE

AKA Suboxone; HCP can order/administer

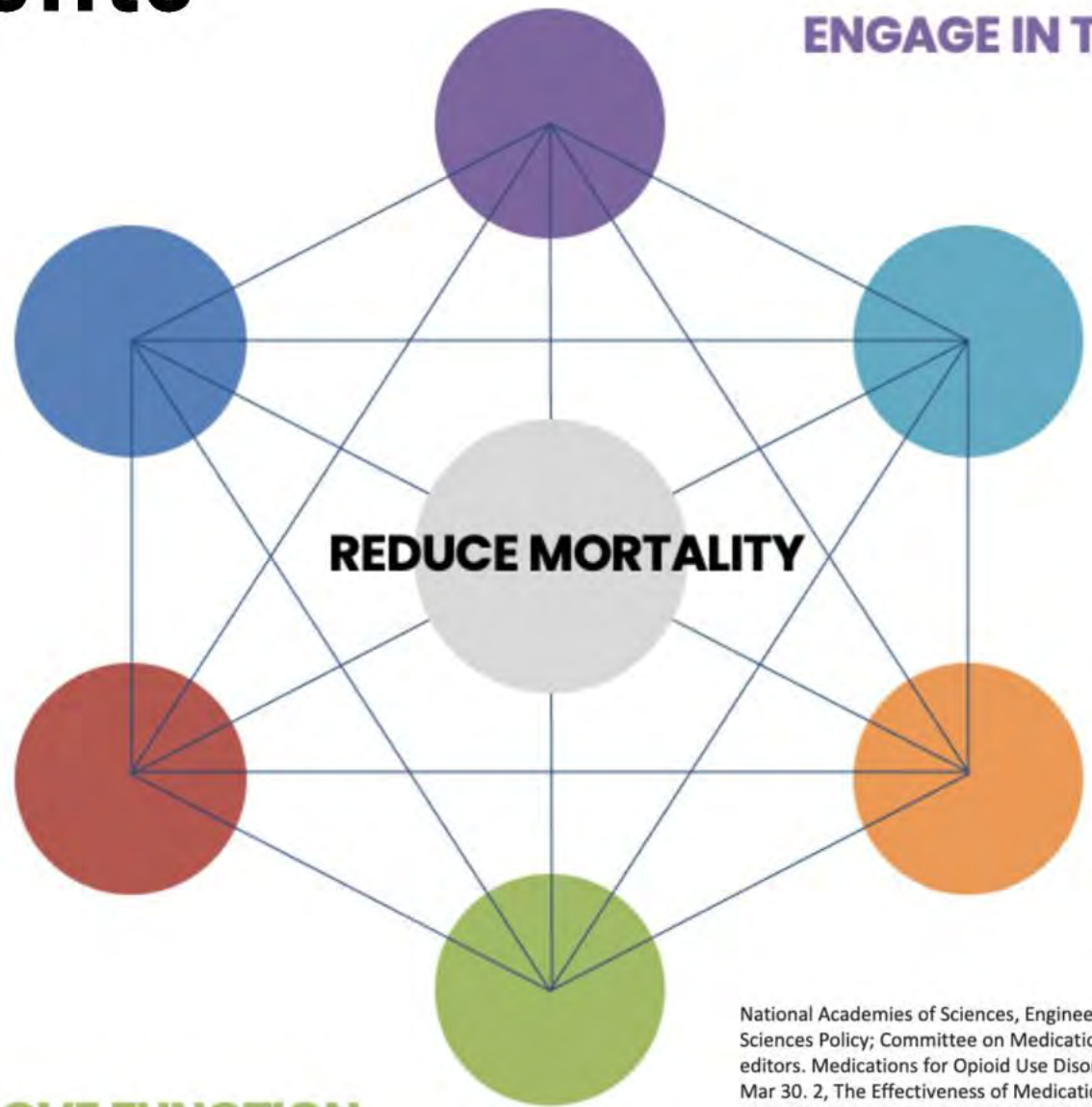
METHADONE

Long Acting; Need an OTP

NALTREXONE

Opioid antagonist

MOUD Benefits



National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy; Committee on Medication-Assisted Treatment for Opioid Use Disorder; Mancher M, Leshner AI, editors. Medications for Opioid Use Disorder Save Lives. Washington (DC): National Academies Press (US); 2019 Mar 30. 2, The Effectiveness of Medication-Based Treatment for Opioid Use Disorder. Available from: https://www.ncbi.nlm.nih.gov/books/NBK541393/

Healthcare expenses for people with SUDs are

6 times higher

than for those without.

Evidence-based treatment, especially **MOUD** yields major savings…

Up to $105,000 in lifetime costs per patient

Despite This...

Detox remains the **MOST COMMON** treatment for OUD

STUDIES SHOW:

>90% OF PATIENTS WITH OUD THAT QUIT OPIOIDS WITHOUT MOUD WILL BE BACK ON THEM IN

ONE YEAR

Wakeman SE, Larochelle MR, Ameli O, et al. Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder. JAMA Netw Open. 2020;3(2):e1920622. doi:10.1001/jamanetworkopen.2019.20622

Kakko J, Svanborg KD, Kreek MJ, Heilig M. 1-year retention and social function after buprenorphine-assisted relapse prevention treatment for heroin dependence in Sweden: a randomised, placebo-controlled trial. Lancet. 2003 Feb 22;361(9358):662-8. doi: 10.1016/S0140-6736(03)12600-1. PMID: 12606177.

Behavioral Health Interventions

Behavioral Health is a

FIELD OF SCIENCE

RESEARCH-DRIVEN

EVIDENCE-BASED

AUGMENT NEUROPLASTICITY TO:

Activate frontal lobe
Affect hippocampal activity
via
- Motivational Interviewing
- Cognitive behavioral therapy
- Counseling

Beauregard M. Functional neuroimaging studies of the effects of psychotherapy. Dialogues Clin Neurosci. 2014 Mar;16(1):75-81. doi: 10.31887/DCNS.2014.16.1/mbeauregard. PMID: 24733972; PMCID: PMC3984893.

Aftercare Transitions

HOUSING/FOOD SECURITY
VOCATION SUPPORT
LEGAL SUPPORT
STEPDOWN TREATMENTS
SUPPORT GROUP ENGAGEMENT
SPONSOR IDENTIFICATION
RELAPSE ACTION PLANS
NALOXONE
LONG-TERM MOUD PROVIDER
CLIENT FOLLOWUP

What do Religious/Spiritual Practices Offer in SUD?

PURPOSE

REDUCED RELAPSE RISK

COMMUNITY

IMPROVED TREATMENT ENGAGEMENT

RESTORATION

SUBSTANCE USE PREVENTION.

INNER PEACE

FORGIVENESS

Kelly JF, Stout RL, Magill M, Tonigan JS, Pagano ME. Spirituality in recovery: a lagged mediational analysis of alcoholics anonymous' principal theoretical mechanism of behavior change. Alcohol Clin Exp Res. 2011 Mar;35(3):454-63.

Grim BJ, Grim ME. Belief, Behavior, and Belonging: How Faith is Indispensable in Preventing and Recovering from Substance Abuse. J Relig Health. 2019 Oct;58(5):1713-1750.\

Addiction Treatment in

National Guidance on Essential Specialty Substance Use Disorder (SUD) Care

Do Standards of Care for Addiction Exist?

YES.

Service Element	Description
Language services	Provision of services in preferred languages to improve accessibility and engagement.
Comprehensive assessments	Evaluation of mental health and substance use disorders to tailor individualized care plans.
Drug and alcohol testing	Baseline testing and periodic monitoring throughout programming for safety and progress.
Infectious disease testing and treatment	Screening and management for HIV, Hepatitis B and C, and sexually transmitted diseases.
Counseling services	Access to comprehensive counseling to address both substance use and co-occurring issues.
Health and SUD education	Educational programs on health and substance use disorders for patients and families.
Nicotine replacement	Offering nicotine cessation aids for tobacco use disorder management.
MOUD Initiation in OUD	Starting medications for opioid use disorder to support recovery and reduce mortality.
MAUD in AUD	Utilizing medications to treat alcohol use disorder as part of comprehensive care.
Medications for mental health disorders	Prescribing and managing necessary medications for co-occurring psychiatric conditions.

Recovery support services	Assistance with housing, vocational training, and employment to foster stability.
Peer mentor or recovery coach	Connecting patients with mentors or coaches who have lived experience in recovery.
Discharge planning	Developing personalized plans for continuity of care post-treatment.
Aftercare/continuing care	Ongoing support services following initial treatment to prevent relapse.
Overdose prevention planning	Strategies and education, including naloxone access, to reduce overdose risk.
Case Management	Coordinated care among providers and support services to address client needs.
Social skills development	Programs to build and strengthen interpersonal and coping skills.
Domestic violence assessment and management	Screening, intervention, and referrals for those impacted by interpersonal violence.
Transportation Assistance	Helping patients access treatment and support services by addressing transportation barriers.

We May Get ONE Shot to Get This Right

Behind Many Youth Justice Cases: A Story Written in Brain Biology

How addiction reshapes the adolescent brain — and why neuroscience can guide smarter Arizona responses that protect public safety and young lives

Michael Dekker, D.O. – Addiction Psychiatrist
Arizona Professionals Health Program
May 6th, 2026

Why This Matters to Arizona

You see the patterns daily:

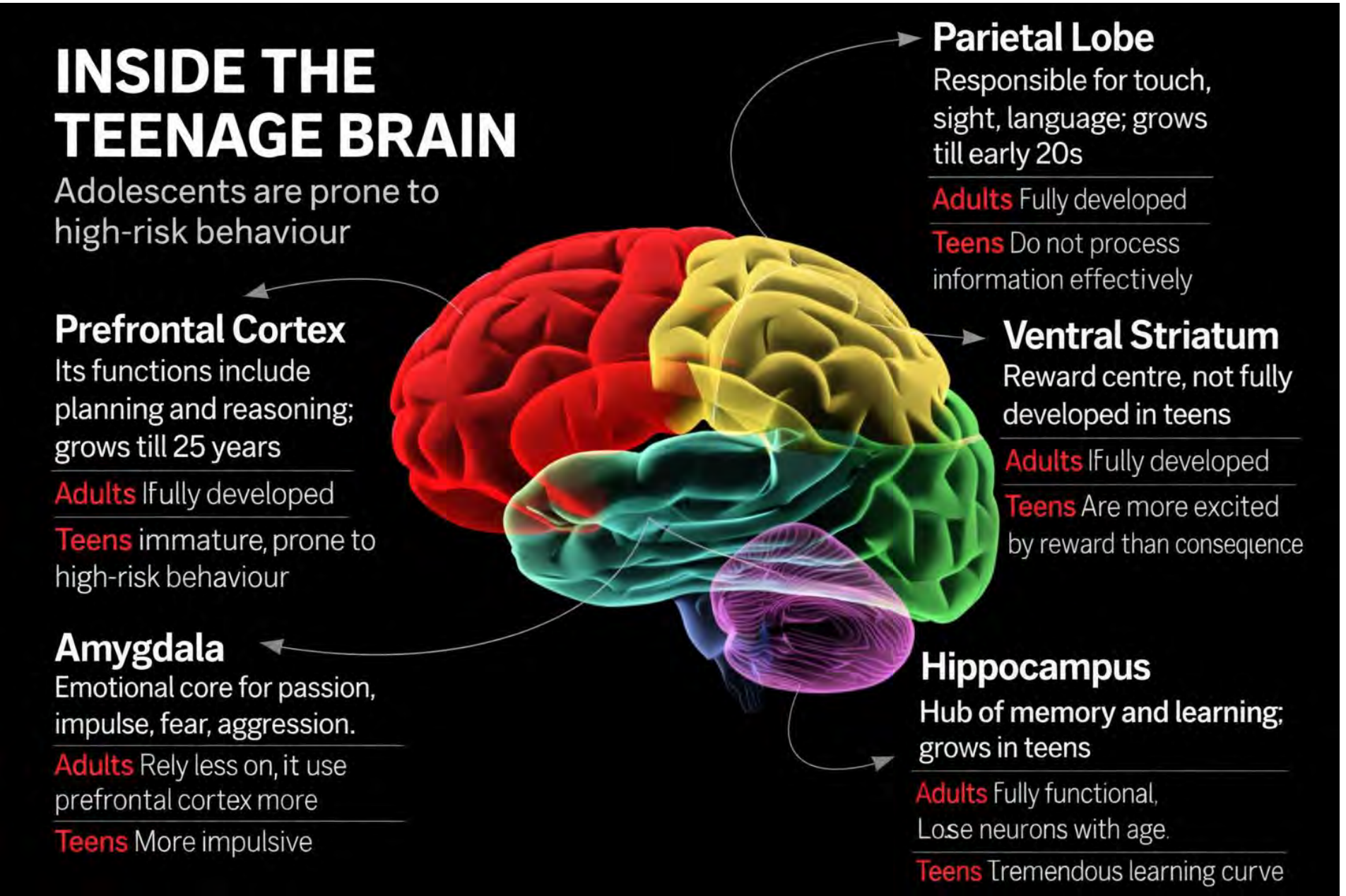
- Impulsivity
- repeat offenses
- heavy substance involvement

- Arizona data: 54.4% of screened justice-involved youth test positive for drugs; 42% positive on CRAFFT; 87.1% of ADJC-committed youth have identified substance problems
- Drug offenses: 8.9% of ADJC commitments (FY2025)
- Traditional approaches often miss the neurodevelopmental drivers
- Today: Translate science into practical courtroom tools

Agenda

1. The normally developing adolescent brain
2. How addiction hijacks and reshapes it
3. Arizona youth substance use and justice context
4. Impacts on behavior, risk-taking, and legal consequences
5. Legal precedents and Arizona policy/practice
6. Evidence-based recommendations that protect communities

Addiction Reshapes the Developing Brain



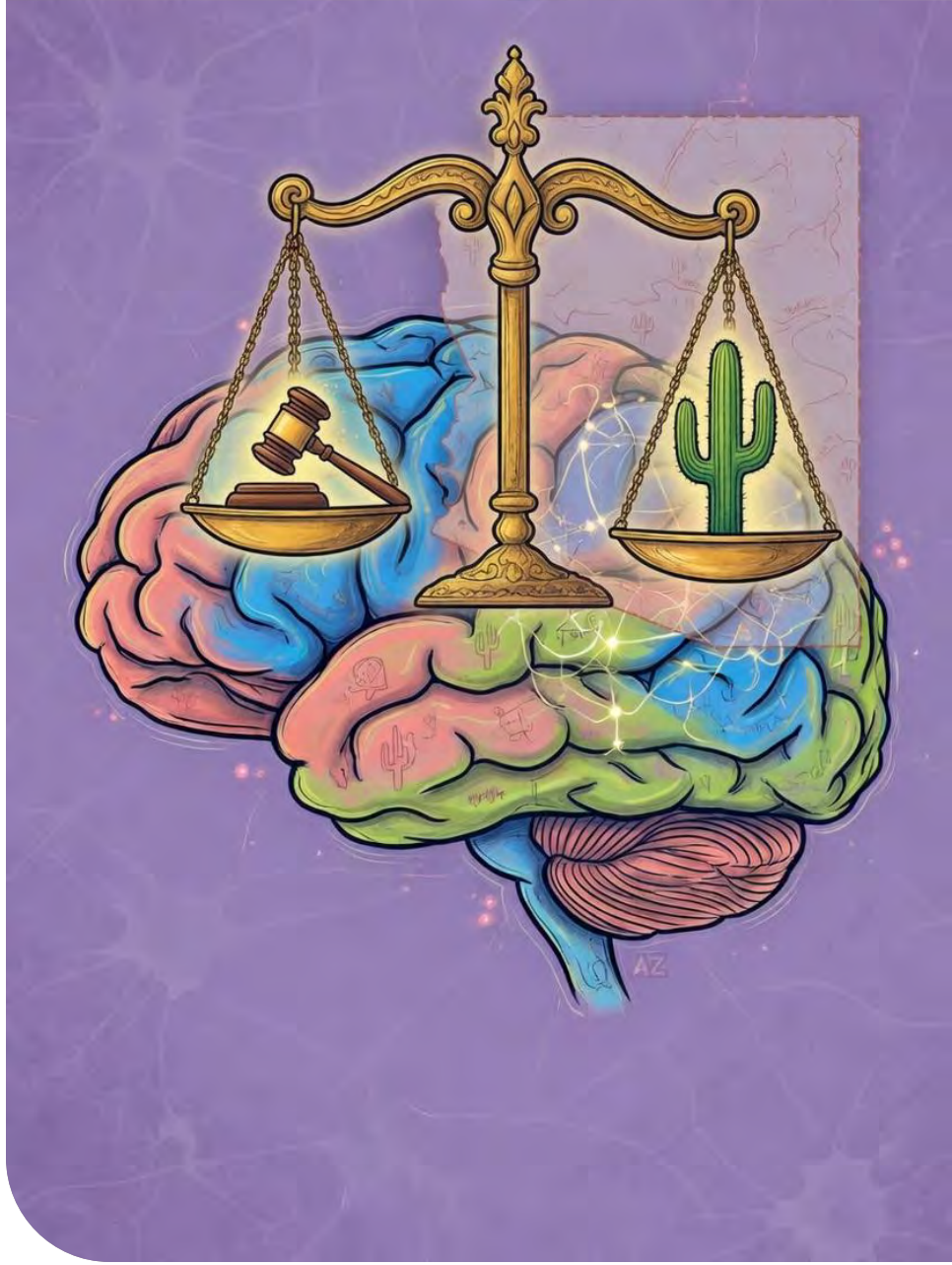
- Adolescent brain is especially vulnerable
- Substances flood dopamine pathways → tolerance and craving
- Structural changes: reduced PFC gray matter, weaker impulse control

- Impaired executive function
- Heightened impulsivity
- Emotional dysregulation
- Increased risk-taking
- High brain plasticity — early intervention works

Key Neurodevelopmental Changes from Addiction

From Brain Changes → Behavior → Legal Consequences

- Higher likelihood of property crimes, risky acts, and repeat system contact
- Developmentally impaired choices with real public safety impact

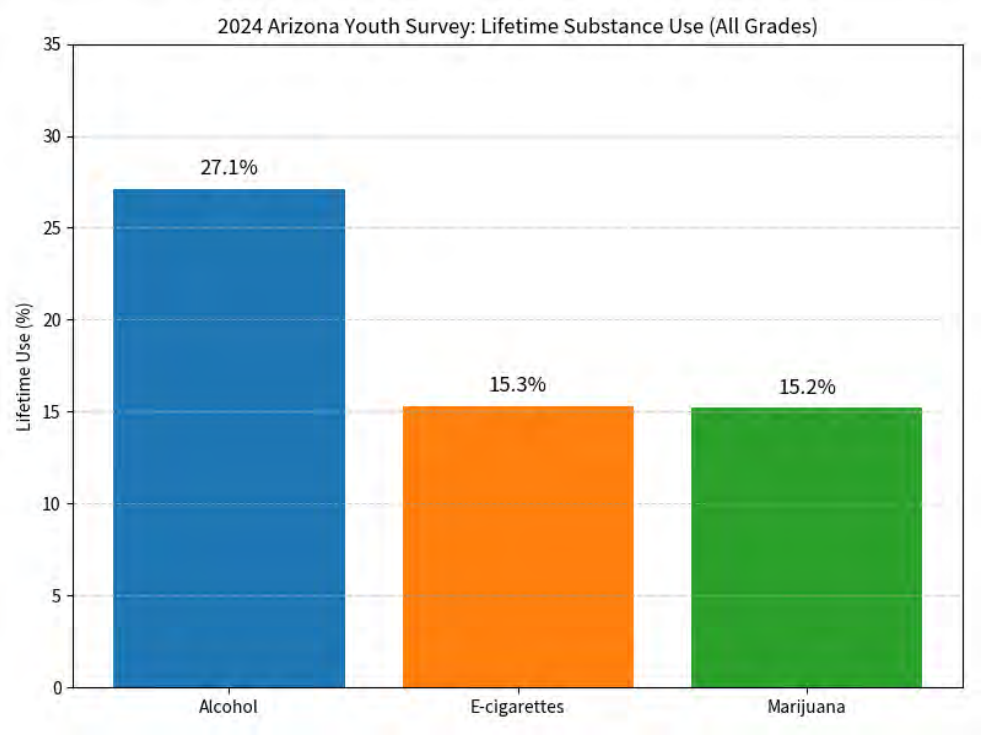


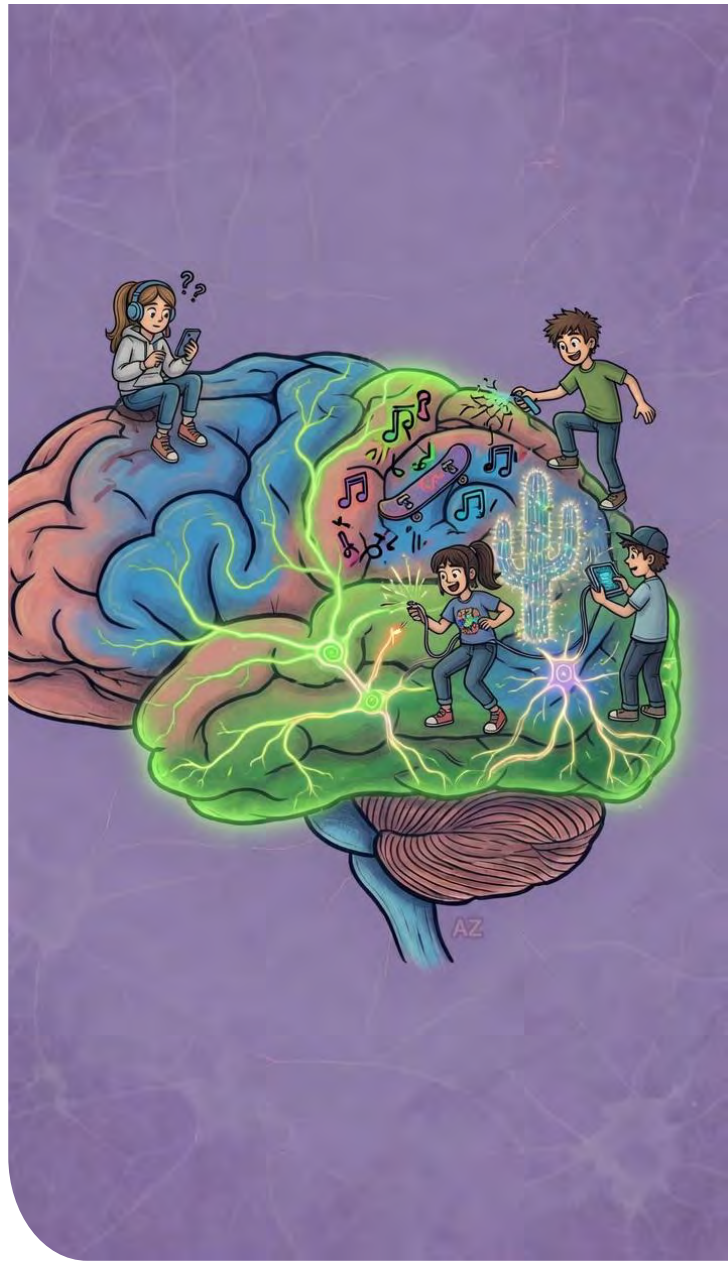
Arizona Youth Substance Use Context

- 2024 Arizona Youth Survey (42,247 students):

- Alcohol 27.1%, E-cigarettes 15.3%, Marijuana 15.2% lifetime use

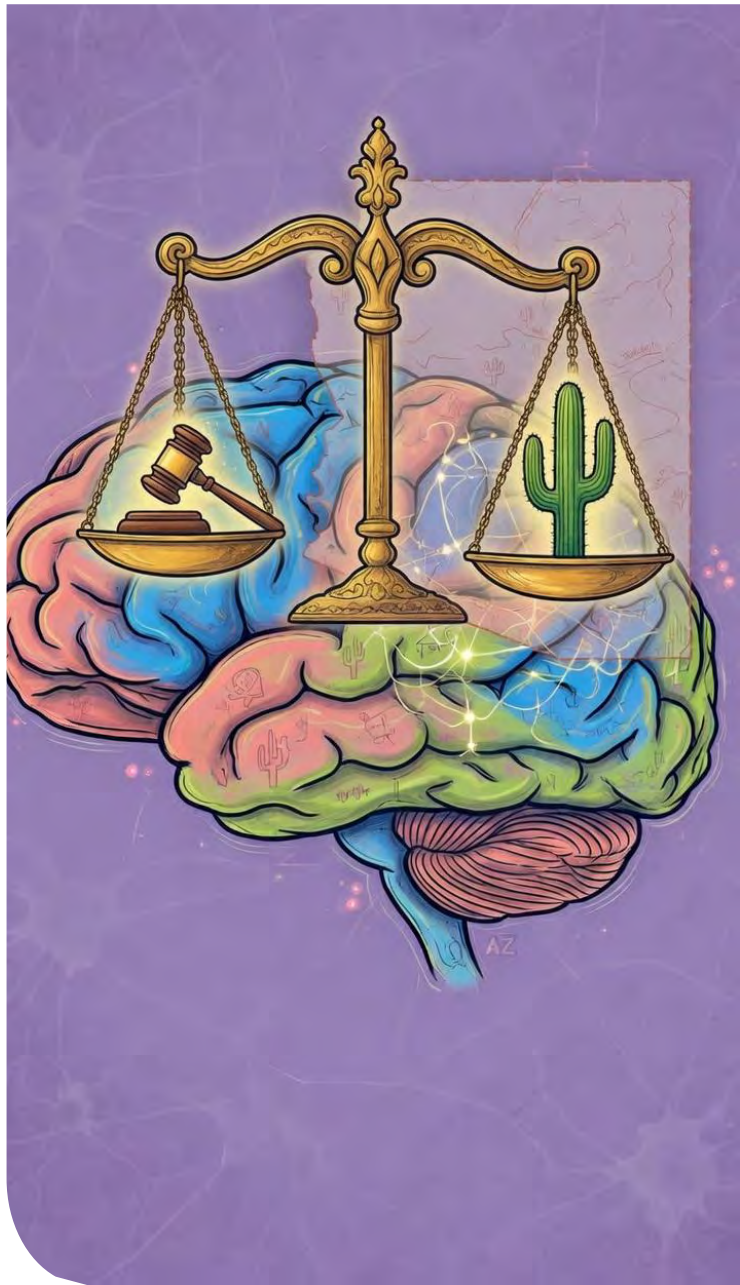
- Strong link between 4+ ACEs and substance use





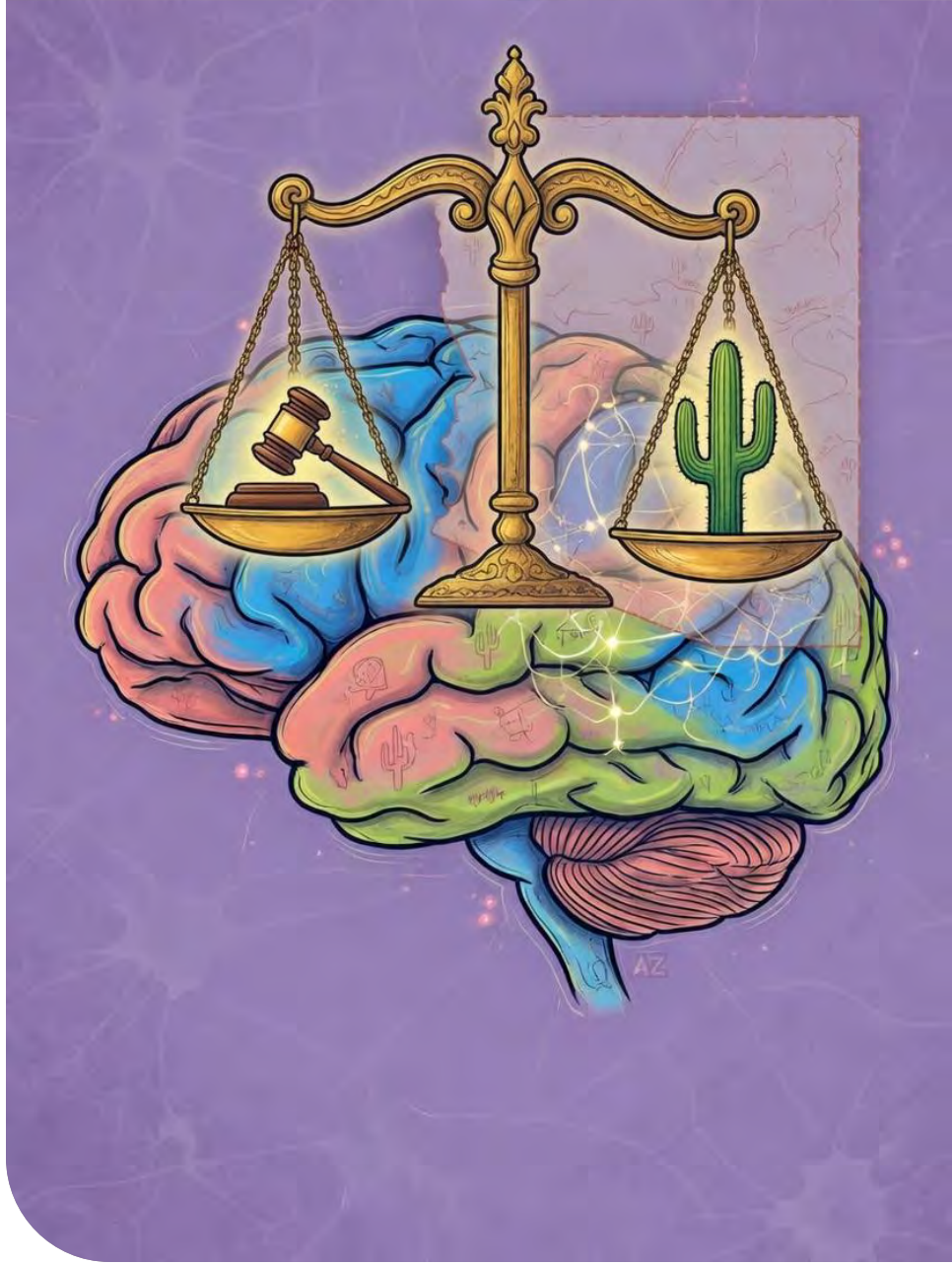
Arizona Justice System Snapshot

- Recidivism (ADJC): ~33% return to custody within 12 months
- Substance-related violations are a major driver
- Seven Challenges program participants show modestly lower recidivism



Brain Science in the Courtroom

- Roper v. Simmons (2005)
- Graham v. Florida (2010)
- Miller v. Alabama (2012)
- All three decisions cited adolescent brain immaturity and greater potential for reform.
- This is an example of Neuroscience already influencing sentencing and rehabilitation decisions establishing precedence



Translating Neuroscience into Arizona P[illegible] & Practice

Source / Study Type	Recidivism Reduction	Details
Wilson & Hoge (2013) Meta-Analysis	**~24% lower** (average)	Diverted youth: **31.5%** recidivism vs. **41.3%** for traditionally processed youth
Restorative Justice Diversion	**~33% lower**	Reoffense rates one-third lower; subsequent crimes less severe
Multiple U.S. Evaluations	**20–45% lower**	Ranges from general diversion (20%) to stronger restorative programs (up to 45%)
Hennepin County (MN) Study	**50% lower** rearrest rate	18% vs. 36%
San Francisco RJ Diversion	**44% less likely** to be rearrested	Felony-level youth
Schwalbe et al. (2012) Meta-Analysis	Overall modest / mixed; family treatment best	Family-based programs showed strongest effect (OR=0.57)

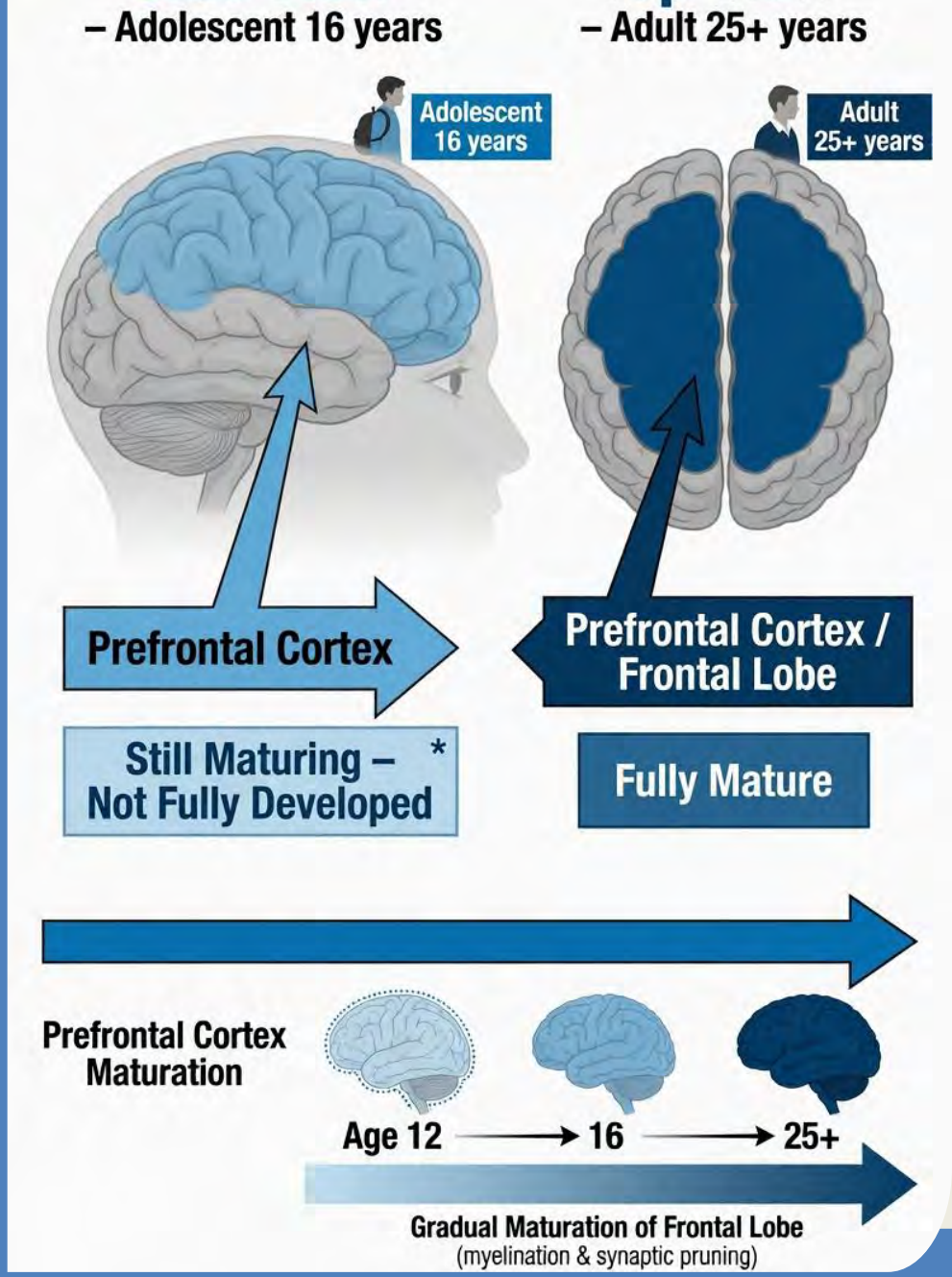
In Arizona justice settings, 42% of screened justice-involved youth screened positive on the CRAFFT.

Diversion-first programs (also called pre-charge or pre-adjudication diversion) generally reduce recidivism compared to traditional court processing for justice-involved youth.

This provides time and guidance for a brain in development

- **C** – Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
- **R** – Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?
- **A** – Do you ever use alcohol or drugs while you are by yourself — **ALONE**?
- **F** – Do you ever **FORGET** things you did while using alcohol or drugs?
- **F** – Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?
- **T** – Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

CRAFFT is a widely used, validated screening tool for identifying substance use risk and substance use disorders (SUD) in adolescents aged 12–21.



Key Evidence-Based TREATMENT Models in Use

Multisystemic Therapy (MST):

An intensive, home- and community-based program (typically 3–5 months, ~60 hours of contact) for high-risk youth (chronic or serious offenders at risk of out-of-home placement). It addresses multiple systems—family, peers, school, neighborhood—to improve parenting, reduce antisocial behavior, and build prosocial skills. Therapists provide frequent sessions (often multiple per week), 24/7 crisis support, and collaboration with probation. Arizona contracts for MST via the Administrative Office of the Courts (AOC), targeting high-risk juveniles per the Arizona Youth Assessment System (AZYAS). Strong evidence for reducing re-arrests, out-of-home placements, and substance use in justice-involved youth.

Key Evidence-Based TREATMENT Models in Use

1. Functional Family Therapy (FFT):
    1. A short-term, family-focused intervention emphasizing communication, problem-solving, and behavior change within the family. Used in probation and court settings to reduce conflict and delinquency. Arizona AOC contracts support it as an evidence-based option.
2. Cognitive-Behavioral Therapy (CBT)-Based Approaches:
    1. Core to ADJC secure care (e.g., Adobe Mountain School) and community programs. These target thinking patterns, aggression, skills deficits, and criminogenic factors. ADJC uses group/individual treatment aligned with RNR principles (assess risk/needs, match intensity, target dynamic factors). Research shows CBT is among the most effective for reducing recidivism.

Key Evidence-Based TREATMENT Models in Use

- Trauma-Informed and Trauma-Specific Care:
  - Many justice-involved youth have trauma histories. Programs integrate trauma-focused CBT, PTSD treatment, and trauma-responsive environments. ADJC emphasizes this across services; juvenile drug courts and specialty courts also address co-occurring issues.
- Substance Use Treatment:
  - Integrated via Juvenile Drug Courts (often with Reclaiming Futures model), Residential Substance Abuse Treatment (RSAT) in facilities, and community programs. Evidence-based elements include motivational interviewing, CBT for substance use, prosocial activities, mentoring, frequent testing (for higher-risk youth), and gender-responsive approaches. Evaluations (e.g., University of Arizona-led) show reductions in substance use and recidivism, especially for high-need youth.

Broader Frameworks and Practices

- Risk-Need-Responsivity (RNR) and Arizona Youth Assessment System (AZYAS):
  - Standardized assessment of 12 domains (risk to re-offend, family, peers, substance use, aggression, school, etc.) to tailor treatment intensity and targets. Used statewide for case planning and progress monitoring.
- Positive Behavior Intervention and Supports (PBIS): Framework in ADJC facilities for behavioral support
- Juvenile Specialty Courts: Recovery Courts (substance use) and Health/Wellness Courts (mental health) combine supervision, treatment, and accountability with evidence-based components.

Diversion and Community-Based Alternatives: For lower-risk offenders, including restorative justice (e.g., Community Justice Boards in Pima County), community restitution, and prosocial/mentoring programs to prevent deeper system involvement.

TRANSLATING NEUROSCIENCE INTO ARIZONA POLICY & PRACTICE

Mercy Care JJET Model stands for Juvenile Justice Engagement Team.

What JJET Does (Core Purpose)

- **Ensures <u>continuity</u> of behavioral health and substance use services before, during, and after detention/release.**

It is a specialized care coordination program run by Mercy Care (an Arizona AHCCCS Medicaid managed care organization / Regional Behavioral Health Authority) focused on justice-involved youth in Arizona (primarily Maricopa, Pinal, and Gila counties).

Provides "Reach-In" care coordination for youth who are detained in juvenile detention centers or committed to the Arizona Department of Juvenile Corrections (ADJC).

Helps resolve service barriers for probation officers, families, and treatment providers.

Juvenile Justice engagement team

Protecting Public Safety AND Young Lives

- Lower recidivism = safer Arizona communities
- Leverage adolescent brain plasticity for real rehabilitation
- Strong return on investment ($4–$7 saved per $1)

Conclusion

Behind many cases is a brain still under construction — sometimes hijacked by addiction

Judges are uniquely positioned to apply this science

Ask: “What does this young person need to finish building a healthy brain and a law-abiding life?

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