

## Juvenile Offenders and Substance Use and Abuse

Juvenile offenders have high rates of substance use; among adolescents detained for criminal offending in 2006, 56 percent of boys and 40 percent of girls tested positive for drugs. The overlap between substance use and youth offending is not surprising; adolescent substance use is itself an illegal behavior, and by definition, reducing adolescent substance use reduces crime. Moreover, substance use has been connected to higher rates of re-offending and continued contact with the justice system in what researchers have termed the “drug-crime” cycle.

However, while many youth *use* illicit substances, not all *abuse* in a way that requires intervention. That said, the rates of substance abuse in the juvenile justice system are significantly higher than in the general population. Among youth in the juvenile justice system, rates of substance use disorder (a pattern of substance use that is problematic enough to meet a diagnostic threshold) range from 25 to 50 percent depending on where in the criminal process the teen is assessed (intake versus detainment, for example). In addition, female offenders who have a substance use disorder are more likely to also have a mental health diagnosis.

It is necessary, therefore, to identify juvenile offenders with abuse issues in order to target substance abuse treatment to those truly in need. There is a large unmet need for substance abuse treatment among juvenile offenders. While 30 percent of youth arrested are in need of treatment, there are only enough slots for approximately one in six of these youth. In juvenile facilities where substance abuse treatment is provided, the most common form of treatment is in the form of drug education—which has been found to be largely ineffective in reducing substance abuse.

Despite the shortages of treatment options, there is also a growing concern that the juvenile justice system has become the “de facto” drug treatment system for youth, as it is currently one of the largest referral sources for youth substance users. Given the many negative outcomes that are associated with substance abuse, policy makers need to address current policies addressing the treatment needs of substance abusing juvenile offenders. The current practice for treating juvenile offenders with substance abuse problems could be improved by implementing the following screening and treatment options.

### *Screening*

Juvenile offenders should be assessed to find out the severity and frequency of substance use, the level to which substance use interferes with the youth’s daily life and ability to engage in normal activities such as school, and the extent to which the youth has developed a physical dependency upon or tolerance to their drug of choice. Specifically:

- Establish a standardized set of procedures that identifies youth who meet a clinical definition of substance use disorder early in the juvenile justice process so that appropriate youth can be diverted from the juvenile justice system altogether and placed in treatment facilities.
- Identify and implement valid and reliable screening instruments and procedures, as determined by social science research.
- Implement standardized screening at all levels of the juvenile justice system, including court intake, detention admission, disposition, and entry into secure confinement.
- Create screening procedures for substance use disorders that include self-disclosure as well as objective methods (such as biological measures like urinalysis) in order to identify youth who refuse to disclose their drug abuse.
- Assess current and past abuse because youth in secure confinement may show a decrease in symptoms due to the restricted nature of the environment.

#### *Best Practice Treatment for Youth in the Justice System*

Youth in need of substance abuse services should be offered appropriate treatment. In order to facilitate appropriate treatment for youth who demonstrate a clear need, without unduly burdening the justice system itself with the responsibility of providing treatment for all youthful offenders who exhibit substance use problems, the following steps are recommended. The best practice guidelines from several agencies, including the National Institute on Drug Abuse (NIDA) and the American Academy of Child and Adolescent Psychiatry (AACAP), are incorporated in this list.

- Divert youth who meet criteria for a substance use disorder but who do not represent a direct threat to themselves or society to treatment venues outside of the justice system. While having a substance use disorder should not represent a “get out of jail free” card for youth, because substance abuse and offending are closely linked, effectively treating substance abuse may greatly reduce risk of re-offending. Ignoring substance abuse problems, however, will leave youth at a higher risk for later re-offending, as this underlying cause has remained unaddressed.
- Increase communication between the systems that serve these youth, such as the mental health and child welfare systems, and develop a community system of care that encourages cooperation between these systems, in order to best serve juvenile offenders with substance use disorders. For example, the “Reclaiming Futures Initiative,” implemented in Missouri, assesses for substance abuse early on and coordinates care for youth across multiple systems.

- Complete a comprehensive assessment as part of the first stage of treatment—accounting for potential mental health problems in addition to substance abuse—and outline treatment recommendations that match the needs of the individual accounting for gender, cultural, and developmental differences.
- Use a comprehensive, integrated treatment approach that enlists multiple social service systems. As part of the comprehensive approach, enlist family involvement in treatment and address risk factors for relapse, such as involvement with deviant peers. Some examples of successful family-based, comprehensive treatments include Multisystemic Therapy (MST) and Family Integrated Transitions (FIT).
- Provide enough treatment to produce stable changes in behavior; a 90-day duration of treatment is considered the ideal. Youth who have both substance abuse and other mental health disorders may require an even longer course of treatment.
- Continue aftercare well beyond the end of treatment. Substance abuse problems represent chronic conditions, much like diabetes, requiring long-term treatment. Substance abuse problems do not disappear when a youth’s juvenile justice system involvement ends. Given that a teen may return to family or peer environments that tempt a return to substance use, and that substance abuse is one of the leading risk factors for offending and re-offending, long-term aftercare is critical. However, only 25 percent of secure institutions and community-based programs offer aftercare services to youth.

There are many challenges to implementing policies that will lead to an effective treatment model for juvenile offenders with substance use disorders. The ideal includes: moving towards a coordinated system of care that utilizes resources across multiple agencies; providing standardized screening in order to identify and potentially divert juvenile offenders with abuse problems to alternative programs; utilizing comprehensive, individualized, and empirically validated treatments that effectively monitor youth; and recognizing the need for long-term aftercare programs.

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